



# Research in Paediatric Palliative Care: Patient Outcomes

*2<sup>nd</sup> Congress on Paediatric Palliative Care:  
A Global Gathering*

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# Outcome measures (1)



- Key to improving:
  - *Quality*
  - *Efficiency*
  - *Availability of PC*
- Used in a variety of PC settings around the world:
  - *Assess & monitor care*
  - *Mainly used with adults*
- PROMS (**P**atient **R**eported **O**utcome **M**ea**S**ure**S**)

# Outcome measures (2)

- Used in a variety of different ways:
  - Clinical care
  - Audit/ quality improvement
  - Research
- Clinical practice:
  - Routine care
  - Start of a patient assessment
  - Quick means of identifying and prioritising need e.g. pain management
  - To show change over time

# What is an 'Outcome' in CPC?

- The change in a child's health status that can be attributed to the care provided through the 'palliative care service'
- A challenge.....




# However.....

- Despite the reported need, measuring progress in the quality of PC provided to children and the outcomes of such care is challenging
- Measurement of outcomes in the core domains of CPC is essential in ensuring quality and efficacy of the service provided are demonstrated for both the child and their family

# APCA African POS

- APCA African Palliative Outcome Scale was developed in 2005
- Mainly used for adults and not validated in children
- Issues of suitability and adaptability of the tool for use in children was discussed

**APCA AFRICAN PALLIATIVE OUTCOME SCALE**



| PATIENT NO.   | POSSIBLE RESPONSES                              | Visit 1 DATE | Visit 2 DATE | Visit 3 DATE | Visit 4 DATE |
|---|---|--------------|--------------|--------------|--------------|
| <b>ASK THE PATIENT</b>  |   |              |              |              |              |
| Q1. Please rate your pain (from 0 = no pain to 5 = worst/overwhelming pain) during the last 3 days?               | 0 (no pain)<br>- 5 (worst/overwhelming pain)    |              |              |              |              |
| Q2. Have any other symptoms (e.g. nausea, coughing or constipation) been bothering you lately in the last 3 days? | 0 (not at all)<br>- 5 (overwhelmingly)          |              |              |              |              |
| Q3. Have you been feeling worried about your illness in the past 3 days?  | 0 (not at all)<br>- 5 (overwhelming worry)      |              |              |              |              |
| Q4. Over the past 3 days, have you been able to share how you are feeling with your family or friends?            | 0 (not at all)<br>- 5 (yes, I've talked freely) |              |              |              |              |
| Q5. Over the past 3 days how you felt that life was worthwhile?   | 0 (no, not at all)<br>- 5 (Yes, all the time)   |              |              |              |              |
| Q6. Over the past 3 days, have you felt at peace?   | 0 (no, not at all)<br>- 5 (Yes, all the time)   |              |              |              |              |
| Q7. How much help and advice for your family do you want for the future?  | 0 (not at all)<br>- 5 (as much as wanted)       |              |              |              |              |
| <b>ASK THE FAMILY CARER</b>   |   |              |              |              |              |
| Q8. How much information have you and your family been given?   | 0 (none)<br>- 5 (as much as wanted)<br>N/A      |              |              |              |              |
| Q9. How confident does the family feel caring for _____?  | 0 (not at all)<br>- 5 (very confident)<br>N/A   |              |              |              |              |
| Q10. Has the family been feeling worried about the patient over the last 3 days?                                  | 0 (not at all)<br>- 5 (severe worry)<br>N/A     |              |              |              |              |

# C-POS Development Process....



- Commenced in 2009
- Collaborative process
- Data collection:
  - Kenya
  - South Africa
  - Uganda
  - Zimbabwe
- Others involved:
  - Malawi
  - Zambia
  - UK





# What is out there?

- Literature review completed
- Looked at Paediatric Palliative care domains and tools:
  - Physical care and pain
  - Spiritual care
  - Psychosocial care
  - Quality of life
- Looked at variety of tools
- Looked at research methods in children
- Ethical issues – assent vs. consent etc



# Existing measures

- Physical – focused mainly on the child
- Spiritual – included the child and the family
- Psychosocial – included the child and the family
  
- Measures were:
  - *Uni-dimensional*
  - *Focused on one particular area*
  - *Disease specific*
  
- Therefore there was a lack of appropriate outcome measures for use with children

# Recent systematic review

- No validated outcome measures for use in CPC
- Domains of some generic measures not relevant to CPC
- Disease specific measures only relevant for given population
- Recall period and response format not considered appropriate in all measures
- Options are to adapt an existing generic measure or develop a new one.

