



Maldives Report

4 Physician responses from **Maldives**.

100% of respondents practice in hospital settings.

621 Physician responses from 18 countries.

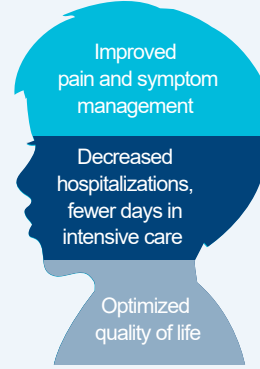
Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In the Maldives, 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.



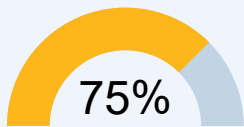
Palliative Care integrated into health care systems at all levels:

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

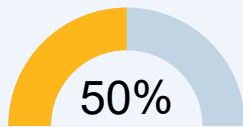
Additional Information: *Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.*

Access to Pediatric Palliative Care

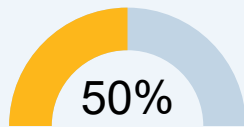
Reported **no access** to palliative care in their clinic or hospital.



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



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



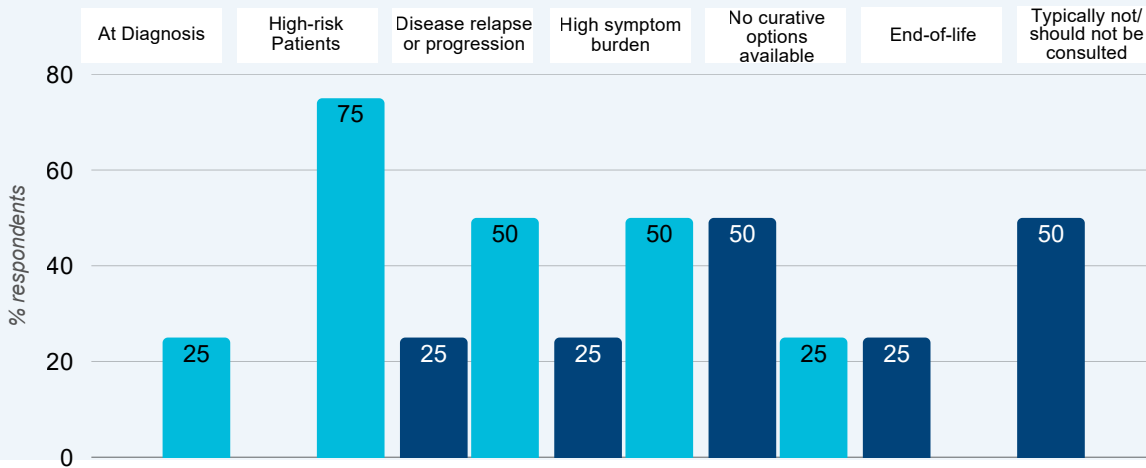
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



Ideal Timing of Initial Palliative Care Consultation

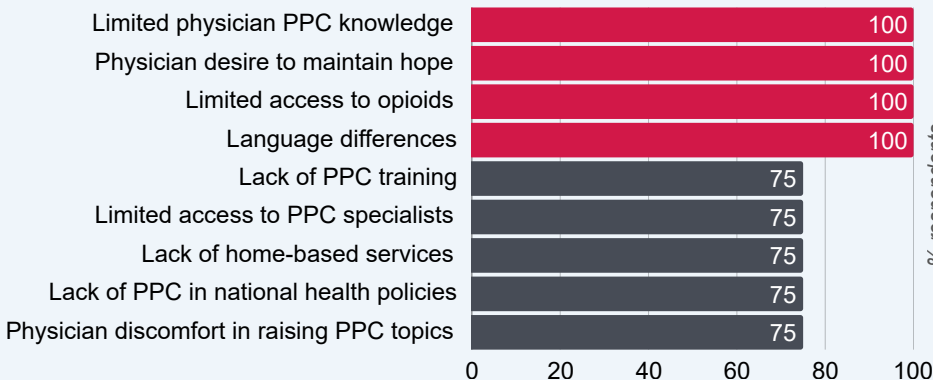


Actual timing of Palliative Care Consultation (Dark Blue)
Ideal timing of Palliative Care Consultation (Light Blue)

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

Physicians in Maldives report that palliative care is often introduced late in the treatment of children with cancer.

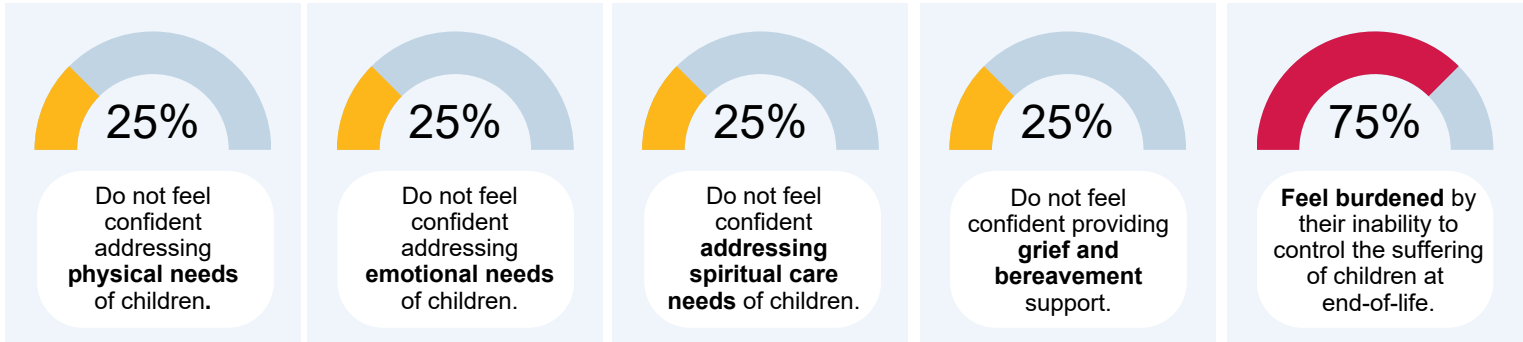
Barriers to Early Palliative Care Integration



