Reported Cases Concerning the Medical Treatment of Children: January 2025

Case	Age and Medical condition	Treatment/Issue	Procedure by which brought to court	Issues/significance of case	Decision
Re D (a minor) (wardship:sterilisation) [1976] Fam 185, Sept 1975, Heilbron J	11 years, Sotos Syndrome	Sterilisation	Application by local authority for child to be made ward of court, for court to decide whether operation should be prevented		Wardship continued; sterilisation not in best interests
Re B (a minor) (wardship: medical treatment) [1981] 1 WLR 1421, Aug 1981, Templeman, Dunn LJJ; appeal from order of Ewbank J	1 week, Down's Syndrome & intestinal blockage	Operation to remove intestinal blockage	Application by local authority for child to be made ward of court, local authority given care & control; court gave authority to direct that operation be carried out. Surgeon refused to perform contrary to parental wishes, local authority brought back to judge who revoked the order, local authority appealed	Duty of judge to determine whether in best interests for operation to be performed Referenced in GMC, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Authorised operation
Re P (A Minor) [1986] 1 FLR 272, Oct 1981, Butler-Sloss J	15 years, pregnant	Termination to which P consented but father opposed	In care of local authority following conviction for theft, application made by local authority for P to be made ward, originating summons in wardship proceedings		Best interests to have termination in accordance with wishes and lawful under terms of Abortion Act 1967
R v Arthur (1981) 12 BMLR 1 Nov 1981, Farquharson J	Died 3 days old, John Pearson	Whether to provide nursing care only & prescription of dihydrocodeine following which the child died amounted to a criminal offence	Prosecution for murder, changed to attempted murder following post-mortem	Direction to the jury	Jury found Dr Arthur not guilty
Re G-U (A Minor) (Wardship) [1984] FLR 811, April 1984, Balcombe J	16 years, pregnant	Termination of pregnancy arranged by local authority	Ward in local authority care under interim care order; ward for 5 years; brought before court upon direction of Registrar		Court order ratifying; satisfied in best interests but leave of court should have been sought prior to termination
Gillick v West Norfolk and Wisbech Area Health Authority and another [1986] AC 112, Oct 1985, Lords Fraser, Bridge, Scarman, Brandon, Templeman; appeal against decision of Eveleigh, Fox, Parker LJJ; appeal against decision of Woolf J	Hypothetical issue of provision of contraceptive advice & treatment to a child under 16 without parental knowledge or consent	Whether DHSS Guidance, Health Notice (HN (80) 46) revising section G of Memorandum of Guidance on family planning services was unlawful	Appeal from Court of Appeal which by majority (Parker and Fox LLJ) determined guidance unlawful (Eveleigh LJ dissented) on appeal from Woolf J that were not entitled to the relief sought	Majority Lords Fraser, Scarman, Bridge; Lords Brandon and Templeman dissented. Referred to in BMA, *Children and Young People Ethics Toolkit*, 2019; GMC, *0-18 years,* 2018; GMC, *Protecting Children and Young People,* July 2012; RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	House of Lords allowed appeal; in exceptional cases doctor who could not persuade child to inform her parents could provide contraceptive advice & treatment as long as she had sufficient understanding & intelligence to understand fully what is involved
Re B (a minor) (wardship: sterilisation) [1988] AC 199, April 1987, Lords Hailsham, Bridge, Brandon, Templeman, Oliver affirming decision of Dillon, Stephen Brown, Nicholls L.JJ; upholding decision of Bush J	17 years, learning disabilities	Sterilisation	In local authority care under a care order; local authority applied for originating summons to be made ward & for leave to be given to perform operation, supported by mother, opposed by Official Solicitor		Bush J sterilisation in best interests; upheld by CA; appeal against CA dismissed

R v Central Birmingham Health Authority, ex parte Walker 3 BMLR 32, Nov 1987, Sir John Donaldson, Nicholls, Caulfield LJJ; appeal from Macpherson J	2 months, heart surgery	Allocation of resources resulting in delay to surgery	Application by parents for leave to apply for judicial review of decision of health authority		Application for leave refused, not justiciable, upheld by CA
Re M [1988] 2 FLR 497, Dec 1987, Bush J	17 years, Fragile X	Sterilisation	Application for leave by local authority in respect of ward		Leave given in best interests
R v Central Birmingham Health Authority ex parte Collier [1988] 1 WLUK 690, Jan 1988, Stephen Brown, Neill, Ralph Gibson LJJ; appeal from Kennedy J	4 years, heart surgery	Allocation of resources resulting in delay to surgery	Application by parents for leave to apply for judicial review of decision of health authority		Application for leave refused, not justiciable, upheld by CA
Re C (a minor) (wardship: medical treatment) [1990] Fam 26, April 1989, Lord Donaldson MR, Balcombe, Nicholls LJJ; appeal from Ward J	16 weeks, born prematurely, hydrocephalus	Withhold treatment	Ward of court at birth; decisions about medical treatment made by court	Balcombe LJ noted lack of guidance from legislature for courts or others tasked with making such decisions Referenced in GMC, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Authority to withhold antibiotics, intravenous fluid, nasal-gastric feed, although determined by nurses judgement of her best interests
Re E (A Minor) (Wardship: Medical Treatment) [1993] 1 FLR 386, Sept 1990, Ward J	15 years, leukaemia	Administration of blood/blood products refused by E due to his faith as a Jehovah's Witness	Health authority applied ex parte for A to be made a ward of court; health authority application for leave to treat A with blood despite his refusal; continuation of wardship; order for care and control	Referenced in GMC Guidance, *0-18 years,* 2018	Leave for doctors to treat as necessary with administration of blood/blood products; wardship continued, order for care and control not necessary
Re J (A Minor) (Wardship: Medical Treatment) [1991] Fam 33, Oct 1990, Lord Donaldson MR, Balcombe, Taylor LJJ; appeal from Scott Baker J	5 months, severe brain damage due to prematurity	Withhold ventilation	Ward of court at birth; decisions about medical treatment made by court; Application by local authority to direct health authority to treat in accordance with opinions of Dr W to withhold ventilation	OS sought guidance of the court; CA rejected absolutist position that court is never justified in withholding consent to treatment which may enable a child to survive a life-threatening event, and alternative that it may only do so if the child's quality of life is intolerable; Applied best interests test; Set out duties of doctors, parents & court & partnership in provision of treatment; ; clarify neither local authority nor court can direct doctors to treat;. Referenced in GMC, *Treatment, and care towards the end of life,* 2010; RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Order made meant lawful to withhold ventilation but lawful to provide if appropriate in clinical judgement of those caring for J
Re E (A Minor) (Medical Treatment) [1991] 2 FLR.585, Feb 1991, Sir Stephen Brown P	17 years, learning difficulties, serious menorrhagia	hysterectomy	Application by Official Solicitor in wardship proceedings	Sterilisation not the purpose but the effect of the surgery	Consent of the court not required; operation therapeutic; parents can give consent; had consent of the court been necessary would have given it on basis in best interests

Re B (Wardship: Abortion) [1991] 2 FLR 426, May 1991, Hollis J	12 years, pregnant	Termination, B consented, opposed by mother, supported by grandparents who cared for her & putative father	GP informed social services having diagnosed pregnancy; local authority applied for her to be made a ward of court & for leave to have termination; represented by the Official Solicitor	Decision of court in relation to ward did not have to determine whether competent but took into account her age & wishes & views of mother	Termination in best interests
Re R (A Minor) (Wardship: Medical Treatment) [1992] 1 FLR 190, July 1991; Lord Donaldson, Staughton, Farquharson LJJ, appeal from Waite J	15 years, psychotic state	Administration of anti-psychotic medication	In local authority care under ICO; local authority applied for R to be made ward of court	Referenced in GMC Guidance, *0-18 years,* 2018	Lacked capacity to decide; as ward court had power to override refusal & give consent; administration of medication in her best interests
Re J (A Minor) (Child in Care: Medical Treatment) [1993] Fam 15, June 1992, Lord Donaldson, Balcombe, Leggatt LJJ; appeal from order Waite J, March 1992 which CA had stayed May 1992	16 months, severe mental & physical handicap at 1 month, microcephalic, severe form of cerebral palsy, severe epilepsy, blindness.	Whether lawful to withhold life-sustaining treatment in event suffered a life-threatening event	J in care; local authority applied for leave under s.100(3) CA 1989; Waite J made interim order that treatment should be provided pending full hearing	Whether court in exercise of inherent jurisdiction should ever require clinician to adopt a course of treatment which is contra-indicated as not in the best interests of the patient; considerations where there is a practitioner prepared to treat Referenced in GMC, *Treatment and care towards the end of life,* 2010	CA stayed order, appeal allowed; doctors must treat according to clinical judgment, including to withhold life-sustaining in event of life-threatening event
Re W (A Minor) (Medical Treatment: Court's Jurisdiction) [1993] Fam 64, July 1992, Lord Donaldson, Balcombe, Nolan LJJ, appeal from Thorpe J	16 years, anorexia	Whether it was lawful to move W to a named treatment unit without her consent	W in care; local authority applied for leave under s.100(3) CA 1989 for court to exercise inherent jurisdiction; granted	Obiter, holders of parental responsibility & court can give consent when refused by a child whether or not they have *Gillick* competence; obiter, court in exercise of inherent jurisdiction can refuse consent when given Referenced in GMC Guidance, *0-18 years,* 2018; RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Accepted conclusion of Thorpe J that W had capacity; court could give consent when refused; in best interests
Re S (A Minor) (Medical Treatment) [1993] 1 FLR 376, July 1992, Thorpe J	4 years, T-cell leukaemia	Administration of blood, parents refused given faith as Jehovah's Witnesses, otherwise agreeing to treatment	Local authority sought leave under s.100 CA 1989; Parents sought PSO		Authorised administration of blood; PSO refused
Re K, W and H (Minors) (Medical Treatment) [1993] 1 FLR 854, Sept 1992, Thorpe J	Application related to three young people aged 14, 15, 15	Treatment programme in secure unit	Applications made by independent Trust for leave for s.8 orders under CA 1989	Parents had given consent	S.8 orders not made as applications 'misconceived and unnecessary' given parental consent
Re HG (Specific Issue Order: Sterilisation) [1993] 1 FLR 587, Nov 1992, Peter Singer QC	17, learning disability	sterilisation	Application by child herself with father as next friend for SIO under CA 1989 (so eligible for legal aid); Official Solicitor joined as ex officio respondent; local authority joined as funded accommodation non-statutorily, discharged as did not want to participate	OS argued could not seek SIO as could not in exercise of parental responsibility make decision about sterilisation	SIO made, was a question to be answered did not need to be disagreement upon it
Re O (A Minor) (Medical Treatment) [1993] 2 FLR 149, March 1993, Johnson J	2 months at judgment but decided when 7/10 days old, respiratory distress	Administration of blood, parents refused given faith as	Doctor sought guidance from local authority; Emergency Protection Order under CA 1989 made by local family court, without notice to parents; local	Court held Interim Care Order and Emergency Protection Order inappropriate; SIO (all under CA 19889) cannot be 'determined' on an ex	Authorised administration of blood

	syndrome, due to prematurity	Jehovah's Witnesses, otherwise agreeing to treatment	authority applied to family proceedings court for a Care Order under CA 1989	parte application; Inherent Jurisdiction the preferred procedure	
Re R (minor) (Blood Transfusion) [1993] 2 FLR 757, May 1993, Booth J	10 months, B-cell lymphoblastic leukaemia	Administration of blood, parents refused given faith as Jehovah's Witnesses, otherwise agreeing to treatment	Local authority applied for leave to apply for SIO	SIO the most appropriate procedure.	Authorised the administration of blood in a life-threatening emergency, if the situation was not imminently life-threatening to first consult with the parents about alternatives
Re S (A Minor) (Medical Treatment) [1994] 2 FLR 1065, June 1994, Johnson J	15 years, beta minor thalassemia	Administration of regular blood transfusion	Local authority applied to court for leave to ask court exercise inherent jurisdiction	Social services had been involved 5 years earlier when S's mother started to attend meetings of Jehovah's Witnesses given their concerns about impact upon her treatment; father prepared to consent & continued to receive transfusions; involved again when missed transfusions & S made it clear that she did not want any more blood; case concerned long term treatment for a chronic condition rather than acute	In best interests, authority for treatment to be carried our
R v Cambridge District Health Authority, ex parte B [1995] 1 FLR 1055, March 1995, Sir Thomas Bingham MR, Sir Stephen Brown P, Simon Brown LJ; appeal against decision of Laws J	Jaymee Bowen, 10 years, relapse of acute myeloid leukaemia following treatment for non-Hodgkin's lymphoma	donor lymphocyte infusion, 'at the frontier of science'	Appeal by health authority against decision of Laws J on application by father for judicial review of decision of health authority not to fund an extra-contractual referral	Innovative treatment, judicial review of allocation of funds so no judicial consideration of whether treatment was in child's best interests *R v Cambridge District Health Authority ex p B (No 2)* [1996] 1 FLR 375, anonymity order discharged	CA allowed appeal against decision of Laws J to issue certiorari quashing the respondent's decision treatment funded by anonymous donor; died a year later from side-effects of treatment
Re C (a Baby) [1996] 2 FLR 43, April 1996, Sir Stephen Brown P	3 months, premature then meningitis, serious brain damage, cerebral blindness, convulsions, condition described as 'almost a living death', no prospect of amelioration, no prospect of recovery, no independent life as unable to breathe without ventilation	Withdrawal of ventilation & provide palliative care	Ward of court, application by health authority for leave to exercise inherent jurisdiction	Parents, doctors, nurses, second opinions agreed; court take responsibility; judge asked to but thought not appropriate to comment on circumstances in which leave of court should be sought	Leave to withdraw ventilation
Re T (a minor) (wardship: medical treatment) [1997] 1 WLR 242, Oct 1996, Butler-Sloss, Waite and Roch LJJ; appeal against order of Connell J	18 months, life-threatening liver defect biliary atresia	Liver transplant operation	Local authority sought leave of court under s.100(3) CA 1989; granted; local authority neutral before judge; Guardian advocating surgery; Connell J gave declaration sought and gave leave to appeal	Appeal allowed. The judge had applied the wrong test in forming the view that the refusal of the parents was unreasonable & then considering only the unanimous medical evidence, not the reasons for the parents decision. Was well established that the role of the court is to reach an independent decision as to the best interests of the child	CA held transplant not in T's best interests; subsequently reported that parents changed their minds & T had liver transplant

Re C (a minor) (medical treatment) [1998] 1 FLR 384, Nov 1997, Sir Stephen Brown P	16 months, spinal muscular atrophy, type 1	Remove ventilation from C to see if could breathe independently but not re-ventilate if C suffered further respiratory arrest	Application by Trust for order under inherent jurisdiction, 'to seek the court's consent in the absence of the consent of the parents'		Declaration made
Re L (Medical Treatment: Gillick Competency) [1998] 2 FLR 810, June 1998, Sir Stephen Brown P	14 years, severe burns	Administration of blood in operations necessary to ensure survived, L refused given faith as Jehovah's Witness	Hospital authority sought leave of court to administer blood transfusions in the course of essential operative treatment		In best interests to have blood administered in surgical procedure
Re M (medical treatment: consent) [1999] 2 FLR 1097, July 1999, Johnson J	15 years, heart failure	Heart transplant	Application by hospital for authority to perform transplant	Mother consented, M did not	Best interests & lawful to perform heart transplant, although judge noted, when gave judgment 6 days later, no suitable heart had been found
R v Portsmouth Hospitals NHS Trust, ex parte Glass [1999] 2 FLR 905, July 1999, Woolf MR, Butler-Sloss, Robert Walker LJJ, application for permission to appeal decision of Scott Baker J	David Glass, 12 years, severe physical & mental impairments	Dispute over treatment for infection after tonsillectomy, Trust believed David was dying, would only provide palliative care in future except emergency care, Southampton would accept as a patient	Application for declaration as to the course doctors should take if admitted & disagreements arose about treatment; refused, CA heard application for permission to appeal	See *Glass v UK* [2004] EHRR 15	Judge refused relief in application for judicial review; CA refused permission to appeal
Re C (A Child) (HIV Testing) [2000] 2 WLR 270, Sept 1999, Wilson J	4 months, test to determine HIV status	Mother HIV+, GP wanted to carry out blood test to determine C's status & appropriate medical management	Application by local authority, health professionals having sought advice, for leave to apply for SIO	CA refused permission to appeal *Re C (HIV Test)* [1999] 2 FLR 1004, Sept 1999, Butler-Sloss, Evans and Thorpe LJJ	SIO made Parents had removed C from jurisdiction. C tested HIV+ couple of years later when mother died, returned to jurisdiction, made a ward
Royal Wolverhampton Hospital NHS Trust v B [2000] 1 FLR 953, Sept 1999, Bodey J	5 months, multi-organ failure, respiratory failure, circulatory instability, two small holes in heart, repeated infections, bleeding into the cavities in brain	Withhold ventilation on grounds pathology cannot be reversed, would die whilst on ventilation or only permit return to current clinical state	Urgent out of hours application by Trust for directions	Counsel for Official Solicitor argued court should not make declaration sought; 'should be a matter for clinical judgement of the doctors; that no declaration is necessary; nor should it be granted', court cannot override 'opinions of the experts clinically responsible for the child', Bodey J thought that there might be circumstances when that was appropriate but not in urgent case where lack of trust	Lawful to withhold ventilation
Re MM (Medical Treatment) [2000] 1 FLR 224, Oct 1999, Black J	7 years, Primary immunodeficiency	Parents wished to continue with immunostimulant therapy had been administered in	Local authority application for SIO, over course of proceedings reached agreement	Parental concerns included that they would be returning to Russia in a couple of years where blood products are not as safe; concerned that the treatment would not be available or would be too expensive.	Judge accepted as appropriate the order agreed during the hearing

