

More facts about Children's Palliative Care

- A child's quality of life is vastly improved when the symptoms of their illness are well managed. This may require the use of opioids.
- Children's palliative care is specifically tailored to the unique physical, psychosocial, cognitive and spiritual development of each child.
- Age appropriate, sensitive but honest communication with children is a cornerstone of children's palliative care.
- Palliative care is best when provided by a coordinated and multi-professional team, working together for the best interests of the child and family.



ICPCN E-LEARNING COURSES

Learn more about **Children's Palliative Care** by taking one or more of these e-learning modules, available FREE from the ICPCN web site in 6 languages:

- Introduction to Children's Palliative Care
- WHO Guidelines on Persisting Pain in Children
- Communicating with Children
- Childhood Development and Play
- End of Life Care
- Grief and Bereavement

(These modules are available in English, Spanish, French, Portuguese, Russian and Serbian)

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THREE COMMON MYTHS

Myth 1

It is difficult to assess the pain levels of babies and young children and unsafe to prescribe opioids for their persistent pain.

Myth 2

Children can be treated as small adults.

Myth 3

Children don't know they are dying unless we tell them that they are.



Dispelling the myths about children's hospice and palliative care

Myths & Facts

In Children's Palliative Care



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Dispelling the myths about children's hospice and palliative care

Myth 1

It is difficult to assess the pain levels of babies and young children and unsafe to prescribe opioids for their persistent pain.

Facts

Babies and young children feel pain, even while in the womb. Painful experiences as a baby or infant remain embedded in a person's psyche and can forever inform and influence that person's response to painful stimuli.

There are many tools and methods that are readily available to assess pain in young children and in neonates. For pre or non-verbal children, pain assessment involves listening to the child's crying, observing facial expression and body movements and the monitoring of the child's vital signs.

Many health professionals around the world still believe that it is not safe to administer opioids, such as morphine, to babies or children. When correctly prescribed, opioids can and should be given to children, including neonates, to control moderate to severe persistent pain. Failure to prescribe opioids for children who need them could be labelled as child abuse.

Myth 2

Children can be treated as small adults.

Facts

There are many significant differences between palliative care for adults and children, the most relevant being:

- Children's understanding of illness, death and dying is not the same as that of adults and constantly changes as they grow older.
- Children communicate in different ways, including play, and are not always able to verbalise their needs and wishes. They should be cared for by people with an understanding of the way in which children communicate.
- The approach to and treatment of children must continually change as it is tailored to their growing bodies and specific levels of understanding and development.
- Children have the right to play, to developmental stimulation and to continue their education, despite their illness or prognosis.

Myth 3

Children don't know they are dying unless we tell them that they are.

Facts

It is instinctive for parents to want to protect their child from difficult truths, but practice shows that many children over the age of three have the intuitive knowledge that they are dying and wish to know the truth and be allowed to express their thoughts about it.

Often they do not discuss their own concerns and fears as they wish to protect their parents or carers from the distressing nature of these conversations. This *conspiracy of silence* can have a detrimental effect on the child's physical and emotional wellbeing.



DEFINITION

The World Health Organization defines palliative care for children as follows: Palliative care for children represents a special, albeit closely related field to adult palliative care. Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease. Health providers must evaluate and alleviate a child's physical, psychological, and social distress. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even in children's homes.