

Bhutan Report

18 Physician responses from **Bhutan**.

100% of respondents practice in hospital settings.

621 Physician responses from **18** countries.



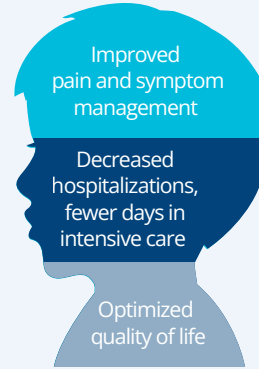
Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In Bhutan, there are 13 new childhood cancer cases each year.

The ADAPT study aims to assess physician perceptions towards palliative care integration for children and adolescents diagnosed with cancer.

Palliative Care

Defined by the WHO as the *prevention and relief of patient suffering and the ethical responsibility of health systems that should be integrated with and complement prevention, early diagnosis, and treatment.*



Palliative Care integrated into health care systems at all levels:

- ✓ Is cost-effective
- ✓ Improves resource utilization
- ✓ Decreases patient suffering, parental psychological distress

Additional Information:
Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

Reported **no access** to palliative care in their clinic or hospital.

67%

Indicated that **palliative care consultation is not available** when they felt it was needed.

72%

Felt that **palliative care** was involved **too late**.

61%

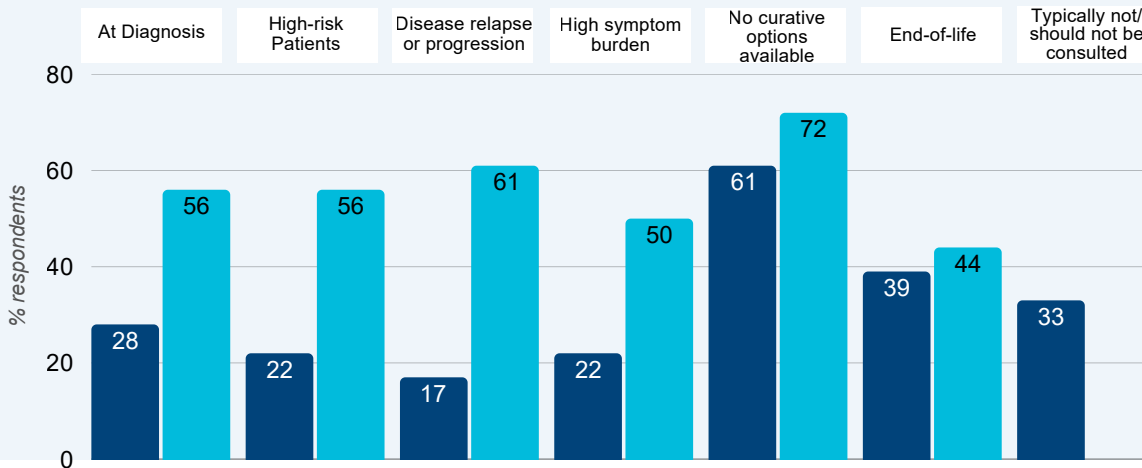
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.

72%

Believe **palliative care integration reduces suffering**.

89%

Ideal Timing of Initial Palliative Care Consultation

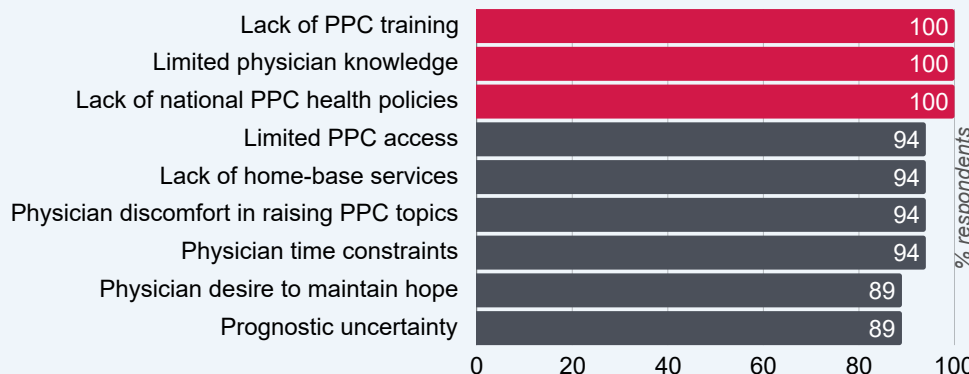


Actual timing of Palliative Care Consultation
Ideal timing of Palliative Care Consultation

According to the WHO, early integration of palliative care is critical to improve the quality of life of children with cancer.

Physicians in Bhutan report that palliative care is often introduced late in the treatment of children with cancer, even though earlier integration would be beneficial.

