Pediatric Palliative Care in Moldova: 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.)



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

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



24% felt that palliative care was involved **too late** in the treatment of a child with cancer

52% physicians believe palliative care should be integrated earlier in the care of children with cancer than typically occurs in their setting.



Color Key

0%



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



95% physicians believe palliative care reduces suffering for a child with cancer.

40%

90

80%

Barriers to Early Palliative Care Integration



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



% of physicians indicating the following barriers as important:

Physician Confidence in Delivering Palliative Care



29% do not feel confident assessing and treating the physical needs of pediatric patients with serious incurable illness.



14% do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families.



33% do not feel confident providing grief and bereavement care to the families of children who die.



62% feel burdened by their inability to control the suffering of children at the end-of-life.

Physician Knowledge



Deep understanding of the potential of palliative care to improve quality of life for children with cancer



Create opportunities for accredited training in pediatric palliative care for physicians, as well as psychologists, nurses, and social workers

integration for children with cancer

with palliative care specialists early in the treatment of children with cancer

Create didactic and clinical training to increase physician confidence in providing all components of palliative care to children with cancer

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WHO Collaborating Centre For Childhood Cancer

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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.