

TABLE I. Characteristics and summary of the literature related to palliative care in children with life-limiting illnesses

S.No.	Author (year)	Study title	Population	Method	Country/region	Findings	
						Challenges	Opportunities/recommendations
1.	Brouwer <i>et al.</i> (2020)	Barriers in care for children with life-threatening conditions: A qualitative interview study in the Netherlands	Parents of children suffering/died from a life-threatening condition	Qualitative study done In-depth interviews of parents	The Netherlands	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Barriers to bureaucratic system</li> <li>• Lack of healthcare continuity</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Less participation of parents in decision-making</li> <li>• No conversations about the prognosis</li> <li>• Lack of empathetic communication</li> <li>• Lack of support to parents regarding end-of-life decision-making</li> <li>• Lack of attention to the family</li> <li>• Provision of bereavement care</li> <li>• Symptom management is emphasized by over-attention to the child as a person</li> </ul>	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Introducing case managers and provision of team approach and support</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Openness and clarity in communication</li> <li>• Training of healthcare providers in effective communication skills</li> <li>• Parents should be involved in decisions about the care of their child</li> <li>• Supporting parents in making end-of-life decisions</li> <li>• Cautious use of professional intimacy</li> </ul>
2.	Rost <i>et al.</i> (2020)	Barriers to palliative care in paediatric oncology in Switzerland: A focus group study	Paediatric oncology providers	Qualitative focus group study	Switzerland	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Financial constraints</li> <li>• Lack of pre-employment education</li> <li>• Lack of awareness among policy-makers</li> <li>• No bridging care system from hospital to home</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Understaffing</li> <li>• Inadequate infrastructure</li> <li>• Asymmetry of knowledge</li> <li>• Lack of supervision</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Incomplete communication</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Cultural aspects, irrational parental hopes</li> </ul>	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Raise awareness regarding palliative care for children among policy-makers</li> <li>• Disentangling paediatric from adult palliative care</li> <li>• Inclusion of paediatric palliative care in the postgraduate and pre-service training</li> <li>• Establish effective bridging care</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Implementing regular team meetings</li> <li>• More flexible approach to staffing and recruitment</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Open team discussions</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Identified barriers are mostly unavoidable</li> </ul>
3.	Ehrlich <i>et al.</i> (2020)	Barriers to the early integration of palliative care in pediatric oncology in 11 Eurasian countries	Physicians	ADAPT survey		<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Limited access to palliative care specialists or services</li> <li>• Cost of palliative care consultation and treatment</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Home-based services are lacking</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Family is not willing to involve the palliative care team</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge</li> <li>• Physicians are not comfortable discussing palliative care with families</li> <li>• Physician's desire to maintain hope</li> </ul>	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Raise awareness among community and healthcare workers</li> <li>• Empowerment of government</li> <li>• Adequate funding, staff strength, and training of workforce</li> <li>• National guidelines for palliative care</li> <li>• To promote timely implementation of palliative care</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Support to form multidisciplinary palliative care teams</li> <li>• Cost of healthcare should be reduced</li> </ul>

