

Children's Palliative Care Knowledge, Attitudes, Confidence, and Educational Needs Among Humanitarian Health Professionals

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BACKGROUND

- Palliative care is an **essential** component of humanitarian health responses, yet it remains largely **unavailable**
- A **lack of education** for health care providers is a **significant barrier** to palliative care availability, which will lead to **improved management** of pain and other symptoms for children with serious or life-limiting conditions.
- There are **few studies** examining the palliative care **knowledge** of health care professionals in **humanitarian settings**.

STUDY OBJECTIVES

- To explore **training, experience, and comfort** in palliative care amongst humanitarian health care workers, and preferences for future training

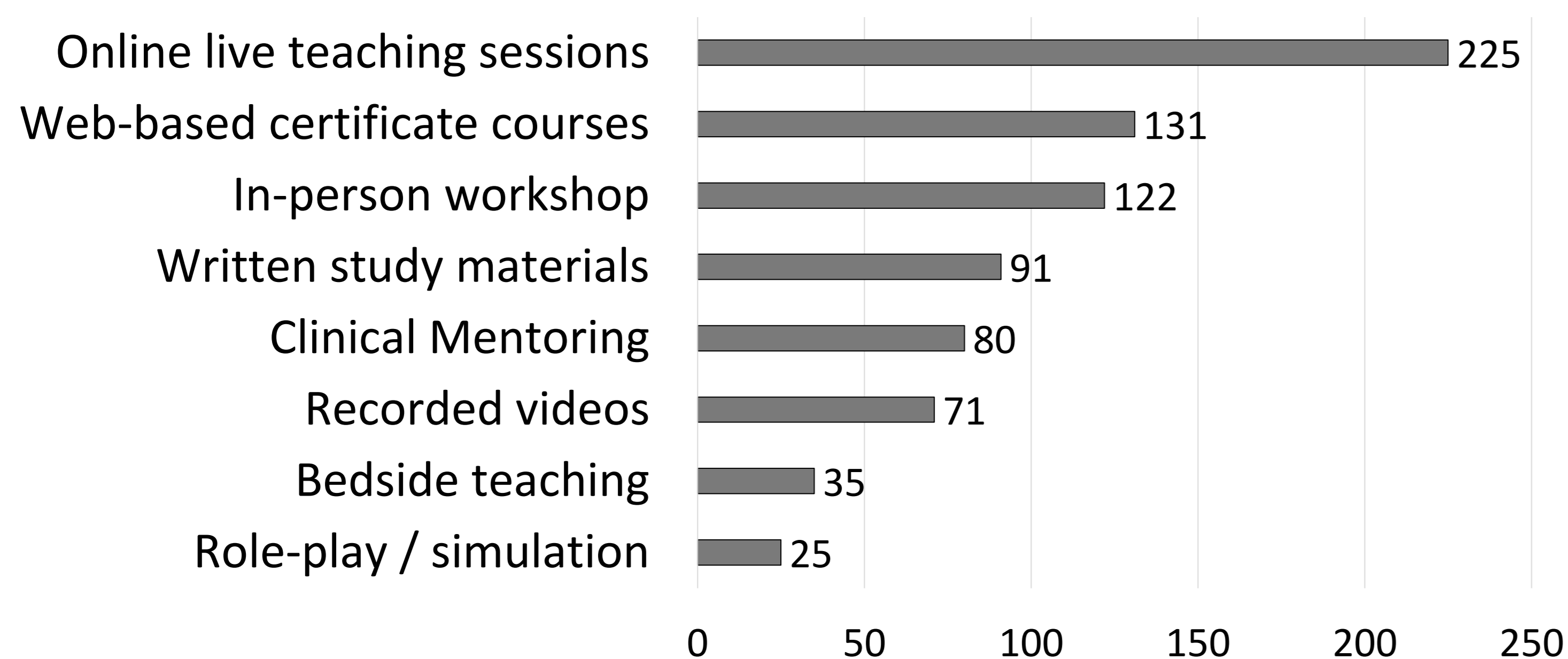
METHODS

- An **online survey** of health care providers with work experience in humanitarian settings; recruitment via email, social media, and through professional organizations

