

Republic of Korea Report

12 Physician responses from the Republic of Korea.

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 Republic of Korea, there are 1,288 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.

100%

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

100%

Felt that palliative care was involved too late.

33%

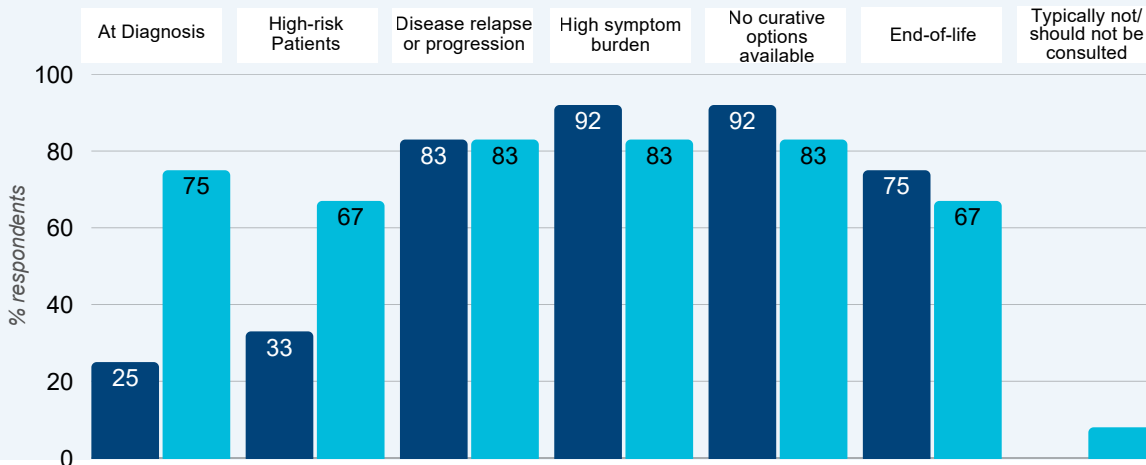
Believe palliative care is appropriate at any stage of treatment in a child with high-risk cancer.

83%

Believe palliative care integration reduces suffering.

92%

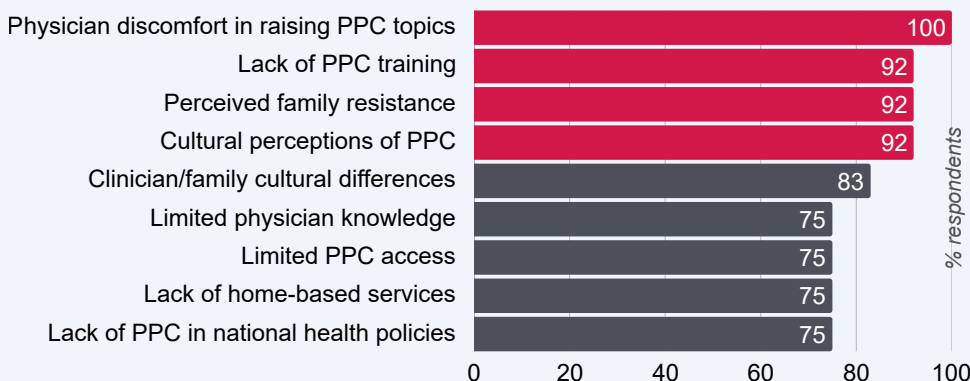
Ideal Timing of Initial Palliative Care Consultation



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

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

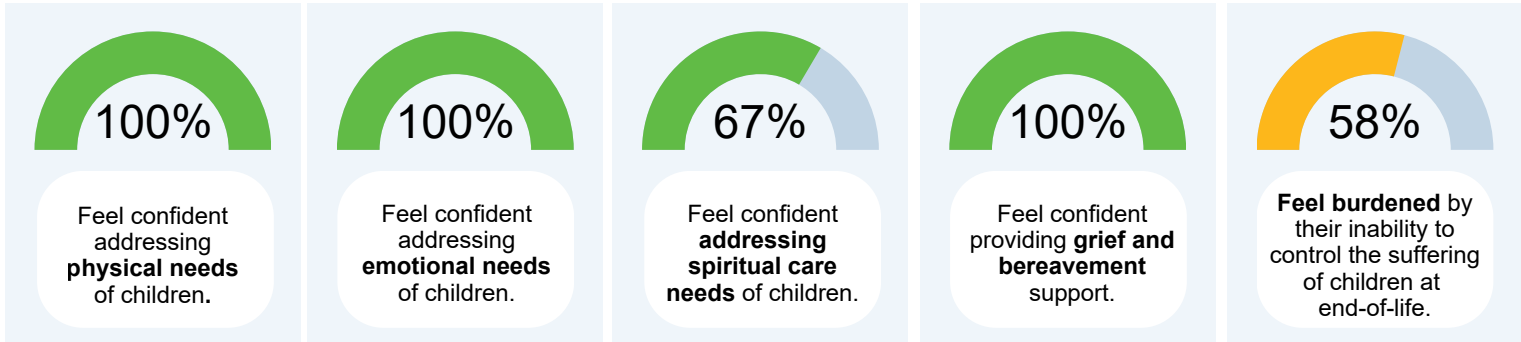
Barriers to Early Palliative Care Integration