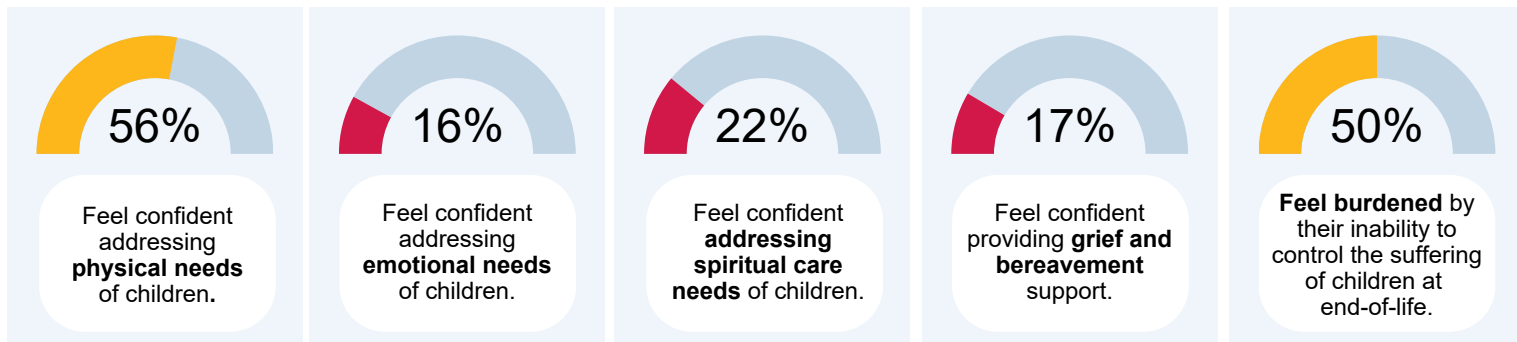
Barriers to Early Palliative Care Integration



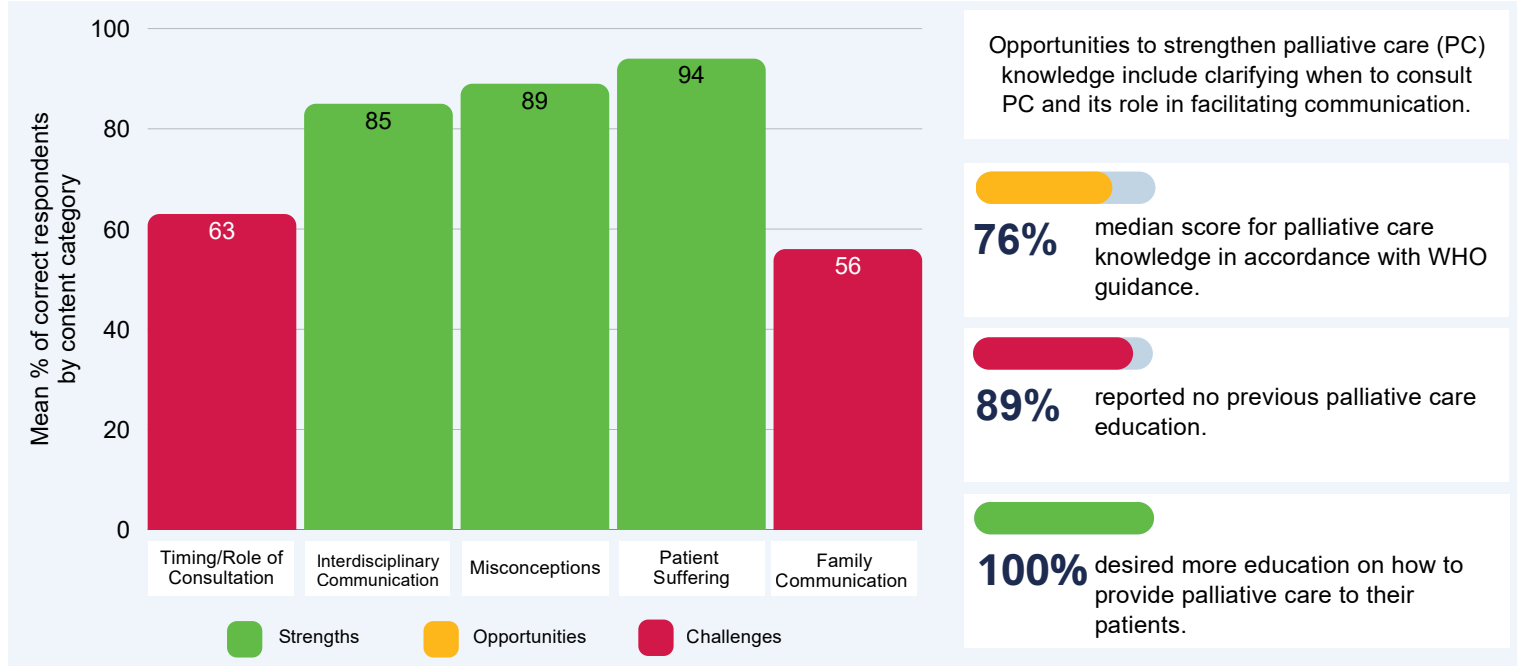
Physicians in Bhutan were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery

Top Barriers: Lack of PPC training, limited physician PPC knowledge, and lack of PPC in national health policies and advocacy efforts.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



General alignment with WHO guidance (76%).



Acknowledgement that palliative care should be integrated earlier for children with cancer (61%).



Recognized need for palliative care training of clinicians to improve access (94%).

Recommended Next Steps for Bhutan



Conduct research to identify and address gaps in palliative care provision, understanding, and community acceptance.



Integrate palliative care concepts into the training of multidisciplinary clinicians, including doctors, nurses, social workers, and psychologists.



Improve timely access to pediatric palliative care specialists and services in clinical and community settings.



Integrate culturally appropriate palliative care education and services into national health policy for children with cancer.



Regional Implementation of ADAPT in Bhutan

Country-adapted pediatric palliative care curriculum based on identified knowledge gaps.

Collaborate with the WHO Regional Office and partner organizations on initiatives aimed at strengthening access to palliative care services for children across the region.

References and Additional Information

Cuviello A*, Salek M*, Handayani SA, Blair S, Lam CG, on behalf of the ADAPT-AP Study Group. Survey Adaptation and Distribution for Physicians Caring for Children Diagnosed with Cancer in Asia Pacific: Unique Study Challenges and Lessons Learned. *JCO Global Oncology*. 2024.

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