		Russia, doctors wanted to provide immunoglobin intravenously			
A National Health Service Trust v D [2000] 2 FLR 677, July 2000, Cazalet J	19 months, severe, chronic & irreversible lung disease, heart failure, Dandy-Walker syndrome, lissencephaly.	Withholding ventilation in the event of a respiratory or cardiac failure & provide palliative care given worsening & irreversible lung disease	Trust application for declaration in respect of ward; then for wardship to be discharged	Required ventilation shortly after birth & first 50 days; cared for at home with periods hospitalisation; application precipitated by admission to hospital with fever; parents wanted him admitted to ICU; hospital did not have ICU; 3 hospitals contacted would not admit; in event recovered with drug treatment Referenced in GMC Guidance, *Treatment and care towards the end of life,* 2010	Declaration made & wardship discharged
Re A (Children) (Conjoined Twins: Surgical Separation) [2000] EWCA Civ 254; [2001] Fam 147, Sept 2000, Ward, Brooke, Robert Walker LJJ, appeal against decision of Johnson J	6 weeks, conjoined twins	Surgery to separate the twins resulting in the immediate death of one twin	Trust issued an originating summons, in the exercise of the inherent jurisdiction of the High Court & in the matter of the Children Act 1989 for a declaration	Referenced in GMC Guidance, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Separation surgery lawful Rosie (Mary) died immediately after surgery; Gracie (Jodie) continues to do well
Donald Simms and Jonathan Simms v An NHS Trust and Secretary of State for Health; PA and JA v An NHS Trust and Secretary of State for Health [2002] EWHC 2734, Dec 2002, Butler-Sloss P	Jonathan Simms 18 & 16 year old, variant Creutzfeldt-Jakob disease, vCJD,	Innovative Pentosan Polysulphate treatment	Application by parents for declaration lawful & in best interests	PPS tested in mice, rats, dogs for treatment of other conditions; judge asked first whether was a competent body of professional opinion which supported its administration; then whether administration was in their best interests	Declarations made as lawful & in best interests; although treating doctors were prepared to administer, neither clinical governance committee or drugs & therapeutic committee, approved; DoH assisted in finding a hospital in Northern Ireland prepared to administer, administered following court hearing in Northern Ireland; Jonathan Simms lived a further 10 years
Re C and F (Children) [2003] EWHC 1376, June 2003, Sumner J	4 & 10 years	Immunisation	Applications by fathers for SIO, applicants not related but raise same issues	Considered medical evidence of risk of contracting disease, potential harms from each & risks of vaccination to conclude whether each vaccine in medical best interests, then consider other factors to conclude on best interests	Best interests of children to receive vaccinations; vaccinations against whooping cough and Hib were not age-appropriate for 10-year-old F, nor were vaccinations against tuberculosis or tubercular meningitis for 4-year-old C.

					Upheld on appeal *B (Child)* [2003] EWCA Civ 1148
B (Child) [2003] EWCA Civ 1148, July 2003, Thorpe, Sedley LJJ, Sir Anthony Evans	4 & 10 years	Immunisation	Appeal from *Re C and F (Children)* [2003] EWHC 1376	Vaccination within that small group of issues which must be agreed by all with parental responsibility or determined by the court, [17]	Appeal dismissed
Re P (Medical Treatment: Best Interests) [2003] EWHC 2327, Aug 2003, Johnson J	16 years, hypermobility syndrome	Administration of blood against wishes as Jehovah's Witness	Application by Trust lawful to administer blood	Had suffered an acute episode; crisis passed without need for blood; issue remained as underlying cause not identified; further crisis could occur which would be life-threatening without administration of blood Referenced in GMC Guidance, *0-18 years,* 2018	Lawful to administer blood in situation immediately life-threatening & if is no other form of treatment available
Glass v UK [2004] EHRR 15, ECtHR, March 2004	David Glass, by this time 18 years-old, severe physical and mental disabilities,	Were the actions of the doctors in administering diamorphine without his mother's consent & placing a DNR on his notes without her knowledge a breach of their ECHR rights?	Complaint by Carol and David Glass that their ECHR Article 2, 6, 8, 13 and 14 rights had been breached	Court did not address whether his mother's Article 8 rights were interfered with; nor did the majority consider it necessary to determine whether putting a DNR on his notes without his mother's knowledge was an interference with David's Article 8 rights; Referenced in GMC, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Complaints under 2, 6, 13, 14 deemed manifestly inadmissible; administration of diamorphine to David against the continued opposition of his mother an interference with his right to respect for private life, specifically his right to physical integrity, doing so without seeking consent from the court was not necessary in a democratic society & amounted to a breach of David's Article 8 right.
Portsmouth NHS Trust v Wyatt & Wyatt, Southampton NHS Trust Intervening [2004] EWHC 2247, Oct 2004, Hedley J	Charlotte Wyatt, 1 year, chronic respiratory & kidney problems, profound & irreversible brain damage	Whether lawful to withhold ventilation if required to sustain life due to lung damage or due to an infection	Application by Trust for court to exercise inherent jurisdiction	Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Lawful to withhold ventilation, ask treating doctors to give further consideration to tracheostomy
Re L (Medical Treatment: Benefit) [2004] EWHC 2713, Oct 2004, Butler-Sloss P	9 months, Edwards' Syndrome/trisomy 18	Mechanical ventilation & cardiac massage	Application by Trust for declarations in the exercise of inherent jurisdiction	Risks of ventilation causing cardiac arrest or becoming ventilator dependent depriving him of contact with mother Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Lawful not to provide ventilation, no order made on cardiac massage which should only be withheld after careful assessment but ultimately a matter of clinical judgement although consider carefully within context of weight attached to prolonging life & in knowledge judge &d guardian uneasy about excluding it
Portsmouth Hospitals NHS Trust v Wyatt and others [2005] EWHC 117, Jan 2005, Hedley J	Charlotte Wyatt, observed improvements, reduced oxygen levels, primarily	Application by parents to stay orders pending court hearing as to	Application by parents to stay orders		Declined to stay orders in absence of further evidence & given declarations did not

	good days & not requiring pain relief	whether orders should be discharged			affect duty of doctors to treat in best interests
Wyatt v Portsmouth NHS Trust and Wyatt (By her Guardian) (No 3) [2005] EWHC 693, April 2005, Hedley J	Charlotte Wyatt, reduced oxygen dependency although still too high to be discharged, some responsiveness to human interaction, no change in underlying condition	Evidence that underlying condition had not improved, ventilation would in all probability not prevent death from respiratory infection but death whilst receiving aggressive treatment in ICU	Application by parents to discharge orders	See *Re Wyatt (a child) (medical treatment: continuation of order)* [2005] EWCA Civ 1181	Declined to discharge orders
Re Wyatt (a child) (medical treatment: continuation of order) [2005] EWCA Civ 1181, Oct 2005, Wall, Laws, Lloyd LJJ, appeal against decision of Hedley J	Charlotte Wyatt	Appeal against declarations that it was in Charlotte's best interests not to be ventilated, that decision of the court should be made once issue arose	Application by parents for permission to appeal against Hedley decision of April 2005, *Wyatt v Portsmouth NHS Trust and Wyatt (By her Guardian) (No 3)* [2005] EWHC 693, on 'best interests' and on 'timing' question; hearing appeal latter	Referenced in GMC, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Permission to appeal the best interests question refused; appeal on the timing question dismissed; review of the continuation of the declarations to be accelerated
Re Wyatt [2005] EWHC 2293, Oct 2005, Hedley J	Charlotte Wyatt	Review of declarations in light of medical evidence of improvement in Charlotte's condition	Application of parents for orders to be discharged	Hedley J set out the duties of clinicians to their child patient	Declaration discharged; declaratory relief not required at that time
R (on the application of Axon) v Secretary of State for Health & Another [2006] EWHC 37, Jan 2006, Silber J		Whether Department of Health Guidance on provision of advice & treatment to under 16's on contraception, sexual & reproductive health lawful	Application by Sue Axon for declarations that DoH guidance unlawful	Duty of confidentiality where sufficiently mature to make a decision; argument that the applicant's Article 8 rights were infringed dismissed; Referenced in GMC Guidance, *0-18 years:,* 2018	Not entitled to the relief claimed, bound by *Gillick* [1985], guidance not unlawful
Re Wyatt [2006] EWHC 319, Feb 2006, Hedley J	Charlotte Wyatt	Significant deterioration in condition believed to be due to a viral condition	Application by Trust declarations lawful to withhold intubation & ventilation; otherwise provide life-saving treatment	Litigation surrounding Charlotte's medical treatment & together with *Re MB* [2006] EWHC 507 decided a couple of weeks later, marks a turning point in circumstances before Trusts will seek declaration on withdrawing or withholding treatment	Declarations granted, If continued to deteriorate only option would be ventilation in 24-36 hours, paediatrician considered that futile; Charlotte was discharged from hospital in Dec 2006 into foster care
Re MB [2006] EWHC 507, March 2006, Holman J	18 months, Spinal Muscular Atrophy, caused loss of use of voluntary muscles, so dependent on ventilation	Withdraw ventilation & provide palliative care, if removed would result in immediate death	Application by Trust for declaration in exercise inherent jurisdiction lawful to withdraw ventilation & provide palliative care	Unusual as declined to make declaration sought by Trust, emphasis upon relationship with family, pleasure and experience Referenced in GMC, *Treatment and care towards the end of life,* 2010; Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Lawful to withhold some treatments, broadly to continue current management but not escalate; did not make declaration requested that it was lawful to withdraw ventilation but could not make

					declaration that was in best interests to continue with continuous pressure ventilation
K (a minor) [2006] EWHC 1007, May 2006, Sir Mark Potter P	5 months, congenital myotonica Dystrophy, neuromuscular disorder causing chronic muscle weakness & learning difficulties	Withdraw artificial nutrition & hydration & provide palliative care due to recurrent septicaemia of central venous lines	At birth in care under ICO; local authority shared parental responsibility with the parents; application by Trust for declarations	All agreed withdrawal in best interests	Declaration lawful to withdraw nutrition & hydration & move to palliative care
An NHS Trust v A [2007] EWHC 1696, July 2007, Holman J	7 months, Haemophagocytic lymphohistiocytosis	Bone marrow transplant which had to be performed whilst condition not active, only hope of cure	Trust applied for orders in the exercise of court's inherent jurisdiction	Child at home; condition being managed with drugs; Holman J said could only perform bone marrow transplant if parents took her to hospital no suggestion court should order them or she should be removed from their care	In best interests & lawful to have bone marrow transplant End of judgment noted that A had died at home about two weeks later before receiving any further treatment
Re B [2008] EWHC 1996, June 2008, Coleridge J	22 months, profound mental & physical disabilities possibly result of an inherited metabolic condition	Withhold ventilation & cardio-pulmonary resuscitation if condition worsens due to deteriorating illness or severely unwell	In foster care under care order; local authority share parental responsibility, local authority asked Trust to make application; Trust applied for declarations	Likely to deteriorate within next few years so that resuscitation necessary; Guardian supported application; local authority adopted a neutral stance; mother 15 years & had learning difficulties	Declaration lawful, included should consult with foster parents, joint expert report attached to order to assist doctor new to child in a critical situation
Re OT [2009] EWHC 633, March 2009, Parker J	9 months, mitochondrial condition of genetic origin, ventilator dependent from 3 weeks old	Not to escalate treatment & withdraw ventilation when OT was believed to have an infection thought to be due to the central line	Application by Trust for declarations; Judge made declaration permitting non-escalation; hearing & judgment focused on whether lawful to withdraw ventilation	Crisis during hearing meant required high pressure ventilation for which needed sedation, could not be continued long term as causes damage to lungs; condition deteriorated so severely brain damaged including to brain stem & dependent upon ventilation, nothing could do to improve condition *T and another v An NHS Trust and another* [2009] EWCA Civ 409, March 2009, Ward, Wilson LJJ; permission to appeal on grounds had been a serious procedural flaw in the judge's conduct of the hearing which infringed OT's Article 8 rights, refused; noted OT died morning after CA decision Referenced in RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015	Declaration lawful not to escalate treatment but adjourned the hearing in respect of withdrawal of ventilation; lawful to withdraw ventilation; refused permission to appeal
Re RB [2009] EWHC 3269, Nov 2009, McFarlane J	13 months, congenital myasthenic syndrome, ventilated from birth	Withdrawal ventilation	Application by Trust	All 3 known drugs trialled with no effect; at start of proceedings mother agreed withdrawal of ventilation whilst father wanted home ventilation but changed his mind during proceedings	Judgment endorsed decision to withdraw ventilation agreed by clinical team & parents

LA v SB & AB & MB [2010] EWHC 1744, July 2010, Sir Nicholas Wall	6 years rare, progressive, brain disease, Rasmussen's encephalitis	Surgery to address worsening epilepsy	Application by local authority under s.100 for leave to invoke inherent jurisdiction; application for leave to apply for a SIO		Applications denied, had invited hospital to intervene or issue summons, which declined; no issue for the court to determine as was for parents & hospital; neither asked judge to determine question
LCC v A & B & C & D & K & S [2011] EWHC 4033, May 2011, Theis J	13, 9, 6, 5 years, booster immunisations	Authority for immunisations opposed by parents	Application by local authority to invoke inherent jurisdiction seeking declarations regarding immunisation of children in care under final care orders; local authority share parental authority with parents	Evidence not sufficiently clear on the seasonable influenza vaccine for the oldest child	Declarations lawful to provide immunisations
NHS Trust v Baby X and others [2012] EWHC 2188, July 2012, Hedley J	1 year, accident at home, severe irreversible brain damage, requiring ventilation & naso-gastric feeding, no consciousness or awareness of self or surroundings	Withdrawal of ventilation	Application by Trust for orders in exercise of inherent jurisdiction	Treatment serves no purpose in terms of improvement; condition is persistent, intense, invasive; will require ever more intervention to sustain	Declaration lawful to withdraw ventilation & provide palliative care
F v F (MMR Vaccine) [2013] EWHC 2683, Sept 2013, Theis J	11 & 15 years	MMR vaccine	Application by father for SIO		Declaration MMR vaccine in best interests of children
An NHS Trust v KH [2013] 1 FLR. 1471, Oct 2012, Peter Jackson J	3 years, Herpes Virus Infection caused viral encephalitis resulting in severe brain damage	Advanced care plan permitting non escalation of treatment	Application by NHS Trust for declarations; approval of a treatment plan for KH; KH in foster care under ICO; care proceedings ongoing; parents lacked capacity to make decisions	Mother did not agree to all aspects of the care plan	Declarations made on treatment issues that need to be determined & not likely to change over time
An NHS Trust v SR [2012] EWHC 3842, Dec 2012, Bodey J	7 years, Neon Roberts, malignant brain tumour medullablastoma	Chemotherapy & radiotherapy, mother wanted him to have alternative & complementary therapy following surgery to remove brain tumour	Application by Trust for declaration under inherent jurisdiction; ICO made to facilitate return of Neon to care of father when mother went missing with him	Judge noted that the Trust could have provided treatment on basis of his father's consent but understood application given the serious nature of the treatment	In best interests & lawful to be administered with chemotherapy & radiotherapy
Re TM [2013] EWHC 4103, Dec 2013, Holman J	7 years, developmental issues, fed by nasogastric tube	Gastronomy, gastrojejunal tube, which would enable removal of the PICC	Application by Trust for orders in the exercise of inherent jurisdiction, although during proceedings moved to consensus on procedure	Previous hearing declaration in best interests for PICC catheter to be fitted in heart to assist with feeding after removal due to infection	Declarations made; Father by this point giving consent; mother consent to procedures but did not want the doctor who had been caring for TM to perform the procedure; not an acceptable stipulation
An NHS Foundation Trust v R and Mr and Mrs R [2013] EWHC 2340, Dec 2013, Peter Jackson J	Reyhan, 14 months, mitochondrial myopathy, ventilation, admitted to PICU shortly after birth,	Withdrawal artificial ventilation	Application from Trust for declaration permitting withdrawal of ventilation	Parents wanted him home ventilated, ventilation keeping him alive with no prospect of improvement in his condition, although had some awareness eg gain comfort from family	Hearing in July decided in best interests for ventilation to be withdrawn; made interim orders giving time to make arrangements with