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4.	Cuviello <i>et al.</i> (2020)	Defining the boundaries of palliative care in paediatric oncology	Paediatric oncology service providers	Mixed-methods study	USA	<ul style="list-style-type: none"> <li>• Uncertainty regarding patient prognosis</li> <li>• Lack of time</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Providers are uncomfortable in providing palliative care</li> <li>• Oncologists reluctant to involve palliative care teams</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Reluctance of families to involve palliative care team due to negative perception</li> </ul>	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Training of oncology team in palliative care skills</li> <li>• Palliative care integration</li> <li>• Destigmatize palliative care</li> <li>• Development of standardized tools for consultation</li> </ul>
5.	Cuviello <i>et al.</i> (2020)	Initiating palliative care referrals in paediatric oncology	Paediatric oncology providers	Mixed-methods study	USA/Maryland	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Communication issues</li> <li>• Providers are not aware of available resources for palliative care</li> <li>• Some physicians are not clear about the benefits of palliative care consultation</li> <li>• Improper documentation</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Lack of standardization for palliative care consult</li> </ul> <p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Lack of resources</li> </ul>	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Improving interdisciplinary communication</li> <li>• Providing education and palliative care skill training</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Screening tools may be developed for referral to palliative care</li> </ul>
6.	Yu <i>et al.</i> (2020)	Perceptions of paediatric palliative care among physicians who care for paediatric patients in South Korea	Physicians	Survey approach	South Korea	<p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Low confidence among physicians about key elements of paediatric palliative care</li> <li>• Lack of workforce</li> <li>• Lack of facilities specialized in paediatric palliative care</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Patients' or caregivers' negative perception of palliative care for children</li> </ul>	<p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Early introduction of palliative care for children</li> <li>• Development of education and training curriculum for healthcare personnel</li> </ul>
7.	Johnson <i>et al.</i> (2020)	Strengths, gaps, and opportunities: Results of a state-wide community needs assessment of paediatric palliative care and hospice resources	Key informants (providers)	Community needs assessment; mixed-methods approach	Georgia, USA	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Unequal availability of paediatric palliative care services in urban and rural areas</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Lack of collaboration with external resources</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Confusion among providers regarding hospice v. paediatric palliative care</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Misunderstanding of paediatric palliative care and hospice care</li> </ul>	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>• Educate and train providers</li> <li>• Working group to give professional recommendations</li> <li>• Financial resource pooling</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>• Networking of palliative care teams</li> <li>• Incentives for promoting paediatric palliative care</li> <li>• Lobbying and creating awareness for paediatric palliative care</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>• Increase community and patient education</li> </ul>

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8.	Hill <i>et al.</i> (2020)	Seven types of uncertainty when clinicians care for paediatric patients with advanced cancer	Paediatric oncology team members	Discussions, group activities, and semi-structured interviews	Philadelphia, USA	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Referral to paediatric palliative care is delayed due to uncertainties such as prognostic, informational, individual, communication, relational, collegial, and inter-institutional issues</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Overcome the challenging situation</li> <li>Learn to communicate bad news</li> <li>Develop strategies to overcome difficulties during interaction with family members and healthcare workers</li> <li>Organizational collaboration</li> </ul>
9.	De Clercq <i>et al.</i> (2019)	The conceptual understanding of paediatric palliative care: A Swiss healthcare perspective	Healthcare providers	Focus group interviews	Switzerland	<b>Patient and family level</b> <ul style="list-style-type: none"> <li>Negative perception of paediatric palliative care</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Misconception about the need of palliative care</li> <li>Reluctance among healthcare providers to provide palliative care</li> <li>Late referrals in practice</li> <li>Diluted meaning of paediatric palliative care</li> <li>Institutional meaning of paediatric palliative care</li> <li>Cultural and religious differences</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Early implementation of paediatric palliative care</li> <li>Use of synonyms such as comfort care or supportive care</li> <li>Explicit use of terminology paediatric palliative care</li> <li>Positive word of mouth from satisfied families</li> <li>Support by a specialized paediatric palliative care team</li> </ul>
10.	Zuniga-Villanueva <i>et al.</i> (2019)	Factors associated with knowledge and comfort providing palliative care: A survey of paediatricians in Mexico	Paediatricians	Online survey	Mexico	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Providers are not comfortable addressing the palliative needs of children and family members</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Education and training to develop strategies to overcome the issue</li> </ul>
11.	Kaye <i>et al.</i> (2019)	Provision of palliative and hospice care to children in the community: A population study of hospice nurses	Hospice nurses	Cross-sectional survey	USA	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Lack of training and experience among nurses</li> <li>Nurses are not comfortable providing palliative care to children</li> </ul>	<b>Organizational level</b> <ul style="list-style-type: none"> <li>Educational resource development and training of healthcare personnel</li> </ul> <b>Policy level</b> <ul style="list-style-type: none"> <li>Child and family-centred policy</li> </ul>
12.	Spruit <i>et al.</i> (2018)	Knowledge, beliefs, and behaviours related to palliative care delivery among paediatric oncology health care providers	Healthcare professionals	Cross-sectional, descriptive survey design	USA	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>Negative connotation of paediatric palliative care</li> <li>Discomfort or limited knowledge</li> <li>Difficult prognostication</li> <li>Oncologists believe that they are already providing what is offered by palliative care services</li> </ul>	<b>Policy level</b> <ul style="list-style-type: none"> <li>Include paediatric palliative care in academic programmes preparing healthcare personnel</li> <li>Nurses should be empowered to send consultations for palliative care services through policy change</li> </ul>

