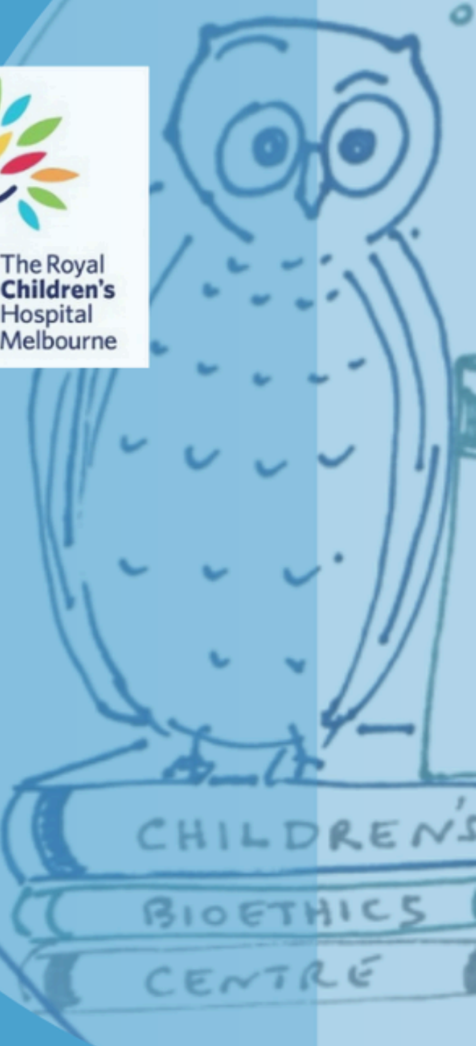
WELCOME

16th National Paediatric Bioethics Conference

WORKING THROUGH ETHICAL CHALLENGES; FROM THEORY TO PRACTICE

The Royal Children's Hospital Melbourne

3 - 5 September 2025
The Royal Children's Hospital Melbourne



Children's Bioethics Centre

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The Royal
Children's
Hospital
Melbourne

Welcome

Dear colleagues,

It is with great pleasure that the Children's Bioethics Centre (CBC) at The Royal Children's Hospital (RCH) welcomes you to 16th National Paediatric Bioethics Conference, entitled "Working through ethical challenges: from theory to practice". This year, conference presenters and attendees have come from across Australia, New Zealand and the Asia Pacific. In particular, we welcome our keynote speakers, Prof John McMillan from the University of Otago, and A/Prof Rosalind McDougall from the University of Melbourne; our special international guest speakers, Em. Prof Myra Bluebond-Langner, from University College London and Prof Stefan Friedrichsdorf of UCSF Benioff Children's Hospitals; and special guest facilitator for the final session, Prof Clare Delany from the University of Melbourne. We are very fortunate to have such a stellar cast to lead us in 3 days of reflective and innovative thinking about how we address the many ethical challenges in providing healthcare to children and young people.

Clinical ethics offers ways of thinking through these ethical challenges and ethically important moments. The work of ethical deliberation is built on the theoretical frameworks offered by the fields of bioethics and moral philosophy. But how valuable and relevant are bioethical theories to clinical ethics and the ethical decisions that clinicians of all craft groups make in their daily clinical practice? In this year's conference, we explore the relation the relationship between ethics in theory and ethics in practice, and examine the complexities of putting ethical decisions into action. The program covers ethical aspects of many different areas of clinical practice, including neurodevelopment and disability, rare diseases and novel therapies, complex care, organ transplant, pain management and vaccination. The final session asks the provocative question of whether AI could do ethical deliberation for us – challenging us to reflect the fundamental nature of ethical thinking and ethical practice.

As always, we would like to acknowledge the generous support of our conference supporters, the Friends of the CBC Auxiliary and The Humanity Foundation. The CBC acknowledges the ongoing financial support of the RCH Foundation through the generous bequest of the Betty Cosgrove Endowment. Finally, to everyone who has contributed to the organising and running of this conference, including technical support from the University of Melbourne staff - thank you for all your excellent work!

We hope you enjoy this exciting program.

Professor John Massie
Clinical Director,
Children's Bioethics Centre

Professor Lynn Gillam
Academic Director,
Children's Bioethics Centre

Meet the team

Professor John Massie
MBBS, FRACP, PhD, GAICD

John is the Clinical Director of The Children's Bioethics Centre and senior consultant physician in the Department of Respiratory and Sleep Medicine, RCH. He is also a Professorial Fellow, Department of Paediatrics, University of Melbourne and an Honorary Fellow, Infection and Environment, MCRI. John is a clinician ethicist and paediatric respiratory physician at the RCH. He looks after children with neuro-disability requiring ventilator support and also works in the RCH cystic fibrosis clinic. John has published a number of papers and book chapters on ethical issues relating to paediatric respiratory medicine and the medical humanities. John is the host of the CBC podcast show, Essential Ethics.

Professor Lynn Gillam AM
BA Hons, MA (Oxon), PhD

Lynn is a Senior Clinical Ethicist and has been Academic Director of the Children's Bioethics Centre since its inception in 2008. She is also Professor in Health Ethics, Department of Paediatrics at the University of Melbourne. She is an experienced clinical ethicist, originally trained in philosophy (MA, 1988 Oxon) and Bioethics (PhD, Monash, 2000). Lynn has extensive experience in clinical ethics case consultation and has published widely in bioethics and paediatric clinical ethics. She also provides policy advice and leads research into a range of issues in paediatric clinical ethics –including end of life decision making, management of differences of sex development, information-giving to children, and parental refusal of treatment. Lynn's research is practically focused, combining methods of analytic philosophical bioethics and qualitative research. At the University of Melbourne, Lynn teaches ethics in the MD program and supervises graduate research students.

Dr Georgina Hall
BA, M. Bioeth, PhD

Georgina is a bioethicist who works as a Clinical Ethicist and is the Ethics Education Coordinator at the Children's Bioethics Centre. She trained in Bioethics (M Bioeth, Monash University, PhD Bioeth University of Melbourne) and communications (BA Journ, RMIT). Georgina has been involved with the Centre since its inception in 2008 and oversees the development and delivery of a wide range of traditional and innovative education and training programs within the Centre include producing e-Learning modules, podcasts, building the Merle Spriggs Bioethics Library and developing a curated collection of bioethics resources available at the Centre. Her research interests include reproductive ethics, moral theory and shared decision making in paediatrics, and she is currently co-editing a book "Deciding with Children' with colleagues at the RCH.

Meet the team

Dr Jenny O’Neill
BA, BN, PGDip (Paed Nurs), MN, MBioeth, PhD

Jenny is the inaugural Clinical Nurse Consultant in Bioethics. She has worked at The Royal Children’s Hospital for over 20 years. Her previous clinical experience includes a variety of paediatric nursing roles, including in emergency, surgery, medicine and adolescent health, and a total of 10 years as a Clinical Nurse Consultant in Neurodevelopment and Disability. Jenny completed a PhD in Nursing in 2020 and a Masters in Bioethics in 2021. She combines her bioethics word with her roles as a Clinical Nurse Consultant in Nursing Research and an Honorary Fellow of the University of Melbourne

Erin Georgiou

Erin Georgiou is an Occupational Therapist at RCH working in neurodevelopmental medical specialties and the complex care hub. Erin is also working in the children's bioethics centre as a clinical ethicist owing to recent completion of the Master of Bioethics and extensive exploratory work surrounding expectations upon parents of children with complex care requirements and the impact of long term caring on the lived experience of both the family and the child.

