Even Dying Children Can Be Victims of Abuse and Neglect (SA533)

David Korones, MD, University of Rochester Medical Center, Rochester, NY
Philene Cromwell, MS RN PNP, Lifetime Care, Rochester, NY

Objectives
- Define the challenges in communication between palliative care teams and child protective services.
- Discuss the stresses experienced by families, palliative care teams, and CPS staff when assessing for abuse and neglect of a dying child.
- Discuss barriers of medical teams, palliative care teams, and CPS to advocating for the potentially abused or neglected child.

Healthcare practitioners are mandated reporters when there is suspicion of child abuse or neglect. However, following through on the obligation to report can be a daunting challenge when it occurs in the care of a dying child.

We will discuss three cases of dying children whose families our pediatric palliative care team felt compelled to report for child abuse or neglect. One child had pneumonia and a neurodegenerative disorder, and her parents would not allow nurses in the home to assess for comfort. A second child was dying of leukemia; her father called the police to the home because he felt the mother was intoxicated while administering opioids. The mother of a third child with posterior urethral valves was suspected of Munchausen's by proxy. In the first two cases, Child Protective Services (CPS) seemed uncomfortable with the tragic circumstances of the referral. The need for referral was seen very differently by CPS than by the palliative care team. The children were not removed from the home, and no changes were mandated by CPS. In the third case, the palliative care team worked collaboratively with CPS, and there was a positive outcome for the child.

There are significant barriers to reporting abuse or neglect of dying children. It is difficult for a palliative care team (whose members may be emotionally attached to a child and family) to assess objectively whether its suspicion of abuse or neglect is warranted. It is just as difficult for CPS, which may have little experience investigating abuse or neglect of a terminally ill child. The challenge for both teams is to sort out when the line between overwhelming stress and actual neglect or abuse is crossed. As difficult as referral to CPS may be when a child is dying, these children need a voice, and the palliative care team can be that voice.