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						<b>Organizational level</b> <ul style="list-style-type: none"> <li>• Time constraints</li> <li>• Limited resources</li> <li>• Insurance coverage</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Misinterpretation of palliative care</li> <li>• Family resistance</li> </ul>	<b>Organizational level</b> <ul style="list-style-type: none"> <li>• Offer in-service paediatric palliative care education</li> <li>• Early initiation of palliative care</li> <li>• Integration of palliative care team</li> <li>• Continuous research in field of paediatric palliative care</li> <li>• Education and awareness of palliative care among the public and policy-makers</li> </ul>
13.	Esmaili <i>et al.</i> (2018)	Qualitative analysis of palliative care for paediatric patients with cancer at Bugando Medical Center: An evaluation of barriers to providing end-of-life care in a resource-limited setting	Caregivers (family members) of patient and hospital staff	In-depth interviews and participant observation	Tanzania	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Financial resource constraints</li> <li>• Deficiencies in infrastructure or hospital resources</li> <li>• Inadequate supply of opioids</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Underreporting of pain due to socio-cultural expectations of stoicism and tolerance</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Lack of communication among staff and patient or family members</li> <li>• Lack of confidence and inability to discuss death</li> <li>• Under prioritizing palliative care by staff</li> <li>• Stigmatization of death and suffering</li> <li>• Inadequate pain management</li> </ul>	<b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Support and educate families to overcome misconceptions and fears related to palliative care</li> </ul> <b>Policy level</b> <ul style="list-style-type: none"> <li>• Design more appropriate and effective palliative care policies for children</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Awareness should be increased</li> <li>• Accessibility of opioids</li> <li>• Solutions based on natural strengths</li> <li>• Multidisciplinary research in paediatric palliative care</li> </ul>
14.	Nyiro <i>et al.</i> (2018)	The timing and circumstances of the implementation of paediatric palliative care in Hungarian paediatric oncology	Paediatric oncology physicians	An exploratory study using a semi-structured interview	Hungary	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Non-availability of widely accepted unified practice or implementation of paediatric palliative care</li> <li>• Late implementation due to misconceptions</li> </ul> <b>Organizational level</b> <ul style="list-style-type: none"> <li>• Lack of designated paediatric palliative care teams</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Physicians should reconsider and update their approaches to paediatric palliative care implementation and discussion with parent</li> </ul>
15.	Dalberg <i>et al.</i> (2018)	Perceptions of barriers and facilitators to early integration of paediatric palliative care: A national survey of paediatric oncology providers	Paediatric oncology providers	Prospective survey	USA	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Roles of oncology and palliative care team</li> <li>• Physicians want to maintain control over the total care of their patients</li> <li>• Emotional relationships with patients and families</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Negative perception of paediatric palliative care</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Interdisciplinary communication would be improved with early integration of palliative care</li> <li>• Early initiation of paediatric palliative care referral</li> <li>• Evidence-based literature is needed</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Family education for creating awareness and optimal use of palliative care</li> </ul>

