The Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) study was conducted in 2020, 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 874 physician responses from 17 countries (for published references, see p.2.).

**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 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.


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

- **Actual timing**
  - Diagnosis for all patients: 10% respondents
  - Diagnosis for high-risk patients: 20% respondents
  - Disease relapse or progress: 40% respondents
  - High symptom burden: 60% respondents
  - No curative options available: 80% respondents
  - End of life: 100% respondents

- **Ideal timing**
  - Typically not / should not be consulted: 0% respondents

**Barriers to Early Palliative Care Integration**

- Limited physician knowledge (90% respondents indicating as important)
- Physician discomfort (80% respondents)
- Physician desire to maintain hope (70% respondents)
- Limited access (60% respondents)
- Lack of home-based services (50% respondents)
- Family resistance (40% respondents)
- Cultural differences (30% respondents)
- Prognosis uncertainty (20% respondents)
- Time constraints (10% respondents)
- Limited access to opioids (10% respondents)
- Cost (10% respondents)

Physicians in Ecuador indicated that limited physician knowledge, physician discomfort, and physician desire to maintain hope are the most significant barriers to palliative care consultation for children with cancer.
Physician Confidence in Delivering Palliative Care

- 32% do not feel confident assessing and treating the physical needs of pediatric patients with serious incurable illness.
- 89% do not feel confident providing grief and bereavement care to the families of children who die.
- 68% felt uncomfortable addressing spiritual care needs.
- 68% do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families.
- 16% feel burdened by their inability to control the suffering of children at the end of life.

Physician Knowledge

- Mean % of correct answers by content category:
  - Timing of consultation: 73% (Strengths), 95% (Opportunities), 66% (Weaknesses)
  - Interdisciplinary communication: 71% (Strengths), 95% (Opportunities)
  - Misconceptions: 88% (Strengths)
  - Patient suffering: 68% (Weaknesses)
  - Family communication: 79% (Weaknesses)

Strengths

- High levels of previous palliative care education (86%)
- Majority do not feel burdened by the inability to control suffering at the end of life (84%)
- Strong desire among physicians for more palliative care education (100%)

Recommended Next Steps for Ecuador

- Increase access to pediatric palliative care consultations and other multidisciplinary specialists in inpatient and outpatient settings, as well as home-based services.
- Create interdisciplinary palliative care teams to meet the grief and bereavement needs of patients and families.
- Conduct further research to investigate the discrepancy between actual vs. ideal timing of palliative care consultation.
- Integrate palliative care education into medical school, residency, and fellowship curricula, focusing on improving communication with patients and families in pediatric cancer care.

Regional Implementation of ADAPT in Ecuador

- Country-adapted pediatric palliative care curriculum based on identified knowledge gap.
- Working with the Pan American Health Organization (PAHO) on their initiatives in palliative care.

References and Additional Information

