

Singapore Report



44 Physician responses from Singapore.

98% 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 Singapore, there are 190 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

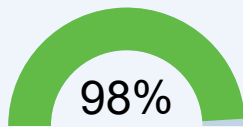
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

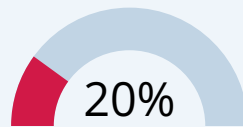
Reported access to palliative care in their clinic or hospital.



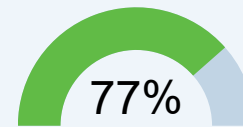
Indicated that palliative care consultation is available when they felt it was needed.



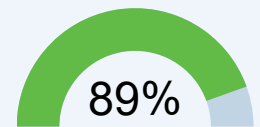
Felt that palliative care was involved too late.



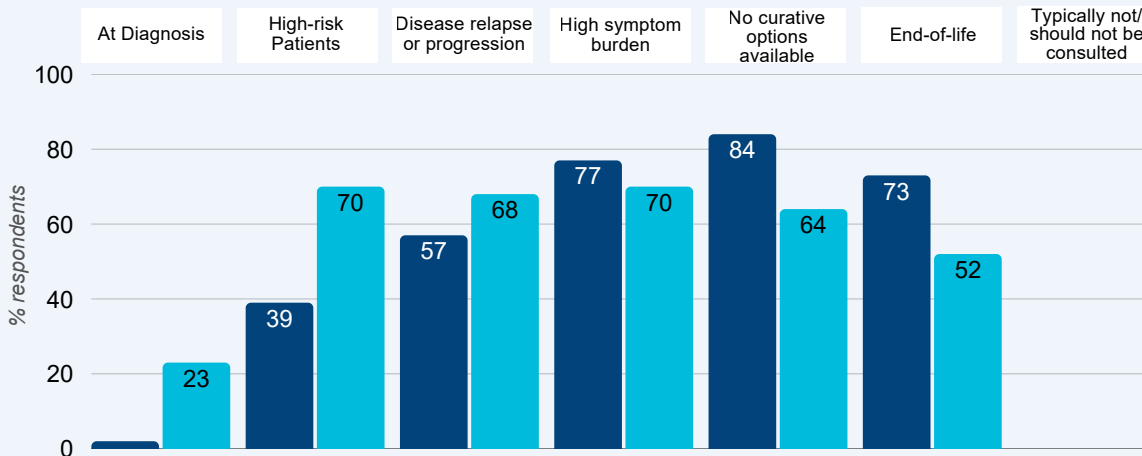
Believe palliative care is appropriate at any stage of treatment in a child with high-risk cancer.



Believe palliative care integration reduces suffering.



Ideal Timing of Initial Palliative Care Consultation

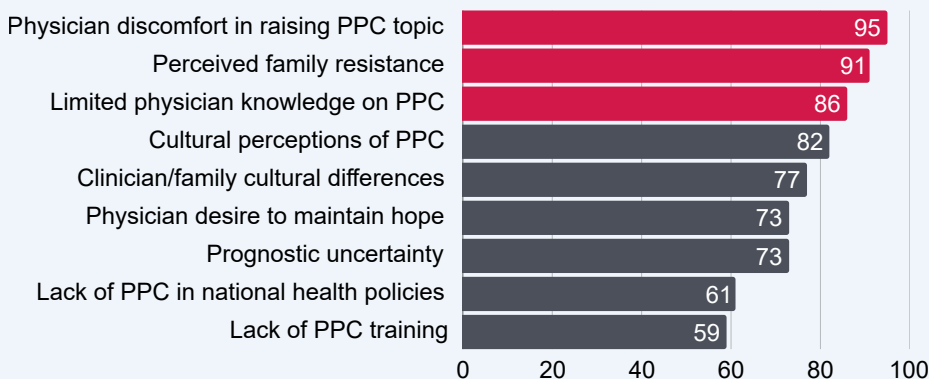


Actual timing of Palliative Care Consultation
Ideal timing of Palliative Care Consultation

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

Physicians in Singapore report that palliative care is often introduced late in the treatment of children with cancer, often with high symptom burden, when no curative options remain, or at end-of-life.

