



## Pediatric Palliative Care and End of Life Care for Children

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### DESCRIPTION

Palliative care has always been part of the care of children. This includes all interventions focused on relieving pain, slowing the progression of the disease, and improving quality of life at all stages of the disease. In addition, even the most unpredictable illness children have predictable times in their lives that suffer from children, families, and care teams in ways that certain interventions can be explained. Rather than defining pediatric palliative care in terms of patient base, illness severity, or overall philosophical care, palliative care is best understood as a set of specific tasks at distress. By understanding these tasks learn to recognize the predictable time and situation of suffering. By learning to work with interdisciplinary professionals, communication skills and identifying clinical resources, pediatricians can more effectively support children with life-threatening illnesses and their families.

Most patients with pediatric cancer will experience suffering at in their journey and could benefit from a holistic philosophy and framework for care can improve through pain reduction, and symptom management, and relief of physical suffering. Goals of PPC also include relief of emotional and psychological suffering, reduction in spiritual distress and social isolation, coordination of care (including complex home care), facilitation of decision making, and during the transition from curative treatment to comfort care. Most oncology teams provide “primary” palliative care by managing pain and initiating goal directed communication.

Children with life limiting and life threatening illnesses that lead to death or a life of severe disability deserve a profound cultural and organizational of how we care for the infants. It begins with the diagnosis of the illness and continues regardless of whether the child is treated for the illness. A patient care solution that includes all aspects of the healthcare system, from hospitals to communities to homes, and includes an interdisciplinary team of nurses. It is important to distinguish between palliative care and end-of-life care. Taking care of children and their parents at times closely related to their death. A serious misunderstanding

about this difference strongly influences the mistakes made in defining the best way to provide the right eligibility criteria, needs, in the right solution, especially in the pediatric setting. Palliative care has not been provided to pediatric patients for a long time, and even today only a small proportion of children with terminal illness can benefit from palliative care. Many studies have confirmed that treatment of end-of-life symptoms in pediatric patients is often inadequate, and that none of these treatments are effective. Psychological, social problems as well as clinical problems, receive little attention. The global situation is characterized by a shortage of supply and a lack of availability of adequate patient care. Several studies provide important information about the diverse needs of children and their families with life-threatening and illnesses, and the problem of finding appropriate solutions.

Optimizing the quality of end-of-life care has gained national status as an important care goal. Palliative care is a comprehensive approach to addressing the physical, psychosocial, and psychological needs of patients and their families facing life-threatening illnesses and is an interdisciplinary group of caregivers. Collaborative efforts are required. Understanding the basic principles of palliative care is a difficult task that occurs when emergency department staffs identify patients who may benefit from palliative care services and such patients come to the hospital for treatment. Helps manage the situation.

Optimizing the quality of end-of-life care has become a major national medical goal. Most children are expected to live longer than their parents. We strive to provide quality care to patients and their families. Emergency department deaths account for the minority of all child deaths in hospitals, but ED physicians frequently encounter patients with life-threatening or illnesses. Compassionate and quality inpatient care for these patients and their families begins when they are admitted through the emergency department. The acceptance of palliative care advocacy groups by the association for Acute Medicine and the development of a position paper on end-of-life care.

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