



## Protocol for Families where Parents are Separated/Divorced

The Hospital for Sick Children which has a strong history of Child and Family Centred Care, is dedicated to providing our patients with the best medical care possible. To best manage available resources, and support our patients and their families to best achieve this shared goal, a list of expectations has been outlined below:

### Administrative & Legal Issues:

- **It is the responsibility of the parents/legal guardians to provide the Hospital with a copy of the most current legal agreement and/or court order regarding custody and access.**
- Hospital staff does not take sides in custody disputes. Please do not engage our staff in these disputes, so that they can focus their attention on the health of your child. Staff will not provide letters of support for family court, nor will they document issues not related to caring for the health of the child. If staff has significant concerns about a parent/legal guardian's ability to care for their child, they will report this to the appropriate Children's Aid Society, as required by law.

### Appointments & Information Sharing:

- It is the responsibility of the parent/legal guardian who schedules the child's ongoing Hospital appointments to share this information with the other parent.
- SickKids scheduling system only allows for one mailing address per child. Only one letter of reminder for upcoming appointments will be generated and/or only one phone call. Parents/legal guardians should ensure that the Hospital receives the address for the primary residence of the child (primary means where the child lives the majority of the time).
- The Hospital encourages all parents/legal guardians to be with their children while they are inpatients as well as during clinic visits. If this is not possible, then it is the responsibility of the attending parent to share the information with the parent who is not able to attend, unless otherwise stipulated by law. We serve a large number of separated families, our clinical staff cannot take time away from patient care to duplicate information sharing.
- When healthcare decisions must be made, and the staff has determined the patient does not have capacity to make their own health care decision, SickKids will ensure that the custodial parent(s)/legal guardian has the necessary information to make an informed decision in the Best Interest of the Child. (Please see the definition of Best Interests in the *Health Care Consent Act*, which is the law in Ontario, on the back of this document)

### Attending Hospital:

- It is essential that the child/youth's hospital experience be supportive, informative, and as stress-free as possible. To achieve this goal, we would ask that parents/legal guardians use hospital stays and clinic visits to focus on the well-being of their child/youth. Disagreements between parents/legal guardians should be discussed outside of the Hospital property.
- The primary legal responsibility of The Hospital for Sick Children is to provide high quality, safe and effective care. Access to the child at SickKids, like all other healthcare issues, will be decided in accordance with these principles. This means visits with the child may not follow access times that are laid out in family court orders and agreements made outside of the Hospital setting. Parents who cannot visit their child at the same time, either by court order, or by choice, are asked to work out reasonable arrangements for access by the other parent.
- Parents/legal guardians, even those with custody, can be removed from the Hospital if they interfere with the care of their child, or other patients, or disrupt the safe running of the Hospital.

Thank you for your co-operation to help us achieve the best outcomes for all patients and their families.

## Legal Principles for all Substitute Decision Makers (including parents/legal guardians)

Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A

### Best interests

(2) In deciding what the incapable person's best interests are, the person who gives or refuses consent on his or her behalf shall take into consideration,

- (a) the values and beliefs that the person knows the incapable person held when capable and believes he or she would still act on if capable; ( note ***if expressed those wishes after 16 years of age 1996, c. 2, Sched. A, s. 21 (1).***)
- (b) any wishes expressed by the incapable person with respect to the treatment that are not required to be followed under paragraph 1 of subsection (1); and
- (c) **the following factors:**
  - 1. **Whether the treatment is likely to,**
    - i. **improve the incapable person's condition or well-being,**
    - ii. **prevent the incapable person's condition or well-being from deteriorating, or**
    - iii. **reduce the extent to which, or the rate at which, the incapable person's condition or well-being is likely to deteriorate.**
  - 2. **Whether the incapable person's condition or well-being is likely to improve, remain the same or deteriorate without the treatment.**
  - 3. **Whether the benefit the incapable person is expected to obtain from the treatment outweighs the risk of harm to him or her.**
  - 4. **Whether a less restrictive or less intrusive treatment would be as beneficial as the treatment that is proposed. 1996, c. 2, Sched. A, s. 21 (2).**