	remained, minimal awareness			not able to appreciate or respond to environment	orders permitting reduction in treatment if condition deteriorated; before final orders parents applied to admit new evidence; hearing set for end Oct; Reyhan died a week before hearing
An NHS Foundation Trust v A and Others [2014] EWHC 920, Feb 2014, Hayden J	15 years, vomiting of no organic cause or malignant pathology, resulting in severe weight loss	Insert a nasofeeding tube, refused by A & mother	Application by NHS Trust lawful & in A's best interests to insert a nasofeeding tube for administration of fluid, liquid & medication.	Judge suspended contact with mother for two weeks given her resistance to the treatment; relationship between A, hospital & social services had become 'conflictual' & A required decisions to be made by an authority figure, invoked parens patriae jurisdiction & made A ward of court	Declarations made; A lacked capacity to make decisions about her medical treatment although her views given much weight
Birmingham Children's NHS Trust v B and C [2014] EWHC 531, Feb 2014, Keehan J	1 week, heart problems	Parents consent to A undergoing cardiac surgery, couldn't consent to A receiving blood during surgery or subsequently should that be necessary given faith as Jehovah's Witnesses	Application by Trust for orders in exercise of inherent jurisdiction	Parents did not want to take part in hearing as did not want to make it more complex than necessary; understood court may overrule their objection & would not actively try to prevent the treatment of their son	Order lawful to undergo heart surgery & for administration of blood if required, to administer blood if situation life-threatening, in other circumstances to consult with the parents about alternatives
An NHS Trust v A, B, C and a local authority [2014] EWHC 1445, March 2014, Mostyn J	13 years, pregnant	Termination of pregnancy	Application by Trust for declaratory relief as to capacity & if lacks capacity that termination in best interests, if has required capacity declaration to that effect to put the matter beyond doubt	Had been discussions with Safeguarding Team; if A decided to continue with the pregnancy she would require considerable support	Declaration that A had sufficient understanding & intelligence & for A to decide
In the Matter of JA (A Minor) [2014] EWHC 1135, April 2014, Baker J	14 years, test & treat for HIV	Test for HIV status. Having tested HIV+, was it lawful to treat	Application by Trust under inherent jurisdiction seeking declarations lawful to test for HIV status; further application with respect to ART, monitoring, blood tests, chest x-rays, psychotherapy & peer support.	Trust sought to secure testing & treatment; local authority made an application for a Child Assessment Order under s.43 CA 1989; the judge made a direction for a report under s.37 CA 1989 and then an ICO. JA was briefly placed in foster care. Agreed threshold criteria under s.31 were satisfied; JA subject to a Supervision Order for 12 months	Test: Macur J made JA a ward & required parents to take JA for the test; after JA had been placed in foster care he agreed to take the test & tested HIV+. Treatment: lacked *Gillick* competence to make a decision about ART; authorised in best interests; JA had capacity to make his own decisions with respect to monitoring, blood tests, chest x-rays, psychotherapy & peer support to which he was agreed

In the matter of X (A Child) [2014] EWHC 1871, June 2014, Munby P	13 years, pregnant	Termination, initially X was opposed then wanted termination	Application by Trust	Child protection issues addressed in care proceedings; whether any criminal offences had been committed were for the police to determine	Lacked capacity to decide; termination in her best interests & lawful but X needed to indicate her views through her words & actions, be compliant & accepting
M Children's Hospital NHS Foundation Trust v Mr and Mrs Y [2014] EWHC 2651, July 2014, Cobb J	13 years, immune mediated inflammatory disease of the brain, usually due to infection	Plasma exchange treatment involving blood products, mother unable to consent due to faith as a Jehovah's Witness	Application by Trust	Urgent application; parents did not oppose; content for court to decide; fluctuating level of consciousness so uncertain whether competent but had given thumbs up when asked about it	Authorise PEX & blood as situation life-threatening; in other circumstances consult first with parents
An NHS Foundation Trust v AB and CD and EF [2014] EWHC 1031, April 2014, Theis J	14 months, incurable neurodevelopmental disorder, never left hospital, in PICU for 13 months receiving CPAP	Parents agreed should be extubated but wanted intubation (father) or bagging (both) in 24 hours after extubation given experience that required additional support in the period immediately after extubation when had been ventilated for a long period	Application by Trust for declarations lawful to withhold further intubation & bagging after extubation	Treatment limitation in context of deteriorating condition for which no treatment.	Made declaration sought but in 24 hours after extubation lawful to bag, at discretion of treatment team, confident will continue to work together in partnership with parents; use of bagging in light of experience of parents & considered by Guardian to be in best interests
An NHS Foundation Hospital v P [2014] EWHC 1650, May 2014, Baker J	17 years, paracetamol overdose	Administration of antidote	Urgent application by Trust for declaration lawful to administer antidote & if necessary restrain her	Mother had given consent but reluctant to treat without court order; had taken first dose but concern that she would refuse subsequent doses	On evidence before court not able to conclude lacked capacity under MCA 2005; lawful & in best interests to have antidote, if necessary, restrain
An NHS Trust v Child B and Mr and Mrs B [2014] EWHC 3486, Aug 2014, Moylan J	Young child (age not specified), burns sustained in accident	Required skin graft which may need blood transfusion to which parents unable to agree due to faith as Jehovah's Witnesses	Emergency Application by Trust for orders authorising provision of blood, heard by telephone	Parents cannot agree & oppose administration of blood due to religious beliefs	Orders made
Re AA [2014] EWHC 4861, Aug 2014, King J	12 years, serious brain malformation, hydrocephalus & severe epilepsy, tube-fed, visually impaired, significant developmental delay, no useful mobility	Ethics Committee agreed nutrition could cease, question for court whether hydration could as well	Application by NHS Trust (Great Ormond Street) for declaration lawful & in best interests for artificial hydration to be withdrawn	Devoted care of mother & family meant AA had lived beyond expected weeks or months from birth; in pain such that had been screaming constantly; mother had agreed that nutrition should cease & agreed that hydration should	Declaration made; totality of the evidence continuation of treatment burdensome to AA, existing as she does in a state of unremitting pain

In the Matter of Ashya King [2014] EWHC 2964, Sept 2014, Baker J	Ashya King, 5 years, malignant brain tumour medullablastoma	Form of radiotherapy following surgery to remove brain tumour	Application by Portsmouth City Council to invoke inherent jurisdiction for Ashya be made a ward of court & for directions about his medical treatment	Parents had removed him from hospital when he required post-operative treatment; concerns he was at risk of significant harm due to reliance on nasogastric feeding; local authority informed the police who issued a European Arrest Warrant; when found his parents were arrested & remanded in custody; discharged before the wardship hearing	Order made approving parental plan Ashya received Proton Beam Therapy in Prague
King's College Hospital NHS Foundation Trust v T, V, and ZT [2014] EWHC 3315, Sept 2014, Russell J	17 months, born 28 weeks gestation, had not left hospital, at 7 months acute cardio-respiratory deterioration, develop multiple organ failure, severe irreversible brain damage including to brain stem, pronounced & progressive hydrocephalus	Withdrawal of ventilation, parents' Christian beliefs meant they did not think they had the right to agree to withdrawal of life-sustaining treatment; hoped may recover to participate more fully in life.	Application by Trust (King's College) for permission to withdraw ventilation	Independent report concluded numerous failures in care by multi-disciplinary team caring for him; on ventilation for 10 months after determined severe brain damage with no prospect of being removed from ventilation & no prospect of recovery of brain function	Permission to withdraw ventilation
Kirklees Council v RE and Others [2014] EWHC 3182, Oct 2014, Moor J	6 months, chronic lung disease, multiple cardiac abnormalities, kidney problems	Further life sustaining treatment, provision of palliative care	In care under ICO; local authority shared parental responsibility; Kirklees Council sought declarations; application supported by Leeds Teaching Hospital NHS Trust		Declarations made
Re A (A Child) [2015] EWHC 443, Feb 2015, Hayden J	19 months, choked on piece of fruit, two tests carried out both determining was brain stem dead	Parents could not agree to removal from ventilation, had tried to secure a package of care to take A to Saudi Arabia where the family originated & where life-support would not be removed.	Application by Trust for declaration		Declaration that A was dead & to permit ventilation to be withdrawn
Re AA [2015] EWHC 1178, April 2015, Bodey J	7 years, heart stopped causing brain damage	ICD in event of further cardiac arrest, parents want wearable defibrillator	Application by Trust for declaration in exercise of inherent jurisdiction	No doctor in court prepared to fit or advise parents on device they wished to use; consultant considered discharging her without fitting an ICD to be medically negligent	Lawful to implant Implantable Cardioverter Defribrillator
King's College Hospital NHS Foundation Trust v MH [2015] EWHC 1920, June 2015, MacDonald J; *King's College Hospital NHS Foundation Trust v Y & MH* [2015] EWHC 1966, July 2015, MacDonald J	7 years, Spinal Muscular Atrophy Type 1, had cardio-respiratory arrest which had caused irreversible neurological injury	Withhold invasive ventilation, CPR, resuscitation drugs, receive pain relief	Application by Trust for orders giving authority to withhold treatment, first urgent out of hours application, then final orders	Urgent application due to concern if did not receive intubation & ventilation would die; usually should not be decided in urgent out of hours telephone hearing without full welfare investigation or second opinions, was a real possibility circumstances might require ventilation to prevent death over night; couple of days later judge agreed should be updated second opinions	June: Declaration pending further hearing July 2016: final orders after second opinion, father no longer opposed but wanted judge to decide
In re Jake (A Child) [2015] EWHC 2442, Aug 2015, Munby P	10 months, genetic epileptic encephalopathy of infancy	Lawful to withhold life-sustaining treatment	Parents learning disabilities, ICO; local authority shared parental responsibility; Trust made urgent		Lawful to withhold bag & mask ventilation, endotracheal intubation,

			application; hearing over telephone; local authority agreed & parents did not oppose		invasive or non-invasive ventilation, lawful to withhold specific treatments in response to specific events
Re JM [2015] EWHC 2832, Oct 2015, Mostyn J	10 years, rare aggressive cancer, craniofacial osteosarcoma, in right jawbone.	Surgery to remove an aggressive cancerous tumour from J's jaw & reconstruct jaw using bone from his leg	Trust applied for declarations in the exercise its inherent jurisdiction	Local authority joined as a party given the family had disappeared, believed to Poland seeking second opinion; treatment was now urgent so at risk of significant harm	Judge of view should have sought SIO; gave leave; further reflection concluded that if the Trust is seeking final binding declarations, should apply for leave for an application for a SIO combined with an application for declaratory relief in the exercise of the court's inherent jurisdiction; treatment in best interests, permission given
An NHS Trust v W and X [2015] EWHC 2778, Oct 2015, Bodey J	11 years, virus leading to heart failure, deteriorated so no longer considered candidate for heart transplant	Withdrawal of medical support devices which were keeping X alive	Trust applied for a declaration lawful to withdraw devices keeping X alive; urgent hearing within four days; Bodey J refused permission to appeal; Parents applied for permission to appeal	Tried numerous procedures, no longer suitable for heart transplant due to extensive lung damage, nothing left to offer, continued use of devices prolong inevitable death, extreme pain, sedated, unable to talk due to breathing tube; *In the Matter of I (A Child)* [2015] EWCA Civ 1159, Oct 2015, Jackson, Black, King LLJ, permission to appeal refused	Declarations made
Central Manchester University Hospitals NHS Foundation Trust v A and others [2015] EWHC 2828, Oct 2015, Holman J	14 months, Identical male twins, progressive, incurable, untreatable, neuro-degenerative disorder, in hospital since 5 months	Withdraw mechanical ventilation	Application by NHS Trust for a declaration lawful to withdraw ventilation	Condition irreversible, deteriorating, merely surviving, invasive treatment prolonging life, causing discomfort but no interaction to bring pleasure or enjoyment of life	Declaration made
Bolton NHS Foundation Trust v C and LB and PT [2015] EWHC 2920, Oct 2015, Peter Jackson J	8 months, sustained hypoxic-ischaemic encephalopathy (brain injury) due to deprivation of oxygen at birth	Withdraw of mechanical ventilation, if able to breathe unaided provide non-mechanical support	Application by the Trust for a declaration that lawful to withdraw life-sustaining treatment from C; C subject to a child protection plan	Judgment records parental wish for treatment to continue but parents not engage with hospital staff or legal actors or proceedings; father extremely hostile & vitriolic in criticism of doctors, nurses, hospital	Withdrawal of respiratory support authorised
A Local Health Board v Y, Y's father and Y's mother [2016] EWHC 206, Feb 2016, Baker J	6 months, premature, infection, meningitis, brain damage, ventilation, required CPR due to brain damage	Extubation at a time optimal to achieve breathing but if unable to breathe not to re-intubate, not to provide CPR	Urgent Telephone application by Trust due to parental disagreement; after directions hearing & view of independent expert treatment plan agreed		Order by consent
County Durham and Darlington NHS Foundation Trust v SS, FS and MS [2016] EWHC 535, March 2016, Cobb J	7 years, profoundly neurologically disabled, deteriorated following chest infection	Lawful to withhold CPR, ventilation, provide palliative care	Final hearing following urgent application by Trust for court to exercise inherent jurisdiction at which interim declaration made; local authority party to proceedings; S in care under final orders	Parents in India as had been during earlier care proceedings; participated in hearing via telephone; did not accept that S was in a life-threatening condition & considered deterioration due to poor care	Declaration made

An NHS Trust v AB and others [2016] EWHC 1441, May 2016, Parker J	2 years, neuro developmental disorder believed of genetic origin	Non-escalation of treatment	Application by Trust for declarations lawful for hospital move to palliative care by withholding medical treatment including all forms of resuscitation in the event that his condition deteriorated to the extent that such treatments would otherwise be necessary whilst continuing to provide nutrition and hydration and control symptoms	*An NHS Trust v AB* [2016] EWCA Civ 899, June 2016, McCombe, King LJJ, permission to appeal denied; no novel question of law Following proceedings about AB's medical treatment under IJ, care orders were made, appeal against allowed, la withdrew application, *In the Matter of AB* [2018] EWFC 3, Jan 2018, Munby P	Declarations made; condition terminal; no question of a cure
Re A (A Child) [2016] EWCA Civ 759, July 2016, King, McFarlane LLJ; appeal against declarations granted by Parker J	2 years, in RTA 8 months earlier, spinal cord injury, devastating hypoxic brain injury, unresponsive, bouts of pneumonia which would eventually mean could not be ventilated	Withdrawal of respiratory support & provide palliative care	Appeal by mother against order made by Parker J on application by the Trust	Appeal grounds; wrong finding on fact of pain; failed to carry out careful balancing exercise on best interests; failed to have regard to obligation to protect life	Appeal dismissed against declaration of Parker J that it was lawful to extubate & not re-intubate but provide palliative care
In the Matter of E [2016] EWHC 2267, Sept 2016, Munby P	2 years, Craniectomy to relieve intracranial pressure	Cranioplasty	Application by local authority to invoke inherent jurisdiction under s. 100(3) for decisions about medical treatment; care proceedings ongoing	Question whether should decide about procedure or decision deferred for others to take in due course	No clear cut answer; decision should be left to those who take responsibility for care of E
An NHS Foundation Trust v Mrs and Mr T [2016] EWHC 2980, Nov 2016, Peter Jackson J	2 years, low blood platelet count, believed to be due to medical condition affecting production of bone marrow	Administration of blood/blood products without which serious & potentially fatal consequences to which parents could not consent as Jehovah's Witnesses	Application by Trust for orders in exercise of inherent jurisdiction	Parents unable to consent but did not oppose, wanted court to decide	Order lawful & in best interests to receive blood or blood products, only after consultation with parents & if there is no clinically appropriate alternative
An NHS Trust v BK, LK & SK [2016] EWHC 2860, Nov 2016, judgment published April 2017, MacDonald J	11 years, end stage high grade recurrent osteosarcoma, metastatic lung disease	Palliative care	Application by Trust for declaration lawful to be provided with palliative care in accordance with the treatment plan formulated by the Trust	Mother did not think his condition had been diagnosed; did not accept he was dying	Treatment plan proposed for the Trust for palliative care in best interests, judgment notes SK died in Jan 2017
In the Matter of M and N [2016] EWFC 69, Dec 2016, Mark Rogers J	4 & 21/2 years	Immunisations	Application by father for SIO	See also *In the Matter of M and N (no 2)* [2017] EWFC 49	Declaration immunisation in the best interests of the children but not order in the hope achieved by agreement.
Re EQ [2016] EWHC 3418, Dec 2016, Francis J	13 weeks, bilateral congenital cataracts	Surgery to correct	Application by Trust, not clear whether for declarations in exercise of inherent jurisdiction or s.8 CA 1989 orders as both welfare principle and best interests mentioned	At the end of the period of time for optimum treatment	In best interests to undergo surgery
London Borough of Barnet v AL and others [2017] EWHC 125, Jan 2017, MacDonald J	7 months, vaccinations	Administration of Haemophilus Influenza Type b (Hib) vaccine and the	In care under ICO; local authority shared parental responsibility; application by local authority for declaration under the inherent jurisdiction in SL's	Authorisation of the vaccines by the court at the request of the local authority against SL's mother's objection amounted to an interference with her Article 8 right but the interference was	Declaration made, in SL's best interests to receive the vaccines

