

## Pediatric palliative care: Unraveling common myths, misconceptions and misunderstandings.

Palliative care is a specialized form of medical care intended for individuals with serious and potentially life threatening or life limiting illnesses/conditions and should be made available to patients based on their needs regardless of their expected prognosis. As exposure to palliative care in medical school and throughout postgraduate training remains fairly limited in most settings, palliative care remains to a degree shrouded in mystery for many. While there are commonalities to adult palliative care, there are also stark differences that exist in comparison to pediatric palliative care.

Pediatric palliative care is a very young subspecialty whose focus is to provide relief from “total” pain and burdensome symptoms. The multidisciplinary team’s goal is to improve the quality of life of both the child and their family through a holistic model of care. Care is aimed at anticipating, preventing and treating physical, emotional, psychological, social or spiritual suffering. Children and their families are supported to live as well as they can, for as long as they can, within the limits imposed by the illness/condition.

Due to lack of exposure, and the differences that exist between adult and pediatric palliative care services, it is not surprising that many misconceptions and misunderstandings exist regarding pediatric palliative care. This includes understanding eligibility criteria, role of the subspecialty team and how to manage symptoms at end of life including the ethical dilemmas that exist at end of life for pediatric palliative care providers.

This session will unravel the most common myths, misconceptions and misunderstandings that exist regarding pediatric palliative care. This includes understanding: 1) eligibility criteria 2) the aims of care 3) the differences between palliative and hospice care 4) how symptoms including pain are treated at end of life and 5) the role of narcotics including morphine and other medications at end of life.

### Image

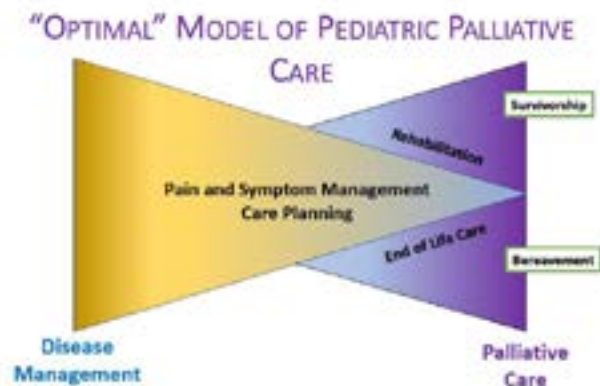


Figure 1: The bow tie model of 21st century palliative care (Adapted from Hawley PH).

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## Biography:

Dr. Sarpal completed her MD and general pediatrics residency from University of Calgary in 2004 and 2008 respectively. In 2010 and 2011, she completed fellowships in pediatric critical care medicine and pediatric palliative care medicine. She is also an Erickson Certified Executive Coach, and a member of the International Coaching Federation. She is currently the program director for the pediatric critical care medicine postgraduate medicine fellowship training program at Sidra Medicine and an assistant professor at Weill Cornell Medicine-Qatar, Qatar. Her research/academic interests include medical education, end of life care in the intensive care unit, physician health and wellness and coaching in (and outside) medicine.

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