RESULTS

- 134 clinicians participated in study, from a wide variety of health disciplines including:
 - 38% - Nurses and nursing assistants
 - 19% - Clinical officers and physician assistants
 - 13% - Physicians
 - 6% - Psychologists and counsellors
 - 5% - Project Coordinators
 - 1% - each of pharmacists and social workers
 - 13% - other health workers
- 70% of clinicians reported having previous training in palliative care, including the following types of training:
 - 39% - palliative care training during their **undergraduate health professional training** (e.g. medical or nursing training)
 - 35% - **online palliative care training** course (Figure 2)
 - 31% - **workshop or CME event on palliative care**
- Preferred palliative care training modalities (Figure 1):
 - Online live teaching sessions, web-based certificate courses, in-person workshops

Figure 1. Preferred Palliative Care Training Modalities*



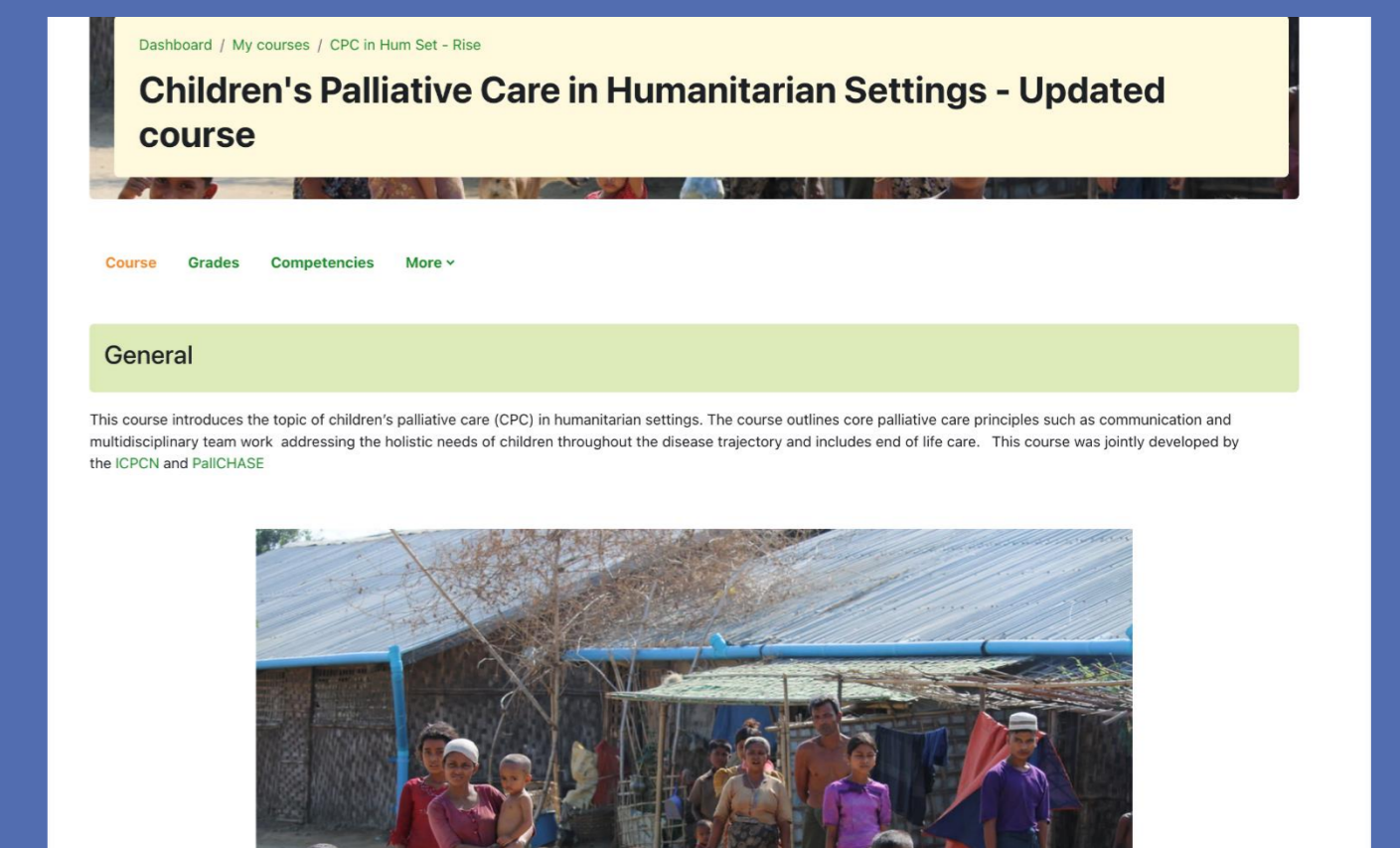
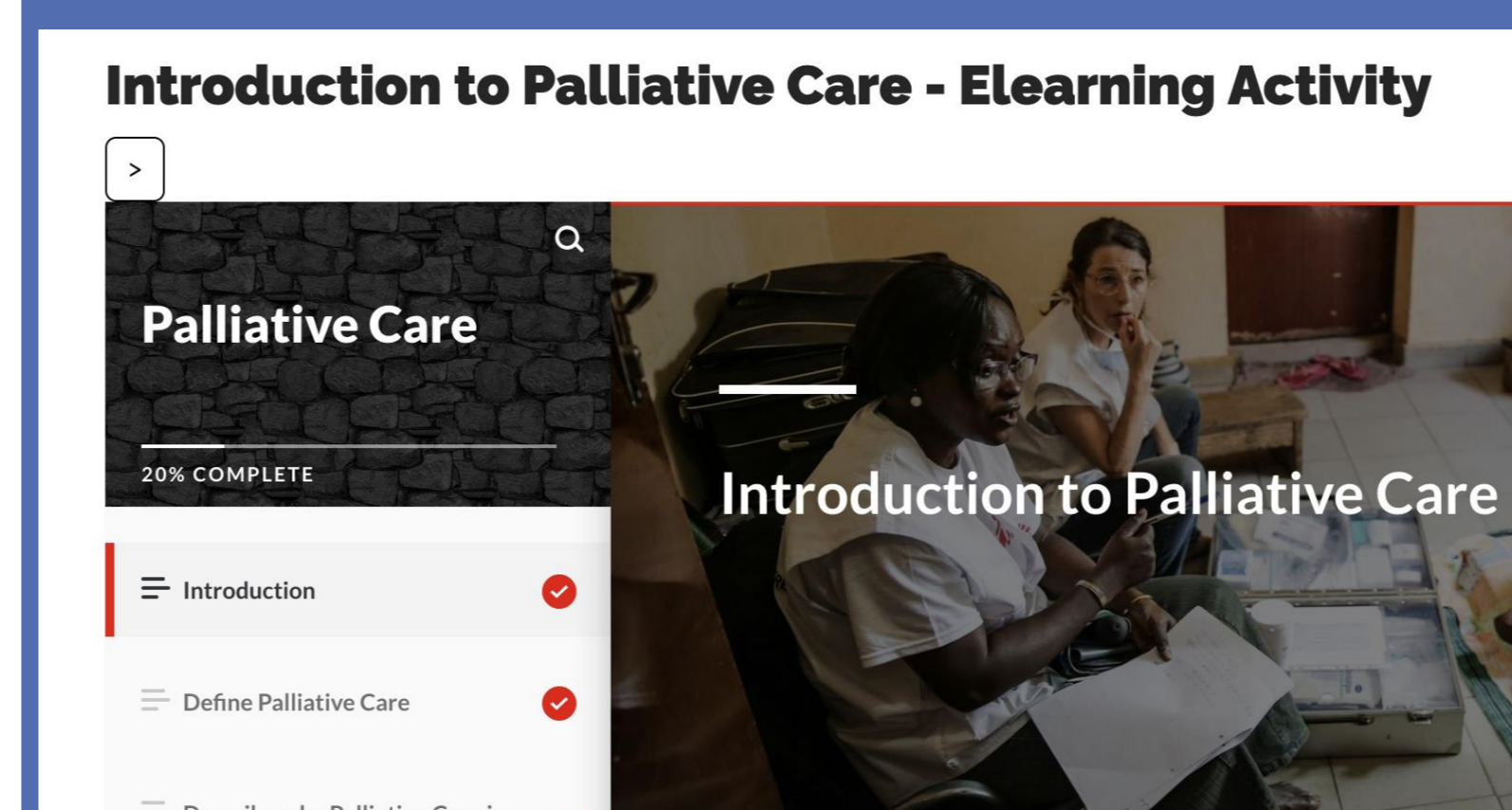
*Values represent a weighted-rank score of healthcare provider preferences, with higher values representing training modalities that are more preferred. Respondents were asked to select their top three preferred training modalities to help develop and improve their pediatric palliative care knowledge. The most preferred training modality (selected first) would receive a score of 3, while the third most preferred training modality (selected third) would receive a score of 1. The total scores are shown in the Figure.