Jacci Grace

Jacci is the Administration Officer at the Children's Bioethics Centre. She holds a degree in classical flute performance (BMus) and criminology (BA Hons) with a research focus in Indigenous criminology and incarceration (University of Auckland). Previously, Jacci worked as a musician coordinator and arts administrator with professional orchestras and classical music academies across New Zealand and Australia. She is currently studying at Ridley College with the intention of pursuing a career in ministry.

Keynote speakers

Prof John McMillan, Bioethics Clinic University of Otago, New Zealand

Grand Rounds and Opening Keynote
Wednesday 3 September
12:30 - 1:30pm

Chair: Professor Lynn Gillam, Academic Director, Children's Bioethics Centre, RCH

Socrates in the clinic: the role of ethical analysis in health care

Friday 4 September
Session 10
12:15 - 1:15pm

Chair: Prof Clare Delany, Department of Medical Education, University of Melbourne

Will AI Put Ethics Out of a Job? - Dan Mason

Panel: Prof John McMillan (Bioethics Centre, University of Otago) and A/Prof Ros McDougall (University of Melbourne)

John McMillan is a Professor at the Bioethics Centre at the University of Otago and has worked on a range on issues within bioethics. He is the author of The Methods of Bioethics: an Essay in Metabioethics (OUP 2018) and his most recent book is Methodological Issues in Neuroethics: The Case of Responsibility (CUP 2024). He recently completed a seven year term as Editor in Chief of the Journal of Medical Ethics.

Keynote speakers

A/Prof Rosalind McDougall, University of Melbourne

Keynote speaker
Thursday 4 September
1:00 - 2:00pm

Chair: Professor Lynn Gillam, Academic Director, Children's Bioethics Centre, RCH

How can we make better ethical decisions in practice?

Friday 4 September
12:15 - 1:15pm

Chair: Prof Clare Delany, Department of Medical Education, University of Melbourne

Will AI Put Ethics Out of a Job? - Dan Mason

Panel: Prof John McMillan (Bioethics Centre, University of Otago) and A/Prof Ros McDougall (University of Melbourne)

Associate Professor Rosalind McDougall is an ethicist in the Centre for Health Equity at the University of Melbourne. Rosalind's research and teaching focus on the ethical challenges faced by health professionals. Her background is in philosophy and qualitative research, and she bring these ideas and approaches to interdisciplinary analysis of issues in patient care. She has published widely in clinical ethics and reproductive ethics, and is an award-winning educator. In 2018, she was selected as one of the ABC's Top 5 researchers in the humanities and social sciences. Rosalind has been involved in providing clinical ethics support in Melbourne hospitals since 2008, most recently in the Clinical Ethics and Decision Support Unit at Austin Health. She was part of the clinical ethics team at RCH for six years and has an ongoing interest in paediatric bioethics.

Keynote speakers

Em/Prof Myra Bluebond-Lagner, University College London

Keynote speaker
Thursday 4 September
2:00 - 3:15pm

Chair: Professor Lynn Gillam, Academic Director, Children's Bioethics Centre, RCH

Talking with children about illness an dying

Prof Myra Bluebond-Langner is an Emeritus Professor of Palliative Care for Children and Young People at the UCL Great Ormond Street Institute of Child Health, Emeritus Professor of Anthropology at Rutgers University, and former director of the Rutgers University Center for Children and Childhood Studies. She is an anthropologist and experienced qualitative researcher with broad experience across different methodologies over her 45+ year career and has led the largest concentration of paediatric palliative care researchers in Europe. She is a pioneer in the social scientific study of children with life-limiting conditions and has been instrumental in helping develop an academic culture and evidence base in a field that requires the study of vulnerable children and their families at highly emotional and sensitive times. She is most highly regarded for her pivotal book: The Private Worlds of Dying Children, in which she revealed that children as young as five have a conceptualisation of death and identified the mutual pretense of this between children and their parents.

3 - 5 September 2025

WORKING THROUGH ETHICAL CHALLENGES; FROM THEORY TO PRACTICE

16th National Paediatric Bioethics Conference

16th National Paediatric Bioethics Conference - Program

3- 5 September, Ella Latham Theatre | The Royal Children's Hospital

Wednesday 3rd September 2025	
12:00 – 12:30	**Conference Opening** **Chair: Professor John Massie, Clinical Director, Children's Bioethics Centre, RCH** **Opening: Peter Steer, CEO, RCH** Welcome to Country - Wurundjeri Elder Colin Hunter
12:30 - 1:30PM	**Grand Rounds and Opening Keynote** **Chair: Professor Lynn Gillam, Academic Director, Children's Bioethics Centre, RCH** **Socrates in the clinic: the role of ethical analysis in health care** **Prof John McMillan, Bioethics Centre, University of Otago**
1:30 - 2:15pm	LUNCH BREAK
2:15 – 3:45pm	**Session 2: Thinking About the Child** **Chair: A/Prof Michelle Telfer, Paediatrician and Adolescent Medicine Physician/Chief of Medicine RCH** **Reconstituting the child** **Anne Preisz** (Clinical Ethicist), **Nadia Rajabalee** (Clinical Ethics Fellow), and **Phil Britton** (Paediatrician) – Sydney Children's Hospital Network at Westmead **An imagined life: but whose imagination?** **Adam Rozsa** (Neurovascular Clinical Nurse) and **John Massie** (Clinical Director, CBC) – RCH **Thinking about the child as future adult** **Panel: Simone Huntingford** (Neonatologist, RCH), **Kate Irving** (Neurologist, RCH), **Natalie McCallum** (Physiotherapist, RCH)
3:45 - 4:00PM	BREAK
4:00 - 5:00pm	**Session 3: Where do parents fit in?** **Chair: Giuliana Antolovich, Neurodevelopment and Disability**
4:00 – 4:30pm	**"The Squeaky Wheel" An ethical approach to finding the balance between addressing parental concerns and managing excessive demands** **Ciara Earley** (General Paediatrician) – Monash Children's Hospital
4:30 – 5:00pm	**Accessing respite care for children with Neurodisability and their families - the ethical undercurrents of idealism versus the reality of needing and having help** **Ingrid Sutherland** (Clinical Nurse Consultant) and **Erin Georgiou** (Occupational Therapist) - RCH
6:00 – 7:30PM	**Friends of the CBC Hypothetical** **RCH Foundation, Level 2, 48 Flemington Rd.**

