The aim of this study was to search for all available reviews, guidelines and analyses and make a literature overview and comparison between countries as a corner stone for a further research with a goal of making our national pediatric and neonatal end-of-life guidelines.

We conducted a literature search in February 2018 and in September 2019 in bibliographic databases and grey literature sources for the time period from 1990 to 2019. Search strategies in were conducted using MeSH terms and keywords related to ‘pediatric’, ‘neonatal’, ‘guidelines’, ‘end of life’, ‘palliative care’ and ‘intensive care unit’ terms. Only documents satisfying all of the inclusion and exclusion criteria were included in the review. This resulted in 12 eligible documents.

Ten papers talk about neonatal and four about pediatric issues. Throughout all analyzed papers all of the ethical principles and dilemmas have been mentioned. Best interest model and judicial clarification when parental and physician views collide; doctrines of double effect and omission for withholding and withdrawing of treatment; active and passive euthanasia; quality of life from patient’s/parent’s and physician’s point of view; autonomy and autonomy by proxy; veracity as an informed consent due to shared decision making process; professional duty; beneficence; compassion and nonmaleficence for alleviate suffering; transparency as concealing medical records or documenting detailed plans of care; equality, fairness, social justice and proportionality through treatment justification and allocation of resources for expensive process of treatment or collective society ethics to prevent creation of handicaps; efficacy; utility.

By many means pediatric population is very specific as well as relationship that pediatricians build with children as patients and their parents. Death after forgoing life-sustaining-treatment in intensive care unit occurs through a procedure conforming to national ethical guidelines which in turn seem appropriate for newborn infants and children. Subjectivity regarding indirect euthanasia seems unavoidable. Systematic teaching of ethics to all intensive care staff and continued review processes of end-of-life situations are necessary to preserve the best interests of the critically ill children and relieve their families. The degree of involvement of the parents in the decision-making process varies according to cultural factors and to the structure and functioning of the medical team in charge.

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