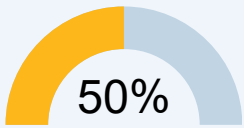
Barriers to Early Palliative Care Integration



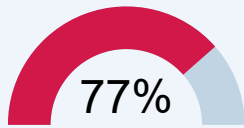
Physicians in Singapore were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

The most significant barriers reported were:
#1 Barrier: Physician Discomfort in raising PPC topics.
#2 Barrier: Perceived family resistance to PPC involvement.
#3 Barrier: Limited physician knowledge on PPC.

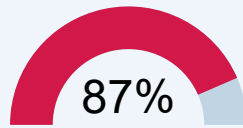
Physician Confidence in Delivering Palliative Care



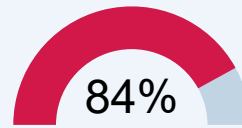
Do not feel confident addressing **physical needs** of children.



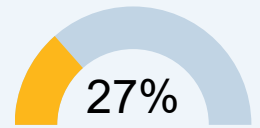
Do not feel confident addressing **emotional needs** of children.



Do not feel confident addressing **spiritual care needs** of children.

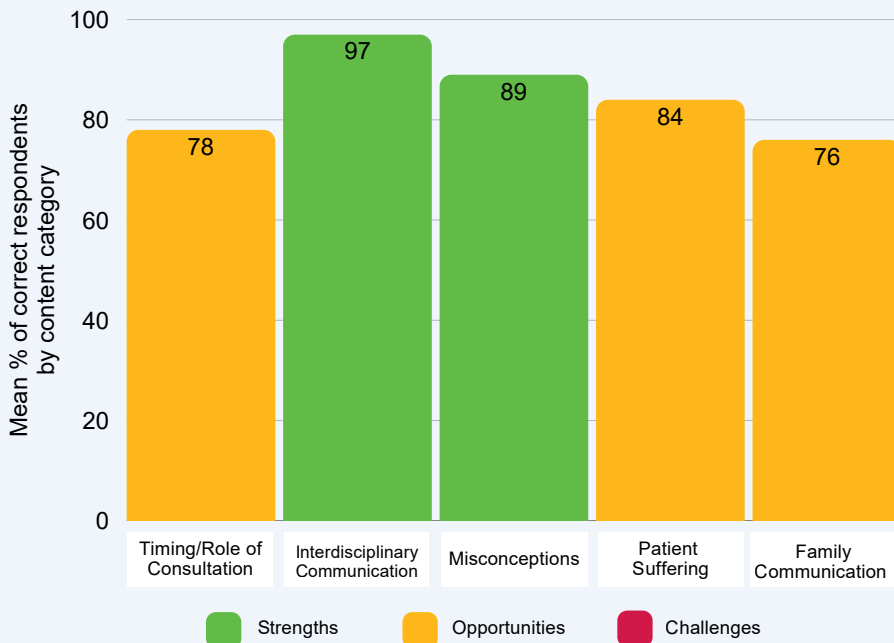


Do not feel confident providing **grief and bereavement** support.



Often **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 as well as its role in facilitating communication and alleviating suffering.

84% median score for palliative care knowledge in accordance with WHO guidance.

82% reported no previous palliative care education.

82% desired more education on how to provide palliative care to their patients.

Strengths



Strong alignment with WHO guidance (84%).



High levels of access to pediatric palliative care consultation (100%).



Recognized need to train clinicians in palliative care to improve access (98%).

Recommended Next Steps for Singapore



Foster national research collaboration to identify improvement areas such as grief and bereavement and family communication.



Expand pediatric palliative education through courses and observerships to strengthen generalist-level knowledge and skills.



Strengthen multidisciplinary team capacity and extend palliative care awareness and support to non-oncology specialties.



Strengthen pediatric focus in Singapore's NSPC and boost public education to dispel misconceptions about pediatric palliative care.



Regional Implementation of ADAPT in Singapore

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, Erlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sriporasawan 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.

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, Sriporasawan 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).

