DIANE COPE, PHD, ARNP-BC, AOCN®
ASSOCIATE EDITOR

Study Finds That Children Do Not Receive Necessary Palliative Care

The Institute of Medicine's (IOM's) Committee on Palliative and End-of-Life Care for Children and Their Families has released a report about end-of-life care for U.S. children. The report, titled "When Children Die," found that parents often experience additional feelings of loss after a child has died because of the shortcomings of the U.S. healthcare system.

IOM found that much of the problem is because of recent advances in treating pediatric illnesses. Because treating, curing, and preventing previously fatal childhood diseases has been so successful and the child mortality rate has dropped significantly, research and data in the area of pediatric palliative care are scarce. For this reason, many fatally ill children and their families are not offered the end-of-life care that they need.

Pediatric oncology is an area where palliative care frequently is needed. Malignant neoplasms are the third leading cause of death in children aged 1–4, the second leading cause of death in children aged 5–14, and the fourth leading cause of death in young adults.

Sometimes, the lack of palliative and end-of-life care cannot be attributed to the healthcare system. Parents often experience uncertainty when faced with the death of a child. Frequently, families travel away from home to obtain the best treatment for their children, and the lack of familiar social support and stable finances can aid in their uncertainty. Finally, a cultural belief exists that when a child receives palliative care, he or she will die sooner. As a result, parents sometimes may choose to not obtain palliative care for their child.

Although physicians should assist families in making decisions about end-of-life care, all members of the healthcare system should have a part in the process.

Pain Reliever Use May Reduce Risk for Breast and Colon Cancer

Researchers have found that common pain relievers may reduce the risk of breast and colon cancer. The results of two studies, one of nonsteroidal anti-inflammatory drugs (NSAIDs) and the other of the cyclooxygenase-2 (COX-2) inhibitor celecoxib, were to be presented at the 94th annual meeting of the American Association for Cancer Research. The meeting, scheduled to be held in Toronto, Canada, was cancelled because of the severe acute respiratory syndrome outbreak.

Data from the Women's Health Initiative Observational Study revealed that women who took two or more NSAIDs per week for five to nine years reduced their risk of breast cancer by 21%. If the NSAIDs were used for 10 years or more, the risk was reduced by 28%. Ibuprofen was more effective than aspirin, with risk reductions of 49% and 21%, respectively. NSAIDs work by inhibiting COX-2, which is overexpressed in most human breast cancers. Other research studies have found that COX-2 may be implicated in several areas during tumor development, and NSAIDs may be effective in reducing other cancers, as well.

A preclinical trial by the American Health Foundation Cancer Center found that celecoxib and docosahexonic acid (DHA), an n-3 polyunsaturated fatty acid found in fish oil, reduced colon cancer growth when given at low doses. The combination used 50 mcM of celecoxib and 75 mcM of DHA. The combination was found to have a greater effect than the use of either agent alone.

Vitamin E May Reduce Bladder Cancer Mortality

According to the American Cancer Society's (ACS's) Department of Epidemiology and Surveillance Research, vitamin E supplements may reduce the risk of bladder cancer mortality. ACS reported the results of a 16-year study of nearly one million adults' health records. The study found that men died from bladder cancer almost three times more frequently than women; however, those who took vitamin E supplements for an extended period of time (10 years or more was found to be the most beneficial) had a reduced risk of bladder cancer mortality.

Researchers have found that vitamin E prevents free radical damage by attaching itself to LDL cholesterol. In addition to the benefits cited for bladder cancer, vitamin E also may prevent atherosclerosis and slow Parkinson's and Alzheimer's disease progression.

Booklet Aids in Advocating for Palliative Care in Hospitals

The Center to Advance Palliative Care has published a 14-page booklet to help advocates make a case when speaking with hospital decision makers about providing hospital-based palliative care. "The Case for Hospital-Based Palliative Care" offers evidence-based and case studies to support the idea that palliative care improves clinical outcomes and maximizes hospital efficiency. It also provides advice on how to start a program of hospital-based palliative care. To order a free copy, visit www.capcmssm.org.

Digital Object Identifier: 10.1188/03.CJON.506