

ELEMENTS OF PALLIATIVE CARE CONSIDERED IMPORTANT BY PEDIATRIC ONCOLOGY CLINICIANS

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Purpose: Recognition of serious deficits in palliative care for children has prompted hospitals to develop specialized pediatric palliative care programs. However, only a minority of children who die from advanced cancer receive services from these dedicated programs [1]. We aimed to determine what elements of palliative care are considered important by bereaved parents and pediatric oncology clinicians.

Methods: As part of the larger study, we surveyed 48 pediatric oncology clinicians at the Hospital for Sick Children in Toronto, Canada (91% response rate). The main outcome measure was clinician importance ratings of core elements of palliative care delivery based on the National Quality Forum clinical practice guidelines for quality palliative care [2].

Results: Nineteen of twenty-four core elements were reported as important (defined as > 70% of clinicians reporting the item as important). However, of the nineteen elements, clinicians reported that children and families only receive 3 of them routinely including home care services and involvement of a social worker for the child and parent. The core elements least available to families were parent preparation for the death experience, discussion of death and dying with older children, sibling support, oncologist confidence in their ability to provide palliative care, and opportunity for direct admission from home to an inpatient unit.

Conclusions: These single center findings suggest that children with advanced cancer are not receiving key elements of palliative care despite oncologists recognizing them as important. Evaluation of barriers to provision of quality palliative care and strategies for overcoming them is critical.

References:

1. Widger K, Daives D, Drouin DJ, et al., *Pediatric patients receiving palliative care in Canada. Arch Pediatr Adolesc Med*, 2007. **161**:p. 597-602.
2. Ferrell B, Paice J, Koczywas M. *New standards and implications for improving the quality of supportive oncology practice. Journal Clin Oncol*, 2008. **26**:p. 3824-3831

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