*(Coombes et al 2014)*

# Children's Report: Main Findings (2010)



**THE STATUS OF PAEDIATRIC PALLIATIVE CARE  
IN SUB-SAHARAN AFRICA - AN APPRAISAL**  
DR RICHARD HARDING, PROFESSOR LORRAINE SHERR,  
DR RENE ALBERTYN, JULY 2010

**EXECUTIVE SUMMARY**

- HIV rates in children are high and rollout of ART is limited
- Very little data on childhood cancers in Africa
- **The evidence base for children's palliative care has not progressed and no measurement tools exist**
- Few models of children's PC discussed
- Only 5 peer-reviewed papers found

# May 2009 – March 2010

Meeting of Multi-disciplinary experts from across Africa in Kampala  
(Kenya, Malawi, South Africa, Swaziland, Uganda, Zambia, Zimbabwe)

*Development of Tool – Verbal and non-Verbal*

**Piloting (of Tool) – (longitudinal (mixed methods approach)**

Aim: Initial testing of the tool, looking at feasibility, ease of administration and utility of the tool

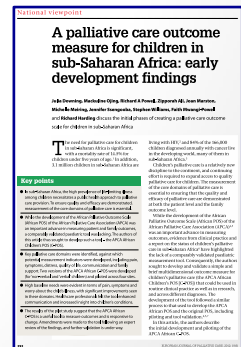
4 sites – Nyahururu Hospice (Kenya), Isibani Sethemba and Soweto Hospice (SA), HAU (Uganda)

**Quantitative Data Collection**  
19 verbal tools completed  
21 non-verbal tools completed

**Qualitative Data Collection**  
11 Staff - semi-structured interviews re feasibility, ease of administration and utility of the tool



(Downing et al 2012)



# *What* should we measure?

- Need to measure outcomes that reflect the specific goals of palliative care e.g.:
  - *Improving the quality of life before death*
  - *Controlling symptoms*
  - *Supporting the family* (Higginson and McCarthy 1993)
- Can't measure everything as tools need to be user friendly and not over burdensome



# Development of draft tool

- Reviewed definition of PC for children
- Identified outcomes expected e.g.:
  - *Children who are pain and symptom free*
  - *Children who are engaged within their own context*
  - *Children who have satisfactory family and sibling involvement in their life*
  - *Families and caregivers who feel confident with supporting the child through their illness.*
- Discussed age, developmental status etc.

# 'Outcomes out of Africa'

- Professionals views
- 168 from 20 countries (78% used PROMS)

**PRISMA** Use of outcome measures in palliative care in Africa: results of an online survey

Downing J<sup>1</sup>, Simon SP, Mwangi-Powell F<sup>1</sup>, Benalia H<sup>1</sup>, Higginson H<sup>1</sup>, Harding P<sup>1</sup>, Bassavein C<sup>1</sup>, on behalf of Project PRISMA

<sup>1</sup>Formerly African Palliative Care Association (APCA), <sup>2</sup>Stemum für Palliativmedizin Universität Köln, <sup>3</sup>APCA, <sup>4</sup>Clayton Saunders Institute, King's College London

**Background**  
Measurement of effects and outcomes of end-of-life care (EOLC) on patients and families is key to high quality care and research. Yet little is known about the experience of professionals using outcome measures (OMs) in Africa where endo research is underdeveloped and under-resourced. Therefore within the PRISMA project, an online survey was undertaken of those using OM in Africa.

