

## Appendix 4.13

### **Principle Based Decision Making Guidelines**

*from I-B.1.4 Guardian/Legal Custodian Consents, Attachment A*

What is the request, situation and case history?

Why are we involved with this child and family?

What is the diagnosis and prognosis?

What is the child's physician's recommendation?

Should a second opinion be obtained? Are there differing medical opinions?

What are the benefits of this treatment, surgery, action? Any anticipated or known side effects or risks?

Even for the most common procedures, is the anesthesia contraindicated or should a specific delivery of anesthesia be considered?

If this is an issue involving medical ethics, has the hospital ethics committee met to consider the question? What is their recommendation?

If this treatment is controversial or experimental, what research or other information is known about it?

Is it approved by Oregon Health Plan or Mental Health? (e.g. "Holding Therapy" and "Systematic Desensitization treatment for sex offenders" are not recognized or approved mental health treatment modalities.)

Will OMAP pay? Are you also being asked to obligate DHS to pay for this treatment if it is not Title XIX eligible? (Cost shifting)

Is this an action for which the child wishes to and may legally consent to his or her own treatment (e.g. termination of pregnancy for a girl over age 15)? In such a case, parents would not automatically be consulted and the youth has a right to confidentiality and privacy.

Are there any alternatives to this medical intervention? Do they outweigh the benefits of the intervention?

**Consider the following points when making a decision on a child in DHS custody.**

Gather all the above information. Ask, "What else do we need to know in order to make an informed decision?"

Utilize multi-lateral decision making. Don't act alone. Involve others in the decision. The more sensitive the situation, the more input needed.

Inform everyone (parties and any others who know and care about this child), and ask their position.

Consider a staffing or Family Decision Meeting.

Ask and listen to the child / youth, parents, foster parents, relatives, family clergy, advocates. Invite people (parents, partners, staff, all) to share their best thinking.

Make sure you have involved persons with experience with this family and individuals who have experience in making these decisions.

If high profile or controversial, don't hesitate to set up a telephone conference or case staffing and pull in CHS central administration and/or CAF policy and program staff.

Explore both sides and consult with others around your own ambivalence.

Consider whether this action exposes the state or DHS to legal liability.

Weigh the legal, ethical, moral issues.

Try to achieve consensus and agreement about the course of action with the parents and other parties if possible.

If the legal parties are in disagreement and the decision is controversial, consider scheduling a court review and deferring to the Court for making the decision. **A request for a "do not resuscitate" order (DNR) is a good example when you want the Court to make this decision.**

Consider the prevailing community standard about the type of decision needed. It does not outweigh the best interest of the child, but can be a good yardstick for either requesting consultation or treating as a sensitive issue.

After a decision is made, document the circumstances and action consented to in the case record, and communicate the decision to the appropriate persons. Consider sending a Sensitive Issue report if the decision is high profile or controversial.

Always be guided by : *Is this surgery, procedure, decision, treatment, or action in this child's best interest?*

One good question: ***What would I decide if this were my child or grandchild?*** (Legally, the state is acting as this child's parent.)

Making these decisions can be stressful for even the strongest, most decisive person. Debrief with others if you need to, access your supervisor, other individuals you find of support, but try to leave it at the office. Take care of yourself.