

Pediatric Palliative Care in Armenia: ADAPT Profile

The Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) study was conducted in 2019, in collaboration with local stakeholders. The study identified **physician** access, knowledge, and perceptions on palliative care integration **for children with cancer** as outlined by the World Health Organization (WHO) guide in 2018. The study received 424 physician responses from 11 countries. (For published references, see p.2.)

Armenia response rate: 59%

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:

Integrating Palliative Care and Symptom Relief Into Paediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. World Health Organization; 2018.

Access to Pediatric Palliative Care



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

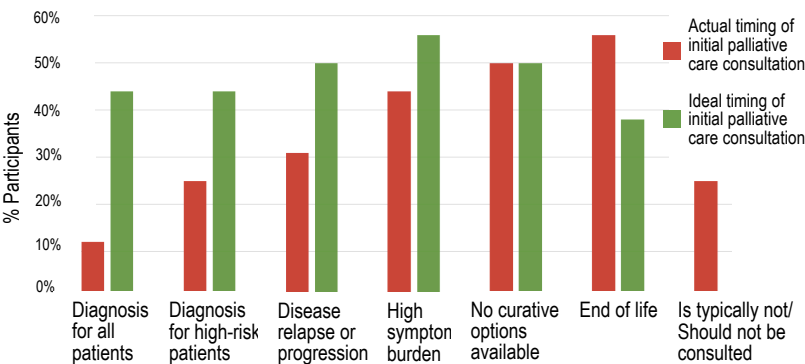


69% indicated that palliative care consultation is **not available** when they feel it is needed for children with cancer

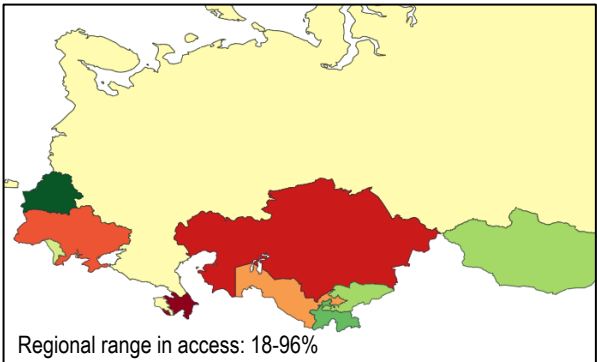


56% felt that palliative care was involved **too late** in the treatment of a child with cancer

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



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

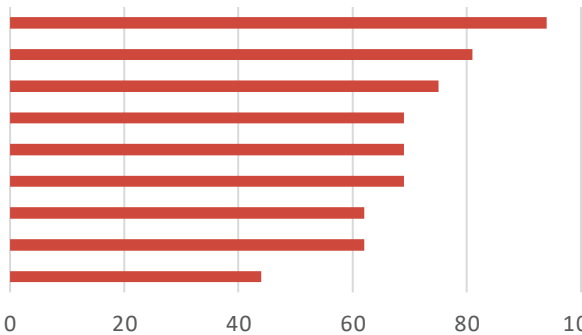
69% physicians believe palliative care should be integrated earlier in the care of children with cancer than typically occurs in their setting.

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.

Limited access
Lack of home-based services
Cost
Family resistance
Prognosis uncertainty
Physician discomfort
Physician desire to maintain hope
Limited physician knowledge
Time constraints

% of physicians indicating the following barriers as important:



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.



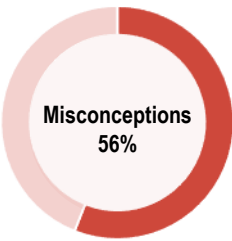
62% do not feel confident providing grief and bereavement care to the families of children who die.



69% feel burdened by their inability to control the suffering of children at the end-of-life.

Physician Knowledge

% of correct answers by content category:



Strengths

Opportunities

Weaknesses



Median score for palliative care knowledge in accordance with WHO guide: **81%**



88% reported no previous palliative care education



100% wished to have more education on how to provide palliative care to their patients.

Strengths

Recommended Country Next Steps

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

- 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

Ehrlich BS, Movsisyan N, Batmunkh T, Kumirova E, Borisevich MV, Kirgizov K, Graetz DE, McNeil MJ, Yakimkova T, Vinitsky A, Ferrara G, Li C, Lu Z, Kaye EC, Baker JN, Agulnik A; A multicountry assessment in Eurasia: Alignment of physician perspectives on palliative care integration in pediatric oncology with World Health Organization guidelines. Cancer 2020; 126(16): 3777-87.

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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