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brücken bauen
bâtir des ponts
building bridges

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ADVANCE CARE PLANNING AND PALLIATIVE CARE FOR AN ADOLESCENT WITH ACUTE MYELOID LEUKEMIA

BACKGROUND

Pediatric hematologic malignancies are potentially **life-limiting** and **advance care planning** is an **important aspect in their care**. In the **Philippines**, **palliative care is not widely popular**, and palliative care providers often encounter pediatric palliative patients and their families who have difficulty in accepting their prognosis.

OBJECTIVES

This case study aims to discuss the **advance care planning approaches** and **challenges** in an **adolescent** patient with **advanced AML**. It describes the palliative care services provided for a terminally-ill pediatric patient and his family.

CASE SUMMARY

This was a case report of a **17-year-old male with AML** who had an **unsatisfactory response to induction chemotherapy**. He was given palliative oral chemotherapy (etoposide) and was **referred for palliative care**. He had performance status of **ECOG 1 on initial referral** and was **admitted multiple times** under Pediatric Hematology-Oncology service **due to infection complications**. He had **periodic follow-ups with the palliative care team in his last five months**, wherein **advance care planning was discussed**. **Coping and information needs** regarding the illness and its poor response to prescribed chemotherapy, as well as the **parents' fear to cause depression and hopelessness to the patient** posed challenges in the advance care planning. He was eventually able to **verbalize DNR-DNI preference** but it was **not yet finalized into a written advance care document**. He was admitted for the last time due to **intracranial hemorrhage** and **received aggressive measures at the emergency room** before his parents finally accepted the poor prognosis and **requested to discontinue the life-prolonging interventions**. His mother experienced complicated grief and received grief counseling from the palliative care team.

LEARNING INSIGHTS

The case showed **advance care planning as a dynamic process** that could **continue even in the terminal phase**. It highlighted that **consistent follow-up discussions** and **good documentation** were important in the process of ACP. It demonstrated how **bedside counseling, continuous information-sharing, and unconditional positive regard** might help a family who was initially undecided or opted for aggressive measures to eventually arrive at decisions regarding end-of-life care preferences. **Palliative care service should be available and prepared to respect, support, and help facilitate adequate terminal care** for the patient and their family. Parents of pediatric patients were at higher **risk for pathologic grief**. The value of **grief counseling for the bereaved family** was also emphasized.