**Aims**

1. To describe the practice of use of tools and OMs in different settings;
2. To identify which tools are used in clinical care, audit and research;
3. To describe the views of users regarding advantages and problems of using OMs;
4. To describe the use and experiences with the Palliative Outcome Scale (POS);
5. To describe participants views on further development of OMs.

**Methods**  
A questionnaire was developed for a similar survey in Europe addressing the use of OM and adapted for Africa. Invitation emails were sent out in January 2015 with a reminder in February 2015. Participants were sampled through the APCA contacts database.

**Results**  
168/422 invited contacts (40%) from 20 countries responded (Figure 1) and Table 1. 78% of respondents had used OMs, 87% in clinical practice, 12% in research and 23% in both.

The main reasons given for not using OMs were a lack of guidance and training on using and analysing OMs, with 49% saying that they would use them if this was given.

**Figure 1: Countries of Respondents**  
40% of those using OMs in clinical practice used the Palliative Outcome Scale (POS) and 80% used OMs to assess, evaluate and monitor change.

**Table 1: Demographics of those using OMs**

| Characteristic         | n         | % |
|------------------------|-----------|---|
| <b>Gender</b>          |           |   |
| Male                   | 22 (13%)  |   |
| Female                 | 146 (87%) |   |
| <b>Age</b>             |           |   |
| 18-24                  | 1 (0.6%)  |   |
| 25-34                  | 17 (10%)  |   |
| 35-44                  | 27 (16%)  |   |
| 45-54                  | 37 (22%)  |   |
| 55-64                  | 31 (18%)  |   |
| 65-74                  | 20 (12%)  |   |
| 75-84                  | 10 (6%)   |   |
| 85-94                  | 2 (1%)    |   |
| 95-104                 | 1 (0.6%)  |   |
| <b>Education</b>       |           |   |
| None                   | 1 (0.6%)  |   |
| Primary                | 1 (0.6%)  |   |
| Secondary              | 2 (1%)    |   |
| High school            | 11 (6%)   |   |
| University             | 133 (78%) |   |
| <b>Work experience</b> |           |   |
| < 1 years              | 26 (16%)  |   |
| 1-5 years              | 40 (24%)  |   |
| 6-10 years             | 31 (18%)  |   |
| 11-15 years            | 20 (12%)  |   |
| 16-20 years            | 10 (6%)   |   |
| > 20 years             | 8 (5%)    |   |

**Use of OMs in Research**  
The POS was the main OM used in research, with criteria for selection of tools being:  
- validated in Africa or for palliative care (73%);  
- accessibility of the tool (62%);  
- length of time taken to complete (58%).

**Challenges to the use of tools**  
Challenges to the use of the tools include:  
- Patient related e.g. too frail, ill or cognitively impaired or illiterate;  
- Staff related e.g. a lack of time, staff and guidance and training on how to use OMs;  
- Researcher related e.g. don't know how to analyse the data;  
- Tool related e.g. they are too complex.

**Use of the African version of the POS**  
Within Africa there is now an African version of the POS and this is accepted as a valuable tool for measuring outcomes and is used more widely than the original POS (Figure 2).

**Number of questions on an OM**  
Respondents were asked how many questions they thought should be on an ideal OM with 73% suggesting between 6 and 15 questions (Figure 3).

**Figure 2: Use of the POS**  
Figure 3: Ideal OM

**Conclusions**  
This was the first survey on professionals views on OM in Africa. It showed that a variety of tools are used, with the APCA African POS being the most frequent one. Training and support are needed to help professionals utilise OM in palliative care. However, it is clear that they have an ongoing and important role in palliative care in Africa.

