



Thailand Report

- 25 Physician responses from Thailand.
- 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 Thailand, there are 1,961 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

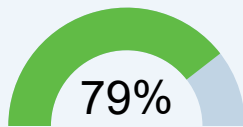
Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

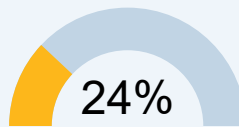
Reported access to palliative care in their clinic or hospital.



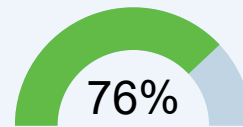
Indicated that palliative care consultation is available when they felt it was needed.



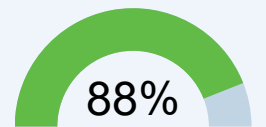
Felt that palliative care was often involved too late.



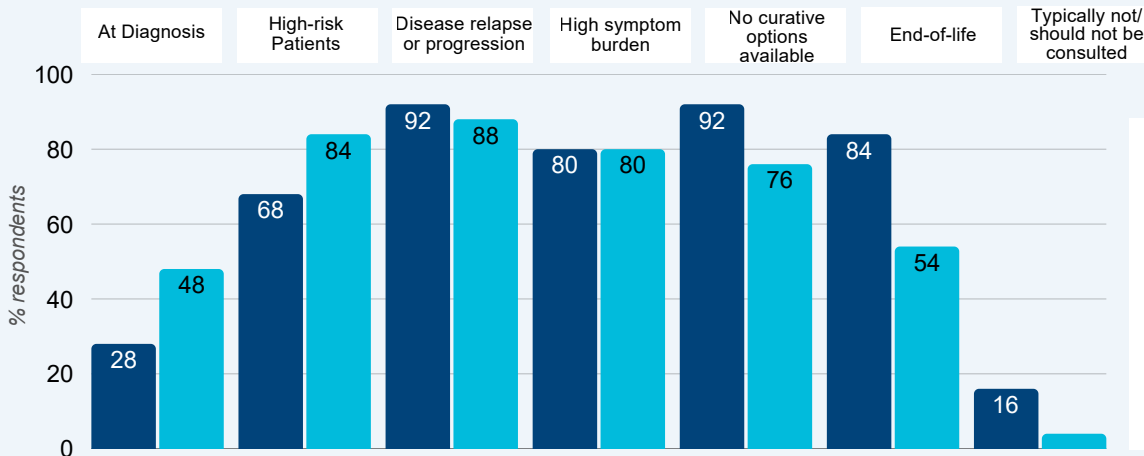
Believe palliative care is appropriate at any stage of treatment in a child with high-risk cancer.



Believe palliative care integration reduces suffering.



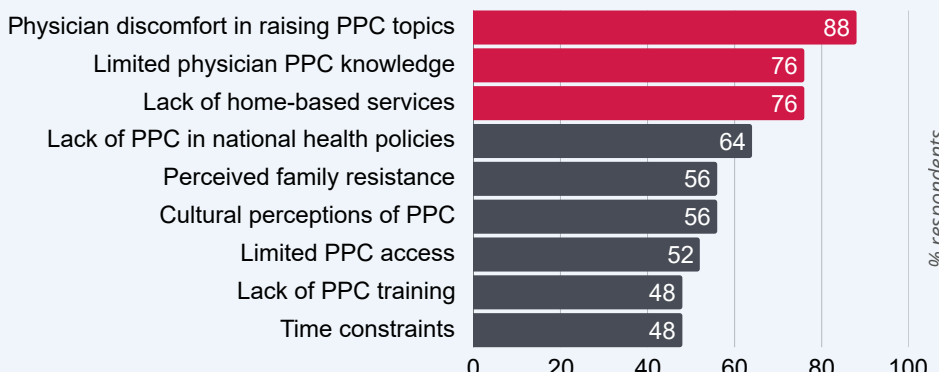
Ideal Timing of Initial Palliative Care Consultation



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

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

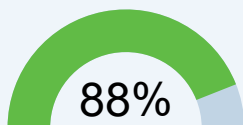
Barriers to Early Palliative Care Integration



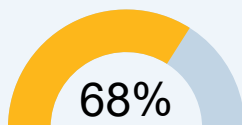
Physicians in Thailand were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

- The most significant barriers reported were:
- #1 Barrier:** Physician discomfort in raising PPC topics.
  - #2 Barrier:** Limited physician PPC knowledge.
  - #3 Barrier:** Lack of home-based services.

