



Dr [REDACTED]
ICU
Wellington Regional Hospital
Private Bag 7902
Newtown
Wellington

2 July 2015

Re: William Burton, NHI UNQ8770, dob 13.07.13

Dear [REDACTED],

Thank you for forwarding further information about this young boy with severe brain damage following an E. coli meningitis at the age of 3 months. From your letter I note he has spastic quadriplegia, cortical blindness, deafness and a poor cough as a tragic consequence of that illness. He has minimal ability to interact and is unable to sit or mobilise independently.

I have discussed this child with my colleagues here in the paediatric intensive care unit at Starship Hospital in Auckland and our unanimous opinion is outlined below.

We were very happy to learn that you were successful managing his recent respiratory deterioration and to discharge him to the ward after a stay in intensive care. However, it would appear from the information provided that William will suffer progressive respiratory decline as a consequence of his neurological injury, including poor cough and impaired ability to manage secretions. Such a respiratory course is, unfortunately, very common in children with William's level of disability and it is progressive. Most children with a history similar to William die from respiratory compromise. It is usual for such children to suffer recurrent pneumonic processes of worsening severity and decreasing probability of ever being able to separate from mechanical ventilation (exacerbated by muscle deconditioning and critical illness poly-myo-neuropathies associated with mechanical ventilation).

Due to these factors and the discomfort associated with an endotracheal intubation and mechanical ventilation, it is the opinion of the medical practitioners working in the Starship Hospital Intensive Care Unit that mechanical ventilation would serve to prolong his death and potentially subjects him and his family to prolonged suffering.

We do not feel that transporting William to our intensive care unit in Auckland should he suffer further respiratory deterioration is the right thing to do and that if he was deteriorating then emphasis should be placed on assuring he is comfortable and his extended family are able to be present and be looked after by staff they are familiar with. We support your counsel to his parents that the burden of treatment outweighs any ephemeral and declining benefits mechanical ventilation offers, and is therefore not appropriate to offer in the future.

Yours sincerely,