ETHICS STATEMENT: Study approved by Children's Hospital of Eastern Ontario Research Ethics Board (CHEO 22/90X); participants provided written informed consent. Study conducted independently from MSF, although some participants were working at MSF facilities.

Figure 2. Available Learning Resources on Palliative Care for Humanitarian Settings

MSF Tembo – Palliative Care Introduction
<https://tembo.msf.org>

ICPCN Children's Palliative Care in Humanitarian Settings
<https://elearnicpcn.org>



Health Care Providers' Attitudes Towards Palliative Care

IMPORTANCE

- 98% indicate palliative care should **start at the time of diagnosis** for a child with a life-threatening or life-limiting condition
- 97% believe palliative care is **as important as curative care** in humanitarian settings
- 99% interested in **further pediatric palliative care training**

COMFORT

- 61% feel **uncomfortable talking about impending death** with parents of a dying child
- 61% find it **difficult to form a therapeutic relationship** with the family of a dying child
- 70% think it would be best to **change the subject** to something cheerful when a child asks "Am I dying?"

RESOURCES

- 17% do not feel they have **sufficient time** to spend with family when a child dies
- 22% do not think there are appropriate **policies or guidelines** to assist with the delivery of palliative care

MENTAL HEALTH

- 68% feel a sense of **personal failure when a child dies**
- 65% find caring for dying children **traumatic**
- 16% are **unable to access counselling or mental health support** when a child dies

Table 1. Preferred Palliative Care Learning Topics	n (%)
In your opinion, what topics should palliative care training cover for health care providers in humanitarian settings? (n = 131)	
Pain management	117 (89)
Communication skills (breaking bad news, active listening, eliciting preferences and priorities for care)	103 (79)
Psychosocial and spiritual support for the patient and family	94 (72)
End of Life Care (care in the last few hours-days of life)	91 (70)
Management of other symptoms	74 (57)
Referral Criteria for Palliative Care	74 (57)
Self-care and resilience for palliative care providers	67 (51)
Ethical issues in palliative care	59 (45)
Bereavement support	40 (30)

CONCLUSIONS

- There is **strong interest, awareness, and need** for palliative care training among humanitarian health workers
- However, despite the availability of guidelines on palliative care, humanitarian health workers have **limited comfort and skill** in providing palliative care for children
- Preferred learning topics include **pain management, communication skills, and psychosocial and spiritual support** for the patient and family
- Educators should develop a **variety of training modalities** to meet the diverse **educational preferences and needs** of health professionals in humanitarian settings.