**WHO Guide for Pediatric Palliative Care**

Palliative care is 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 improves treatment outcomes such as:
- Improved quality of life
- Better pain control and symptom management
- Decreased hospitalizations and fewer days in the intensive care unit

Palliative care integrated into health care systems at all levels and home care reduce health care costs by:
- Decreasing unnecessary resource utilization
- Being less expensive
- Yielding better outcomes

For additional information:

**Access to Pediatric Palliative Care**

44% physicians report no access to palliative care consultation in their practice

69% indicated that palliative care consultation is not available when they feel it is needed for children with cancer

56% felt that palliative care was involved too late in the treatment of a child with cancer

Physician Perspectives on Actual vs. Ideal Timing of Initial Palliative Care Consultation

Eurasia Regional Differences by Country: % physicians reporting no access to palliative care consultation

Regional range in access: 18-96%

94% physicians believe palliative care reduces suffering for a child with cancer.

69% physicians believe palliative care should be integrated earlier in the care of children with cancer than typically occurs in their setting.

**Barriers to Early Palliative Care Integration**

Physicians in Armenia indicated that limited access, lack of home-based services, and cost are the most significant barriers to palliative care consultation for children with cancer.
**Physician Confidence in Delivering Palliative Care**

- **50%** do not feel confident assessing and treating the physical needs of pediatric patients with serious incurable illness.
- **50%** do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families.
- **62%** do not feel confident providing grief and bereavement care to the families of children who die.
- **69%** feel burdened by their inability to control the suffering of children at the end-of-life.

**Physician Knowledge**

- **88%** reported no previous palliative care education
- **100%** wished to have more education on how to provide palliative care to their patients.

**% of correct answers by content category:**

- **80%** Timing of consultation
- **92%** Inter-disciplinary communication
- **56%** Misconceptions
- **92%** Patient suffering
- **78%** Family Communication

**Strengths**

1. Strong desire among physicians (100%) for more palliative care education
2. Good understanding of current barriers among physicians

**Recommended Country Next Steps**

1. Increase access to pediatric palliative care consultations and other multi-disciplinary specialists in inpatient and outpatient settings
2. Create didactic and clinical training to increase physician confidence in providing all components of palliative care to children with cancer
3. Develop national policies and institutional guidelines to optimize the timing of pediatric palliative care integration for children with cancer
4. Create opportunities for accredited training in pediatric palliative care for physicians, as well as psychologists, nurses, and social workers

**Regional Implementation of ADAPT**

1) Regionally adapted pediatric palliative care curriculum based on identified knowledge gaps
2) Working group on palliative care through the Eurasian Alliance in Pediatric Oncology (EurADO)

**References and Additional Information**


Barriers to the early integration of palliative care in pediatric oncology in 11 Eurasian countries. Cancer 2020; 126(22): 4984-4993.

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