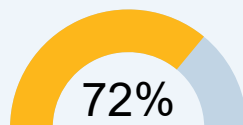
## Physician Confidence in Delivering Palliative Care



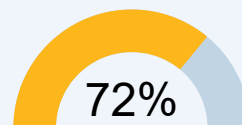
Feel confident addressing **physical needs** of children.



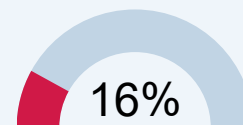
Feel confident addressing **emotional needs** of children.



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

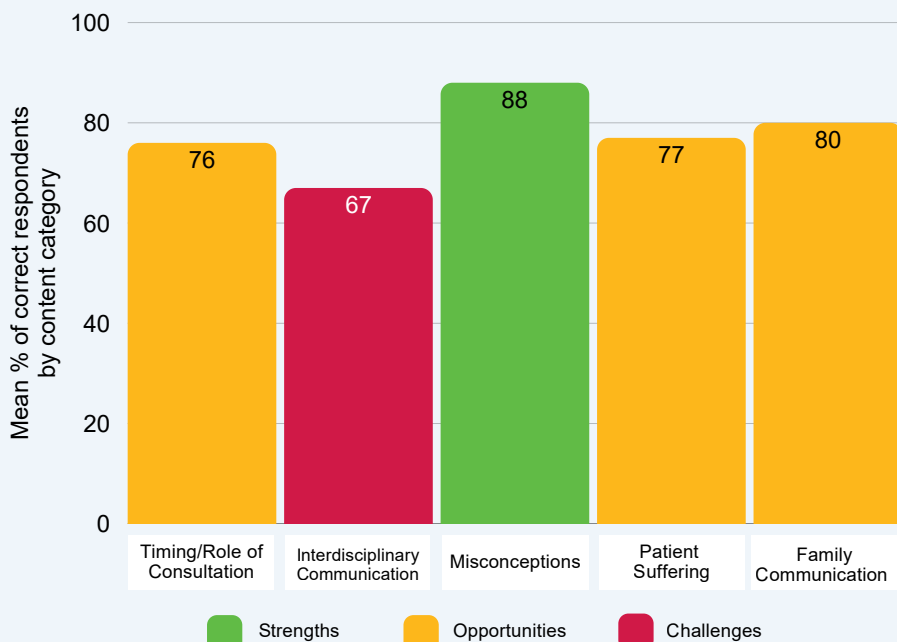


Feel confident providing **grief and bereavement support**.



**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 and the role of PC in facilitating communication as well as alleviating suffering.

**77%** median score for palliative care knowledge in accordance with WHO guidance.

**32%** reported no previous palliative care education.

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

### Strengths



General alignment with WHO guidance (77%).



Access to pediatric palliative care consultation (80%).



Recognized need for palliative care training of clinicians to improve access (88%).

### Recommended Next Steps for Thailand



Conduct research to identify the pediatric palliative care burden and address gaps in service delivery, knowledge and community acceptance.



Integrate palliative care concepts into multidisciplinary clinical training and develop an accredited pediatric palliative care fellowship.



Implement guidelines and strengthen teams to ensure timely integration of palliative care for children with serious illnesses.



Incorporate pediatric palliative care education and service into national health policies to build sustainable training and services, align with regional partners.



### Regional Implementation of ADAPT in Thailand

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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