

do so. The important distinction between these two actions involves who is actually acting to end the person's life.

The [American Nurses Association Code of Ethics for Nurses \(2015\)](#) does not support the active intent on the part of a nurse to end a person's life. However, it does permit the nurse to provide interventions to relieve symptoms in the dying patient even when the interventions involve a substantial risk of hastening death. When the prognosis for a patient is poor and death is the expected outcome, it is ethically acceptable to withhold or withdraw treatments that may cause pain and suffering and provide interventions that promote comfort and quality of life.

Physician–Health Care Team Decision Making

Decisions by physicians regarding care are often made on the basis of the progression of the disease or amount of trauma, the availability of treatment options that would provide cure from disease or restoration of health, the impact of such treatments on the child, and the child's overall prognosis ([Pousset, Bilsen, Cohen, et al, 2010](#)). Often the main determinants prompting physicians to discuss end-of-life issues and options for children with critical illnesses include the child's age, premorbid cognitive condition and functional status, pain or discomfort, probability of survival, and quality of life ([Pousset, Bilsen, Cohen, et al, 2010](#)). When the physician discusses this information openly with families, a shared decision-making process can occur regarding **do not attempt resuscitation (DNaR) orders** and care that is focused on the comfort of the child and family during the dying process ([Giannini, Messeri, Aprile, et al, 2008](#)).

Unfortunately, many families are not given the option of terminating treatment and pursuing care that is focused on comfort and quality of life when cure is unlikely, and staff may be reluctant to raise the question of DNaR orders. This occurs for a number of reasons, including the belief that not being able to “save” a child is a “failure.” Also, the physician and other members of the health care team may lack knowledge of and experience with the principles of palliative care ([Baker, Torkildson, Baillargeon, et al, 2007](#); [Price, Dornan, Quail, 2013](#)).

Parental Decision Making