Thursday 4th September 2025	
7:30 - 8:30AM	**MSA Breakfast** - Vernon Collins Theatre **Pain prevention and treatment as a human right** **Prof Stefan Friedrichsdorf,** UCSF Benioff Children's Hospitals in San Francisco and Oakland
9:00 - 10:30am	**Session 4: Society-level issues** **Chair: Amy Gray, Consultant, RCH**
9:00 – 9:30am	**Is two, one too many? A case discussion looking at the ethical considerations of resources allocation in Multiple-Organ Transplant recipients** **Mark Oliver** (Paediatric Gastroenterologist) and **Elly Law** (Clinical Nurse Specialist) – RCH
9:30 – 10:00am	**Between a Jab and a Hard Place: The Moral and Ethical Dilemmas of Childhood Vaccine Exemptions** **Bianca Devsam** (PhD Candidate) – University of Melbourne
10:00 – 10:30am	**The role of justice as an ethical principle underpinning the fair distribution of resources in resource rich healthcare environments** **Kate Middleton** (Neurodevelopment and Disability Fellow) – RCH
10:30 – 11.00am	BREAK
11.00am - 12:00pm	**Session 5: Ethical complexities** **Chair: Sarah Connolly, Director Allied Health, RCH**
11:00 – 11:30am	**When less is more: Chest physiotherapy in end-stage lung disease in children with a neuro-disability** **Lisa Robson** (Physiotherapist)**, Adrian Whitman** (Physiotherapist) and **Sarah Loveday** (Paediatrician) - RCH
11:30am – 12:00pm	**"If you hit someone with a frying pan, it's not cooking!!!"** **Dani Gold** (Senior Social Worker) and **Anna Lucia** (Senior Social Worker) – RCH
12:00 – 1.00PM	Lunch Break
1.00 – 2.00 PM	**Session 6: Keynote Speaker** **Chair: Professor Lynn Gillam** **A/Prof Rosalind McDougall, University of Melbourne** **How can we make better ethical decisions in practice?**
2.00 - 3:15PM	**Session 7: Talking with children about illness and dying** **Em/Prof Myra Bluebond-Langner University College London** In discussion with Prof Lynn Gillam, RCH
3:15 - 3:45PM	BREAK

3:45 - 5:15 PM	**Session 8: Novel Therapies** **Chair: A/Prof Tom Connell, Chief Medical Officer, RCH**
3:45 – 4:15pm	**Ethics of children with rare diseases and the resulting disability participating in commercially sponsored advanced therapy clinical trials** **Cat Wood** (Research Nurse Coordinator) – MCRI
4:15 – 4:45pm	**Multi-stakeholder discussion to support equitable access to novel therapeutics: a guidance ethics approach** **Katherine Lieschke** (PhD student, Stem Cell Ethics & Policy) – MCRI
4:45 – 5:15pm	**Hope in one hemisphere: The ethical landscape of hemispherectomy** **Carolyn Pinto** (Research Associate, MCRI) and **Kelly Wilton** President of Hemispherectomy Foundation Australia

Friday 5th September 2025	
9:30 – 11.30am	**Session 9: More Ethical Complexities** **Chair: Tamara Rumble, General Manager, Speciality Medical Units, RCH**
9:30 – 10:00am	**SickTok - Adolescent Illness Identity, Privacy, and the Role of the Clinician** **Elise Burn** (Clinical Nurse Consultant) – Children's Health Queensland
10:00 – 10:30am	**Hearing from Nurses: What's complex about Complex Care?** **Niamh Murray** (Clinical Nurse Consultant) – RCH
10:30 – 11:00am	**Clinical complexities in suction management - who is the 'expert'?** **Remy Trusler** (Registered Nurse) – RCH
11:00 – 11:30am	**Death on route to compassionate extubation location. Is it a failure?** **Jessie Rowe** (Clinical Nurse Specialist) - RCH
11:30 – 12:15pm	BREAK
12:15 – 1.15PM	**Session 10: Will AI Put Ethics Out of a Job?** **Chair: Prof Clare Delany, Department of Medical Education, University of Melbourne** **Peering into the black box; can and should AI attempt moral deliberation & ethical theory translation in place of clinical ethics groups?** **Dan Mason** (General Paediatrician) – RCH Panel: **Prof John McMillan** (Bioethics Centre, University of Otago) and **A/Prof Ros McDougall** (University of Melbourne)
1:15 – 1:30PM	**Prizes & Closing** **Prof John Massie**

Presentations

Abstracts and speaker bios

Session 1: Grand Rounds

Chair: Prof Lynn Gillam, Academic Director, Children's Bioethics Centre RCH
Time: 12:30 – 1:30pm

Socrates in the clinic: the role of ethical analysis in health care

Session 2: Thinking About the Child

Chair: A/Prof Michelle Telfer, Paediatrician and Adolescent Medicine Physician/Chief of Medicine RCH
Time: 2:15 – 3:45pm

Reconstituting the child

Presenters: Sydney Children's Hospital Network at Westmead

Phil Britton (Paediatrician)
Dr Britton is a paediatrician and infectious diseases physician at the Children's Hospital at Westmead, and Associate Professor in child and adolescent health with the University of Sydney. He is medical lead for clinical ethics within the Sydney Children's Hospitals Network having completed a Masters in Bioethics in 2025. He is a mid-career clinician researcher with expertise in surveillance of severe childhood infectious disease especially neurological infections.

Anne Preisz (Clinical Ethicist)
Anne is a clinical ethicist and leads the SCHN Clinical Ethics Support Service and holds a postgraduate degree in Bioethics from the University of Sydney. Her clinical background is as a specialist physiotherapist in neuromuscular and neonatal care. Anne is an accredited mediator and is an adjunct Clinical Associate Professor at the University of Notre Dame, School of Medicine, Australia and a Senior Lecturer at Sydney Health Ethics, University of Sydney.

Nadia Rajabalee (Clinical Ethics Fellow)
Nadia Rajabalee is the current clinical ethics fellow at the Sydney Children's Hospital Network and holds a Master in Bioethics from Monash University. Her clinical background is in paediatric neurology and her main area of interests include consent for genetic testing and its ethical implications.

Abstract:

Ethical theories and frameworks promote respect for persons that underpin the integrity of the whole child. Philosophers like Aristotle have considered the whole as conceptually greater than its parts. Others like Martha Nussbaum have brought capabilities and function to the whole and Spinoza resists a mind-body duality.
Contemporary clinical ethics identifies ethical issues and then uses theory to explore what ought to be done in the clinical care of a child. In our presentation we aim to not retrofit ethics to practice, but rather draw from theory to inform practice and, through critical dialogue and reflection, continue the virtuous cycle of reason applied to dilemmas in clinical practice.

We suggest that broad trends in medicine and healthcare have tended towards atomization, fractionation, and reducing the whole to parts. This means the child themselves can be

problematically de-constituted in contemporary healthcare. This effect is augmented by increasingly sub-specialised disciplines and care, and fractionated organisational systems.

We engage with some substantive theoretical issues from mereology which relate to the whole and its parts as language and entities and seek to conceptualise this both physically and metaphysically.

To anchor the theory for our presentation, we will use a child’s clinical narrative with a panel discussion. We highlight bioethical theories which inform clinical ethics practices to emphasise a re-constituting of the child; not as a series of clinical conditions, organs or parts, but as a being with "embodied integrity", and in relationship to the whole of their family and community.

An imagined life: but whose imagination?

Presenters: Adam Rozsa (Neurovascular Clinical Nurse), John Massie (Clinical Director, CBC) – RCH

Adam Rozsa is a Neurovascular Clinical Nurse Consultant and member of RCH's Clinical Ethics Response Group. Adam's clinical work is focussed on supporting patients, families and hospital systems in the setting of childhood stroke. He lives on the lands of the Wurundjeri Woi-wurrung people, in Naarm/Melbourne.

