Perception, Knowledge and Barriers to End of Life Palliative Care among Neonatal and Pediatric Intensive Care Physicians

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Received date: October 13, 2017; **Accepted date:** December 29, 2017; **Published date:** January 02, 2018

Abstract

Objective: To determine perception, knowledge, and barriers to the end of life palliative care among neonatal and pediatric intensive care physicians mainly practicing in Kuwait.

Methods: This study focuses a detailed self-administered questionnaire based measurements. One hundred and ninety-two (192) Kuwait based neonatal and pediatric intensive care physicians actively evaluated the survey conducted in this study. All the inquiries during this investigation were formatted using a 5-point Likert scale.

period, often neonatologists take care of infants who need immediate attention [3]. These infants are most likely face challenges related to surrounding palliative and end-of-life care and hence transferred to NICUs for further treatment.

Majority of palliative or EOL studies in the past suggests that pediatric intensive care units (PICUs) present a mixed knowledge of the definition and utility of palliative care. However, we acknowledge that prior expertise on PICUs may not be comparable to NICU data as the factors that influences may differ from each other in each setting. For example, the overall percentage of post-admission clinical trials conducted in pre-matured neonates is significantly different than pediatric population [4,5]. This statement is in corroboration of the previous finding suggests that the resuscitation guidelines used either in NICU or PICU is independent of patients' age and somewhat it depends upon the location [5]. We think, this diferences in the guideline is may be due to several factors as outlined below. It may be due to (1) the pattern of training that each group of providers receives or (2) the providers in each setting maintain different provider status (e.g., NICU providers and PICU providers require to sustain Neonatal Resuscitation Program or NRP status and Pediatric Advanced Life Support or PALS status respectively). These diferences in training then lead to disagreement between the two groups of providers in deciding the transition period from neonatal to pediatric guidelines.

Even though palliative and end-of-life care management sounds straightforward and easy, neonatologists often found it very difficult in overcoming the challenges associated with these control [6,7]. Most neonatologists go through several practical problems such as noise and lack of privacy in NICU, non-availability of proper and defined therapy to the newborn. One of the most critical hurdles that both the neonatologists and parents face is a lengthy discussion on end-of-life care knowing the least chance of a meaningful survival [8].

This particular study was designed to assess perception, knowledge, and barriers to EOL palliative care among neonatal and pediatric intensive care physicians particularly practicing in Kuwait.

Methods

After getting approval from the Institutional Review Board of Ministry of Health (IRBMH) Kuwait, the survey was sent to at least 192 neonatal and pediatric intensive care physicians between November 2016 and December 2016. This study is based on detailed and self-administered questionnaire measurements.

Questionnaires outline

This particular survey was conducted by a group of neonatal and pediatric intensive care physicians. The questionnaire consisted of four parts: demographic and current practice, perception, knowledge, and barriers toward the pediatric and neonatal end of life palliative care practice. Assessment of physician's knowledge on the definition of palliative care was based upon the World Health Organization (WHO) consensus definitions [1] of pediatric palliative care. The majority of the questions were formatted in a 5-point Likert scale answers; others had yes or no format.

Data analysis

STATA version 14 (StataCorp, College Station, TX) was for Descriptive statistics. Statistical analyses included means, standard deviation (SD), frequency and percentages. Chi-square test and ANOVA test were used to compare categorical and continuous data, respectively. Pearson correlations were used to examine relationships between

analgesia in palliative care (mean score=3.4, SD=1.3) as and when necessary.

As outlined in Table 2, a score of physicians' perception ranges from a score of 1, this refers to the least essential event to a score of 5, which indicates a signi f cant event.

Title	Neonatologists	Pediatric intensivists	All respondents	P value
Involvement of multidisciplinary team in EOL palliative care, mean (SD)	4.1 (1.4)	3.9 (1.4)	4 (1.4)	0.309
Involvement of parents/family in EOL palliative care decision	4.2 (1.4)	4.3 (1.7)	4.6 (1.6)	0.13
Pain management and analgesia are given as part of EOL palliative care	3.4 (1.1)	3.4 (1.6)	3.4 (1.3)	0.572
Importance to formally teach EOL palliative care	4.3 (0.8)			

perceived obstacles and reaction of Neonatologists and Pediatric intensivists' response to it concerning their agreement or disagreement.

Barriers	Neonatologists	Pediatric intensivists

References

1. World Health Organisation. Cancer: WHO de f nition of palliative care.
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