**Acknowledgements, References**  
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**www.prismap7.eu**

## Challenges:

- Patient related:
  - *too ill*
  - *illiterate*
- Staff related
  - *Lack of time*
  - *Lack of guidance*
  - *No training on use*
- Researcher related
  - *How to analyse*
- Tool related
  - *Too complex*



# Initial Tool

## Non-verbal

- Children < 3 years
- Those not able to communicate verbally for whatever reason



## Verbal

- Children > 3 years and able to communicate verbally
- Discussed the possibility of having a separate tool for adolescents – felt that can use the APCA African POS with minor changes

# Format

## Section A – about the child

- Pain
- Symptoms
- Feeding
- Sleeping
- Interacting
- Crying
- Content/ settled
- Playing
- Worry

## Section B – about the family/ caregivers

- Sharing of feelings
- Help and advice to plan for the future
- Information about the child's illness
- Confidence in caring for the child
- Involvement of siblings

# Scales

- Verbal descriptors
- Hand scale
- Numerical rating scale
- Revised faces scale

*Q2 Please rate the extent to which any other symptoms have affected your child in the past 3 days?*

0 = Not at all

1 = Slightly

2 = Moderately

3 = Severely (interferes with activities of daily life)

4 = Very severely

5 = Overwhelmingly

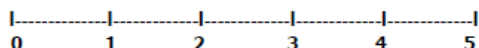


## APPENDIX 3: APCA AFRICAN CHILDREN'S POS

### Version 1: NON VERBAL CHILDREN

Patient Number: NV \_\_\_\_

Respondents will be asked to respond to each question with an answer on a 0-5 scale – they may do this using either of the scales below.



| Question                          | POSSIBLE RESPONSES   | Visit 1   | Visit 2 | Visit 3 | Visit 4 |  |
|-----------------------------------|--|---|---------|---------|---------|--|
| Study Reference Number:           | Date   |   |         |         |         |  |
| <b>SECTION A: ABOUT THE CHILD</b> |  |   |         |         |         |  |
| Q1.                               | Please rate whether you have seen any signs of pain in your child over the last 3 days   | 0 (no signs of pain at all) – 5 (Signs of overwhelming pain/ the worst pain that you can imagine) |         |         |         |  |
| Q2.                               | a) Please rate the extent to which any other symptoms (e.g. vomiting, diarrhea, skin problems etc) have affected your child over the last 3 days | 0 (not at all) – 5 (Overwhelmingly)   |         |         |         |  |
|                                   | b) Please tick all symptoms your child has experienced over the last three days  | Cough<br>Itching<br>Skin problems<br>Nausea<br>Vomiting<br>Sore mouth                             |         |         |         |  |

## APCA AFRICAN CHILDREN'S POS

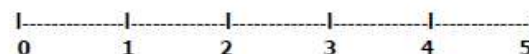
### Version 2: VERBAL CHILDREN

Patient Number: V \_\_\_\_

The Children will be asked to respond to each question by using one of the following scales – the scales will be printed on the back of the tool for ease of use.



Family respondents will be asked to respond to each question with an answer on a 0-5 scale – they may do this using either of the scales below.



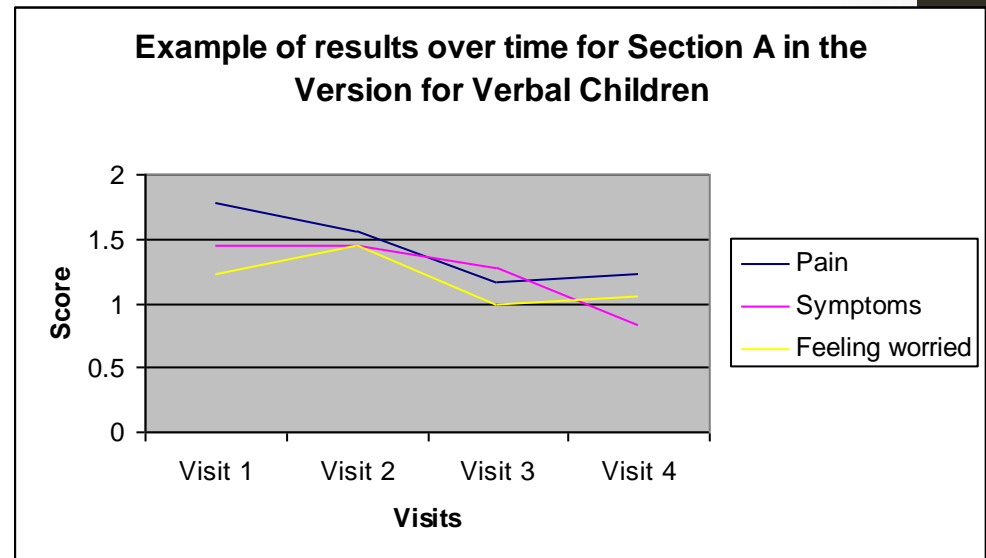
| Question                          | POSSIBLE RESPONSES  | Visit 1  | Visit 2 | Visit 3 | Visit 4 |
|-----------------------------------|---|--|---------|---------|---------|
| Study Reference Number:           | Date  |  |         |         |         |
| <b>SECTION A: ABOUT THE CHILD</b> |   |  |         |         |         |
| Q1.                               | Can you show me on a scale of 0 to 5 how much pain you have had over the last 3 days? | 0 (no pain) – 5 (the worst pain you can imagine) |         |         |         |
| Q2.                               | a) Apart from the pain can you show   | 0 (no other problems)                            |         |         |         |