Abstract:

In paediatric practice clinicians are regularly confronted with the task of talking with parents about the long-term implications of serious illnesses that are likely to result in some level of disability. In doing this work, clinicians start by being as clear as possible about the type and extent of the disability which are likely to take into account the physical, cognitive and perhaps communication deficits they predict will occur. Ideally this is as objective as it is possible to be, but tempered with the knowledge that recovery can be difficult to predict, especially for young children. Onto this, clinicians may layer an interpretation of what these deficits might mean for the child in terms of important aspects of childhood flourishing, such as capacity to relate to parents and family members, attend school and participate in community life. Clinicians may also layer on the expected levels of treatment or cares that parents will have to do to support their child. This layering is an attempt to interpret the practical outcomes of the disability for the child and their family and may be considered a necessary part of informing parents based on their clinical expertise. However, clinicians may be tempted, or invited, to go further about aspects of that life that are imagined and therefore far more subjective than realised. To this discussion, parents bring their values and preferences, some of which may be based on experiences of disability. They too are likely to engage, or be asked to, in imagining the life of their child, themselves and their family. If there is a significant difference in this imagining, clinical ethics may be consulted to help think through what should happen, especially if the decision is one of continuing, or withdrawing, life sustaining therapy.

In this presentation we will consider the gap between ethical theories which might be employed to think through the difference between the imagined lives of a disabled child and the practical application of these tools which may not bring the considerations to a satisfactory conclusion. The ethics deliberation itself may be deeply unsettling and leave participants with moral residue.

Thinking about the child as future adult – Panel discussion

Panel: Simone Huntingford (Neonatologist, RCH), Kate Irving (Neurologist, RCH), Natalie McCallum (Physiotherapist, RCH).

Session 3: Where do parents fit in?

Chair: Giuliana Antolovich, Neurodevelopment and Disability
Time: 4 – 5:00PM

"The Squeaky Wheel" An ethical approach to finding the balance between addressing parental concerns and managing excessive demands

Presenter: Ciara Earley (General Paediatrician) – Monash Children's Hospital

Dr Ciara Earley is a General Paediatrician working at Monash Children's Hospital. She has been a member of Monash Children's CERG (Clinical Ethics Response Group) since it began in 2019. She also has a Masters in Bioethics from Monash University.

Abstract:

Parents are excellent advocates for their children and play a crucial role in decision making for them. However, in some cases parents can display problematic behaviours such as verbal aggression or place excessive demands on clinicians and care teams. These behaviours can potentially cause harm to their own child and secondarily to others.

Potential harms to the child of the difficult parent are that important medical details may be missed during tense and prolonged discussions. Staff may avoid caring for that child and family as a result. Harm to other patients may occur because of the diversion of clinician time and focus. Clinician time and cognitive load could be viewed as a limited resource in our current healthcare system.

In this presentation I will demonstrate how the use of ethical theories and analysis can help navigate these situations. Some of these theories include the best interests principle and examining harms versus benefits. I will utilise examples from ward-based patients and those in an intensive care setting.
These scenarios can occur frequently on the ward and contribute to healthcare staff burnout. The more extreme cases in an ICU setting can have significant impacts on the care of the child and the therapeutic relationship between parents and the treating team.

Accessing respite care for children with Neurodisability and their families - the ethical undercurrents of idealism versus the reality of needing and having help

Presenters: Ingrid Sutherland (Clinical Nurse Consultant) and Erin Georgiou (Occupational Therapist) - RCH

Ingrid Sutherland is a Clinical Nurse Consultant with the department of Neurodevelopment and Disability. She has a keen interest in supporting the health and mental wellbeing of children and their families with complex disabilities. Ingrid is in her second year of a PhD studying the Australian experience of respite and in-home care support for children with a severe neurological impairment.

Erin Georgiou is an Occupational Therapist at RCH working in neurodevelopmental medical specialties and the complex care hub. Erin is also working in the children's bioethics centre as a clinical ethicist owing to recent completion of the Master of Bioethics and extensive exploratory work surrounding expectations upon parents of children with complex care requirements and the impact of long-term caring on the lived experience of both the family and the child.

Abstract:

Parents of children with neurodisability face extraordinary burdens of care over their child's life span. The increasing focus of maintaining home-based care within the family over the past two decades has seen the identification of respite (in facilities and at home) as an essential aspect of maintaining the wellbeing of the family unit and reducing carer burnout. However, respite itself creates its own burden. Recent research with parents to understand their experience of respite have revealed that parents feel guilt when relinquishing care to a respite provider, even for short periods of time - and this guilt can prevent them from utilising respite services. Additionally, parents must navigate a social support system broadly unfamiliar with the needs of children with neurodisability; a system which has seemingly unrealistic expectations about the care burden parents should be able to sustain.

Adding to the burden, research has identified that parents must assume the responsibility of manager and trainer of a largely untrained and unregulated care workforce. Parents identify trust as essential to a good relationship with respite providers, and in many instances develop friendships with the provider. However navigating boundaries within a trusted relationship, particularly when the relationship does not meet their needs, is something parents are not prepared for or supported to manage.

We will use an ethical framing to understand the principles and values which arise for parents in their caring roles, and to better understand the lived experience of needing and accessing respite in contrast with the idealism that is often portrayed by the systems encompassing helping services.

Session 4: Society-level issues

Chair: Amy Gray, Consultant, RCH
Time: 9 – 10:30AM

Is two, one too many? A case discussion looking at the ethical considerations of resources allocation in Multiple-Organ Transplant recipients

Presenters: Mark Oliver (Paediatric Gastroenterologist), Elly Law (Clinical Nurse Specialist) – RCH

Mark Oliver is a Paediatric Gastroenterologist at the RCH and has an interest in clinical ethics.

Elly Law is a Clinical Nurse Specialist who spent 5 years working with the Liver and Intestinal Transplant team, with an interest in clinical ethics in practice.

Abstract:

Transplant surgery has and continues to transform the lives of people and their families. Advances in surgical technique and post-transplant care has resulted in significantly improved outcomes with respect to quality of life and mortality, though supply of organs is currently insufficient to meet the demands. This poses the question – What about those who require more than one organ?

We present a 16-year-old person (fictional) with Cystic Fibrosis (pwCF) with progressive liver and lung disease who has been referred for consideration of double organ transplant. However, there are several complex medical factors that transplant teams need to consider and navigate, such as feasibility (infrastructure and centralisation of services) and benefit to the patient (usefulness) which determine whether this resource can be allocated and if there are real measurable benefits to the person. To assess this, we will explore the capacity of the local services and present data underscoring benefits of transplant in this clinical setting using both international and national data.

For this fictional patient, they have capacity to benefit from transplantation of both lung and liver and local resources are available. What is next to consider? The allocation of precious resource and fairness that surround these decisions (distributive justice) by exploring concepts of a justice based as opposed to a utilitarian system of decision making. Finally, we assess the issue of prioritization of multiple organs and the complexities of this situation that plague transplant societies worldwide. This will include assessing the systems that we use in Australia and also looking at other proposed options such, as has been suggested by United Network of Organ Sharing (USA). We conclude, that it is justified to transplant multiple organs in our fictional case but, concede that there are many forks in the road to such decision making.

