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# Understanding the causes of local disputes in paediatrics to develop pathways to dispute resolution in North East Scotland

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## Introduction, Objectives and Methods

Conflicts between parents and clinicians over the care of children with life-limiting conditions can reach the point where courts must intervene, causing distress, unwanted media attention and costs. This NHS Grampian case study sought to understand reasons for disputes, identify potential solutions and reduce the risk of a case coming before a Scottish court. In-depth semi-structured interviews with 20 participants (a mix of NHS Grampian clinicians and parents) were conducted from which qualitative data were obtained on their experiences of and views on disagreements about care, how decision-making is handled, what works well and what might improve existing approaches. This study was funded by the NHS Grampian Charity.

## Findings

### Support needs –

- Identify* an individual to act as an advocate for parents.
- Further develop* the support given to parents by the charitable sector, the importance and value attached to which cannot be under-estimated.
- Introduce* the support services from specialist charities earlier.
- Increase* signposting to the range of support networks available to parents.
- Address* the need for clinicians to feel they have institutional support when making hard decisions.

### Sharing and understanding information –

- Improve* clinical team-to-team communication.
- Improve* communication and rapport with parents.
- Ensure* parents have time to process information whenever possible.
- Prepare* parents before multi-disciplinary team meetings, and support parents during meetings.
- Include* parents in the initial professional team meeting, although parents and clinicians disagree over this, and if professional-only team meetings continue, *improve* communications post-meeting to mitigate parents' sense of exclusion.

### Key take-aways:

- Embed* empathy further into training.
- Implement* 'advocacy' for parents from the charitable sector.
- Implement* earlier anticipatory care planning.
- Provide* clinicians with sufficient institutional support to make hard decisions.

### Communication –

- Maintain* open and detailed discussions that avoid sugar-coating the information and embed open, frank and dispassionate discussions around the issue of death and dying, and the language of death.
- Foster* a balanced approach to the use of language with parents, which recognises parental expertise and familiarity with the technical context where appropriate and maintains simplicity where necessary.
- Be more consistent* in recognising the expertise of parents in respect of their child and acting on it where clinically appropriate.
- Provide* more training for clinicians in empathy and consider more in-depth training for those specialising in this area.
- Recognise* and build on the willingness of both parents and clinicians to engage in informal practices around dispute resolution.

### Timing and logistics –

- Continue* existing work to ensure that conversations about anticipatory care planning take place earlier, and outside crisis moments.
- Provide* appropriate safe spaces for conversations so that parents are not torn between leaving their child to go to a separate room, and their desire to stay by the bedside.
- Identify* an individual to be a single point of contact who will liaise with all types of other services for parents.