# Sample of the pilot

- 4 services in 3 countries
  - Kenya,
  - South Africa
  - Uganda
- 40 patients
  - 19 verbal
  - 21 non verbal
- 5 languages
  - Kikuyu,
  - Runyoro,
  - Zulu,
  - Isinelebele
  - Sesotho
- Age range
  - Non-verbal - 0.42 to 14 years
  - verbal - 5 to 16 years.
- Gender
  - 58% girls
  - 42% boys
- Family size
  - 2 to 10 people.
- Setting
  - 75% rural
  - 25% urban setting

# Health professionals feedback

- Enhanced communication
- Questions were appropriate
- Gave insight into child's condition and how carer's are feeling
- Made them think broadly about the care of the child



# Recommendations:

- Combine two tools into one
- For pilot:
  - *Completed by child if able to*
  - *Completed by parent/ carer*
- Maintain all scales for pilot as numbers small and then review
- Change time frame to 'yesterday'
- Remove ACT class

# March 2010 – Jan 2012

Meeting of Multi-disciplinary experts from across Africa in Nairobi to review results  
(Kenya, Malawi, South Africa, Uganda, Zambia, Zimbabwe)

*Revision of Tool (Combined into one tool, changed time frame)*

## ***Piloting of Tool (longitudinal mixed method approach)***

Aim: To assess the utility of the tool, its acceptability in practice, feasibility and gathering initial data on face validity

*8 sites - Nyahururu Hospice and Nyanza Provincial General Hospital through Kisumu Hospice (Kenya), Isibani Sethemba and Soweto Hospice (SA), HAU, Mildmay and MPCU (Uganda), Island Hospice (Zimbabwe)*

## ***Quantitative Data Collection***

198 children recruited (85 Ug, 50 Ken, 44 SA and 19 Zim)

15 languages utilised

185 children completed 4 time points

Time taken: T1 x=23 – T4 x=15 mins

## ***Qualitative Data Collection***

In-depth and cognitive interviews  
There were challenges with completing some of these, so some interviews completed during the validation of the tool. Initial results used to review the tool but full analysis during validation



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beta



|                                |  |   |  |              |  |
|--------------------------------|--|---|--|--------------|--|
| <b>Study Reference Number:</b> |  | <b>If questions asked to a carer was it a family member or health worker?</b> |  | <b>Date:</b> |  |
|--------------------------------|--|---|--|--------------|--|

| <b>QUESTIONS TO BE ASKED TO THE CHILD</b> |                           | <b>Visit 1</b> | <b>Visit 2</b> | <b>Visit 3</b> | <b>Visit 4</b> | <b>QUESTIONS TO BE ASKED TO THE CARER OR NURSE IF THE CHILD IS UNABLE TO RESPOND</b> |                           | <b>Visit 1</b> | <b>Visit 2</b> | <b>Visit 3</b> | <b>Visit 4</b> |
|---|---------------------------|----------------|----------------|----------------|----------------|--|---------------------------|----------------|----------------|----------------|----------------|
| <b>Question</b>                           | <b>POSSIBLE RESPONSES</b> |                |                |                |                | <b>Question</b>  | <b>POSSIBLE RESPONSES</b> |                |                |                |                |

