Factors influencing decision-making from the review (six review themes)
- Information exchange (type, amount, and direction of information flow processes)
- Disclosure of prognosis
- The process by which doctor–child/parent relationships was developed
- Biomedical aspects and child/family preferences
- Treatment alternatives, child and parents and clinician preferences and goals
- Barriers and facilitators to decision-making

Authors’ ideas about the factors that define doctor-child/parent relationships
- Level and quality of doctor/healthcare team involvement in the relationship with a particular child/parent.
- Doctor attitudes and beliefs about treatment, the profession and the particular child.
- Grasp of fundamental ethical notions such as the goals of a medical intervention, the way doctor authority is exercised, the duty to respect patient’s autonomy, the duty to be beneficent, to avoid harm, and be fair to the patient.
- Cultural background and cultural and country context of care.

Reasons why the rational process of decision-making could be hindered
- The ongoing quality and depth of doctor-child-parent relationship.
- Parents ability to trust based on past experiences
- Negative consultation experiences
- Parental beliefs and understandings about the disease and the goals of end-of-life care.
- The way parents conceive their role and their authority.
- Parents/young people’s beliefs about the value and effectiveness of specific therapies

Consequences of not implementing a rational model of decision-making
- Treating children and young people with cancer-directed treatment until the very end-of-life.
- Parents, children and young people do not experience a clear shift in goals of care, from cure to palliation.
- Higher emotional distress of parents, children and young people

Evidence and author ideas from the review
Paediatric oncology doctors and healthcare professionals need:
- To be more sensitive about how much information to offer parents/children and how much to expect them to get involved in the decision-making process.
- To be more aware of parent/child concerns and need for more support and reassurance.
- To grasp the way doctor authority is exercised and experienced by parents/children,
- The application of theoretical principles and ethical guidance in practice is poorly understood and poorly articulated — especially what respect for autonomy, and the duty to be beneficent and to be fair to the patient ‘looks like’ in everyday decision-making when treatment is no longer curative.

Authors’ idea
- Level, quality and relevance of doctor/healthcare professional involvement is a prominent aspect during end-of-life care period.

Consequences of not considering parent and child needs
- Parental unrealistic expectations for cure.
- Parental denial of the illness as terminal.
- Misconceptions about risks of treatment.
- Hope of cure continued until the child is close to death.
- Substantial errors in judging probabilities or making predictions.

Child and parental needs
- Age-appropriate, factual information about diagnosis, treatments and possible side effects, and the chances of cure or dying.
- Each child and parent is treated as an individual in the context of their life and illness.
- Parents and where appropriate children supported to participate in the decision-making process by expressing —without fear— their treatment preferences.

Use evidence and ideas to develop new theoretical framework of decision-making when treatment is no longer curative in children’s cancer care.