

Pediatric Palliative Care in Haiti: ADAPT Profile

- 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."

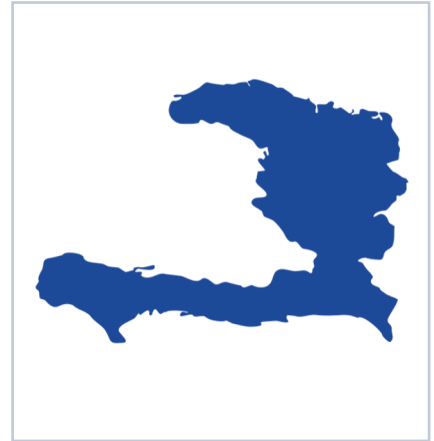
Palliative care improves treatment outcomes such as:

- Improved quality of life
- Better pain control and symptom management
- Decreased hospitalizations and fewer days in the intensive care unit

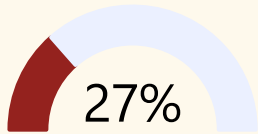
Palliative care integrated into health care systems at all levels and home care reduce health care costs by:

- Decreasing unnecessary resource utilization
- Being less expensive
- Yielding better outcomes.

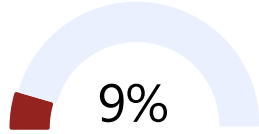
Additional information: *Integrating Palliative Care and Symptom Relief Into Paediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.*



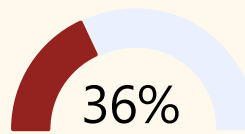
Access to Pediatric Palliative Care



reported **no access** to palliative care consultation in their practice



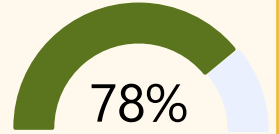
indicated that **palliative care consultation is not available** when they feel it is needed for children with cancer



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

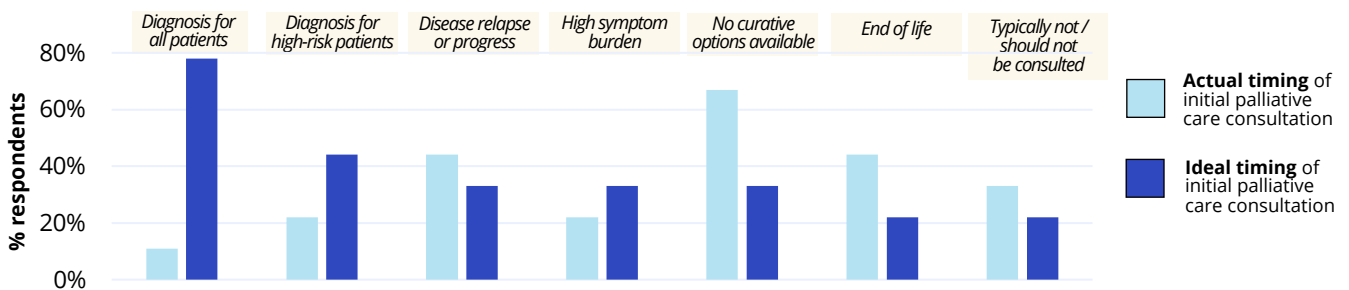


believe **palliative care reduces suffering** for a child with cancer

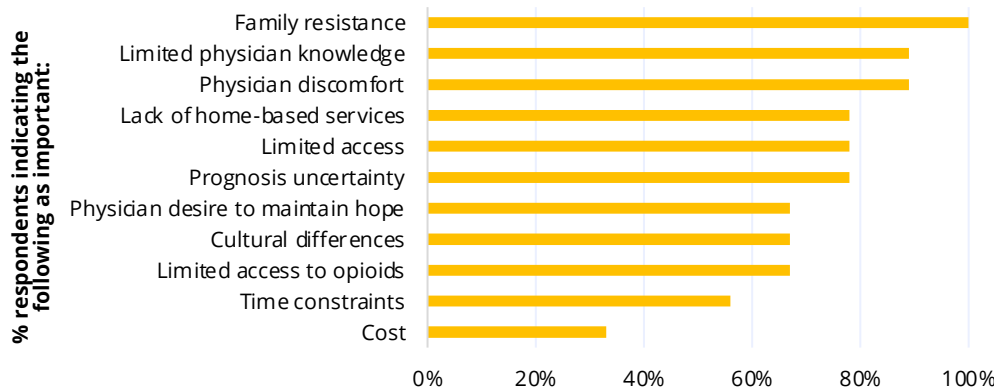


believe palliative care should be **integrated earlier** than typically occurs in their childhood cancer setting

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



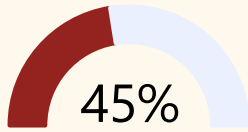
Barriers to Early Palliative Care Integration



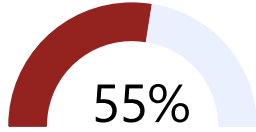
Physicians in Haiti indicated that family resistance, limited physician knowledge, and physician discomfort are the most significant barriers to palliative care consultation for children with cancer.



