



India Report

103 Physician responses from India.

87% 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 India, there are 76,805 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.



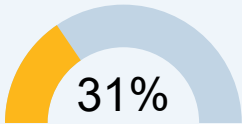
Palliative Care integrated into health care systems at all levels:

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

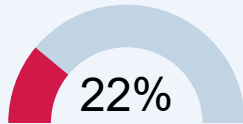
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

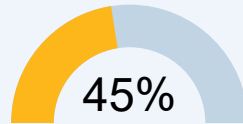
Reported **no access** to palliative care in their clinic or hospital.



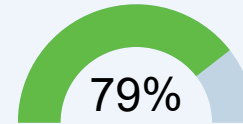
Indicated that **palliative care consultation is not available** when they felt it was needed.



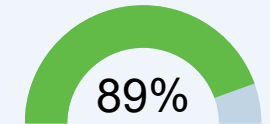
Felt that **palliative care** was involved **too late**.



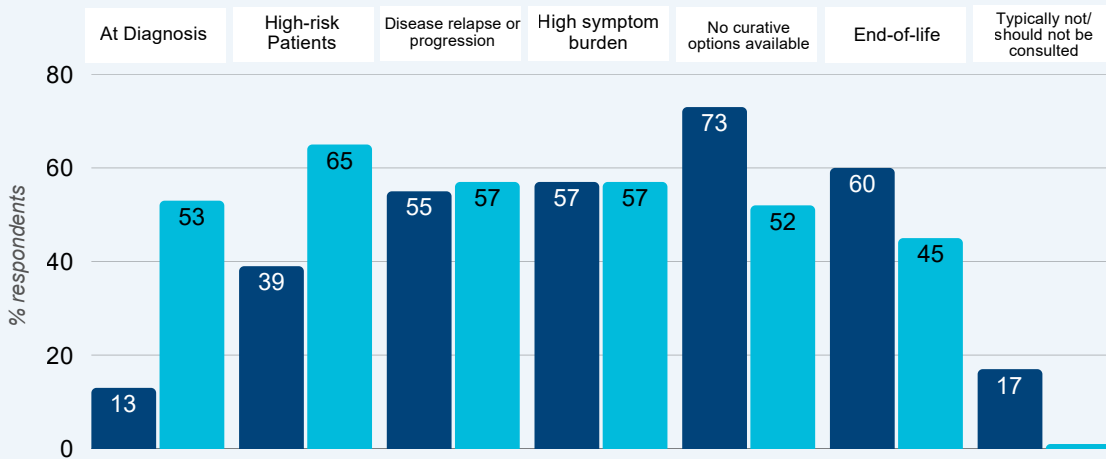
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



Ideal Timing of Initial Palliative Care Consultation

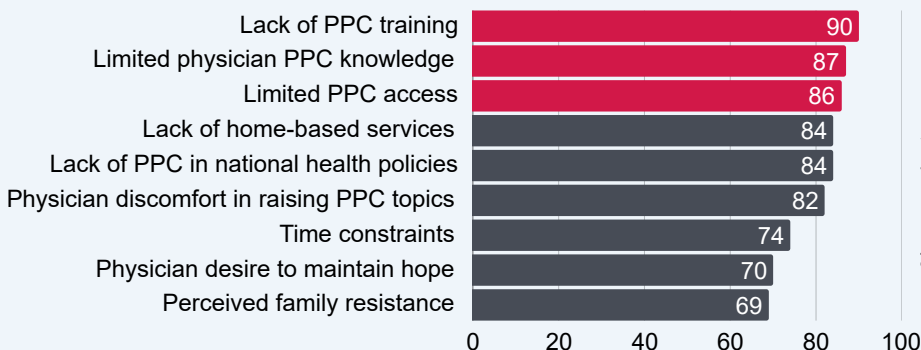


Actual timing of Palliative Care Consultation (Dark Blue)
Ideal timing of Palliative Care Consultation (Light Blue)

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

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

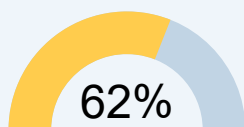
Barriers to Early Palliative Care Integration



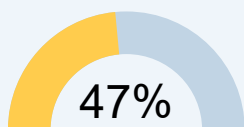
Physicians in India were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

The most significant barriers reported were:
#1 Barrier: Lack of PPC training.
#2 Barrier: Limited physician PPC knowledge.
#3 Barrier: Limited access to PPC specialists or services.

