## Palliative Care

Despite modern advances in cancer care, about 25% of children in developed countries still die of cancer. In resource limited settings more than 80% of children with cancer die.

Barriers to receiving care in developing countries include;

1. Delayed diagnosis
2. Limited access to therapy
3. Insufficient and under trained personnel
4. Lack of infra-structure.

It is the care provider's responsibility to recognise that the care of these advanced cases is adequate and that the child and his family are as comfortable as possible.

During palliative care the focus is on the 'quality of life and not the quantity of life'…

### Comfort and disease therapy and Intervention

Symptom management

Pain is usually the most obvious cause of suffering, however patients may also suffer from infection, bleeding, dyspnoea, nausea and vomiting, diarrhoea, pruritis, fatigue, depression and anorexia.

**During palliative care the aim is to make the patient as comfortable as possible, thus treatment offered should be the least invasive and aim to relieve symptoms.**

The Pain Management and Adjuvant therapy is the same as that in Pain Management.

### Communication

Most parents and families would appreciate being told the prognosis of their sick child should it be terminal. This allows the family time to prepare themselves for bereavement.

### Home/Hospital

It is important to discuss preferences for terminal care, whether in hospital or at home. The child and family should be supported wherever they choose.

### Resuscitation Status

Clear 'DO NOT RESCUSITATE' orders should be written in the child's medical records. This prevents unnecessary stress on both the family and the medical staff during who may try to administer resuscitation.

References

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