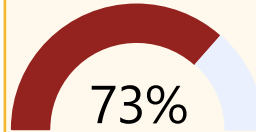
Physician Confidence in Delivering Palliative Care



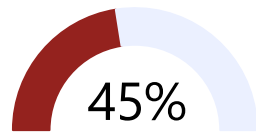
do not feel confident assessing and treating the physical needs of pediatric patients with serious incurable illness



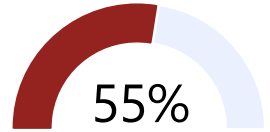
do not feel confident providing grief and bereavement care to the families of children who die



felt uncomfortable addressing spiritual care needs

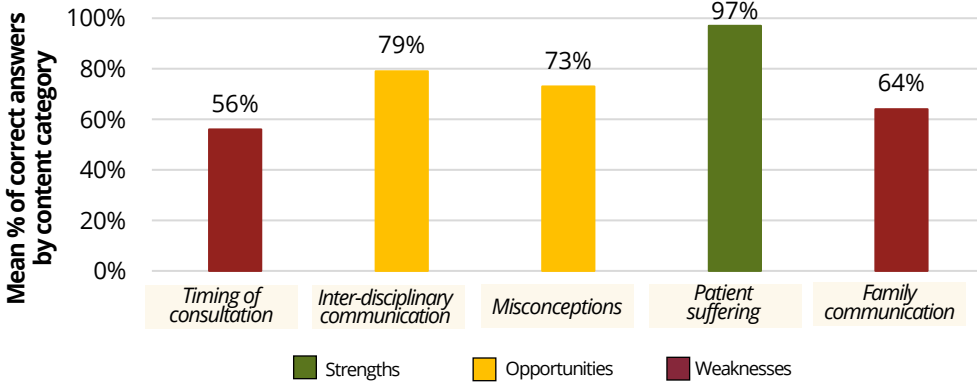


do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families



feel burdened by their inability to control the suffering of children at the end of life

Physician Knowledge



72% median score for palliative care knowledge in accordance with WHO guide

27% reported no previous palliative care education

91% wanted more education on how to provide palliative care to their patients.

Strengths

- High levels of previous palliative care education (73%)
- Palliative care consultation is generally available when needed for children with cancer (91%)
- Strong desire among physicians for more palliative care education (91%)

Recommended Next Steps for Haiti

- Conduct further research to investigate the discrepancy between actual vs. ideal timing of palliative care consultation
- Create interdisciplinary palliative care teams to meet the spiritual needs of patients and families
- Develop educational initiatives aimed at increasing community knowledge and acceptance of palliative care to minimize family resistance to palliative care involvement
- 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 Haiti

- 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

Ehrlich BS, Movsisyan N, Batmunkh T, Kumirova E, Borisevich MV, Kirgizov K, Graetz DE, McNeil MJ, Yakimkova T, Vinitzky A, Ferrara G. A multicountry assessment in Eurasia: Alignment of physician perspectives on palliative care integration in pediatric oncology with World Health Organization guidelines. *Cancer*. 2020 Aug 15;126(16):3777-87.

Ehrlich BS, Movsisyan N, Batmunkh T, Kumirova E, Borisevich MV, Kirgizov K, Graetz DE, McNeil MJ, Yakimkova T, Vinitzky A, Ferrara G. Barriers to the early integration of palliative care in pediatric oncology in 11 Eurasian countries. *Cancer*. 2020 Nov 15;126(22):4984-93.

McNeil MJ, Ehrlich BS, Wang H, Vedaraju Y, Bustamante M, Dussel V, Friedrich P, Garcia Quintero X, Gillipelli SR, Gomez Garcia W, Graetz DE, Kaye EC, Metzger ML, Sabato Danon CV, Devidas M, Baker JN, Agulnik A; Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) Latin America Study Group. Physician Perceptions of Palliative Care for Children With Cancer in Latin America. *JAMA Netw Open*. 2022 Mar 1;5(3):e221245.