		pneumococcal conjugate (PCV) vaccine his mother having consented to the administration of other vaccines	best interests for local authority to be given permission to arrange for him to receive vaccines	in accordance with the law & necessary in a democratic society to protect SL's health, was justified & proportionate; s.33 CA1989 did not give the local authority power to consent to vaccination overriding parental objection but should apply to the court for a declaration in the exercise of the court's inherent jurisdiction, [32]-[33].	
GOSH v NO& KK & MK [2017] EWHC 241, Feb 2017, Russell J	7 months, pre-natal diagnosis of hypo-plastic left-heart syndrome, had first stage of surgery, but drs of opinion further surgery no longer possible	Withhold invasive & aggressive treatment; provide palliative care	Trust applied for declaration lawful not to provide invasive or aggressive treatment	MK was dying; further surgery not possible; ventilation & CPR her parents wanted her to have would only delay her death by a very short time, but would limit her quality of life, be frightening, cause pain & distress	Declarations made
A Local Authority and An NHS Trust v MC & FC & C [2017] EWHC 370, Feb 2017, Russell J	13 years, multiple disabilities, malnourished making susceptible to infection	Ceiling of Care, limitation of life-sustaining treatment	Application by Trust for declaration on a 'ceiling of care', lawful to withhold life-sustaining treatment; Care proceedings ongoing, under ICO but due to deterioration fact finding hearing had not been held; local authority shared parental responsibility, agreed with Trust plan, mother did not	Subsequent care proceedings *A Local Authority v MC & FC & C* [2018] EWHC 1031, finding had been substantial improvement in health and enjoyment of life in foster care; final care orders made and contact with mother limited	Review ICO; threshold met by evidence that mother had removed feeding tube and fed C orally putting him at risk of significant harm; interim declaration made, to be reviewed after neurological assessment
In the Matter of M and N (no 2) [2017] EWFC 49, April 2017, Mark Rogers J	4 & 21/2 years	Immunisation	Application of the Guardian who wished the order to be enforced		Declaration varied to remove the requirement for vaccination whilst the declaration that it was in the children's best interests remained
Gosh v Yates & Gard [2017] EWHC 972, April 2017, Francis J	Charlie Gard, 8 months at first judgment, infantile onset encephalomyopathic mitochondrial DNA depletion syndrome, MDDS	Experimental nucleoside bypass therapy or withdraw artificial ventilation & provide palliative care	Trust applied for declaration in exercise of inherent jurisdiction & SIO	Parents wanted trial of therapy which doctors at GOSH had been prepared to try but of opinion futile given severe & irreversible damage to brain from seizures; doctor in US at this stage prepared to trial; parents had raised money to pay for transfer & treatment in US through crowdfunding; see below appeal through all stages to ECtHR and back to FD	Nucleoside bypass therapy not in best interests as futile; given quality of life & prospect of further deterioration continued ventilation not in best interests
In the Matter of Charles Gard [2017] EWCA Civ 410, May 2017, leading judgment McFarlane LJ	Charlie Gard	Appeal against orders made in the FD	Application by parents for permission to appeal against declarations made by Francis J that it was lawful & in Charlie's best interests for ventilation to be withdrawn & not to be provided with nucleoside therapy; hearing of appeal	Argument that where parents were agreed that it was in their child's best interests to be administered with a viable alternative therapeutic option their decision should be respected absence significant harm; that the hospital in seeking to prevent another clinician providing treatment in the exercise of his professional judgement had exceeded its powers as a public authority & the court had	Appeal dismissed; orders made by Francis J remain in full

				acted outside its jurisdiction in supporting the hospital	
In the matter of Charlie Gard (Permission to Appeal Hearing), 8 June 2017, https://www.supremecourt.uk/news/permission-to-appeal-hearing-in-the-matter-of-charlie-gard.html [last accessed [28/02/20], Lady Hale	Charlie Gard		Application by parents for permission to appeal to the Supreme Court; https://www.supremecourt.uk/news/permission-to-appeal-hearing-in-the-matter-of-charlie-gard.html	Hospital entitled to bring proceedings; judge required to determine; applied correct principles of law; findings of fact cannot be challenged on appeal; No arguable point of law of general public importance	Permission to appeal refused
Judgment of the UK Supreme Court in the Case of Charlie Gard, 19 June 2017, https://www.supremecourt.uk/news/latest-judgment-in-the-matter-of-charlie-gard.html, [last accessed 28/02/20], Lady Hale	Charlie Gard		On 8 June 2017 SC had reserved the right to stay the declarations, which it did on the 8th and 9th to enable the ECHR to consider a request for interim remedies; hearing at request of UK government on question whether should direct further stay of declarations to enable ECHR to hear substantive application by parents https://www.supremecourt.uk/news/latest-judgment-in-the-matter-of-charlie-gard.html	Raised question about application by parents on behalf of child that his rights have been violated by decisions made in his best interests, pointing out that in the domestic proceedings Charlie was represented by the court-appointed Guardian	SC stayed declarations until midnight on the 10/11 July, to enable ECHR to hear substantive application by parents.
Charles Gard and Others v United Kingdom. Application no. 39793/17, June 2017, http://hudoc.echr.coe.int/eng#{"documentcollectionid2":["DECGRANDCHAMBER","ADMISSIBILITY","ADMISSIBILITYCOM"],"itemid":["001-175359"]} [last accessed 28/02/20]	Charlie Gard		Complaint that the parents' and Charlie's rights under Art 2 and 5 infringed and parental rights under Arts 6 and 8 infringed		All complaints manifestly unfounded
An NHS Hospital Trust v GM, DK and HK [2017] EWHC 1710, June 2017, Baker J	3 months, seizure caused extensive brain damage leaving largely unresponsive, ventilated,	No further CT scan or neurological intervention; lawful not to escalate care	Initial application by parents for declaration under inherent jurisdiction concerned that ventilation would be withdrawn; made ward; order directing the Trust not to withdraw life support or sustaining or supporting treatment, including extubation, pending full hearing; judgment followed urgent application as a result of deterioration believed to be due to internal bleeding	Judgment ex tempore at about 11.30 pm Friday following telephone hearing; further hearing on Monday afternoon to determine whether to continue declaration pending full hearing later that week	Declarations given on withholding neurological intervention, CPR; hearing scheduled for following week on non-escalation of treatment *In the Matter of HK (Serious Medical Treatment No 2)* [2017] EWHC 2581 further orders pending hearing later that week *In the Matter of HK (Serious Medical Treatment No 3)* [2017] EWHC 2991, either way H would die, from extubation or the catastrophic brain insult, so best interests in treatment providing greatest 'composure, comfort

					and dignity' [59]. Baker J explained H's mother had been arrested for attempted murder, so also considered reporting restrictions, in the light of the response to the Charlie Gard case and also police presence including after H's death
GOSH v Gard, Yates and Gard [2017] EWHC 1909, July 2017, Francis J	Charlie Gard		Application made by GOSH to court at request of parents on ground they had new evidence; Position statements from parents, GOSH, Guardian can be found at https://www.serjeantsinn.com/news/charlie-gard-position-statements/ [last accessed 28/02/20].	Multi-disciplinary meetings were held; scans showed extent of muscle deterioration such that parents agreed that it was by then too late for the proposed therapy to have any beneficial effect so parents withdrew opposition to declarations	Declarations in Charlie's best interests and lawful to withdraw ventilation and provide palliative care unopposed. Charlie died after ventilation was withdrawn
Plymouth Hospitals NHS Trust v YZ and ZZ [2017] EWHC 2211, July 2017, MacDonald J	14 years, suspected paracetamol overdose	Testing of blood to determine levels of paracetamol & administration of infusion to clear of paracetamol	Urgent application by Trust over telephone for declaration treatment lawful & lawful to restrain & detain if necessary to administer		Declarations made
A NHS Trust v S & L [2017] EWHC 3619, Nov 2017, Williams J	Born 2015, fatal syndrome	Withhold CPR & ventilation	Trust application under inherent jurisdiction for declaration lawful to withhold CPR & ventilation & SIO for ceiling of care and withdrawal of current breathing assistance (although agreed would continue this until final orders)	Interim declarations whilst parents secured independent expert & Guardian prepared report; lawful not to provide CPR but provide basic intensive support & time limited ventilation; if deterioration in respiratory function irreversible lawful to withdraw ventilation	Interim declarations made aware that the final hearing may not take place as considered child was entering terminal phase, final declarations later that month by which time L's condition had improved
King's College NHS Trust v Thomas & Haastrup [2018] EWHC 127, Jan 2018, MacDonald J	Isaiah Haastrup, 11 months, sustained severe brain damage due to oxygen deprivation at birth following uterine rupture	Withdraw ventilation	Applications by Trust lawful to withdraw ventilation	Father represented himself; doctor upon whom parents sought to rely had misled doctors at King's in order to gain access to Isaiah & may have committed an offence under the Medical Act 1983 in examining him	Lawful & in best interests for invasive ventilation to be withdrawn & palliative care provided; no therapy which could improve condition Trust accepted responsibility for clinical negligence during birth, settlement paid Parents application for discharge of Reporting Restriction Order, to enable them to name those who had been involved in the care of Isaiah so that they could speak publicly about their

					experiences, denied [2021] EWHC 1699; CA allowed appeal on freedom of speech and public interest grounds [2023] EWCA Civ 331, order to discharge stayed pending consideration of any permission to appeal or further order.
King's College NHS Trust v Thomas & Haastrup (No 2) [2018] EWHC 147, January 2018, MacDonald J	Isaiah Haastrup		Father applied for permission to appeal to CA and to stay of orders pending appeal		Permission to appeal refused as no real prospect of success; stay of orders granted for 2 days to allow an urgent application to CA
Re Isaiah Haastrup [2018] EWCA Civ 287	Isaiah Haastrup		Application by father to Court of Appeal for permission to appeal against declarations made by MacDonald J	Judgment not available from Bailii, Court of Appeal, Lexis or Westlaw	Permission to appeal refused
Haastrup v United Kingdom [2018] ECHR 092, (application no. 9865/18), https://hudoc.echr.coe.int/eng-press#{"fulltext":["Haastrup"]}	Isaiah Haastrup		Application by father	Inadmissible	Isaiah died after ventilation was withdrawn
Alder Hey Children's NHS Foundation Trust v Evans [2018] EWHC 308, Feb 2018, Hayden J	Alfie Evans, 21 months, progressive, ultimately fatal neurodegenerative condition	Ventilation & palliative care; parents wanted to transfer him to Rome for tracheostomy & PEG to provide long-term ventilation; then, if necessary, to Munich to prepare for home ventilation	Trust applied for declaration continued ventilation not in best interests & not lawful to continue	Parents represented themselves; the doctor who gave evidence that it would be safe to transport the child by air ambulance had examined him in a clandestine fashion & had fallen 'far below the standards expected of his profession' See below for appeals and further cases concerning the medical treatment of Alfie Evans	Declarations made; lawful & in best interests to withdraw ventilation
In the Matter of E (A Child) [2018] EWCA Civ 550, March 2018, King, McFarlane, McCombe LLJ	Alfie Evans		Parents application for permission to appeal; hearing of appeal	Appeal grounds: (1) that the judge had failed properly to consider what would be an appropriate palliative care pathway; (2) had failed to assess matters relevant to best interests or weigh up the available alternatives; (3) overriding parental choice was, in the absence of significant harm, incompatible with Article 14 of the ECHR, read with Art 8	Permission to appeal on grounds (1) and (2) refused; appeal on ground (3) dismissed
In the Matter of Alfie Evans, 20 March 2018, Baroness Hale https://www.supremecourt.uk/news/permission-to-appeal-determination-in-the-matter-of-	Alfie Evans		Application by the parents for permission to Appeal to SC	On grounds that in the enjoyment of their right to respect for their family life under Article 8 of the ECHR, the courts had discriminated against them contrary to Article 14 on the grounds that the question should first be whether their proposals for Alfie's future care would cause	No arguable point of law, permission refused.

alfie-evans.html [last accessed 03/03/20]				him to be likely to suffer "significant harm", before consideration of his best interests	
ECHR declares application by parents of Alfie Evans inadmissible, 28 March 2018, https://hudoc.echr.coe.int/eng-press#{"fulltext":["Alfie Evans"]} [last accessed 03/03/20]	Alfie Evans		Complaint by parents to the ECHR		Deemed inadmissible; no detail of the application available
Alder Hey Children's NHS Foundation Trust v Evans [2018] EWHC 818, April 2018, Hayden J	Alfie Evans		Remitted by Trust to Hayden J given the inability to agree the terms of end of life plan & date for withdrawal of ventilation; Counsel for parents sought a writ of habeas corpus to release Alfie from hospital		Endorsed care plan constructed by the Trust; writ of habeas corpus misconceived and unarguable
Evans v Alder Hey Children's NHS Foundation Trust [2018] EWCA Civ 805, April 2018, David, King, Moylan LJJ	Alfie Evans		Parental appeal against decision of Hayden J to make no order on the habeas corpus application.		Issue of habeas corpus misconceived; matter determined by best interests; to act contrary to his best interests would be to infringe Alfie's rights
In the Matter of Alfie Evans, April 2018, Lady Hale, Lords Kerr, Wilson, https://www.supremecourt.uk/news/permission-to-appeal-application-in-the-matter-of-alfie-evans.html [last accessed 03/03/20]	Alfie Evans		Application by parents for permission to appeal against the decision of the Court of Appeal	An important case but did not present an arguable point of law of general importance	Refused, all issues determined by Alfie's best interests; not in best interests for treatment to continue, not lawful to keep him in Alder Hey or elsewhere, the release he was entitled to was from the imposition of treatment that is not in is best interests
ECHR finds fresh application from family of Alfie Evans inadmissible, April 2018 https://www.echr.coe.int/Documents/Decision_Evans_v_UK.pdf [last accessed 03/03/20]	Alfie Evans		Application to ECHR	Argument that prevention of Alfie's transfer from Alder Hey Hospital constituted deprivation of liberty & a violation of Article 5 (right to liberty and security) of the ECHR	Manifestly unfounded
Alder Hey Children's NHS Foundation Trust v Evans [2018] EWHC 953, April 2018, Hayden J	Alfie Evans		Application to permit his removal to Italy having been made an Italian citizen had been denied previous day; ventilation withdrawn; application to set aside declarations on basis had demonstrated that his condition was significantly better than doctors had assessed	Noted that father had sought to issue a Private Prosecution alleging murder against some of the doctors at Alder Hey, rejected by District Judge	Refused, decisions upheld by CA later that evening in urgent application.
Evans v Alder Hey Children's NHS Foundation Trust [2018] EWCA Civ	Alfie Evans		Application by parents for permission to appeal. By father on grounds that Alfie had survived longer	Noted that Hayden J had conducted 10-12 hearings concerning Alfie's care, [26];	Application for permission refused; no reasonable

984, April 2018, McFarlane, King, Coulson LLJ			than expected & this represented a change in circumstances which justified review of the decision; that he was now an Italian citizen; on behalf of mother on basis of right to free movement within EU & that the course of action being contrary to Italian Law could lead to extradition & prosecution of clinical staff involved	expressed concern about the unhelpful involvement of supporters in developing the grounds for appeal presented on behalf of the mother	grounds for success; would need medical evidence for view circumstances changed Alfie died
Re B (A Child: Immunisation) [2018] EWFC 56, Aug 2018, Sir Clifford Bellamy	5 years	Immunisation	Application by mother for SIO		Declaration and SIO in best interests to receive vaccines recommended by the routine immunisation schedule for a child of her age.
An NHS Trust v A & B & C [2018] EWHC 2750, Oct 2018, Russell J	2 months, severe brain abnormality identified antenatally, almost constant seizures caused by brain abnormality becoming more frequent, prolonged & with more profound effects	Withhold intubation; as he suffered numerous seizures a day which required bag or mask or CPR an event would soon occur where life-sustaining treatment could be withheld	Trust application for declarations lawful to withhold intubation or mechanical ventilation; cardiac massage & bag & mask ventilation, provide palliative care	Had tried 9 anti-convulsant drugs; mother wanted trial of further but no evidence before the court would make any difference; no available treatment for underlying brain abnormality; seizures which required bagging or mask & CPR could not be controlled; no treatment for them; death inevitable; notes reluctance of doctors to inflict pain & suffering on him	Declarations made
Manchester University NHS Foundation Trust v M & OA [2019] EWHC 468, Feb 2019, Hayden J; *Manchester University NHS Foundation Trust v M & OA* [2019] EWHC 1244, May 2019, Hayden J	13 months, end stage renal failure	Haemodialysis or palliative care (Feb); gastronomy (May)	In care under ICO; application on issue of medical treatment by Trust; local authority represented	Parents both had mental health issues and believed in power of prayer; judge previously made order authorising removal of infected catheter; in first case evidence of consultant haemodialysis was in her best interests by narrow margin; judgment addresses the circumstances in which the case would have to be brought back to court	In best interests to have haemodialysis; in the event not working and palliative care considered need to return to court; in May court told had responded positively to the dialysis, gastronomy in best interests
University Hospitals Plymouth NHS Trust v B (A Minor) [2019] EWHC 1670, June 2019, MacDonald J	16 years, diabetes for which refusing insulin resulting in diabetic ketoacidosis (DKA)	Administration of insulin & intravenous fluids in treatment of DKA which B was refusing	Urgent & without notice application by Trust, 2pm Friday afternoon	Lived with grandfather who agreed to administration; difficult relationship with mother who B did not want contacted; no relationship with father; no evidence B lacked capacity, understood risk of death from refusal.	Treatment in B's best interests
Cardiff and Vale University Health Board v T and H [2019] EWHC 1671, June 2019, MacDonald J	3 weeks, cardiac failure due to congenital condition	Administration of blood to manage cardiac failure refused by mother due to faith as Jehovah's Witness	Urgent application by Trust, 4pm Friday afternoon	Mother not represented nor were her solicitors present, T not represented	In best interests to have blood transfusion; orders made but listed for further hearing following Tuesday
A South East Trust v AGK, GFM [2019] EWHC 86, Moor J, June 2019	AGK, 16 years, Acute Lymphoblastic Leukaemia	Administration of blood given refusal as one of Jehovah's Witnesses	Application by Trust for declarations as to his best interests, taken view not in best interests to treat him with blood products against his fundamental objections although position may change if blood necessary to save his life	Accept AGK *Gillick* competent	In best interests not to receive blood products unless, in the reasonable view of his treating clinicians, it is clinically indicated & he has consented