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16.	Szymczak <i>et al.</i> (2018)	Paediatric oncology providers' perceptions of a palliative care service: The influence of emotional esteem and emotional labor	Paediatric oncology providers	Semi-structured qualitative interviews		<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Reluctance and uncertainty of timing</li> <li>• Considerable emotional labour in calling paediatric palliative care consult</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Early initiation of paediatric palliative care</li> <li>• Focus on the emotional aspect</li> </ul>
17.	Ngwenya <i>et al.</i> (2019)	Qualitative situational analysis of palliative care for adolescents with cancer and HIV in South Africa: Healthcare worker perceptions	Healthcare Providers	Process mapping	South Africa	<b>Organizational level</b> <ul style="list-style-type: none"> <li>• Lack of resources</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Misconceptions about paediatric palliative care among the public and providers</li> <li>• Lack of paediatric palliative care education among professionals</li> <li>• Lack of adolescent-specific care</li> <li>• Lack of healthcare professionals who can prescribe morphine</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Lack of public awareness</li> </ul>	<b>Organizational level</b> <ul style="list-style-type: none"> <li>• Integration of paediatric palliative care in mainstream health services</li> <li>• Training of healthcare personnel</li> <li>• Absorb palliative care philosophy and practice at all levels of care</li> <li>• Apply a community-based model</li> <li>• Empowerment of nurses who can prescribe pain medications</li> </ul>
18.	Chong and Abdullah (2017)	Community palliative care nurses' challenges and coping strategies on delivering home-based paediatric palliative care: A qualitative study	Nurses	A qualitative study using semi-structured interviews	Malaysia	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Communication with children or parents or caregivers</li> <li>• Lack of training and knowledge</li> <li>• Emotional suffering</li> <li>• Moral distress</li> <li>• Fear or guilt from inexperience</li> </ul> <b>Organizational level</b> <ul style="list-style-type: none"> <li>• Lack of other disciplines in the team</li> <li>• Fewer paediatric referrals</li> <li>• Perceived excessive workload</li> <li>• Lack of resources</li> </ul>	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Incorporation of paediatric palliative care in teaching and training of all undergraduate courses for healthcare personnel</li> </ul> <b>Organizational level</b> <ul style="list-style-type: none"> <li>• Provide organizational support to the nurses in the community</li> <li>• Collaboration between paediatricians and community palliative services</li> <li>• Develop standards for paediatric palliative care</li> </ul>
19.	Taylor and Aldridge (2017)	Exploring the rewards and challenges of paediatric palliative care work	Healthcare providers working in multi-disciplinary hospice care team	Qualitative approach	UK	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Palliative care work is emotionally intensive and has many different aspects</li> <li>• Stress due to getting it right for the children</li> <li>• Work-related stress</li> </ul>	<b>Organizational level</b> <ul style="list-style-type: none"> <li>• Training of healthcare personnel</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Colleagues should support each other informally</li> </ul>
20.	Chong <i>et al.</i> (2017)	Paediatric palliative care in the Asia Pacific region: Where are we now?	Healthcare providers	Online survey	Asia Pacific region	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Funding issues</li> <li>• Opioid availability</li> <li>• Services need to cater to a large area</li> <li>• Lack of support from the government</li> </ul>	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Mentoring and proving guidelines for practice to countries with low availability</li> <li>• Availability and meeting opioid demands</li> </ul>