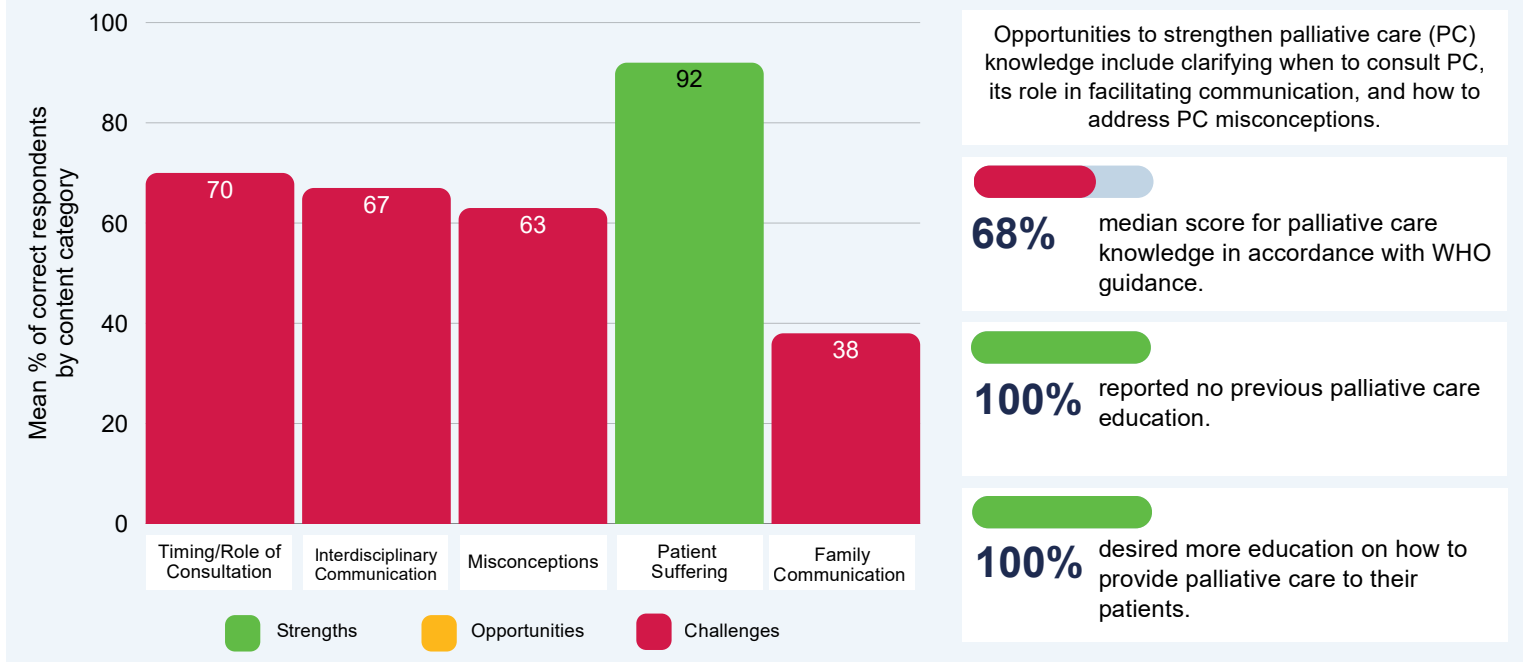
Physicians in the Maldives were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery. The most significant barriers reported were:

Top Barriers: Limited physician PPC knowledge, physician desire to maintain hope, limited access to opioids, and language differences between patients and physicians.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



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

68% median score for palliative care knowledge in accordance with WHO guidance.

100% reported no previous palliative care education.

100% desired more education on how to provide palliative care to their patients.

Strengths



Some alignment with WHO guidance (68%).



Recognized need for palliative care training of clinicians to improve access (100%).

Recommended Next Steps for the Maldives



Conduct high-quality, practice-oriented research to pediatric palliative care delivery and integration, especially in resource-limited settings.



Advance pediatric palliative care education by integrating core competencies across healthcare training and offering experiential learning opportunities.



Strengthen multidisciplinary teams, improve care delivery, and embed pediatric palliative care within primary health systems.



Engage policymakers to strengthen policy, funding, and national strategies, embedding pediatric palliative care as an essential child health service.



Regional Implementation of ADAPT in the Maldives

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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Cuviello A*, Salek M*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chandra L, Drake R, Gunasekera S, Kakazu M, Kang SH, do R. Leão LM, Mahajan A, Miranda MC, Moe T, Mynak ML, Nguyen HTK, Rasheed E, Sipai S, Souvalansy B, Sriponsawan P, Tan TSZ, Teh KH, Yotani N, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Barriers to palliative care integration for children with cancer across Asia Pacific. JCO Global Oncology. 2026.

Lam, C.G. (2025). Estimates derived from CureAll Country Progress Dashboard (2025), GLOBOCAN 2022 (2025), IICC - 3 (2017), UN World Population Prospects 2024 (2025), and World Bank Open Data Catalog (2025).



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For more information, please contact GlobalPalliativeCare@stjude.org v1, 03/01/2026

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