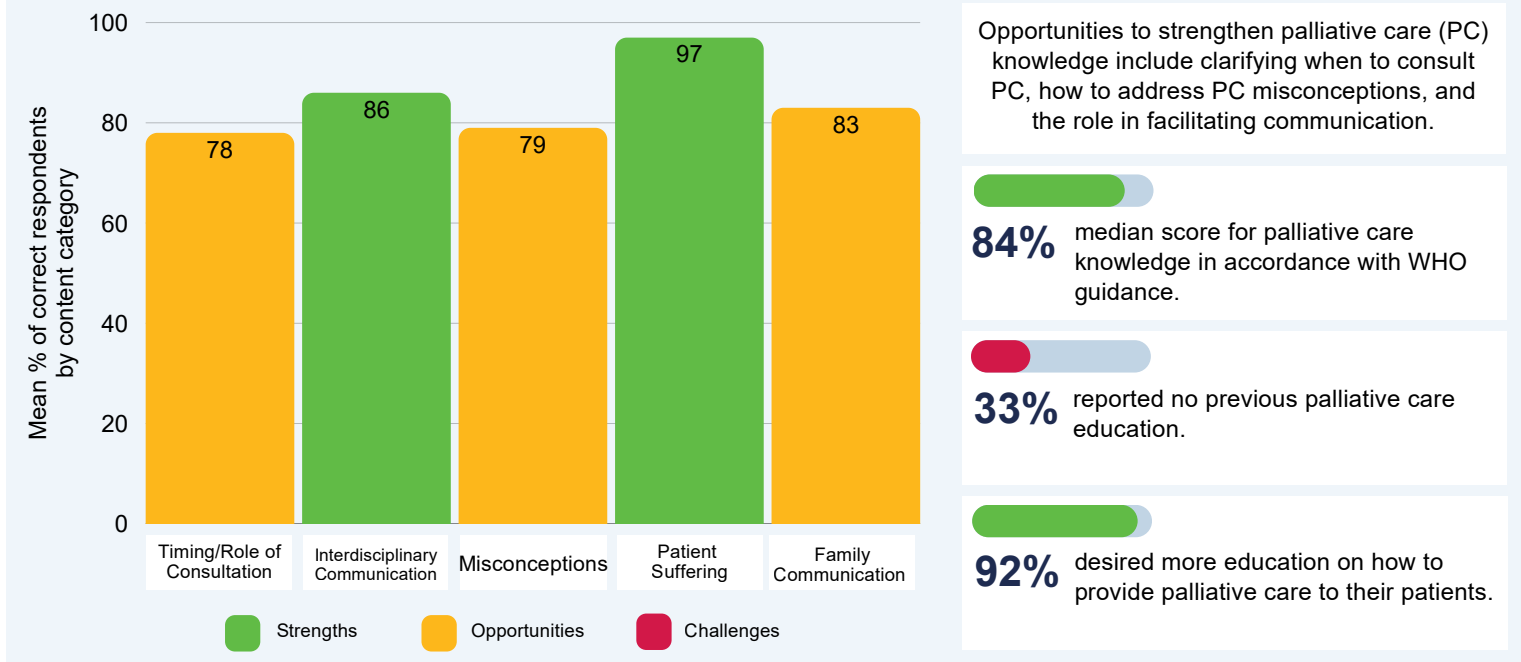
Physicians in Korea were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

The most significant barriers reported were:
#1 Barrier: Physician discomfort in raising PPC topics.
#2-4 Barriers: Lack of PPC training in the country, perceived family resistance, and cultural perceptions of PPC.

Physician Confidence in Delivering Palliative Care



Physician Understanding of Pediatric Palliative Care



Strengths



Strong alignment with WHO guidance (84%).



Access to pediatric palliative care consultation (100%).



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

Recommended Next Steps for the Republic of Korea



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



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



Strengthen services into sustainable programs capable of delivering comprehensive pediatric palliative care across regional networks.



Increase public and policy awareness of pediatric palliative care while strengthening partnerships and encouraging philanthropic engagement.



Regional Implementation of ADAPT in the Republic of Korea

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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