

Philippines Report

56 Physician responses from the Philippines.

95% of respondents practice in hospital settings.

621 Physician responses from 18 countries.



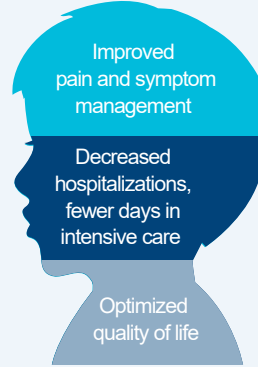
Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In the Philippines, there are 5,142 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.



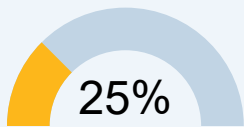
Palliative Care integrated into health care systems at all levels:

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

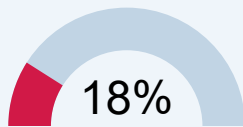
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

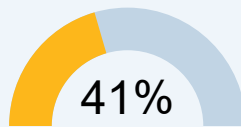
Reported **no access** to palliative care in their clinic or hospital.



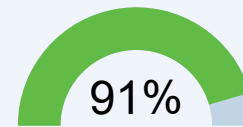
Indicated that **palliative care consultation is not available** when they felt it was needed.



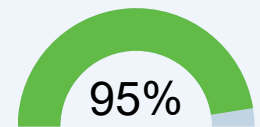
Felt that **palliative care** was involved **too late**.



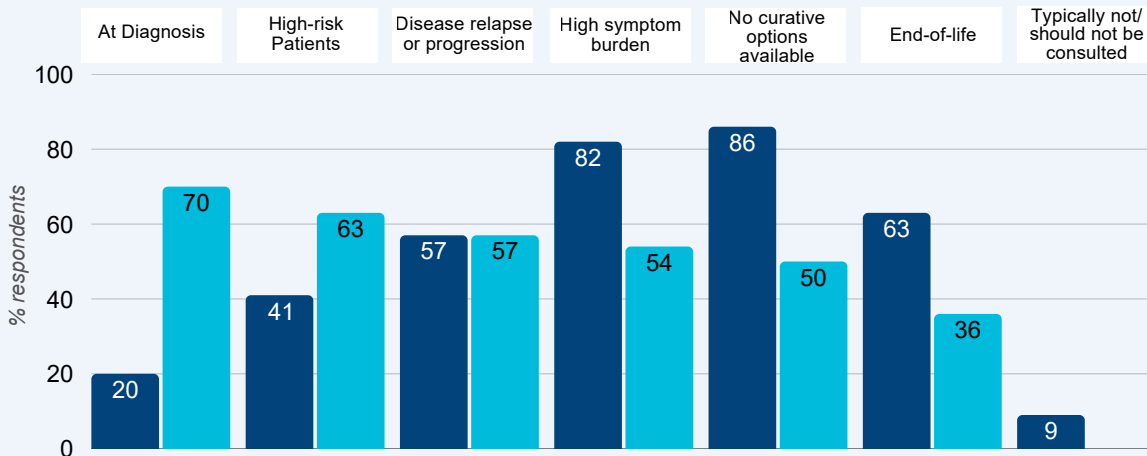
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



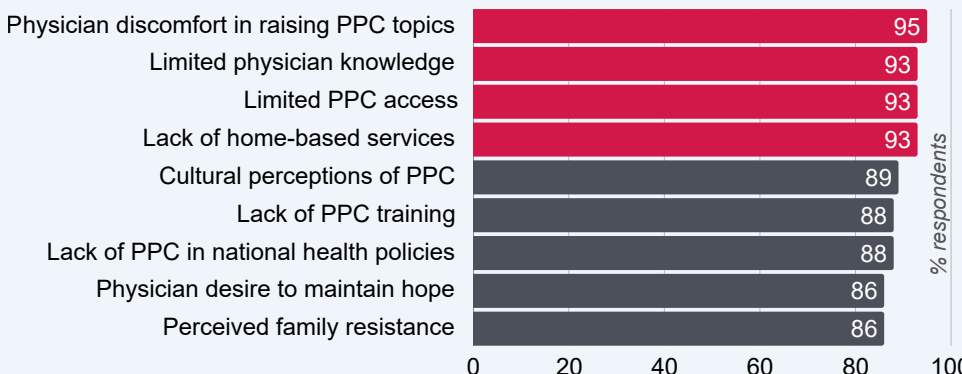
Ideal Timing of Initial Palliative Care Consultation



