

Japan Report

50 Physician responses from Japan.

100% of Physicians 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 Japan, there are 2,510 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.



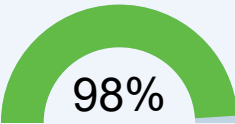
Palliative Care integrated into health care systems at all levels:

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

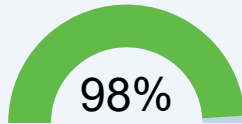
Additional Information: *Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.*

Access to Pediatric Palliative Care

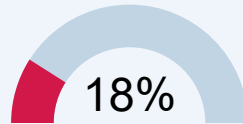
Reported access to palliative care in their clinic or hospital.



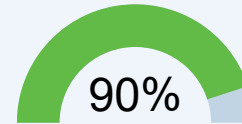
Indicated that palliative care consultation is available when they felt it was needed.



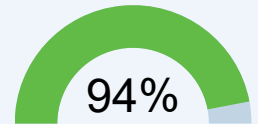
Felt that palliative care was involved too late.



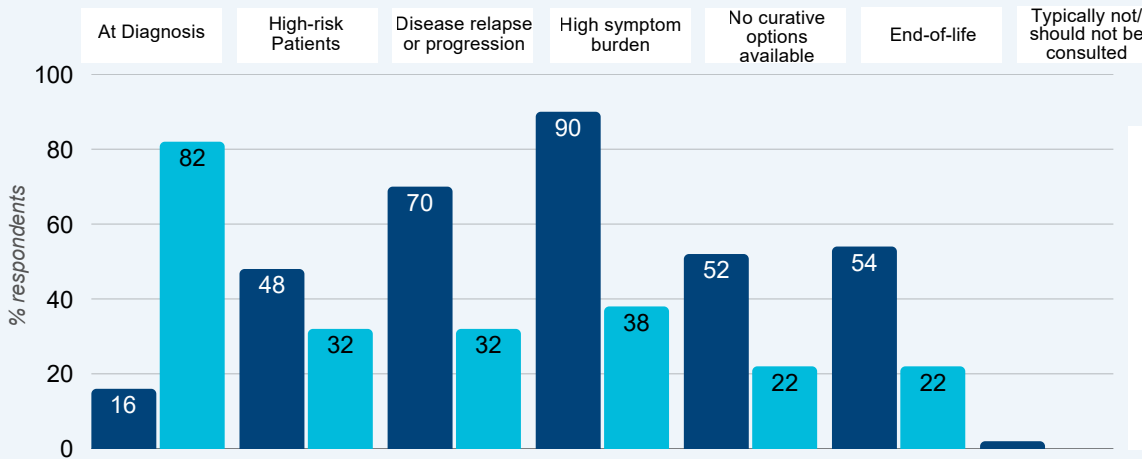
Believe palliative care is appropriate at any stage of treatment in a child with high-risk cancer.



Believe palliative care integration reduces suffering.



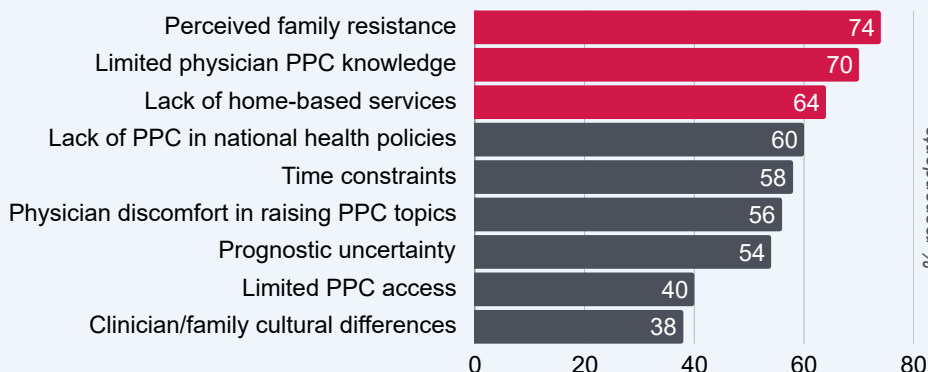
Ideal Timing of Initial Palliative Care Consultation



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

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

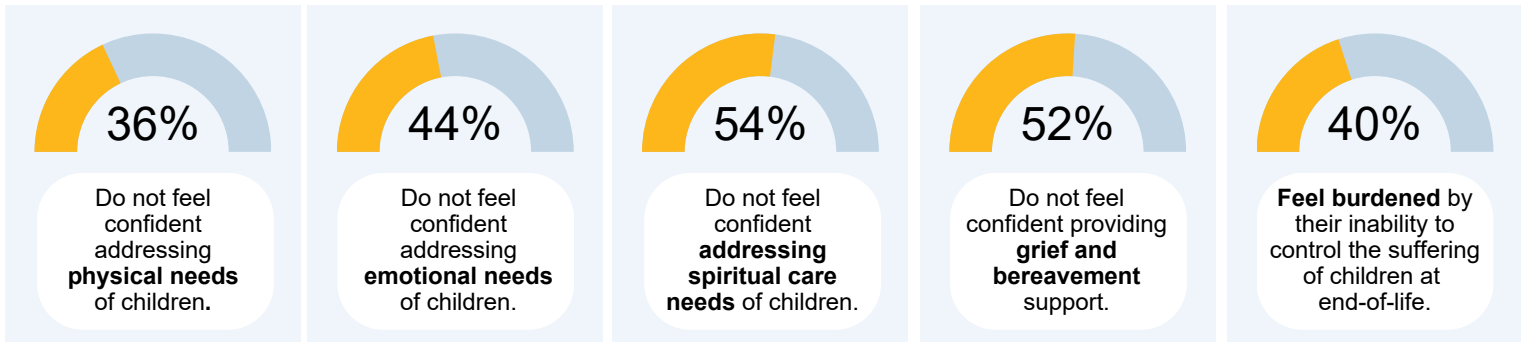
Barriers to Early Palliative Care Integration