Between a Jab and a Hard Place: The Moral and Ethical Dilemmas of Childhood Vaccine Exemptions

Presenter: Bianca Devsam (PhD Candidate) – University of Melbourne

Bianca Devsam is a PhD candidate at the University of Melbourne, investigating the perspectives of immunisation providers, policymakers and the public on special medical exemptions for COVID-19, routine childhood, and occupational vaccines. Her research is supported by The MandEval Project (https://www.uwa.edu.au/projects/mandeval). She has a background in both neonatal nursing and nursing research.

Abstract:

In most states in Australia, ‘No Jab, No Play’ policies mandate full vaccination for children to enrol in early childhood education facilities, including childcare and kindergarten. While narrowly defined medical exemptions can be granted, some cases present complex challenges requiring a ‘special’ medical exemption. The process of assessing these often involves specialist clinicians and, in some cases, escalation to state or federal chief health or medical officers.

Interviews with these specialist clinicians reveal significant ethical tensions for special medical exemptions, particularly in cases of adverse events following immunisation (AEFI). For children with previous AEFI, clinicians may propose alternative vaccination schedules to mitigate risks of subsequent AEFI, rather than provide a special medical exemption. However, this approach is not guaranteed to prevent AEFI, leaving parents with what one study described as an impossible choice akin to “playing Russian roulette with their child’s life.” These parents may instead choose not to vaccinate their child, effectively barring them from early childhood education.

Clinicians face a complex ethical dilemma when balancing vaccination requirements and access to early childhood education. Interviews revealed three main perspectives among clinicians: (1) those who weigh the broader implications of strict policy enforcement against a child’s overall well-being, considering both vaccination and education are essential; (2) those who adhere to a rule-based approach, believing that following the policy and strict criteria is the most ethical course of action; (3) those who, despite aligning with either view, struggle to make decisions they deem right due to the potential harms involved and the complexity of clinical cases. This ethical conflict places clinicians in a challenging position, forcing them to navigate trade-offs between public health, individual rights, and educational access, while also considering their professional relationships with families and the long-term consequences of their decisions.

This study aims to discuss the ethical implications of current vaccine exemption policies. It questions whether the system adequately balances public health concerns with individual medical needs and rights to education. By examining these complex cases, we hope to identify potential improvements in policy and practice that could better address the ethical challenges in childhood vaccination policies, ensuring both public health and individual well-being are optimally served.

The role of justice as an ethical principle underpinning the fair distribution of resources in resource rich healthcare environments

Presenter: Kate Middleton (Neurodevelopment and Disability Fellow) – RCH

Kate Middleton is a doctor training in paediatric rehabilitation and community child health. She is currently working at the Royal Children's Hospital.

Abstract:

The concept of distributive justice is used to help fairly determine the allocation of scarce resources in healthcare. However, whilst judgments based on justice are often conceived as rational or objective, there is a lack of guidance on how to resolve conflicting claims on healthcare resources. The assessment of who gets what is often subjective or based on value-judgements. In more resource rich settings, such as the Australian healthcare system, it can be difficult to differentiate between genuine needs and more socially conditioned needs, given that more than the minimum standard can be met by the available resources. Choice, control, and autonomy may be given more importance than justice. However, this does not always result in equitable access to resources. It may result in those with more social capital or ability to advocate gaining increased access, compared to those without these resources. This undermines equitable needs-based access to a finite resource. We will discuss this tension within the National Disability Insurance Scheme between its increasingly limited resourcing and its philosophical underpinning as a disability rights and autonomous choice framework. Using some illustrative case studies, we will explore the challenge this poses for individual clinicians and families advocating for children's needs within the scheme.

Session 5: Ethical complexities

Chair: Sarah Connolly, Director Allied Health, RCH
Time: 11:00am – 12:00pm

When less is more: Chest physiotherapy in end-stage lung disease in children with a neuro-disability

Presenters: Lisa Robson (Physiotherapist), Adrian Whitman (Physiotherapist) and Sarah Loveday - RCH

Lisa is a senior physiotherapist working within both the neurodevelopment and disability team and critical care team at RCH. She has a particular interest in promoting respiratory health in children with neuro-disability, aiming to enhance their quality of life through evidence-based interventions. Committed to family-centred care, Lisa is a passionate advocate for children and their families, working closely with them to ensure therapy is thoughtfully tailored to their unique needs and circumstances.

Adrian Whitman is a paediatric physiotherapist at the Royal Children's Hospital with over 17 years of experience, specialising in respiratory optimisation of children with complex medical needs. She leads the cardiorespiratory stream, where she combines clinical expertise and compassion to support critically ill children in intensive care, post-transplant recovery and those with neurodevelopmental and lifelong disabilities.

Sarah is a General and Developmental Paediatrician in the Neurodevelopmental and Disability team working with children with moderate to severe disability. She has an interest in the intersectionality of ethics and disability and how ethical questions influence clinical decisions. Sarah is passionate about improving health systems for the most vulnerable and recently completed a PhD improving practitioner capability to identify and respond to childhood adversity.

Abstract:

Despite a paucity of quality evidence, chest physiotherapy is commonly recommended for children with chronic lung disease and neuro-disability. There are various chest physiotherapy techniques available for airway clearance which are often perceived as essential by families and the multidisciplinary team, particularly during acute respiratory illnesses. Improvements in acute illness due to intensive airway clearance interventions can instil hope and belief in families that chest physiotherapy interventions will always help their child. However, in end stage lung disease there is less respiratory reserve and poorer tolerance of such interventions, and we have observed that less intensive chest physiotherapy provides a more stable and comfortable clinical course. In the absence of robust evidence to support this recommendation it can be challenging to reduce or withdraw an intervention that is strongly perceived as beneficial by parents. What's more, this belief in chest physiotherapy extends to the multi-disciplinary team and introduces a secondary source of conflict in the care of children with neuro-disability and end-stage lung disease.

Through the use of two cases we will explore how intensity of chest physiotherapy may impact children with a neuro-disability and end-stage lung disease, demonstrating a significant improvement in stability once chest physiotherapy interventions were reduced. Both cases offer ethical challenges of balancing beneficence and non-maleficence with the strong parental belief that chest physiotherapy is keeping their child alive. The learnings from these cases can be used to inform future practice. In particular, strategies in negotiating the best path forward with differing opinions between parents and clinicians, with emphasis on empowering and supporting the voice and values of the child in order to shift the focus of the family and care providers to what is most important.

“If you hit someone with a frying pan, it’s not cooking!!!”

Presenters: Dani Gold (Senior Social Worker) and Anna Lucia (Senior Social Worker) – RCH

Dani Gold is Senior Social Worker with over 20 years experience, currently working with the Family violence and child safety team at the RCH. Dani is also a member of the RCH clinical ethics committee and response group. She is passionate about supporting families and staff to navigate complex ethical dilemmas in clinical care, especially as it relates to family violence and child safety.

Anna Lucia is a Senior Social Worker at The RCH, currently working as team coordinator to the Gatehouse sexual assault service. Anna has been working in the Social Work Department for the past 12 years and is passionate about working alongside medical teams, families, and community to ensure our vulnerable population are supported and engaged in their health care.