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

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

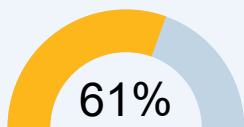
Barriers to Early Palliative Care Integration



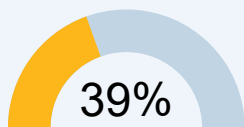
Physicians in the Philippines were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

The most significant barriers reported were:
#1 Barrier: Physician discomfort in raising PPC topics.
#2-4 Barriers: Limited physician PPC knowledge, limited access to PPC specialists or services, and lack of home-based services.

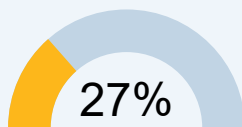
Physician Confidence in Delivering Palliative Care



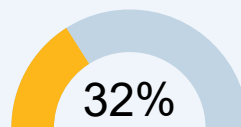
Feel confident addressing **physical needs** of children.



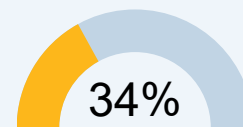
Feel confident addressing **emotional needs** of children.



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

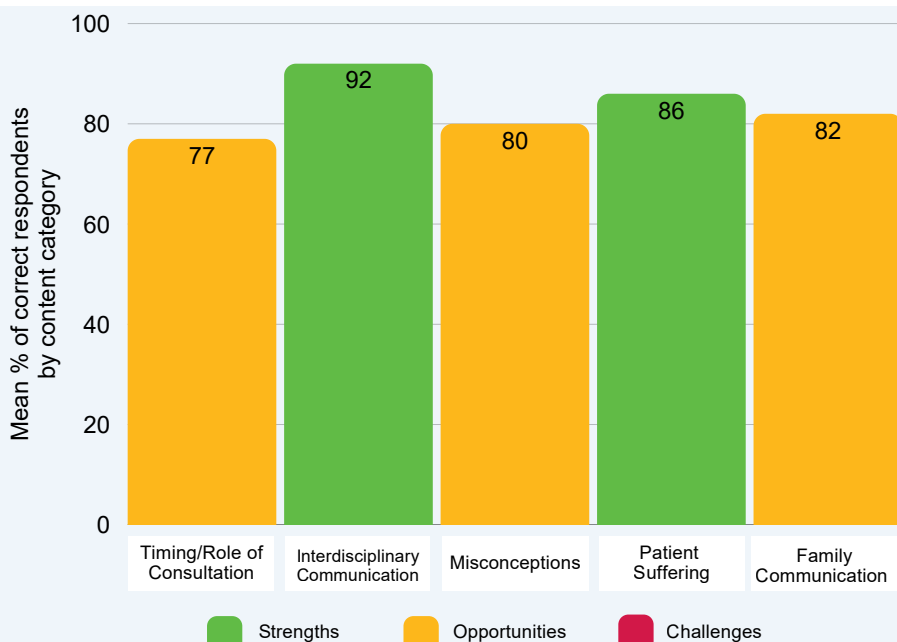


Feel confident providing **grief and bereavement** support.



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 its role in facilitating communication.

83% median score for palliative care knowledge in accordance with WHO guidance.

77% reported no previous palliative care education.

96% desired more education on how to provide palliative care to their patients.

Strengths



Strong general alignment with WHO guidance (83%).



Some access to pediatric palliative care consultation (52%).



Recognized need to train clinicians in palliative care to improve access (100%).

Recommended Next Steps for the Philippines



Research barriers to early palliative care integration, service delivery, understanding, and community acceptance to inform improvement strategies.



Revise national training modules to enhance practical skills and build confidence in delivering pediatric palliative care across healthcare settings.



Develop mentorship networks for healthcare professionals to expand pediatric palliative care beyond tertiary centers.



Integrate pediatric palliative care quality indicators into national policies and mandates.



Regional Implementation of ADAPT in the Philippines

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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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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