**SECTION A: ABOUT THE CHILD**

|            |  |   |  |  |  |  |   |  |  |  |  |  |
|------------|--|---|--|--|--|--|---|--|--|--|--|--|
| <b>Q1.</b> | Have you had any pain since yesterday? If so can you show me how much pain you have had?   | 0 (no pain) –<br>5 (the worst pain you can imagine)   |  |  |  |  | Please rate whether you have seen any signs of pain in your child since yesterday? (If appropriate you can use the FLACC scale to rate the pain).   | 0 (no signs of pain at all) –<br>5 (Signs of overwhelming pain/ the worst pain that you can imagine)                 |  |  |  |  |
| <b>Q2.</b> | <b>a)</b> Apart from the pain have any other problems with your body been troubling you since yesterday (e.g. being sick, going to the toilet a lot)? If so can you show me how much they have been troubling you? | 0 (no other problems with my body have been troubling me) –<br>5 (Other problems with my body have been troubling me very much) |  |  |  |  | <b>a)</b> Please rate the extent to which any other symptoms (e.g. vomiting, diarrhea, skin problems etc) have affected your child since yesterday? | 0 (not at all) –<br>5 (Overwhelmingly)   |  |  |  |  |
|            | <b>b)</b> Can you tell me what other problems have been troubling you? (Please tick)   | Cough<br>Itching<br>Skin problems<br>Nausea<br>Vomiting<br>Sore mouth<br>Diarrhoea<br>Constipation<br>Breathlessness            |  |  |  |  | <b>b)</b> Please tick all symptoms your child has experienced since yesterday?  | Cough<br>Itching<br>Skin problems<br>Nausea<br>Vomiting<br>Sore mouth<br>Diarrhoea<br>Constipation<br>Breathlessness |  |  |  |  |

|  |  |  |  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|--|--|
| Q9.  | Have your questions about your sickness been answered since yesterday?   | 0 (Have not been answered at all) –<br>5 (As much as I wanted)<br>N/A Had no questions |  |  |  |  | Have your questions about your Child's illness been answered since yesterday?           | 0 (Have not been answered at all) –<br>5 (As much as I wanted)<br>N/A Had no questions |  |  |  |  |
| <b>SECTION B. QUESTIONS ABOUT FAMILY/CARER</b>   |  |  |  |  |  |  |   |  |  |  |  |  |
| Q10  | Over the last 3 days have you been able to share how you are feeling about your child's illness with others when you have wanted to? |  |  |  |  |  | 0 (Not at all) –<br>5 (Talked freely)   |  |  |  |  |  |
| Q11  | How much information have you and your family been given about your child's illness?   |  |  |  |  |  | 0 (None) –<br>5 (As much as wanted)   |  |  |  |  |  |
| Q12  | Have you had enough help and advice for your family to plan for the future with regards to your child's illness?                     |  |  |  |  |  | 0 (None) –<br>5 (As much as wanted)   |  |  |  |  |  |
| Q13  | How confident does the family feel caring for the child?   |  |  |  |  |  | 0 (Not at all) –<br>5 (Very confident)  |  |  |  |  |  |
| Q14  | How much have other children in the family been involved in the care of the sick child?  |  |  |  |  |  | 0 (Not at all) –<br>5 (Involved as much as possible)<br>N/A – the child has no siblings |  |  |  |  |  |
| <b>SECTION C. QUESTIONS TO BE COMPLETED BY THE HEALTH WORKING USING THE POS DURING THE PILOTING PROCESS</b>  |  |  |  |  |  |  |   |  |  |  |  |  |
| Q15. Please record how long it took to complete the questionnaire during the pilot on each visit. (in minutes)                                     |  |  |  |  |  |  |   |  |  |  |  |  |
| Q16. Please record whether Section A was completed by the child (C), family/carer (F) or both (B)  |  |  |  |  |  |  |   |  |  |  |  |  |
| Q17. Please record which scale the child used most of the time to answer the questions in Section A – Line (L) – Hands (H) - Faces (F) – Other (O) |  |  |  |  |  |  |   |  |  |  |  |  |
| Q18. Please record which scale the carer used most of the time to answer the questions – Line (L) - Hands (H) – Other (O)                          |  |  |  |  |  |  |   |  |  |  |  |  |

