- It begins when illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate the child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centers, and even in children's homes.

Palliative care interventions do not serve to hasten death. Rather, they provide pain and symptom management, attention to issues faced by the child and family with regard to death and dying, and promotion of optimal functioning and quality of life during the time the child has remaining. The implementation of neonatal and pediatric palliative care consulting services within hospitals has led to enhanced quality of life and end-of-life care for children and their families and support for their care providers (Blume, Balkin, Aiyagari, et al, 2014; O'Quinn and Giambra, 2014). Several principles are hallmarks of palliative care.

The child and family are considered the unit of care. The death of a child is an extremely stressful event for a family, because it is out of the natural order of things. Children represent health and hope, and their death calls into question the understanding of life. A multidisciplinary team of health care professionals consisting of social workers, chaplains, nurses, personal care aides, and physicians skilled in caring for dying patients assist the family by focusing care on the complex interactions among physical, emotional, social, and spiritual issues.

Palliative care seeks to create a therapeutic environment as homelike as possible, if not in the child's own home. Through education and support of family members, an atmosphere of open communication is provided regarding the child's dying process and its impact on all members of the family (see Translating Evidence into Practice box).

Translating Evidence into Practice