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21.	Mojen <i>et al.</i> (2017)	Palliative care for children with cancer in the Middle East: A comparative study	Target countries	Comparative study	Egypt, Lebanon, Jordan, Turkey, and Iran/Middle East	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Lack of policy support</li> <li>• Inadequate access to opioids</li> <li>• Financial constraints</li> </ul> <b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Lack of professional knowledge</li> </ul>	<b>Policy level</b> <ul style="list-style-type: none"> <li>• Education of health workforce</li> <li>• Integration of palliative care in curriculum</li> <li>• Supportive policy regarding opioids</li> <li>• Integrated of palliative care in health systems of the countries</li> </ul> <b>Organizational level</b> <ul style="list-style-type: none"> <li>• Research in the field of paediatric palliative care</li> <li>• Participation of non-governmental organizations</li> </ul>
22.	Khraisat <i>et al.</i> (2017)	Paediatric end-of-life care barriers and facilitators: Perception of nursing professionals in Jordan	Critical care nurses	Descriptive cross-sectional study	Jordan	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Difference of opinion among physicians</li> <li>• No support person available for family</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Difficulty in dealing with angry family members</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Agreement among involved physicians about the direction of care</li> <li>• Education about paediatric palliative care and support for paediatric staff</li> </ul> <b>Organizational level</b> <ul style="list-style-type: none"> <li>• Development of paediatric end-of-life care team</li> </ul> <b>Patient and family level</b> <ul style="list-style-type: none"> <li>• Receptive and understanding of the family members</li> </ul>
23.	Twamley <i>et al.</i> (2014)	Underlying barriers to referral to paediatric palliative care services: Knowledge and attitudes of healthcare professionals in a paediatric tertiary care centre in the UK	Healthcare providers	Cross-sectional survey	UK	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Unfavourable attitude of healthcare providers despite adequate knowledge</li> <li>• Misconceptions about palliative care</li> </ul>	<b>Healthcare provider level</b> <ul style="list-style-type: none"> <li>• Further research for integration of paediatric palliative care</li> <li>• Training and education</li> </ul>
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24.	Iranmanesh <i>et al.</i> (2016)	Nursing staff's perception of barriers in providing end-of-life care to terminally ill paediatric patients in Southeast Iran	Critical care nurses	Survey		<p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>Lack of palliative care education and units</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Family members are reluctant to accept the poor prognosis</li> <li>Non-availability of a support person</li> </ul>	<p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>Educating healthcare providers to provide culturally appropriate care</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Education of families</li> <li>Active involvement of religious leaders</li> </ul>
25.	Connor <i>et al.</i> (2014)	Assessment of the need for palliative care for children in South Africa	Existing secondary data sources and key informants (service providers)	Design cross-sectional approach—mixed methods	South Africa, Kenya, and Zimbabwe	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>Focus of policy not adequate</li> <li>Limited funding</li> <li>Gaps in governance (including policy)</li> </ul> <p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>Narrow focus of non-governmental organizations delivering paediatric palliative care</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>Knowledge and understanding of paediatric palliative care</li> <li>Reluctance to prescribe and/or administer morphine</li> </ul>	<p><b>Policy level</b></p> <ul style="list-style-type: none"> <li>Integration of paediatric palliative care in the health system</li> <li>Strengthening health systems</li> <li>Funding should be the priority for paediatric palliative care</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>Training of healthcare workers</li> <li>Integration of paediatric palliative care into the training</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Demand creation</li> <li>Increased awareness among the community</li> </ul>
26.	Dalberg <i>et al.</i> (2013)	Pediatric oncology provider perceptions of barriers and facilitators to early integration of pediatric palliative care	Paediatric oncology providers	Focus group study (qualitative)	Portland	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>Differences of perception among providers about the adequacy of palliative care on unmet needs of patients</li> <li>Resistance to the integration of palliative care team among clinicians</li> <li>Conflict whether palliative care is consistent with curative therapy</li> <li>Differences of opinion among providers</li> <li>Anxiety among family members to meeting palliative care team</li> <li>Emotions of clinicians</li> </ul> <p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Misconception about palliative care</li> </ul>	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>Improving communication and documentation</li> <li>Objective opinion</li> <li>Early integration of palliative care</li> <li>Educating patients and families</li> <li>Evidence-based approach to ascertain the benefits of palliative care</li> </ul>
27.	Knapp and Thompson (2012)	Factors associated with perceived barriers to paediatric palliative care	Paediatricians	Cross-sectional survey	USA/ Florida and California	<p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Reluctance from family to accept palliative care due to negative perception</li> <li>Finances and reimbursement of expenses</li> </ul>	<p><b>Patient and family level</b></p> <ul style="list-style-type: none"> <li>Educate family members and healthcare personnel</li> </ul>
28.	Varela <i>et al.</i> (2012)	Barriers to hospice for children as perceived by hospice	Representatives of hospice organizations	Web-based survey through email	North Carolina	<p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>Lack of referrals to hospice</li> <li>Negative perception of paediatric palliative care</li> <li>Complex care needs of children</li> </ul>	<p><b>Organizational level</b></p> <ul style="list-style-type: none"> <li>Flexible services</li> <li>Concurrent access to hospice services</li> <li>Pre-employment education and training</li> </ul>

TABLE I. Characteristics and summary of the literature related to palliative care in children with life-limiting illnesses

S.No.	Author (year)	Study title	Population	Method	Country/region	Findings	
						Challenges	Opportunities/recommendations
		organizations in North Carolina				<ul style="list-style-type: none"> <li>• Lack of trained workforce</li> <li>• Language barrier</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical rotation of physician for understanding and integrating palliative care in other clinical practices</li> </ul> <p><b>Healthcare provider level</b></p> <ul style="list-style-type: none"> <li>• Nurses experienced in working with children</li> <li>• Able to speak with non-English speaking patients</li> </ul>