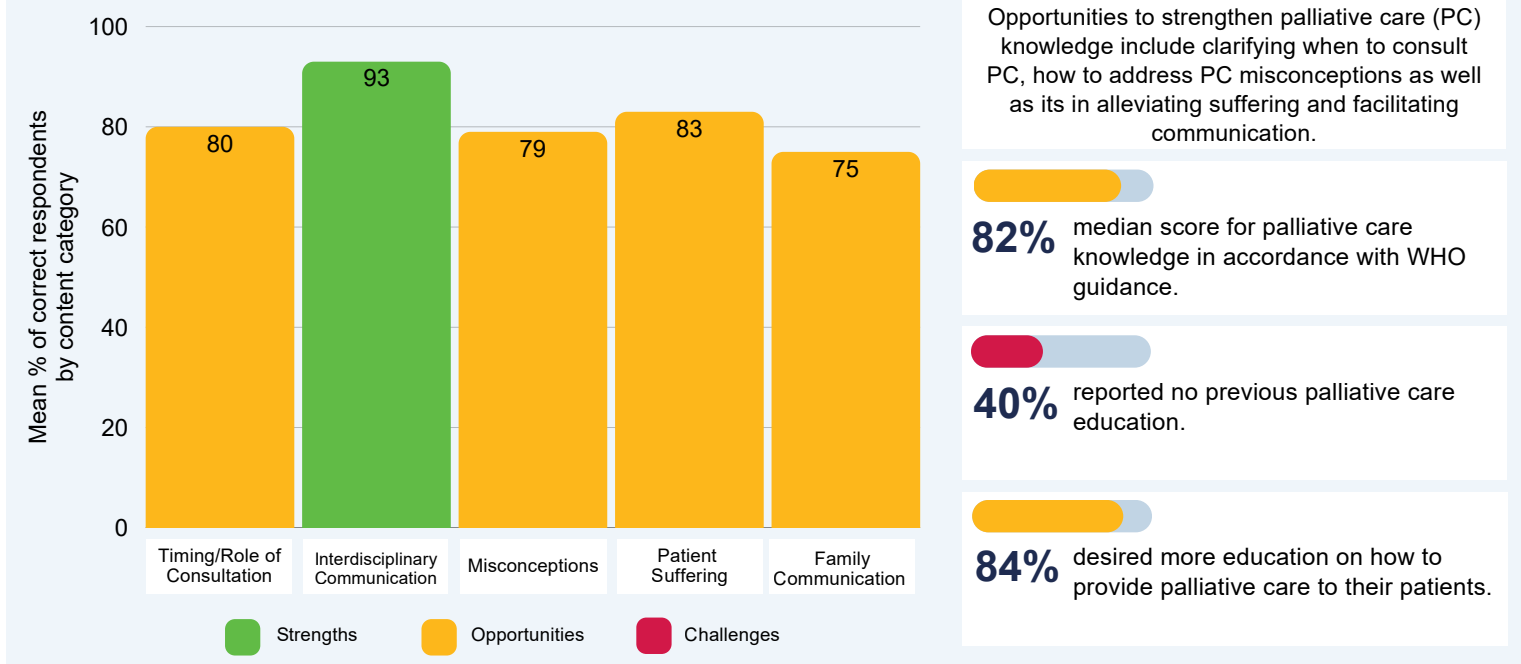
Physicians in Japan were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

The most significant barriers reported were:
#1 Barrier: Perceived family resistance to PPC involvement.
#2 Barrier: Limited physician PPC knowledge.
#3 Barrier: Lack of home-based services.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



Strong alignment with WHO guidance (82%).



Access to pediatric palliative care consultation (70%).



Recognized need for palliative care training of clinicians to improve access (92%).

Recommended Next Steps for Japan



Assess the current state of pediatric palliative care, focusing on the lived experiences of children and their families to inform clinical practice.



Enhance palliative care education by expanding practical, hands-on modules in symptom management, including the use of medications for pain and distress.



Strengthen international and regional networks to share best practices and advance pediatric palliative care delivery.



Prioritize advocacy to integrate pediatric palliative care into national health systems and academic society governance for long-term sustainability.



Regional Implementation of ADAPT in Japan

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

Partner with the WHO Western Pacific and Southeast Asia Regional Offices in initiatives to improve palliative care access for children within the region.

References and Additional Information

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