A Hospital NHS Trust v LP and TP [2019] EWHC 2989, July 2019, MacDonald J	13 years, P, multiple injuries in RTA	Administration of blood, P in induced coma, parents could not consent as Jehovah's Witnesses	Urgent application by Trust		In best interests to have blood if condition deteriorated but alternatives to be tried first if appropriate
Z v Y [2019] EWHC 2255, Aug 2019, Gwynneth Knowles J	6 years, intractable epilepsy not relieved by medication	Brain surgery	Application by mother for SIO, father opposed to surgery	Mother represented, father litigant in person, A not represented but matter urgent	Order made for A to have surgery as a matter of urgency
Tafida Raqeeb v Barts NHS Foundation Trust [2019] EWHC 2531 (Admin) *& Barts NHS Foundation Trust v Shalina Begum and Muhhamed Raqeeb & Tafida Raqeeb* [2019] EWHC 2530 (Fam), Oct 2019, MacDonald J	Tafida Raqeeb, 5 years, catastrophic brain insult, unable to sustain breathing, minimally conscious state	Parents wanted transfer to Italy for continued care; doctors considered withdrawal of ventilation in best interests	Parents sought judicial review of refusal of Trust to permit transfer to Italy for continued ventilation; Trust sought SIO and declarations under IJ that it was lawful & in best interests to withdraw ventilation	Key to decision that transfer in her best interests evidence that Tafida was believed to be minimally conscious state, not in pain, stable & could be maintained for 10-20 years, as other children in a similar state in UK	Trust had acted unlawfully in failing to consider Art 56 TFEU right to receive medical treatment in another MS but no remedy as would have reached same decision had they done so; declaration on withdrawal of ventilation not made
An NHS Trust v CX [2019] EWHC 3033, Oct 2019, Roberts J	14 years, lymphatic cancer for which had been treated when 3 returned in different form	Administer blood & blood products which CX was refusing due to beliefs as Jehovah's Witness in treatment plan to which otherwise agreed	Trust applied for declaration lawful to administer blood & blood products	*Gillick* competent but in best interests to receive blood; doctors would use as little as possible to respect CX's views & accommodate them within treatment plan	Declaration lawful to use blood & blood products in treatment plan
Manchester University NHS Foundation Trust v Namiq, Ali, Namig [2020] EWHC 180, Jan 2020, Lieven J	Midrar Namiq, 4 months old, deprived of oxygen during birth, born without heartbeat or respiratory function, heartbeat resumed & ventilated ever since	Withdrawal of ventilation & ensure a dignified death	Trust applied for declaration was dead	Referred to Academy of Medical Royal Colleges, *A Code of Practice for the Diagnosis and Confirmation of Death*, 2008, does not apply to babies under 2 months, so supplemented by guidance from RCPCH, *The diagnosis of death by neurological criteria in infants less than two months old*, 2015 *Re M (Declaration of Death of Child)* [2020] EWCA Civ 164, Feb 2020, Farlane, Patten, King LLJ; application for permission to appeal from decision Lieven J, refused, declaration that Midrar had died on 1 October 2019	Question whether Midrar was brain dead, established by clinicians applying tests for Death by Neurological Criteria on 3 occasions; as was dead no best interests analysis
London Borough of Tower Hamlets v M & F & T (a child) [2020] EWHC 220, Feb 2020, Hayden J	10 months	Administration of childhood vaccinations to T in foster care under care order	Application by local authority for declaration under the courts' inherent jurisdiction lawful for T to be provided with childhood vaccinations	Considered vaccination to be a matter of public health prevention not medical treatment, matter for parental responsibility, could be dealt with by LA under s33(3) although on facts if had done so in no doubt that the parents would have invoked the inherent jurisdiction of the court so made declarations; gave permission to appeal as contradictory on substantive issue with *Re SL* [2017]	Declarations granted

				Appeal to CA *Re H (A Child) (Parental Responsibility: Vaccination)* [2020] EWCA Civ 664	
Re H (A Child) (Parental Responsibility: Vaccination) [2020] EWCA Civ 664, May 2020, McCombe, King, Peter Jackson LJJ,; appeal decision Hayden J	10 months	Can local authority agree to vaccination of child under s 33(3) CA 1989	Appeal against decision of Hayden J on procedural route when dispute between parents and local authority on vaccination	Distinguished parental responsibility held by local authority following care order where s.33(3) CA 1989 applies and cases where parental responsibility shared between parents; suggests may be appropriate to revisit question whether vaccination an issue on which all must be agreed or court order; distinguished vaccination from grave medical treatment as in withdrawal of life-sustaining treatment; Absent evidence of a specific vaccine being contraindicated for a particular child, the medical evidence was that vaccination in accordance with the recommended schedule was in the best interests of the child	Local authority has power under s.33(3) CA 1989 to authorise the vaccination of a child in care contrary to views of the child's parents
Sheffield Teaching Hospitals NHS Trust v AB & SZ [2020] EWHC 1606, June 2020, Hayden J	Z, 8 weeks old, necrotising enterocolitis, Abdominal wall broken down, renal failure, severe liver impairment, high pressure ventilation, an excess of fluid beneath his skin, bleeding into the brain [9], in significant pain and receiving complex cocktail of drugs	Withdrawal ventilation and provide palliative care	Urgent application by Trust for declarations in exercise of inherent jurisdiction		Lawful to withdraw ventilation to ensure a dignified death
Barking, Havering and Redbridge University Hospitals NHS Trust v X [2020] EWHC 1630, June 2020, Gwynneth Knowles J	X, 15 years, sickle cell	Blood transfusion to treat crisis caused by sickle cell without which condition life-threatening to which X nor mother could consent due to beliefs as Jehovah's Witness	Out of hours evening application by Trust	See also *Re X* [2020] EWHC 3003 and *In the Matter of X (A Child) (No 2)* [2021] EWHC 65	Lawful and in best interests to administer blood
GOSH v MX & FX & X [2020] EWHC 1958, July 2020, Russell J	9 years, haemolytic uraemic syndrome affecting kidney function, renal disease, chronic lung disease, intestinal failure	Withhold interventions and provide palliative care	Application by Trust for declarations in exercise of inherent jurisdiction, following mediation reached agreement that it was not in X's best interests to be provided with a range of interventions, remaining issues were provision of oxygen and admission to PICU	Critical of the failure to involve X's parents in the Clinical Ethics Committee; critical of the application for declaration on the issue of admission to PICU	Lawful & in X's best interests to provide palliative care but also to provide oxygen only by nasal cannula & to be admitted to PICU if necessary to provide it
A Local Authority v AA && BB [2020] EWHC 3775, July 2021, Francis J	Child born 2017	Immunisations	Application by mother to prevent local authority from undertaking programme of immunisation	Parents objected on medical, ethical and religious grounds	Application dismissed

Birmingham Women's and Children's NHS Foundation Trust v JB and KAB [2020] EWHC 2595, Aug 2020, Hayden J	12 years, acquired brain injury	Absence of any further intervention in J's best interests withdraw life-sustaining measures	Application by Trust for declaration lawful to withdraw ventilation	Medical evidence no further treatment, merely prolonging death not saving life, family wanted time for a miracle	Declaration sought by Trust granted
Re X [2020] EWHC 3003, Oct 2020, Sir James Munby	X, 15 years, sickle cell syndrome	Administration of blood against wishes	Order sought by Trust permitting administration of blood despite X's refusal Further case on *Barking, Havering and Redbridge University Hospitals NHS Trust v X* [2020] EWHC 1630	*Gillick competent*, heartfelt wishes, mature & wise beyond years; Top-up transfusion urgently required as haemoglobin had dropped to dangerous level; circumstances did not permit engagement with argument that law had moved on from cases in 1990s; court a secular institution not permitted to enter into debate on merits or demerits of religious views;	Made order permitting top up transfusion but regret that it was before court again as emergency and needed to address the arguments raised by Counsel
Quincy Bell v Tavistock and Portman NHS Foundation Trust [2020] EWHC 3274, Dec 2020, Dame Victoria Sharp P, Lewis LJ, Lieven J	15 years	Puberty blocking drugs	Application for judicial review that children under 18 not competent to consent to administration of puberty blocking drugs; information provided by the defendant is misleading and insufficient to enable children or young people to give informed consent; not decision in relation to specific child so proceed on the facts as advanced by the claimant	Question whether child U16 competent to make a treatment decision depends on the nature of the treatment & that child's individual characteristics; clinicians should work with children to help them to achieve competence; where consequences of treatment are profound, the benefits unclear & the long term consequences unknown it may be that *Gillick* competence cannot be achieved however much information & discussion there is; not raise the bar too high ie by equating matters the child needs to understand to *Montgomery* but needs to be able to understand an explanation of that information in broad terms & simple language, having sufficient understanding of the salient facts, [126]-]132]. Appeal *Bell v Tavistock & Portman HNS Foundation Trust & NHS England* [2021] EWCA Civ 1363	Highly unlikely that a child aged 13 or under would be Gillick competent to consent to treatment with puberty blocking drugs; doubtful child 14 or 15 could understand the long-term risks & consequences to have sufficient understanding to give consent although more likely at the older age given the increased maturity of the child [145]; Where FLRA 1969 applies clinicians should involve the court in any case where there is any doubt as to whether the long-term best interests are served by the administration of puberty blockers
M v H & P & T [2020] EWFC 93, Dec 2020, MacDonald J	P, 6 years & T, 4 years	Immunisation in accordance with NHS schedule	SIO sought by father, opposed by mother	Application initially concerned MMR, widened to include all on schedule, vaccinations necessary for travel and COVID vaccination; judgment on NHS schedule as could not give judgment on travel vaccinations as no information about potential destinations or the health of the children at the time of travel; premature to make a decision about the COVID vaccine so early in the vaccination history, although clear unless specific evidence to contrary a court would be likely to reach the conclusion is in best interests Noted comments in *Re H (A Child) (Parental Responsibility: Vaccination)* [2020] EWCA Civ	Immunisation according to NHS schedule in best interests of both children

				664 were obiter but *very* difficult to foresee a case in which a vaccination approved for use in children, *including* vaccinations against COVID-19, would not be endorsed by the court as being in a child's best interests, absent a credible development in medical science or peer-reviewed research evidence indicating significant concern for the efficacy and/or safety of the vaccine or a well evidenced medical contraindication specific to the subject child [52]	
GOSH v MK [2020] EWHC 3476, Dec 2020, Peel J	CK, 7 years, supravalvar aortic stenosis, William's Syndrome with global developmental delay, recurrent respiratory infections, Cow's milk protein intolerance.	Open heart surgery	Unopposed urgent application, SIO & declaratory relief under IJ lawful & in best interests to undergo open heart surgery, judgment given on 16/12, proposed date of operation 23/12, urgent as risk of collapse & death	Child Arrangements Order conferred parental responsibility on grandmother with whom child lives & is main carer to enable her to give consent to medical treatment pending decision on Special Guardianship Order to be determined in March 2021; mother has learning difficulty & lacked capacity to consent	In best interests to have surgery to which all agreed; CAO conferred PR on grandmother to enable her to make any future decisions about medical treatment
Guy's and St Thomas's Children's NHS Foundation Trust v Knight [2021] EWHC 25, Jan 2021, Poole J	Pippa Knight, 5 years, ventilated in Evelina for 2 years from Jan 2019 acute necrotising encephalopathy following infection at 18mths	Drs consider been through enough, no tracheotomy, withdraw ventilation, defined limits on treatment	Application by Trust	Mother wanted ventilation at home Second opinions, ethics committee, mediation See [76] for harm in the absence of pain Appeal *In the Matter of Pippa Knight (A Child)* [2021] EWCA Civ 362, March 2021	Not in Pippa's best interests for ventilation to be continued in PICU; continued ventilation in any setting not in best interest; transition to home care contrary to her interests
In the Matter of X (A Child) (No 2) [2021] EWHC 65, Jan 2021, Sir James Munby	X, 15 years (16 in month judgment handed down), sickle cell syndrome	Blood transfusions	Application by X (1) that she had the requisite decisional capacity to exclusively decide her own medical treatment refusing consent to blood transfusions, and (2) that upon reaching the age of 16 she shall be presumed in law to have decisional capacity & the authority to exclusively decide her own medical treatment including refusing consent to blood transfusions	Following *Barking, Havering and Redbridge University Hospitals NHS Trust v X* [2020] EWHC 1630 & *Re X* [2020] EWHC 3003 CAFCASS Legal acted as advocate to the court; no need to explore what is meant by *Gillic*k competence, as X considered to be competent; nor concerned with whether parents can override decision of child over 16 or *Gillic*k competent; Emphasises that the inquiry is whether the child under the age of 16 is *Gillick* competent; over 16 competence is assumed & decision determinative unless shown not to have competence	Applications dismissed; *Re R (A Minor) (Wardship: Medical Treatment)* [1992] 1 FLR 190 & *Re W (A Minor) (Medical Treatment: Court's Jurisdiction)* [1993] Fam 64 remain good law; declined to make a rolling order which would have enabled ongoing transfusions preventing the need for further applications in a crisis Permission to appeal refused by CA, by Peter Jackson LJ, noted in [2021] EWHC 1037 [39]
Cambridge University Hospitals NHS Foundation Trust v E [2021] EWHC 126, Jan 2021, Holman J	E, 7 years, when 3 and ¾ diagnosed grade 3 medulloblastoma cannot be treated with surgery alone	Surgery to remove the tumour in Oct 16 but need further therapies - chemotherapy or radiotherapy - as microscopic traces of the cancer likely to remain. In UK don't	Application by Trust for best interests decision & declaration	Traced father who was named on birth certificate, so had parental responsibility; although had no contact with her, wanted what was best for E, father informed & given opportunity to engage with the court [17]; where lifesaving or other serious medical treatment of a child is under consideration (whether in the context of legal proceedings or	In best interests to undergo radiotherapy; mother lost faith in Addenbrokes, Birmingham willing in principle to treat; need to agree treatment plan

		give craniospinal radiotherapy under 5, so chemotherapy, unexpectedly caused coma, required ICU, did recover but further tumour, surgery; drs recommended low-dose craniospinal radiotherapy mother refused, Nov 2020 tumour returned & third surgery, 99% certain tumour return if not receive craniospinal irradiation; would then be incurable		not), important to establish at an early stage who may have parental responsibility for the child, consider whether they should be consulted, not overlooked simply on the basis that he or she has "not been involved" in the life of the child; Mother's refusal not based in the known side effects but from fear that E would suffer a catastrophic reaction as she had after chemotherapy & that 50% chance of a cure was not enough to justify exposing E to the treatment, wants her to life her remaining life to the full	
University Hospitals Bristol and Weston NHS Foundation Trust v Godfrey [2021] EWHC 163, Jan 2021, Hayden J	Danny Godfrey, 12 days at judgment, ICU, hypoxic ischaemic encephalopathy, prolonged & near total deprivation blood oxygen & swelling of brain	Discontinue mechanical ventilation, likely to bring Danny's life to an end	Application by Trust, declaration under inherent jurisdiction supported by maternal & paternal family	Ozzy Godfrey not registered as father on birth certificate & did not have parental responsibility; Danny's mother was 18; had not told anyone was pregnant; collapsed; delivered by CS at home; mother died on way to hospital; Danny shown no interaction, consciousness, no response to stimulus, no gag reflex, pupils unreactive, appears to have seizures; no treatment to reduce severity of injury	Danny represented upon instruction of Official Solicitor Lawful & in best interests to withdraw ventilation; S.14A of the Births and Deaths Registration Act 1953 authorises the Registrar to re-register a birth if he receives a declaration of parentage made pursuant to Ss.55A or 56(4) of the Family Law Act 1986 & it appears that the birth should be re-registered; blood tests to enable parentage to be recorded; Danny died the next day
Basma v Manchester University Hospitals NHS Foundation Trust & Another [2021] EWCA Civ 278, March 2021, King, Baker, Laing LLJ	Sophie Basma, 10 years, Type 3 Spinal Muscular Atrophy		Appeal from [2020] EWHC 3189; against dismissal of application for Judicial Review brought on Sophie's behalf by her mother, turned on whether the Respondents were acting unlawfully when they decided that they could not be satisfied that, at some stage between October 2018 & October 2019, Sophie was able to walk five steps in an upright position, with a straight back & with no contact with a person or object; this being of critical importance to Sophie as the ability to do so determined her eligibility for a newly approved drug, Nusinersen; she met all the other criteria.	In the absence of clinical assessment should have considered the evidence of friends & family as to Sophie's ability to walk unaided	Decisions of doctors were unlawful & irrational