# Example of Findings

## Quantitative

- Mean age 7.5 years
  - 58% HIV
  - 37% cancer
- High baseline scores in some areas e.g. Pain, symptoms, feeling unwell
- Demonstrated change over time, and each available option (0-5) scored
- Most significant change T1-T2

## Qualitative

- Tool helped improve relationship between health workers and child/ carer
- Tool seen as good and encouraged child to open up
- Carers comfortable with most of the questions
- Issues raised by carers mapped with the tool

# Recommendations:

- Hands and verbal scales used, faces and VAS removed – (cf Blum et al 2014)
- Removed preceding questions e.g. ‘Have you got pain’ as if not then score 0
- Textual descriptors removed apart from the anchors (0 and 5)
- Some changes to specific questions e.g. ‘feeding’ instead of ‘eating’
- Question on sleep removed as sleeping a lot could be good or bad
- Question on worry moved to the carer only section of the tool

# Jan 2012 – Aug 2014

Review of results (by tele-conf.) by multi-disciplinary experts from across Africa  
(Kenya, South Africa, Uganda, Zimbabwe and the UK)

*Revision of Tool (Faces scale removed, only verbal anchors for 0 and 5, N/A responses removed, since yesterday inserted, some wordings changed e.g. feeding not eating, removed sleep from the tool, moved question on worry from the child to the carer )*

## **Validation of Tool (longitudinal mixed method approach)**

Aim: To assess the validity of the tool, establishing face, content and construct validity, reliability and acceptability of the APCA African C-POS

*3 sites - Nyanza Provincial General Hospital through Kisumu Hospice (Kenya), The Red Cross Children's Hospital (SA), Mildmay (Uganda) – 6 translations used Swahili, Luo, Runyakitara, Lugana, Afrikaans and isiXhose*

### **Quantitative Data Collection**

302 children recruited (101 Ug, 99 Ken, 102 SA) and 299 family carers  
Completed C-POS and PedsQL for construct validity  
Time taken: T1 med=15, T4 med=5 mins

### **Qualitative Data Collection**

In-depth and cognitive interviews  
61 interviews from 6 sites  
Cognitive interviews: 12 staff, 16 carers, 6 children  
In-depth interviews: 11 carers, 16 children

# September 2014

- Reviewed data
- Found it to be valid, reliable and acceptable when completed by the child and proxy
- Finalised tool
- Writing paper for publication
- Dissemination



# Challenges – the tool

- Choosing which domains to cover
- Concepts may mean different things to different people
- Multiple languages
- No similar tool to compare it with (construct validity)
- Which scale to use
- ?carers as proxy for children

# Challenges – the process

- Time taken to get ethical approval
- Change in key research team personnel
- Key people at the sites not being available
- Some sites not familiar with the POS and new to research
- Conducting research across countries
- Donor requirements
- It always takes longer than you think it will!



# Recommendations

- There is a role for PROMS in children's PC
- The use of the APCA C-POS to be rolled out in different sites/ different countries.
- Project to develop a similar outcome scale for use in CPC in the UK.
- More work needed on the use of carers as proxies for children
- The use of PROMS is an important step in evaluating the outcomes of the care that we provide and ultimately therefore in improving quality of care.

# Save the dates....



## Medicine and Compassion: Tool for the Task... *Or Dangerous Distraction ?*

7<sup>TH</sup> CARDIFF INTERNATIONAL CONFERENCE 2015  
PAEDIATRIC PALLIATIVE CARE

**8<sup>th</sup> – 10<sup>th</sup> July 2015**





# Thank You



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