Approach to the children with cancer in the terminal phase and their families

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Although 70% of children with cancer survive, about 30% will experience recurrence, progression and death. Palliative care, is the symptomatic care that is given to patients in whom survival is no longer expected. It includes physical, emotional, social and spiritual elements. It should aim to obtain a good quality of life for the child and relief pain. Other measures are also taken to relief symptoms. Although the decision to go on with palliative therapy is similar in the whole world; geographical, social and cultural differences should be regarded when communicating with the child and family. Terminal care is a team work, and is a hard time emotionally for both the child, family and medical staff. The development of hospices and palliative care units are very important for both the patients and the medical staff involved.

Keywords : Attitude to death; bereavement; child; home care services; hospice care; neoplasms/nursing/psychology; pain/therapy; palliative care; terminal care; truth disclosure
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Abstract Background: Cancer incidence in Middle Eastern countries, most categorized as low- and middle-income, is predicted to double in the next 10 years, greater than in any other part of the world. Children with cancer experience pain from three main sources. Firstly, cancer itself causes pain when tumour affects bones or soft tissue (Oakes, 2011). Secondly, children with cancer undergo many painful procedures such as lumbar punctures, bone marrow aspirates and surgery (Cline et al., 2006; Walco et al., 2005). Due to changes in oncology care models, many children with cancer are spending less time in the hospital, and instead are being cared for primarily by their parents at home on an outpatient basis (Fortier et al., 2014). The responsibility for assessing and treating children’s cancer pain at home can be overwhelming for parents, and may be complicated by common attitudinal barriers and misconceptions about pain and pain management.