NHS Trust v Parents & S [2021] EWHC 594, March 2021, Judd J	9 months, severe brain injury due to oxygen deprivation at birth	Intensive care	Application by Trust for declaration on future treatment, presenting 5 options	Parents want intensive care to continue but agree to non-escalation in the event he deteriorated	Best interests & lawful to withdraw life-sustaining treatment & provide palliative care
In the Matter of Pippa Knight (A Child) [2021] EWCA Civ 362, March 2021; King, Baker, Liang LLJ	Pippa, 5 years, acute necrotising encephalopathy, causing severe brain damage	Trial of portable ventilation with a view to being cared for at home	Appeal by mother from *Guy's and St Thomas's Children's NHS Foundation Trust v Knight* [2021] EWHC 25; grounds judge erred in finding (1) treatment to prolong life amounted to physical harm; (2) that there was not non-medical benefit in being cared for at home; (3) failed to give adequate weight to the views of Pippa's mother as to her best interests; (4) judge's conclusion flawed as had failed to admit fourth report of Dr Chatwin and rejected the assessment of Dr Wallis that there was a significant chance of the trial of portable ventilation being successful & of Pippa being well enough to go home without making any finding about whether there were modifications to Pippa's regimen which had not yet been tried and which might improve the prospects of the trial succeeding [56].	Medical opinion in PVS, mother believed awareness of pleasure from family; notable Evelina applied to court in Feb 2020; factual distinctions with *Raqeeb* [85] Evidence ventilation at home would only be for a short while due to respiratory instability	Permission to appeal refused grounds (1), (3), (4) Granted on ground (2), appeal dismissed as the judge had considered the non-medical benefits of home ventilation Supreme Court refused permission to appeal, April 2021 https://www.supremecourt.uk/news/permission-to-appeal-march-april-2021.html Application to ECHR deemed inadmissible, *Parfitt v United kingdom* (application 18533/21)
AB v CD & Tavistock and Portman NHS Foundation Trust [2021] EWHC 741, March 2021, Lieven J,	XY, 15 years, gender dysphoria	administration of puberty blockers	Application by parents that they could consent to the administration of puberty blockers to their child in light of *Quincy Bell v Tavistock and Portman NHS Foundation Trust* [2020] EWHC 3274		Whether or not XY is *Gilick* competent parents retain the right to consent on her behalf [69], except where seeking to override the child's decision (obiter) [114]; administration of puberty blockers not in a special category requiring court approval; good practice is a question of professional regulation & guidance & if there are concerns in any individual case an application can be made to court
A Teaching Hospitals NHS Trust v DV [2021] EWHC 1037, April 2021, Cohen J,	DV, 17 years, cancer	DV consent to surgery but refusing to consent to administration of blood due to beliefs as Jehovah's Witness	Trust application under inherent jurisdiction lawful & in best interests to undergo surgery and from them not to provide whole blood – red cells, white cells, plasma or platelets - against wishes	In response to argument that an order of the court was not required, accepted Lady Black, *An NHS Trust and others v Y (by his litigation friend, the Official Solicitor*) [2018] UKSC 46 [125] that if 'the way forward is finely balanced, or there is a difference of medical opinion, or a lack of agreement to a proposed course of action from those with an interest in the patients welfare, a court application can and should be made'.	Declaration sought by Trust made

East Sussex County Council v SB, LH, VB & AB [2021] EWHC 1581, April 2021, Williams J	AB, 2 years & 5 months	immunisation	Interim Care order, application by mother with respect to AB's vaccinations	Burden on parents to displace the medical best interests determination; local authority have parental responsibility to agree to vaccination as 'responsible corporate parenting' [37]	Individualised decision on best interests involved determining which vaccinations AB already had
Manchester University NHS Foundation Trust v Fixsler [2021] EWHC 1426, May 2021, MacDonald J,	Alta Fixsler, 2 years 4 months, brain injury due to oxygen deprivation at birth	Withdrawal of life-sustaining treatment	Application by Trust for orders under s.8 CA 1989 & inherent jurisdiction	Parents Chassidic Practising Jews sought rabbinical advice, Israeli citizens, want to take Alta to Israel for continued treatment or if treatment is to be withdrawn for that to occur in Israel Appeal *In the Matter of Alta Fixsler* [2021] EWCA Civ 1018	Not in best interests for life-sustaining treatment to be continued, in best interests to be provided with palliative care, not in best interest for Alta to be moved to Israel for treatment to be withdrawn
Nottinghamshire County council v J, K, & L [2021] EWHC 1651, June 2021, Lieven J,	K, 14 years, complex disability, including cerebral palsy, severe developmental delay & epilepsy.	Spinal surgery in treatment of scoliosis resulting from cerebral palsy	Application by local authority for exercise of inherent jurisdiction, in foster care under care order	Determined on the papers in an oral hearing	In K's best interests for operation to go ahead
In the Matter of Alta Fixsler [2021] EWCA Civ 1018, July 2021, Baker, Carr, Elisabeth Laing LLJ,	Alta Fixsler	Withdrawal of life sustaining treatment	Appeal by parents from *Manchester University NHS Foundation Trust v Fixsler* [2021] EWHC 1426	Question of the importance to be given to the substituted judgement aspect of determination of best interests CA refused permission to appeal to SC (14 July 2021); SC Refused permission to appeal (27 July 2021); ECHR declared parents' complaint inadmissible (! Aug 2021); See also *Manchester University NHS Foundation Trust v Fixsler* [2021] EWHC 2664	Permission to appeal on application of best interests; appeal dismissed
In the Matter of GW [2021] EWHC 2105, July 2021, Theis J	GW, 17 years, MS, self-harming		Application by Trusts, where currently being treated & oversee treatment, risk refuse treatment for MS & self-harming, under IJ that MS & wound management treatment plans in best interests for 6 months to 18th birthday		Provisions for restraint in MS management plan not in GW's best interests, approval of wound management plan in GW's best interests
Guy's & St Thomas' NHS Foundation Trust & Royal Borough of Greenwich v M, F & R [2021] EWHC 2377, Aug 2021, Cobb J	R, 14 years, multiple profound needs & disabilities, respiratory collapse		Application by Trust & local authority that it is lawful to extubate on basis long term ventilation not in R's best interests & not in best interests to reintubate	Cared for by foster parents under a care order, infrequent indirect contact with parents although had seen him in the context of this application; father had learning difficulties; mother mental illness; both lacked capacity to litigate & probably to consent to R's treatment	In best interests for R to be extubated as had no means of recovering from current state
The Royal Borough of Greenwich v IOSK, NK & MOK [2021] EWCOP 65, Aug 2021, Hilder J	17 years	Immunisation against COVID-19	Issue of vaccination, opposed by the parents, arose in wider welfare proceedings		In best interests to be administered vaccination as long as process undertaken with full consideration of IOSK's needs
Bell v Tavistock & Portman HNS Foundation Trust & NHS England [2021] EWCA Civ 1363, Maldon LCJ, Sir Geoffrey Vos MR, King LJ, Sept 2021	15 years	Puberty blocking drugs	Appeal by Tavistock from *Quincy Bell v Tavistock and Portman NHS Foundation Trust* [2020] EWHC 3274	The declaration implied factual findings the court was not equipped to make, declaration covered disputed facts, expert evidence & medical opinion [72]; Ratio of *Gillick* was that it was for doctors, not judges, to decide on the	Divisional court should not have granted the declaration; court not in position to generalise about the capability of persons of

				capacity of a person U16 to consent to medical treatment, there is nothing in the nature or implications of treatment with puberty blockers to ground a distinction between contraception in *Gillick* & puberty blockers (when *Gillick* was decided in 1980s contraception for the U16s highly controversial) [76]; partnership of child, parents and clinicians exercising duties within professional regulation & civil law obligations Permission to apply to the Supreme Court refused, no arguable point of law, *R (on the application of Bell and another) v Tavistock and Portman NHS Foundation Trust,* 28 April 2022, UKSC 2021/0198	different ages to understand what is necessary for them to be competent to consent to the administration of puberty blockers [85]; inappropriate for DC to give guidance as to when a court application will be appropriate & to reach general age-related conclusions about the likelihood or probability of different cohorts of children being capable of giving consent, [89]
In the Matter of N (A Child) [2021] EWHC 2517, Sept 2021, Arbuthnot J	11 years, leukaemia	Experimental, CAR T cell therapy, as bridge to bone marrow transplant necessary to save life	Application by GOSH, supported by mother & Guardian, opposed by father	Acute lymphoblastic leukaemia aged 6; conventional treatments tried March 2016-Oct 2020 but relapsed; had then tried homeopathic/natural remedies based on diet in Egypt without success; in June 2021 Hayden J approved antibody treatment opposed by father; treatment supported by GOSH Multi-Disciplinary Team and by the Paediatric Bioethics Service [32] Experimental treatment, conventional options having been exhausted, father had lost faith in conventional medicine, placed hope in homeopathic but had not identified an alternative	Declaration made, benefits outweigh the risks
In the Matter of ABC [2021] EWHC 2574, Sept 2021, Peel J	19 months, catastrophic damage to multiple areas of the brain due to fetal bradycardia	Withhold invasive ventilation, escalation of intensive care & CPR but continue non-invasive ventilation & intubation if will improve	Application by Trusts on non-escalation of treatment, by end of hearing not opposed by mother (who had wanted a long-term tracheostomy) or the father apart from withholding any invasive ventilation	Clinicians suggested withdrawal of life sustaining treatment at 5 days old, parents would not agree; discharged home at 28 days where receives specialist care with emergency admissions to local hospital and GOSH	Applications granted, ceiling of ventilation to non-invasive authorised as in best interests of child
Nottingham Universities Hospitals NHS Trust v M & F & Z [2021] EWHC 2613, Sept 2021, Peel J	Z, 16 years, microcephaly, severe cerebral palsy due to hypoxic brain injury at birth	Ceiling of care; whether in best interests to be provided with invasive mechanical ventilation in hospital for a short period, in the event of an acute deterioration in his condition due to a potentially reversible cause	Application by Trust for clarity in the event of severe deterioration in Z's condition to avoid legal proceedings at a critical time when Z in intensive care	Entitled to make anticipatory declaration provided (i) have a factual basis (ii) facts enable assessment of situation now and a prospective view, and (iii) proposed anticipatory declaration, viewed in the context of best interests, is justified.	Application granted; potential benefits of short term ventilation outweighed by the advantages

An NHS Trust v D (A Minor) [2021] EWHC 2676, Oct 2021, MacDonald J	D, 16 years	Refusing consent to blood test & antidote following believed paracetamol overdose	Urgent application by Trust at 2.50am	Local authority has parental responsibility; parents not involved;.D had left hospital & local authority had indicated would take no further action; D assessed as *Gillick* competent	Balance overwhelmingly in favour of treatment capable of saving life, consequences without treatment potentially fatal, window for optimum treatment closing rapidly. Lawful & in best interests to be provided with treatment, to be retrained for its provision, to be deprived of her liberty, to be conveyed to hospital
Manchester University NHS Foundation Trust v Fixsler [2021] EWHC 2664, Oct 2021, MacDonald J	Alta Fixsler, now 2 years 9 months	Location at which ventilation withdrawn	Application by Trust that ventilation should be withdrawn in PICU or children's hospice; parents wish to be withdrawn at home, although maintained withdrawal fundamentally wrong	Decision reached according to secular law which places best interests of the child as paramount, not according to religious law	In Alta's best interests for treatment to be withdrawn at the children's hospice, allowing majority of religious obligations to be observed, but not all
University Hospitals of North Midlands NHS Trust v AS & M & F [2021] EWHC 2927, Oct 2021, Hayden J	AS, 4 years 10 months, Krabbe Disease, a life-limiting genetic disorder	Ceilings of care, deteriorating with no prospect of recovery or cure	Application by Trust for declarations on ceilings of care	Application had been made in similar terms in March 2020 but did not proceed to final determination as family moved; spending increasing amounts of time in PICU; family's infectious hope and belief distracted clinician's from central professional duty to child; burdensome, distressing and futile treatment pursued longer than should have been; professional and moral obligation to bring dispute to court when difference of opinion cannot be resolved [45]	Best interests of AS for declarations to be made
Re C (Looked After Child) COVID-19 vaccination [2021] EWHC 2993, Nov 21, Poole J,	C, 12 years	COVID-19 & flu vaccines	Application by local authority; C wanted vaccines, mother strongly opposed; local authority sought confirmation from court could arrange & consent under s 33 CA 1989; issue had not been tested in court on COVID-19 or winter flu	Applying principles from *Re H (A Child) (Parental Responsibility: Vaccination)* [2020] EWCA Civ 664, Local authority with care order can arrange & consent to a child in its care being vaccinated for COVID-19 & winter flu under s.33(3)(b) CA 1989 contrary to parental objection when (i) vaccinations are part of an ongoing national programme approved by the UK Health Security Agency, (ii) the child is either not *Gillick* competent or is *Gillick* competent & consents, and (iii) local authority is satisfied that it is necessary to do so in order to safeguard or promote the individual child's welfare.	Local authority can arrange and consent in exercise of parental responsibility under s.33 CA 1989
E & F (Minors: Blood Transfusion) [2021] EWCA Civ 1888, Dec 2021, Sir Andrew McFarlane, Peter Jackson, Nicola Davies LJJ	E, 16 years 8 months; F, 17 years 5 months at the time of the decision	Blood transfusion if necessary during surgery to prevent death or serious injury	Appeal by teenagers that the power of the court to override the decision of teenager with capacity to conscientiously object to a blood transfusion due to their Jehovah's Witnesses beliefs was wrongly exercised in these cases	Doctors considered had capacity to make decisions about medical treatment; declarations had been made in the event crisis arose, did not, so discharged without having been administered with blood	Appeals Dismissed; *Re W (A Minor) (Medical Treatment: Court's Jurisdiction)* [1993] Fam 64 remains good law; 'undifferentiated list' of factors to consider in making welfare

					determination may not be helpful [71]; in case of older child need to ensure proper weight accorded to views, weighing preservation of life and personal autonomy; distinguish between 'risk of an event occurring (its probability) or the risk from the event occurring (its consequences)' [46].; Permission to appeal to the SC refused UKSC 2022/0016, August 2022
Pennine Care NHS Foundation Trust v Mrs T & Mr T & Northern Care Alliance NHS Foundation Trust & Amy [2022] EWHC 515, Feb 22, Morgan J	Amy, 17, OCD, refusal to eat, self-harm to which unable to consent due to mental illness	Sedation under general anaesthetic to allow re-feeding carrying significant risks to save life & enable treatment & therapy for mental & physical illness	Application by Trust under inherent jurisdiction to be given unusual highly invasive procedure to save life & give her time to strengthen so could receive treatment & therapy for mental and physical illness	Parents agree, Northern Care Alliance which would perform did not oppose but given novelty, risks & uncertainty consider decision must be made by court	Declaration made
Newcastle Upon Tyne Hospitals NHS Foundation Trust v H [2022] EWFC 14, March 22, Hayden J	H, 1 year, devastating brain damage in drowning incident at home	Withdrawal ventilation & provision of palliative care	Application by Trust, parents refusing	Parents argue had been markers of improvement, should be given time & assessed; Involvement of Clinical Ethics Advisory Group, second opinions, Medical Mediation Foundation; Judge considered changes parents observed were barely noticeable clinical evolution together with inexhaustible hope [34]	Declarations granted in H's best interests
Manchester University NHS Foundation Trust v William Verden & Amy McLennan [2022] EWHC 500 (COP), also [2022] EWCOP 9, March 22, Arbuthnot J,	17 years, William Verden, end stage renal failure due to Steroid Resistant Nephrotic Syndrome	Kidney transplant & post operative sedation & ventilation; current treatment requires venous access which reduces as veins become compromised; clinicians say two access points available giving access for only up to 12 months; transplant only alternative	Application by Trust, declaration in relation to capacity & whether transplant in his best interests	Trust initially applied for declaration not in his best interests but after evidence adopted position for court to decide; OS after evidence strongly in favour & mother always in favour although accepting there were considerable risks; detailed account of the psychological risks of elective sedation and ventilation [55]-[80];	William lacked capacity due to learning disability, autism, ADHD; in best interests to have transplant [161] considering William's point of view, that his family and sport are important to him; will increase short to medium term suffering but offers chance of long term survival [160]
R (on the application of Bell and another) (Appellants) v Tavistock			Permission to appeal to the SC		Refused, not an arguable point of law

