Pediatric Palliative Care in Latin America: 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

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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

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

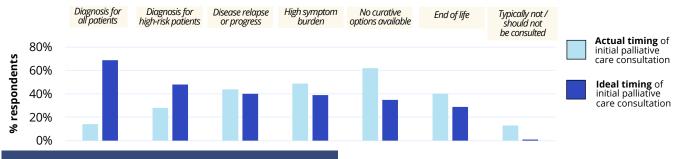
96%

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





Lack of home-based services respondents indicating the following as important: Limited physician knowledge Physician discomfort Limited access Family resistance Physician desire to maintain hope Cultural differences Prognosis uncertainty Time constraints Limited access to opioids 40% 60% 0% 20% 80% 100%

Physicians in Latin America indicated that lack of homebased services, limited physician knowledge, physician discomfort, limited access, and family resistance are the most significant barriers to palliative care consultation for children with cancer.





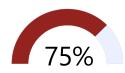




Physician Confidence in Delivering Palliative Care



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

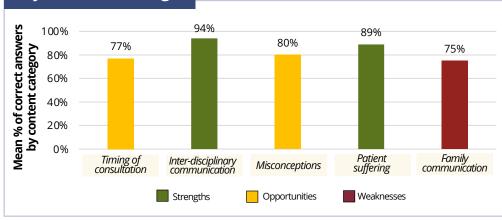


do not feel confident assessing and treating the emotional needs of pediatric patients with serious incurable illness and their families



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

Physician Knowledge



median score for palliative care knowledge in accordance with WHO guide

56% reported to passes

wanted more education 96% on how to provide palliative care to their patients. care to their patients.

Strengths

Recommended Next Steps for Latin America



General alignment to WHO guidance (83%)



Good understanding of the potential of palliative care to reduce suffering for children with cancer (96%).



Strong desire among physicians for more palliative care education (96%)



Increase access and availability of pediatric palliative care consultations and other multidisciplinary specialists in inpatient and outpatient settings



Create didactic and clinical training opportunities to increase physician knowledge and confidence in delivering all components of palliative care



Develop strategies to facilitate effective care coordination between palliative care and primary care services



Expand opportunities for pediatric palliative care accreditation for physicians, as well as psychologists, nurses, and social workers

Regional Implementation of ADAPT in Latin America



Regionally-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, Vinitsky 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.

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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.