Abstract:

Dignity and respect are core tenets of clinical ethics. In the context of family violence, they become urgent imperatives. This presentation explores the ethical significance of language—how it is used, what it conveys, and how it can either uphold or erode the dignity of those experiencing violence.

Drawing on lived experience, frontline observations, emergent practice models and reflective practice, we will consider how disclosures of violence are often cautious, layered, and shaped by the anticipated responses of others—professionals, friends, and family alike. The way we listen, respond, and document matters. Our responses can open doors or close them; they can support safety or compound harm.

When a mother’s choices seem imperfect, can we ask what safety looks like to her? When a child is hurting, can we be curious before we are conclusive?

These questions invite us to see parenting as protection, resistance as strength, relationships as vital and our social responses as critical.

This session invites participants to reflect on the ethical weight of their words and assumptions. It challenges us to consider how our lens—our language, judgments, and documentation practices—can either support or sabotage a person’s experience of care. Ultimately, this is a call for ethical vigilance and linguistic humility—because how we respond matters.

Session 8: Novel Therapies

Chair: A/Prof Tom Connell, Chief Medical Officer, RCH
Time: 3:45 – 5:15

Ethics of children with rare diseases and the resulting disability participating in commercially sponsored advanced therapy clinical trials

Cat Wood (Research Nurse Coordinator) – MCRI

Cat Wood is a Research Nurse Coordinator working in epilepsy research at the MCRI as part of the Neurology research node of the Royal Children's Hospital, coordinating advanced therapy commercially sponsored clinical trials for genetic conditions. She has always had a keen interest in bioethics that she has brought to her many years of experience working across the Royal Children's Hospital in nursing roles, including previous roles as a Clinical Nurse Consultant in both the Complex Care Hub and the After Hours Nurse Lead role, as well as her previous roles on Sugar Glider ward.

Abstract:

Commercially sponsored clinical trials of precision therapeutics such as gene therapy trials are increasingly focused on neurological conditions, including developmental and epileptic encephalopathies (DEE). In addition to drug-resistant epilepsy, people with DEE often have severe neurodevelopmental comorbidities, such as intellectual disability and autism spectrum disorders. Clinical trial protocols often include a significant number of invasive and burdensome investigations in order to assess safety as well as efficacy. These can be extremely challenging for children with neuro-developmental disabilities, who may have sensory/behavioural differences and hospitalisation related trauma.

It is essential for investigators and coordinators to understand the unique needs of each participant to ensure appropriate coordination of assessments, including the right environment, sedation, and clustering of visits to minimise distress and burden for the participant. This is also necessary in order to decide whether a participant is able to tolerate the investigations required to participate in the trial, as caregivers may be desensitised to/unaware of their child's tolerance threshold, or are willing to push through due to their desperation for a potential novel treatment option given the morbidity and mortality of their child's condition.

Investigators and coordinators need to balance the caregiver hopes with the specific needs of the participant while considering the reasonable use of resources for a clinical trial that may not directly benefit the individual participant but potentially will have far reaching benefit for future children born with the condition.

This will be explored by considering two potential participants with the same DEE and associated comorbidities, but who have very different needs to consider.

Multi-stakeholder discussion to support equitable access to novel therapeutics: a guidance ethics approach

Katherine Lieschke (PhD student, Stem Cell Ethics & Policy) – MCRI

Katherine Lieschke is a PhD student in MCRI's Stem Cell Ethics and Policy group. Her work focuses on understanding the gap between approval and access to novel therapies for Australian patients, and how novel methods of stakeholder engagement may help to bridge this gap.

Abstract:

In this talk I discuss the use of the Guidance Ethics Approach as a way of resolving ethical questions raised by advanced therapies.

The Guidance Ethics Approach provides a methodology for multi-stakeholder focus-group discussion. The primary aim is to identify the ethical values at play in adopting a new technology and to find options for action that can support these values. In the context of advanced therapies this approach offers a potential way to manage the complex and intertwined decisions that must be made, while enabling the most equitable access for patients.

Cell and gene therapies, also referred to as “advanced therapies”, are of great interest to the Australian healthcare system. Challenges are emerging relating to the incredibly high cost of these medicines, and the complexity of implementing them within the current healthcare system.

This talk presents the justification and plan for a multi-stakeholder discussion of the ethical issues at play in implementing a genetically modified cell therapy for a subtype of severe combined immunodeficiency (RAG1 SCID). Using the guidance ethics approach to further the understanding of the context into which the medicine will be approved can potentially enable more consistent and transparent assessment of value of advanced therapies, as well as identifying challenges in making the products available to patients.

Hope in one hemisphere: The ethical landscape of hemispherectomy

Carolyn Pinto (Research Associate, MCRI) and Kelly Wilton President of
Hemispherectomy Foundation Australia

Kelly Wilton is President of the Hemispherectomy Foundation Australia, a health promotion charity dedicated to supporting children, young people and their families impacted by hemispherectomy surgery. As a mother to 13-year-old Mikey, who underwent a left hemispherectomy in 2017 due to Hemiconvulsion-hemiplegia-epilepsy Syndrome, Kelly is passionate about providing resources, community connections, and advocacy for families navigating life after hemispherectomy.

Carolyn Pinto is Secretary of the Hemispherectomy Foundation Australia and mother to a young adult daughter who underwent a right hemispherectomy in 2010 due to Rasmussen's Encephalitis. Carolyn is a now a Research Associate at the MCRI following a long career in government health and human services policy and program design, implementation and management.

Abstract:

Hemispherectomy is a radical neurosurgical procedure involving the removal or disconnection of one cerebral hemisphere to treat severe, medically intractable epilepsy in children. It usually performed when seizures originate from one brain hemisphere. While hemispherectomy can eliminate or reduce debilitating seizures and improve child and family quality of life, it comes with difficult compromise to a child's physical, visual and cognitive function. Permanent hemiplegia and hemianopia are inevitable consequences.
Purpose: To provide an oral presentation offering a parent's lived experience perspective, exploring the ethical considerations regarding hemispherectomy surgery, particularly surgery timing for best language and cognitive outcomes.

The presentation will highlight the complex and multi-faceted decision-making required of families and the ethical dilemmas for clinicians who are treating the child and supporting family decision-making. Challenging ethical dilemmas in hemispherectomy can occur in the context of the early stages of progressive epilepsy syndromes, dominant hemisphere surgery, and for older children with reduced functional plasticity/capacity for neural reorganisation. To illustrate these ethical complexities, the presentation will include a de-identified case study.

Methods: The presentation will be the authors lived experience perspective and include insights from hemispherectomy families associated with the peer-led, ACNC registered charity, the Hemispherectomy Foundation Australia.

Significance:
The ethical challenges for proposed presentation are relevant to all epilepsy surgeries requiring careful consideration of the relative harm of the seizure disorder relative to the deficits imposed by the surgery.

Session 9: More Ethical Complexities

Chair: Tamara Rumble
Time: 9:30 – 11:30am

SickTok - Adolescent Illness Identity, Privacy, and the Role of the Clinician

Elise Burn (Clinical Nurse Consultant) – Children's Health Queensland

Elise Burn is a clinical nurse consultant in Brisbane primarily working with adolescents hospitalised with eating disorders, currently in completing studies to be a nurse practitioner in this area. Elise is interested in the interaction between healthcare and social media and the ethical complexities of navigating this, particularly within a paediatric environment and has focused her bioethics research in this area.