and Portman NHS Foundation Trust (Respondent) UKSC 2021/0098					
Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee [2022] EWHC 1165, May 22, Arbuthnot J	12 years, Archie, accident at home, catastrophic brain damage due to oxygen deprivation	Brain stem testing	Application by Trust for s.8 CA 1989 SIO and declaration under inherent jurisdiction in Archie's best interests to undergo brain stem testing, see *Barts Health NHS Trust v Hollie Dance & Paul Battersbee* [2022] EWHC 1435	Parents concerned about apnoea test, removal from ventilation, fear may cause further brain damage Reference to Academy of Medical Royal Colleges', *Code of Practice for the Diagnosis and Confirmation of Death*, 2008	Best interests for test to be carried out; small risks of test outweighed by benefits for family & clinicians of knowing whether he is alive or dead; SIO & declaration
Royal National Orthopaedic Trust v ZY & YY [2022] EWHC 1328, May 22, MacDonald J	7 years, suspected tumour, a malignant soft tissue sarcoma, in right ankle	Biopsy under general anaesthetic to investigate	Application by Trust for declaration under inherent jurisdiction is in best interests	Mother opposed to anaesthetic not to biopsy	In best interests to undergo a biopsy under general anaesthetic
Barts Health NHS Trust v Hollie Dance & Paul Battersbee [2022] EWHC 1435, June 22, Arbuthnot J	12 years, Archie	Whether Archie was dead & declaration lawful to cease ventilation & extubate	Application by Trust for declaration, further hearing from *Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee* [2022] EWHC 1165; appeal *Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee* [2022] EWCA Civ 935; and see *Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee* [2022] EWFC 80	Bound by *Bland* test in brain stem test; burden of proof on balance of probabilities although following Lieven J in *Re M* [2020] EWHC 180, applying anxious scrutiny to the evidence [35]	Unable to rely on results of Code of Practice brain stem death, judge reach conclusion on the evidence that brain stem function had ceased; lawful to discontinue treatment
Wirral Borough Council v RT & NT [2022] EWHC 1869, June 22, MacDonald J	6 days, NT		Application by Council for declaration under inherent jurisdiction in NTs best interests to undergo investigation and, if necessary, surgery to repair suspected bowel obstruction Local authority had applied for ICO to gain PR under s.33 CA so that it could authorise treatment; judge had made an ICO but identified that the issue needed to come before HC judge under inherent jurisdiction	RT, mother Estonian national, at time detained under MHA 1983, not clear whether has capacity to litigate so proceed in her absence; unable to contact NL putative father, seems may not have PR but not established; so no-one in position to exercise PR; local authority had applied for ICO to gain PR under s.33 CA so that it could authorise treatment	Treatment was serious medical treatment of such magnitude should not be determined by local authority without all with PR having opportunity to express their view before the court; in NTs best interests to undergo investigation and, if necessary, surgery
Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee [2022] EWCA Civ 935, July 22, Sir Geoffrey Vos, Sir Andrew McFarlane, King LJ	12 years, Archie	Whether CA had material to make best interests evaluation or whether remit to first instance for evaluation	Appeal by parents against *Barts Health NHS Trust v Hollie Dance & Paul Battersbee* [2022] EWHC 1435, and see *Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee* [2022] EWFC 80	Initially six grounds of appeal; Counsel for parents argued judge wrong to make a declaration of death where no brain stem test could be administered & ought to have undertaken best interests evaluation; for Trust and Guardian would have been better to move to best interests evaluation.	Appeal allowed, remit to Hayden J for best interests determination following week
Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee [2022] EWFC 80, July 22, Hayden J	12 years, Archie	Whether in Archie's best interests for mechanical ventilation to be withdrawn	HC hearing following CA in Appeal by parents against *Barts Health NHS Trust v Hollie Dance & Paul Battersbee* [2022] EWHC 1435; parents appeal in *Hollie Dance & Paul Battersbee v Barts NHS Foundation Trust & Archie Battersbee* [2022] EWCA Civ 1055	Fight no longer in Archie's hands, brain damage deprived him of any bodily autonomy [23]; place Archie, his personality and wishes at centre [25]; detailed [26]-[34]	'the treatment is futile, it compromises Archie's dignity, deprives him of his autonomy, and becomes wholly inimical to his welfare. It serves only to protract his death, whilst being unable to prolong his life' [46];

					continuation of ventilation not in best interests
Guy's and St. Thomas' NHS Foundation Trust v A (A Child), B & C [2022] EWHC 1873, July 22, Hayden J	3 months, A, cardiac arrest causing brain injury		Original application by Trust for declaration that brain stem death had occurred and therefore was lawful to withdraw ventilation & medication; in proceedings sought declaration lawful not to resuscitate in the event of a collapse and amend application to lawful to withdraw ventilation; Local Authority as interveners as had made an application for family proceedings; see best interests application *Guy's and St Thomas' NHS Foundation Trust v A & F & M* [2022] EWHC 2250, *A (A Child) (Withdrawal of Treatment: Legal Representation)* [2022] EWCA Civ 1221; *Guy's and St Thomas' NHS Foundation Trust v A & F & M & a Local Authority* [2022] EWHC 2422	Brain stem tests, adhering to clinical guidelines, had led to the conclusion A was dead but later was breathing independently, so diagnosis of brain death rescinded but MRI showed whole brain injury	Agreed that there should be further expert evidence; Not prepared to make declaration sought at this point, proceedings adjourned: 'The objectives are to identify the full range of potential options for A, however limited they may be. There is, therefore, still an identifiable and clear destination in the ICU journey.' [14]
Hollie Dance & Paul Battersbee v Barts NHS Foundation Trust & Archie Battersbee [2022] EWCA Civ 1055, 25 July 22, Sir Andrew McFarlane, King LJ, Peter Jackson LJ	12 years, Archie		Application by parents for permission to appeal judgment of Hayden J, *Barts Health NHS Trust v Hollie Dance & Paul Battersbee & Archie Battersbee* [2022] EWFC 80; application to SC for Permission to Appeal, *Permission to Appeal Decision in the Matter of Archie Battersbee* (SC), 28 July 22	Six grounds of appeal in Notice to Appeal [21]; Counsel addressed court on ground that decision based on medical best interests and not best interests in widest sense [23]; Compatibility of law with ECHR; UNCRC; UNCRPD; argued that judge stated the law correctly but had approached it solely as a medical issue; had stated but not evaluated Archie's stated wishes & religious beliefs; appeal court should not be focused on particular words or sentences but review judgment as a whole [61]	Permission to appeal on grounds 1-5 (6 not pursued) refused as having no reasonable ground of success; permission to appeal on argued ground refused as no real prospect of it being shown judge's decision was unjust because of a serious procedural irregularity; CA stay order to allow time to apply to ECHR of 48 hours extended for 24 hours due to illness of Archie's father; CA refused additional stay to permit approach to UNCRPD
Permission to Appeal Decision in the Matter of Archie Battersbee (SC), 28 July 22, Lords Hodge, Kitchin, Stephens, Permission to Appeal decision in the matter of Archie Battersbee - The Supreme Court	12 years, Archie		Application to SC for Permission to Appeal decision of CA to refuse permission to appeal to CA not to grant a longer stay of orders to permit approach to UNCRPD; further application *Dance and another v Barts Health NHS Trust* [2022] EWCA Civ 1106	Court of Appeal not in error in exercising discretion as it did	Permission to Appeal refused on grounds application does not raise an arguable point of law

Dance and another v Barts Health NHS Trust [2022] EWCA Civ 1106, 1 Aug 22, Sir Andrew McFarlane, King LJ, Moylan LJ	12 years, Archie		Application by parents for stay pending determination by the UNCRPD of their complaint to the CRPD alleging breach of convention; application to SC *Dance & Battersbee v Barts Health NHS Trust – Permission to Appeal decision,* 2 Aug 2022	Court decision under domestic law, with consideration of the ECHR, in way which is compatible with UNCRPD; to accede to the parents' application would be to act contrary to what court has determined to be in Archie's best interests by reference to unincorporated treaty that is not part of domestic law [37]	Application dismissed apart from short stay until noon following day; UNCRPD is an unincorporated international treaty, not part of UK law; not appropriate for Court to apply unincorporated international treaty into decision making process, or investigate whether the UK is in breach of any duty under UNCRPD [36]
Dance & Battersbee v Barts Health NHS Trust – Permission to Appeal decision, 2 Aug 2022, Lords Hodge, Kitchin, Stephens, Dance & Battersbee v Barts Health NHS Trust - Permission to Appeal decision - The Supreme Court	12 years, Archie		Application by parents for permission to appeal decision of CA to refuse stay to allow CRPD to consider their approach; application to ECHR, *AB & Others v United Kingdom* (application 37412/22), Aug 2022	Application to intervene by Secretary of State for Health and Social Care granted	Permission refused, not persuaded there is an arguable case that CA made an error of law or principle or otherwise fallen into error in that exercise
AB & Others v United Kingdom (application 37412/22) Request for interim measures refused in case concerning the withdrawal of life sustaining treatment (coe.int), 3 Aug 2022	12 years, Archie		Application by parents to ECHR to request interim measures to prevent withdrawal of life-sustaining treatment & application complaining of breaches of Articles 2, 6, 8, 9, 13, and 14; application to FD, *Barts Health NHS Trust v Holly Dance & Paul Battersbee & Archie Batterbee* [2022] EWHC 2098	Decision not an acknowledgement that it had jurisdiction to hear the case under Article 35(2)(b) which provides that the Court shall not deal with any application that is substantially the same as a matter that has already been submitted to another procedure of international investigation or settlement	Interim measures not issued and complaints inadmissible
Barts Health NHS Trust v Holly Dance & Paul Battersbee & Archie Batterbee [2022] EWHC 2098, Theis J, 5 Aug 2022	12 years, Archie		Application by parents for variation of order of 15 July to permit Archie to be moved to a hospice prior to the withdrawal of treatment; application to permit expert evidence; whether Archie should be provided with palliative oxygen; whether further steps should be taken regarding treatment abroad		Application for expert assessment not granted; in his best interests to remain in the hospital when treatment withdrawn; provision of palliative oxygen to be determined by treatment team; no detail of treatment abroad
Birmingham Women's and Children's NHS Foundation Trust v J & M & F [2022] EWHC 2229, Hayden J, Aug 22	6 years, J, rare terminal neuro-degenerative genetic condition, NRROS-gene deletion	Mechanical/invasive ventilation	Application by Trust for declaration under IJ that it is not in J's best interests to be given mechanical ventilation/invasive ventilatory support & for ceilings of treatment to be put in place	Parental objection primarily on religious and cultural grounds, as Muslims to fail to provide ventilation would be a sin and amount to murder [32], Muslim obligation to help [33]	Judge concluded J 'beyond treatment that can make her 'better'.' So that to not provide home ventilation was not to '"not to help" J, which F described as the Muslim obligation. She is beyond medical help, but she is not beyond physical burden', [33]; mechanical ventilation not in J's best interests

Guy's and St Thomas' NHS Foundation Trust v A & F & M [2022] EWHC 2250, Hayden J, Aug 22	4 and a half months, A,brain injury following cardiac arrest	Ventilation and ancillary care; care plan to provide peace, privacy and intimate comfort from parents at end of life	Application by Trust in A's best interests for ventilation to be withdrawn; following ***Guy's and St. Thomas' NHS Foundation Trust v A (A Child), B & C*** [2022] EWHC 1873; appeal *A (A Child) (Withdrawal of Treatment: Legal Representation)* [2022] EWCA Civ 1221; *Guy's and St Thomas' NHS Foundation Trust v A & F & M & a Local Authority* [2022] EWHC 2422	In June following brain stem testing, Application by Trust for declaration of death and authorisation to withdraw ventilation and ancillary treatment; after final hearing listed, showed respiratory effort indicative of brain stem function, Trust amended application, permitted [2022] EWHC 1873 (Fam); public law proceedings commenced, LA interveners in these proceedings; understanding that parents question medical prognosis given return of spontaneous breathing after diagnosis of death, hope for change in medical understanding and divine intervention [22]; guidelines on death in infants under review, applications should be made on best interests rather than certification of brain stem death [43]	Continued ventilation protract A's death, causing harm without any benefit, contrary to ethical obligations of the treating clinical team and not in A's best interests, [42]. Permission to appeal refused
A (A Child) (Withdrawal of Treatment: Legal Representation) [2022] EWCA Civ 1221, Singh, Baker, Phillips LLJ, Sept 22	A, 5 months, brain injury following cardiac arrest		Appeal by parents against refusal of Hayden J to grant an adjournment in ***Guy's and St Thomas' NHS Foundation Trust v A & F & M*** [2022] EWHC 2250 best interests application to enable parents to get legal representation in breach of ECHR Art 6	Instructed solicitors applied for legal aid which was unsuccessful because parents means exceeded limits, three days before hearing unable to act; attempts to find representation, assisted by Trust, unsuccessful [14]; CA of view focus on Art 6 mistaken [26] Reasons for granting adjournment – gravest matter parents could face, court being asked to take responsibility for life or death decision affecting child [34]; parents had lost legal representation few days before hearing through no fault of their own [35]; case involves complex medical evidence at a time child desperately ill [36];	Permission to appeal on grounds parents civil rights under Art 6 engaged; refused on ground criminal rights engaged [25]; judge's decision to refuse adjournment unfair on common law principle of fairness so not necessary to rely on Art 6 [44]; relist application at earliest opportunity
Guy's and St Thomas' NHS Foundation Trust v A & F & M & a Local Authority [2022] EWHC 2422, Poole J, Sept 22	A, 5 months, brain injury following cardiac arrest	ventilation	Application by Trust in A's best interests for ventilation to be withdrawn. Further proceedings from ***Guy's and St. Thomas' NHS Foundation Trust v A (A Child), B & C*** [2022] EWHC 1873 and *Guy's and St Thomas' NHS Foundation Trust v A & F & M* [2022] EWHC 2250, *A (A Child) (Withdrawal of Treatment: Legal Representation)* [2022] EWCA Civ 1221 in which CA upheld parents appeal against refusal to grant adjournment and remitted to HC		Sole benefit of continued ventilation to prolong life; sufficient time since admission to conclude with confidence no hope of recovery and will never leave intensive care [75]; not in A's best interests to continue to receive ventilation
Great Ormond Street Hospital for Children NHS Foundation Trust v A Local Authority & M & J [2022] EWHC 2596, Hayden J, Oct 22	J, 5 years, complex medical problems	Provision of non-invasive ventilation and palliative care; withholding invasive ventilation	Application by Trust declarations lawful and in best interests to be provided with non-invasive ventilation but to withhold mechanical ventilation and other invasive treatments; if weaned from non-invasive not to be given further non-invasive; lawful to be provided palliative care; proceedings adjourned during which time mother consented to applications	Judge had not been prepared to grant declarations in proceedings which had been urgently brought, heard late in afternoon, mother represented but not been able to discuss issues fully, father not been contacted, hearing over video conferencing	Declarations granted; Judgment handed down despite agreement given that application in public domain so outcome and reasons should be known; potential for lessons to inform future cases and avoid protracted

					litigation [32]; judge set out factors of wider significance [33]
An NHS Foundation Trust v Kwame & WX & UV [2023] EWHC 134, Morgan J, Jan 23	16 years, hypoxic cardiac arrest	Life-sustaining treatment including ventilation	Application by Trust for declarations to be made about withdrawal of life-sustaining treatment	Ventilation for 20 months, clinical view no hope of recovery or improvement	Not in Kwame's best interests for ventilation to be continued
Kettering General Hospital NHS Foundation Trust v C & North Northamptonshire Council [2023] EWHC 239, Hayden J, Jan 2023	Unborn child, doctors consider would be HIV positive	Administration of anti-retroviral medicine within 4 hours of birth and for 28 days and administration of medicine to mother before and during delivery	Application by Trust for anticipatory declarations in respect of an unborn child	Mother, C, 37 weeks pregnant. C. Day after hearing caesarean section planned. Refused to take anti-retroviral medicine for herself, has attended hospital in last months of pregnancy to take medicine but then did not. Postscript that C had complied with administration during delivery and both parents consenting to 28 day plan.	Were compelling justifications for an exceptional procedure; immediate medical treatment imperative
Alder Hey Childrens NHS Foundation Trust v D, E & C [2023] EWHC 2000, Morgan J, June 2023 (hearing March/April 2023)	C, 14 years, autoimmune response condition, Toxic Epidermal Necrosis affecting 90% of skin, polyneuropathy	Withdrawal of ventilation	Application by Trust lawful to extubate, provide palliative and standard care	Mother agreed with Trust no prospect of recovery and no quality of life; father did not consider C was cognitively impaired and thought there was hope of recovery. Developed condition February 2022, ventilated over a year at start of hearing; Referenced RCPCH, *Making Decisions to Limit Treatment in Life-Limiting and Life-Threatening Conditions in Children*, 2015; unusual in that in none of the leading authorities had the issue arisen with respect to a child who was able to respond [88]; noted that parents not entitled to legal aid expressing lack of understanding as to why, making the comparison with public law proceedings [115]-[118].	Adjorned applications for declarations to allow for further independent expert opinion noting had been instructed in all recent leading cases concerned with the withdrawal of life-sustaining treatment from a child [103]; independent expert opinion considered in [2023] EWHC 1997
Alder Hey Childrens NHS Foundation Trust v D, E & C [2023] EWHC 1997, Morgan J, June 2023	C, 14 years	Withdrawal of ventilation	Consideration of the independent expert opinion for which declarations adjorned in [2023] EWHC 2000	No professional or medical evidence supporting continuation of life-sustaining measures; has level of awareness enabling C to take pleasure and comfort from his family and respond to them [84]; no prospect of meaningful recovery, always be ventilated, always entirely dependent on others, always experience burdens;	Declarations made, not in best interests for burdens of condition and treatment to continue when no prospect of meaningful recovery and outweigh the benefit of the pleasure and comfort of his family
A Health Board & AZ & A Local Authority & A Mother & A Father [2023] EWHC 2517, Arbuthnot J, Oct 2023	AZ, 11 years, pregnant following rape		Application by Health Board for declarations that termination in AZ's best interests & in her best interests for tissue taken from the placenta to be used for the purposes of forensic testing in a criminal investigation.	By time of hearing, application supported by parents and guardian; AZ accepted should be termination but wanted decision to be made by adults, although prior to hearing had wanted to continue with pregnancy; judge considered that 'neither outcome was a good option', question was what was 'least bad option for AZ, in her best interests' [27]; AZ lacked *Gillick* competence.	In best interests to undergo termination Guidance for future cases, approved by President of Family Division [44]-[59]

