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

- 51% indicated that palliative care consultation is not available when they feel it is needed for children with cancer
- 46% physicians reported having no access to palliative care consultation in their practice
- 35% felt that palliative care was involved too late in the treatment of a child with cancer

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.

Access to Pediatric Palliative Care

- 46% physicians reported having no access to palliative care consultation in their practice
- 51% indicated that palliative care consultation is not available when they feel it is needed for children with cancer
- 35% felt that palliative care was involved too late in the treatment of a child with cancer

Barriers to Early Palliative Care Integration

Physicians in Eurasia indicated that lack of home-based services, limited access, family resistance, and limited physician knowledge are the most significant barriers to palliative care consultation for children with cancer.

Regional range in access: 18-96%

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

86% physicians believe palliative care reduces suffering for a child with cancer.

67% physicians believe palliative care should be integrated earlier in the care of children with cancer than typically occurs in their setting.

For additional information:

Pediatric Palliative Care in Eurasia: 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.)
Physician Confidence in Delivering Palliative Care

43% do not feel confident assessing and treating the physical needs of pediatric patients with serious incurable illness.

38% do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families.

55% do not feel confident providing grief and bereavement care to the families of children who die.

60% feel burdened by their inability to control the suffering of children at the end-of-life.

Physician Knowledge

% of correct answers by content category:

- Timing of consultation: 62%
- Inter-disciplinary communication: 79%
- Misconceptions: 71%
- Patient suffering: 88%
- Family Communication: 47%

Strengths

1. Strong desire among physicians (95%) for more palliative care education
2. Good understanding of current barriers among physicians

Weaknesses

1. Median score for palliative care knowledge in accordance with WHO guide: 70%
2. 81% reported no previous palliative care education
3. 95% wished to have more education on how to provide palliative care to their patients.

Recommended Country Next Steps

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

Regional Implementation of ADAPT in Eurasia

1. Regionally adapted pediatric palliative care curriculum based on identified knowledge gaps
2. Eurasian 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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