Abstract:

Adolescence is a time of development and identity formation. Many teens experience this phase of life whilst active on social media, sharing their lives and achievements with family, friends, and strangers. For some young people experiencing acute or chronic illness, this includes curating an "illness identity" shaped within online communities and platforms such as Instagram and TikTok. While these spaces may offer validation and support, they can also entrench maladaptive behaviours, glamourise chronic illness, and reinforce the sick role.

Adolescents have a requirement and right to privacy as they explore their identity – including health-related identity – within personal and social domains. Similarly, they have a right to medical confidentiality when seeking and engaging with health care. Engagement with social media may reveal risks not disclosed in clinical settings such as disordered behaviour, misinformation, or community reinforcement of harmful practices. Clinicians may be positioned to "know" what a young person posts online – either through direct access or parental disclosure – but must weigh this against the ethical costs of surveillance, mistrust, and invasion of privacy. Similarly, clinicians may be ignorant to the impact of their patients' online behaviours on their health if they consider this irrelevant, not their role, or outside the health domain.

This presentation explores the ethical tensions clinicians face when engaging with unwell young people in the social media era by examining the clinician's role in navigating digital illness identities, highlighting the tension between respecting privacy and protecting wellbeing.

Hearing from Nurses: What's complex about Complex Care?

Niamh Murray (Clinical Nurse Consultant) – RCH

Niamh Murray is a Clinical Nurse Consultant in the Complex Care Hub. Niamh studied Intellectual Disability Nursing at University College Cork and worked in a children and young adults respite service before moving to PICU in Temple Street Children's Hospital Dublin. Niamh complete the BEST practice research program at RCH in 2025. She is passionate about building a career in improving the experiences of children with complex medical care needs and bridging the gap between community and hospital care.

Abstract:

Children with medical complexities (CMC) account for 3% of patients at The Royal Children's Hospital (RCH) and contribute to 15% of all bed days. Eligible families who have a child with CMC, may be assigned a Clinical Nurse Consultant (CNC) from the Complex Care Hub (CCH) to be their primary contact with the hospital. The CNC coordinates the child's medical care and develops an individualized emergency care plan (ECP), which is used when families call the CNC for clinical advice.

Because of the unique relationship these CNCs have with their patients and families, bridging hospital and home care, they can sit with a higher level of risk. Through a series of focus groups, this study explored the experience of CNCs in the CCH giving clinical advice to parents of CMC who are unwell at home.

This study found CNCs feel they carry additional risk in their work with families to prioritise medical care in the home before a hospital admission is needed. Further difficulties arise from uncertainty in assessing the child's clinical condition and the families' capabilities to meet their care needs over the phone, and when families disagree with the nurse's clinical judgement. Five nurses in the study discussed the potential or reality of a child dying at home and their own professional and personal risk. Furthermore, after challenging calls, nurses can be left feeling worried and uncomfortable wondering if the outcome was best for the child. The results of this study will raise ethical questions about navigating clinical risk, the boundaries of professional responsibilities and the lengths we go to in paediatric care to accommodate the families' wishes and preferences.

Clinical complexities in suction management - who is the ‘expert’?

Remy Trusler (Registered Nurse) – RCH

Remy Trusler pivoted into paediatric nursing 2.5 years ago when she began working on Sugar Glider at RCH, having moved from Perth, where she worked on a respiratory ward at a tertiary adult hospital. She presented at the RCH 'Tested or Tradition' event in 2023 and further consolidated this project by investigating suction practice at RCH through the RCH 'BEST Practice Program' in 2024/2025.

Abstract:

Paediatric patients with a neurodevelopmental disability (NDD) may require nasopharyngeal / oropharyngeal suctioning to facilitate secretion management when they are unable to effectively clear their airway due to respiratory muscle weakness, illness, fatigue, and/or poor coordination. Risks of suctioning patients who do not have an airway adjunct include distress, discomfort, mucosal trauma, gagging and vomiting, in addition to bradycardia, hypotension, and at the extreme, loss of consciousness, desaturations and apnoeic events secondary to vagal nerve stimulation. These risks increase with deep suctioning (advancing the catheter to the point of resistance), and generally this is only performed by critical care nurses or physios.

Tension can arise when nurses and parents disagree on the appropriate suction management for a child. Parents who routinely perform deep suctioning at home often develop individualised methods and techniques specific for their child and expect these to be replicated in the hospital setting. Focus groups conducted with paediatric nurses caring for children with a NDD found that suctioning practice informed by nurses’ clinical experience and ward culture can be at odds with parental preferences. Nurses face an ethical dilemma when trying to balance respect for parental authority and expertise, with clinical concern for the risks of deep suctioning.

The ethical question as to whether nurses follow the request and practice of the parent, who is the ‘expert’ in their child’s complex care, or whether nurses should advocate for practice to be informed by their nursing assessment of clinically appropriate care, to reduce the risk of adverse events, will be explored through a case study. The audience will be encouraged to think about weighing competing ethical principles in the context of clinical complexity and parental wishes.

Death on route to compassionate extubation location. Is it a failure?

Jessie Rowe (Clinical Nurse Specialist) - RCH

Jessie is a Clinical Nurse Specialist in Paediatric Intensive Care Unit and Paediatric Retrieval Nurse for Paediatric Infant Perinatal Emergency Retrieval (PIPER). Jess has worked on local processes and guidelines through the End-of-Life Committee at The Royal Children's Hospital and sits on the ACCCN End-of-Life Advisory Panel.

Abstract:

International studies and anecdotal feedback from some dying children and/or families highlight a preference for end-of-life (EOL) care to be at home. While Palliative care services at RCH currently have an established framework to transport children from inpatient ward environments home for EOL care, this is uncommon for children in intensive care areas receiving intensive therapies such as intubation.

Our recent qualitative study involved 43 clinicians in 9 focus groups in which we explored barriers to transporting neonatal and paediatric intensive care patients home for EOL care. The possibility of death on route was repeatedly discussed as a significant concern for clinicians preventing them considering offering the possibility of transport home for EOL care to families. Death on route was described as 'tragic', 'traumatic', 'definite contraindication', 'distressing', 'a source of great moral distress' and 'should be avoided at all cost'. This raises the question, whether in a circumstance, where death is inevitable, if a child dies on route home and the family know that is a possibility, is it a failure? This presentation will use a hypothetical scenario to illustrate how difficult it is to provide true child- and family-centred care at the end of a child's life, even when ethical thinking supports it, if it feels wrong, risky or complicated. We will invite the audience to apply this to their own work and consider how to proceed using the ethical principle of beneficence at the core of the decision-making, as discussed recently by Špoljar et al. (2025).

Session 10: Will AI Put Ethics Out of a Job?

Chair: Clare Delany
Time: 12:15 - 1:15pm

Peering into the black box; can and should AI attempt moral deliberation & ethical theory translation in place of clinical ethics groups?