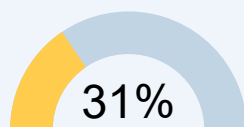
Physician Confidence in Delivering Palliative Care



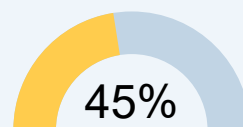
Feel confident addressing **physical needs** of children.



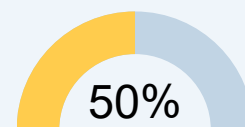
Feel confident addressing **emotional needs** of children.



Feel confident addressing **spiritual care needs** of children.

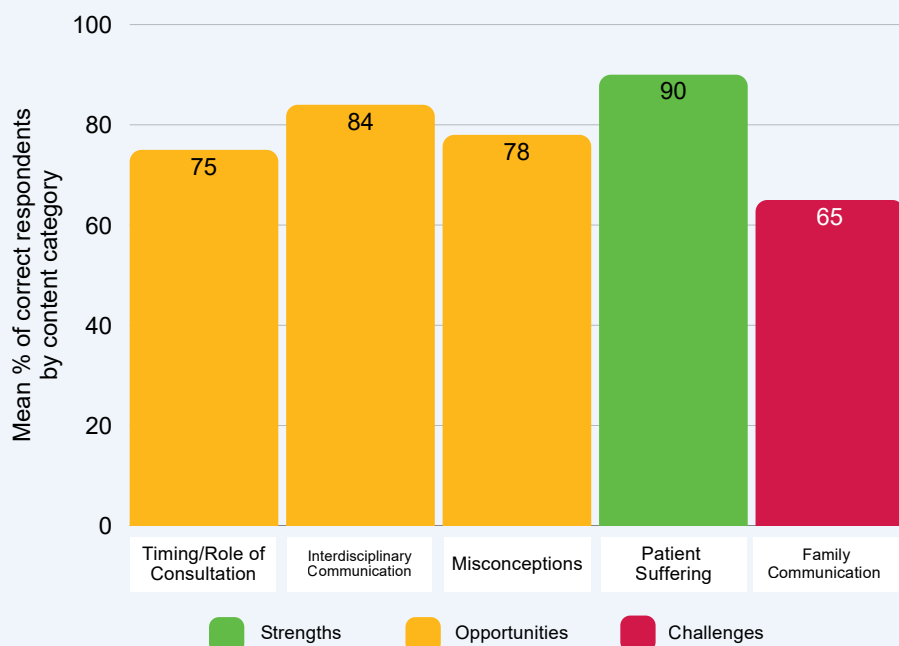


Feel confident providing **grief and bereavement** support.



Feel burdened by their inability to control the suffering of children at end-of-life.

Physician Understanding of Pediatric Palliative Care



Opportunities to strengthen palliative care (PC) knowledge include clarifying when to consult PC, how to address PC misconceptions, and the role of PC in facilitating communication.

79% median score for palliative care knowledge in accordance with WHO guidance.

66% reported no previous palliative care education.

93% desired more education on how to provide palliative care to their patients.

Strengths



General alignment with WHO guidance (79%).



Some access to pediatric palliative care consultation (43%).



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

Recommended Next Steps for India



Generate India-specific evidence base demonstrating clinical, psychosocial, and system-level benefits of early, integration of pediatric palliative care.



Improve knowledge, skills, and confidence in pediatric palliative care among healthcare professionals across levels of care.



Build a sustainable, mentored pediatric palliative care workforce through task-sharing and hub-and-spoke models.



Embed pediatric palliative care as a standard of care within national and state childhood cancer and child health policies.



Regional Implementation of ADAPT in India

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.

Salek M*, Cuviello A*, Handayani S.A, Blair S, Chandra A, Job G, Erhlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mlis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sripornawan P, Yotani N, Zaki MA, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Physician perceptions toward palliative care integration in childhood cancer care in Asia Pacific. *JCO Global Oncology*. 2026.

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