Nottingham University Hospitals NHS Foundation Trust v Indi Gregory & Dean Gregory & Claire Staniforth [2023] EWHC 2556, Peel J, Oct 2023	Indi, 71/2 months, metabolic, neurological & cardiological disorders	Withdrawal of artificial ventilation; provision of compassionate care	Application by Trust lawful not to provide invasive procedures, had been provided due to deterioration in condition so amended seeking declarations lawful to withdraw		In best interests for invasive treatment to be withdrawn in accordance with the care plan
Re WSP (A Child) (Vaccination: religious objection) [2023] EWHC 2622, Paul Bowen QC, Oct 2023	WSP, 9 months		Application by mother for the court, in exercise of inherent jurisdiction, to injunct the local authority from arranging for routine childhood vaccinations under s.33(3) CA 1989	WSP in care under Interim Care Order; WSP had been delivered by caesarean following order of CoP, at time mother receiving treatment under s.3 MHA 1983; mother assessed as having capacity in care proceedings not on issue whether could make decisions on WSP's medical treatment, that needed to be assessed but proceeded on basis does have capacity as required by s.1(2) MCA; mother's refusal due to Muslim beliefs	Vaccination in best interests; lawful exercise LA's PR under s.33(3) CA 1989 [23]; No 'cogent, objective evidence of harm' to WSP's welfare; views must be taken into account but objections on religious grounds do outweigh WSP's welfare interests in vaccination [25].
Gregory v Nottinghamn University Hospitals NHS Foundation Trust & Indi Gregory & Claire Staniforth [2023] EWCA Civ 1262, King, Birss LJJ, Oct 2023	Indi, 8 months, mitochondrial condition & heart defects	Withdrawal of artificial ventilation; provision of compassionate care	Application by father for permission to appeal orders made by Peel J	Application on refusal to grant permission for further medical evidence	No real prospect of appeal succeeding; further expert evidence would not have made any difference to best interests decision; judge had more than sufficient information before him [42]; no real prospect of argument that the trial did not comply with Article 6 ECHR even when taking into account Article 2 ECHR [49]; argument on UN Convention on the Rights of Persons with Disabilities made without authority or exploration [50]
Nottingham University Hospitals NHS Foundation Trust v Indi Gregory & Dean Gregory *& Claire Staniforth* [2023] EWHC 2753, Peel J, Nov 2023	Indi, 8 months, mitochondrial condition & heart defects	Transfer to Rome for cardiac surgery, experimental treatment and continued ventilation	Application for Indi to be transferred to Rome considered in light of expert evidence submitted by the father	Judgment noted application had been made to ECtHR after refusal of CA to grant permission to appeal [2023] EWCA Civ 1262; ECtHR had declined to consider the case (26 Oct)	The proposed transfer was part of the issue of the dispute over continued ventilation to be determined according to the best interests of the child [12]l no new evidence to justify revisiting decision [39]; transfer to Rome not in Indi's best interests (48]
Nottingham University Hospitals NHS Foundation Trust v Indi Gregory & Dean Gregory & Claire Staniforth [2023] EWHC 2798, Peel J, Nov 2023	Indi, 8 months, mitochondrial condition & heart defects	Where extubation should take place and implementation of care plan	No formal application received, parents had emailed judge saying had received no response from Trust to request transfer to home; treated as application by Trust to implement/vary care plan	Judgment noted CA refused permission to appeal decision of Peel J in [2023] EWHC 2753; if extubation at home had been an option was case initially heard deterioration and complications in care since meant no longer an	Not in Indi's best interests for extubation to take place at home [27]; extubation to take place in hospice unless parents elect for hospital [29]; to continue to be provided

				option; if stabilised after extubation could consider whether transfer home possible	with clinical treatment of highest quality [28]; after extubation clinicians to determine options for compassionate care from which parents can decide [29]
Dean Gregory v Nottingham University Hospitals NHS Foundation Trust & Indi Gregory & Claire Staniforth [2023] EWCA Civ 1324, King, Moylan, Peter Jackson LLJ, Nov 2023	Indi, 8 months, mitochondrial condition & heart defects		Application for permission to appeal order of Peel J [2023] EWHC 2798		Grounds for appeal without merit
Re NR (A Child: Withholding CPR) [2024] EWHC 61, Poole J, Jan 24	NR, 3¾ years, severe disabilities. Life-limiting health difficulties including significant brain malformation		Application by Trust lawful to withhold certain treatments in specified circumstances by time of hearing limited to whether CPR should be administered in the event of a cardiac arrest & whilst NR intubated and ventilated	Agreed that declarations sought about withholding treatment after extubation should not be determined until extubation proposed; ceilings of care agreed See *Re NR (A Child: Withdrawal of Life Sustaining Treatment)* [2024] EWHC 910 & *Re NR* [2024] EWHC 2400	Lawful not to administer CPR in event NR suffers further cardiac arrest; emphasised decision made on specific issue do not prejudice any further hearings when decisions would also be made on evidence before the court
A Council v AN NHS Foundation Trust & MG & A Child Z [2024] EWHC 874, Lieven J, Jan 24	Z, 21 months born with cardiac defects, transposition of arteries; other serious physical abnormalities; whilst in hospital tracheotomy leading to major prolonged cardiac arrest, causing severe hypoxic ischemic brain damage, ventilator dependence, pronounced drug-resistant dystonia, deafness	Withdrawal of medical treatment; provision of end of life care	Application by local authority for leave to invoke inherent jurisdiction for the withdrawal of medical treatment and provision of end of life care to Z, subject to a care order	Judgment notes hearing lasted 18 minutes; Z admitted to hospital soon after birth, remained there; parents both heroin addicts; father appeared in person, assessed as having capacity but did not have PR; LA applied for capacity assessment of mother but she was not able to engaged, judge proceeded on basis that mother did not have capacity [17]-[19]; noted mother, father, guardian agreed with LA and unanimous clinical evidence that in Z's best interests to move to palliative care Reference to RCPCH, '*Making decisions to limit treatment in life-limiting and lifethreatening conditions in children*, 2015	Consent for application to be brought and allow application
A Hospital NHS Trust v A Mother & A Father & A Local Authority & P [2024] EWHC 313,. Knowles J, Feb 24	P, 2 years, devastating brain injury following serious accident	Life-sustaining treatment	Application by Trust for declarations under inherent jurisdiction in P's best interests and lawful to withdraw life-sustaining treatment and provision of palliative care	P and younger sister Q subject to interim care orders; mother on remand for offence relating to P's care	Declarations granted
Y NHS Foundation Trust v AN & BN [2024] EWHC 805, Cusworth J, Feb 24	AN, 16 years 4 months, acute leukaemia	AN not refusing treatment but wished to have time at home to come to terms with her diagnosis, delaying commencement of treatment	Remote out of hours application heard on Friday night; application by Trust for declaration in the exercise of the court's inherent jurisdiction lawful for Trust to keep her in hospital for administration of life-saving treatment	AN discharged herself, wanted more time to come to terms with diagnosis, considered to be competent; diagnosis aggressive, rapidly progressive blood cancer without treatment expected to result in life threatening complication within days/weeks; with very high chance of remission, good chance of long-term cure [6];treatment has to be inpatient due to	With consideration to age and expressed wishes, welfare require her to remain in hospital and receive inpatient treatment, intravenous fluids and monitoring [19]; delay posed serious risks to the efficacy of the treatment

				risks of side-effects and life-threatening complications	
Re NR (A Child: Withdrawal of Life Sustaining Treatment) [2024] EWHC 910, Poole J, April 24	NR, 4 years, born with severe disabilities & life-limiting conditions including significant brain malformation	Withdrawal of invasive ventilation and discontinuation of life sustaining treatment	Application by Trust for declaration lawful & in NR's best interests for invasive ventilation & life sustaining treatment to be withdrawn	Distinction law makes between withdrawal of treatment and euthanasia [31]; parents described feeling of having lost control [32] – need for search for consensus so parents do not feel have been stripped of role or responsibility [32]; distinction between clinical ethics committees & clinical ethics forums [32] and parental involvement; responding to parental concern that it would be discrimination on the grounds of disability to allow the application [45] See *Re NR (A Child: Withholding CPR)* [2024] EWHC 61 & *Re NR* [2024] EWHC 2400 Reference to RCPCH, '*Making decisions to limit treatment in life-limiting and lifethreatening conditions in children*, 2015	Ex tempore judgment 10 April 2024 giving reasons for refusal of parents' application for adjournment to explore NR's transfer abroad, [4]; Refused renewed application for adjournment to explore transfer to Italy, & application for permission to appeal that case management decision refused. Lawful & in NR's best interests for invasive ventilation & other life-sustaining treatment to be discontinued
Re J (Blood Transfusion: Older Child: Jehovah's Witnesses) [2024] EWHC 1034, Cobb J, April 24	J, 17 years 7 months	surgery to remove obstruction in the ureter from left kidney	Application by Trust for declaration lawful & in J's best interests for him to receive blood products if required in the event of an emergency during surgery	J consenting to procedure but not to the use of blood products (whole blood, and/or primary components ie red cells, white cells, platelets or plasma in any form); receiving blood products 'fundamentally at odds' with his 'strong religious' beliefs as one of Jehovah's Witnesses [3]; statistically very unlikely need to administer blood but if does and no blood given consequences are likely to be very grave [8]; J explained if there was a risk of blood being administered her would have the safer procedure now and the second once he turned 18 [20]	*Gillick* competent, expressing 'authentic' wishes [24]; Application refused, in J's best wishes for his decision to prevail
Re J (Transgender: Puberty Blocker and Hormone Replacement Therapy) [2024] EWHC 922, Sir Andrew McFarlane, May 24	J, 16 and a half years	Hormone replacement therapy	J's capacity to consent; whether court in exercise of inherent jurisdiction and/or under the CA 1989 should prevent further administration of hormone treatment	Measure of agreement so unnecessary to determine primary issues; hormone treatment had been provided by internet provider 'Gender GP' as not available on NHS, J now being assessed by London based clinic 'Gender Plus'; expert evidence before court expressed grave concerns about the levels of testosterone administered [38]-[42]	Parties agreed J had capacity to consent to assessment [5]; mother gave undertaking not to approach Gender GP for further treatment [51]; if further treatment from Gender GP under consideration need to give careful consideration to J's capacity to consent & whether declaration of the court should be sought [57]

O & P & Q [2024] EWHC 1077, Judd J, May 24	Q, 16 years	Assessment & decision whether Q should be referred for hormone treatment	Application by mother for PSO & declaration under inherent jurisdiction; by time of proceedings agreed Q may be referred to Gender Plus for assessment only; invited court to adjourn proceedings until the assessment complete & for case to be restored to court for further consideration; invites court to make a declaration that any proposed prescribing of puberty blockers or gender affirming hormones to a person under the age of 18 years of age by a private provider must be subject to the oversight of the court; application by father for interim orders to be discharged & proceedings to come to end so Q can be assessed & left to make decisions about future treatment with clinicians	Controversy over treatment of young people for gender-related distress or dysphoria a matter of public interest, needs to be addressed by medical professions & regulators or government rather than a Family or High Court judge [60] See *O v P v Q* [2024] EWCA Civ 1577	Q entitled to consent to his own treatment whether or not his parents agree under FLRA 1969 s.8 as long as he has capacity within the meaning of the MCA 2005 [57]; no realistic basis upon which judge would override Q's consent to treatment by a regulated provider or clinician in this country [61]; asked father give court an undertaking that he will not fund or facilitate referral to an offshore body whilst Q is a minor [63]
An NHS Trust v Mother & Father & G [2024] EWHC 2207, Francis J, Aug 2024	G, 12 years; Anorexia nervosa & depression	Restrained for feeding	Application by Trust lawful to rely upon parental consent for G to be restrained to be fed by nasogastric tube; in the alternative, in G's best interests to be restrained to be fed by NG tube	Mental Health Act Code of Practice inconsistent with common law on parental consent to treatment of child; common law prevails. CoP in need of revision	Parties reached agreement, judge made consent order that Trust could rely on consent of parents in treating G; declaration no declaration necessary and declaration Trust could rely upon parental consent
Re NR [2024] EWHC 2400, Poole J, Sept 24	NR, 4 years; Severe brain malformation	Ceilings on treatment	Application by parents for removal of ceilings of treatment	Four months after extubation which court had declared lawful, breathing on his own and living at home; Counsel could not identify any reported case in which a child had survived for months after court declaration authorising extubation [5] See earlier judgments, *Re NR (A Child: Withholding CPR)* [2024] EWHC 61 & *Re NR (A Child: Withdrawal of Life Sustaining Treatment)* [2024] EWHC 910	Continued or varied declarations permitting ceilings of treatment or the withholding of CPR not in NR's best interests.
Great Ormond Hospital for Children NHS Foundation Trust v Braqi [2024] EWHC 2910, Morgan J, Nov 24	Ayden, 15 months; Rare genetic disorder, (Spinal Muscular Atrophy with Respiratory Distress Type 1	Life-sustaining treatment	Application by Trust lawful and in best interests to discontinue life-sustaining treatment	After hearing Ayden's condition deteriorated, application made for declarations on ceilings of care in the event of future sudden deterioration, judgment noted ventilation withdrawn and Ayden died	Lawful and in best interests for ventilation to be withdrawn and palliative care provided
Birmingham Women's and Children's Hospital NHS Foundation Trust v KB & LB & Fatima [2024] EWHC 3292, Morgan J, Dec 24	Fatima, 10 years; serious neurological genetic disorder	Ventilation	Application by Trust for declaration not in best interests to continue to receive ventilation & in best interests to be extubated, provided with palliative care	Fatima cared for at home by family for most of her life; risk that responsiveness and awareness are viewed in a particular way if professionals have reached the conclusion palliative care is in a child's best interests [141]; decision not made on medical evidence/ professional opinion alone; with complex and rare conditions necessarily much focus on	Application dismissed, declarations not granted [150]; undergo tracheostomy with a view to a return home.& to her family, who live her deeply, who have been a constant presence in her life, for from whose

				clinical & expert evidence but also 'social, psychological and spiritual aspects' beyond medical. Often 'the preponderance of the 'benefits' in the burdens and benefits analysis' found in those aspects and the 'preponderance of the 'burdens'' in the illness/ condition & its treatment [144].	presence she derives pleasure [151]
O v P v Q [2024] EWCA Civ 1577, Sir Geoffrey Vos, Sir Andrew McFarlane, King LJ, Dec 24	Q, 16 years	Hormone treatment	Appeal from *O & P & Q* [2024] EWHC 1077, by mother on issue no realistic basis upon which judge would override Q's consent to treatment by a regulated provider or clinician in this country [61]		Judge wrong to refuse to adjourn application [7]; judge did not place enough weight on rapidly changing regulatory environment & situation of private providers in light of recommendations of Cass Review.[38]; court keep open possibility would need to decide whether hormone treatment, to which Q had consented, was or was not in his best interests [43]

Abbreviations
FLRA 1969 Family Law Reform Act 1969
CA 1989: Children Act 1989
MCA Mental Capacity Act 2005
MHA Mental Health Act 1983
PR Parental Responsibility
SIO: Specific Issue Order (s.8 Children Act 1989)
PSO Prohibited Steps Order (s.8 Children Act 1989)
ICO Interim Care Order (Children Act 1989)
IJ Inherent Jurisdiction
OS Official Solicitor
FD Family Division of the High Court
CA Court of Appeal
SC Supreme Court
ECtHR European Court of Human Rights
UNCRC UN Convention on the Rights of the Child
UNCRPD UN Convention on the Rights of Persons of Disability

* This list does not include cases concerning mental health or deprivation of liberty. Criminal Law cases are also excluded.

31 January 2025