Dan Mason (General Paediatrician) – RCH

Dan Mason is a General Paediatrician at the Royal Children's Hospital (RCH), the Werribee Mercy Hospital, and the Utopia refugee and Asylum seeker health service. Dan has an interest in paediatric bioethics and is a member of the Clinical Ethics response group at RCH.
Panel: Prof John McMillan (Bioethics Centre, University of Otago) and A/Prof Ros McDougall (University of Melbourne)

Abstract:

Artificial intelligence (AI) capability is growing exponentially, with wide ranging applications across a variety of fields including clinical medicine. There is increasing interest in whether it can and should be applied to support clinical ethical decision making in situations where ethical conflicts arise.

Much like computer generated learning models, clinical ethics response group (CERG) meetings require diverse inputs (clinical information, patient/family priorities, treatment options and potential clinical pathways), which inform a complex (and sometimes algorithmic) process of moral deliberation from which we aspire to provide ethically acceptable recommendations for clinicians and patients alike. Proof of concept ethical decision making tools that aim to automate this process have been produced[1], with variable data on their efficacy and utility. Other such tools will likely follow.

However, just because technological advances show that we can do something does not necessarily mean we should do it. Such advances, even in their infancy, have revealed significant challenges and ethical considerations that warrant important reflection. Issues of algorithmic transparency, how and which ethical theories should be weighted into these models, the authority over their use, and how real world human ethicists and ethics groups fit in to this future require significant consideration at this inflection point in their evolution.

Ground floor map

Wayfinding

		Grid
1	Ella Latham auditorium	B4
2	Main Street reception	C3
3	MCRI reception	C4

Helpful resources

1	ATM – ANZ	B4
2	ATM – Cash card	E4
3	ATM – Westpac	B3
4	Bambini Early Learning Centre	E3
5	Car park pay machines	C3 + E4
6	Cashier	C3
7	Family Hub	B2
8	Mail box	B4
9	Murrup Biik pastoral and spiritual care	B1
10	Pay phones	C3
11	Personal Care Suite	B1
12	Taxi telephone	C3
13	The Larwill Studio	E4
14	Wadja Aboriginal and Torres Strait Islander resources	B1

Clinical services

		Grid
1	Dental Clinic	B3
2	Emergency Department	C3
3	Immunisation Clinic	B3
4	Pharmacy	C3
5	Specialist clinics reception A1–6	C2–3

Food

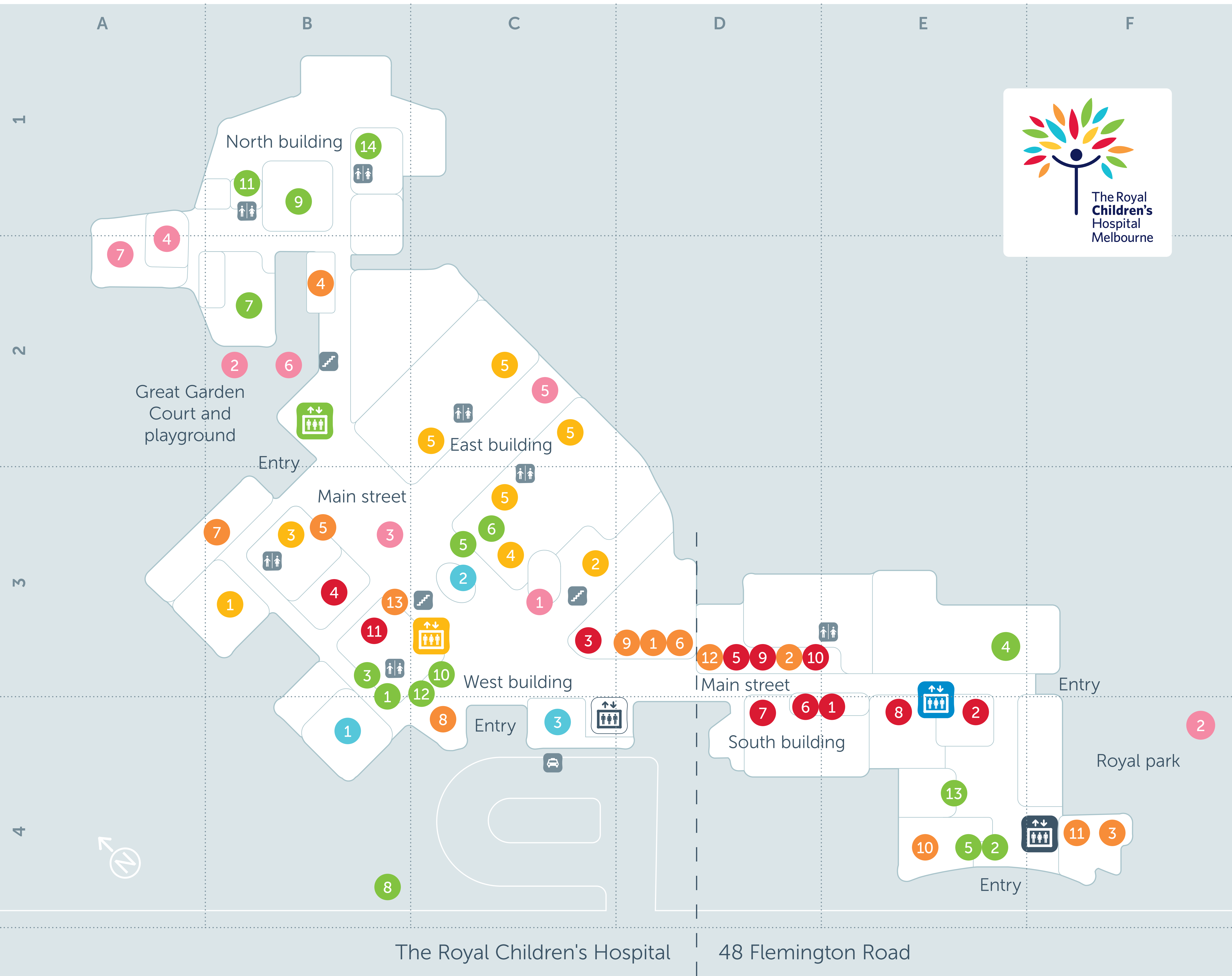
1	Aruba Espresso Café	D3
2	Boost Juice	D3
3	Coffee Code	F4
4	Degani	B2
5	Little Parkville Café	B3
6	McDonalds	D3
7	Parkville Café	B3
8	Sandrock	C4
9	Shuji Sushi	D3
10	Smith + Singleton	E4
11	Subway	F4
12	Three Pandas	D3
13	Trampoline	B3

Retailers

		Grid
1	Gorgeous Collection	E4
2	Green Bamboo Massage	D3
3	Rainbow Convenience Store	C3
4	RCH Shop and Kids Health Info	B3
5	Retro Wolf	D3
6	Royal Flowers and Gifts	D4
7	Royal Supermarket	D4
8	S4 Fitness Studio	E4
9	Salon Royale	D3
10	The Co-op Bookshop	D3
11	Wood Pharmacy	B3

Things to do

1	Aquarium	C3
2	Barbecue area	B2
3	Creature	B3
4	Hoyts Beanbag Cinema	A2
5	Meerkats	C2
6	Outdoor Play Area	B2
7	Starlight Express Room	A2



The Venue

The Royal Children's Hospital

50 Flemington Road, Parkville

Special thanks

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