The background features a light cream color with a subtle pattern of thin, vertical, wavy lines. Scattered throughout are various colorful hearts in shades of green, yellow, orange, red, blue, and purple. Some hearts are solid, while others have patterns like stripes or polka dots. There are also some heart-shaped leaves and small pink flowers on thin brown branches, particularly in the top-left and bottom-right corners.

Medical Social Worker's Perspective in Paediatric Palliative Care

Susanna CHAN
Social Work Officer (Palliative Care)
Hong Kong Children's Hospital

What is Medical Social Work?

- Hospital/clinic based
- One of the allied health team members; One of the clinical team members
- Work with patient and families in need of psychosocial help
- Related to the disease
- Assess the psychosocial functioning of patients and families and intervene as necessary

What is Medical Social Work?

- Intervention:

- Connecting patients and families to necessary resources and supports in the community
- Helping patients to expand and strengthen their network of social supports
- Offering counseling to patients and family members

- Role:

"restore balance in an individual's personal, family and social life, in order to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society"

Medical Social Work in Paediatric Palliative Care

- A new service in Hong Kong
- Territory-wide service
- Team up with: patient, family members, paediatric palliative care team, parent clinical team, allied health colleague, NGOs in the community, school
- Quite different from working in an adult/geriatric palliative care unit

Paediatric Palliative Care Process

Stage 1

- Diagnosis or recognition of a life-threatening/limiting disease

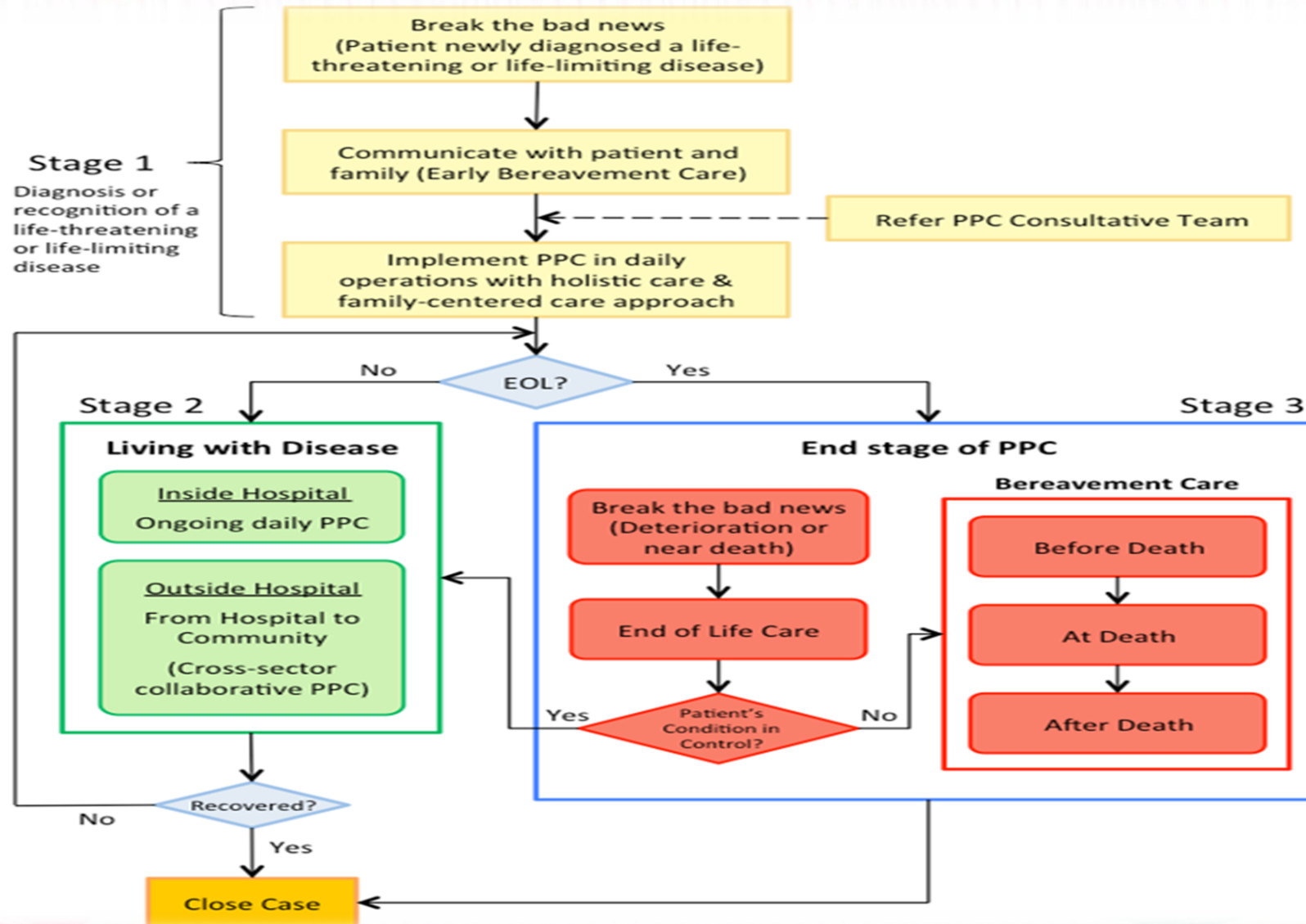
Stage 2

- Living with a life-threatening /limiting disease

Stage 3

- End of life and bereavement care

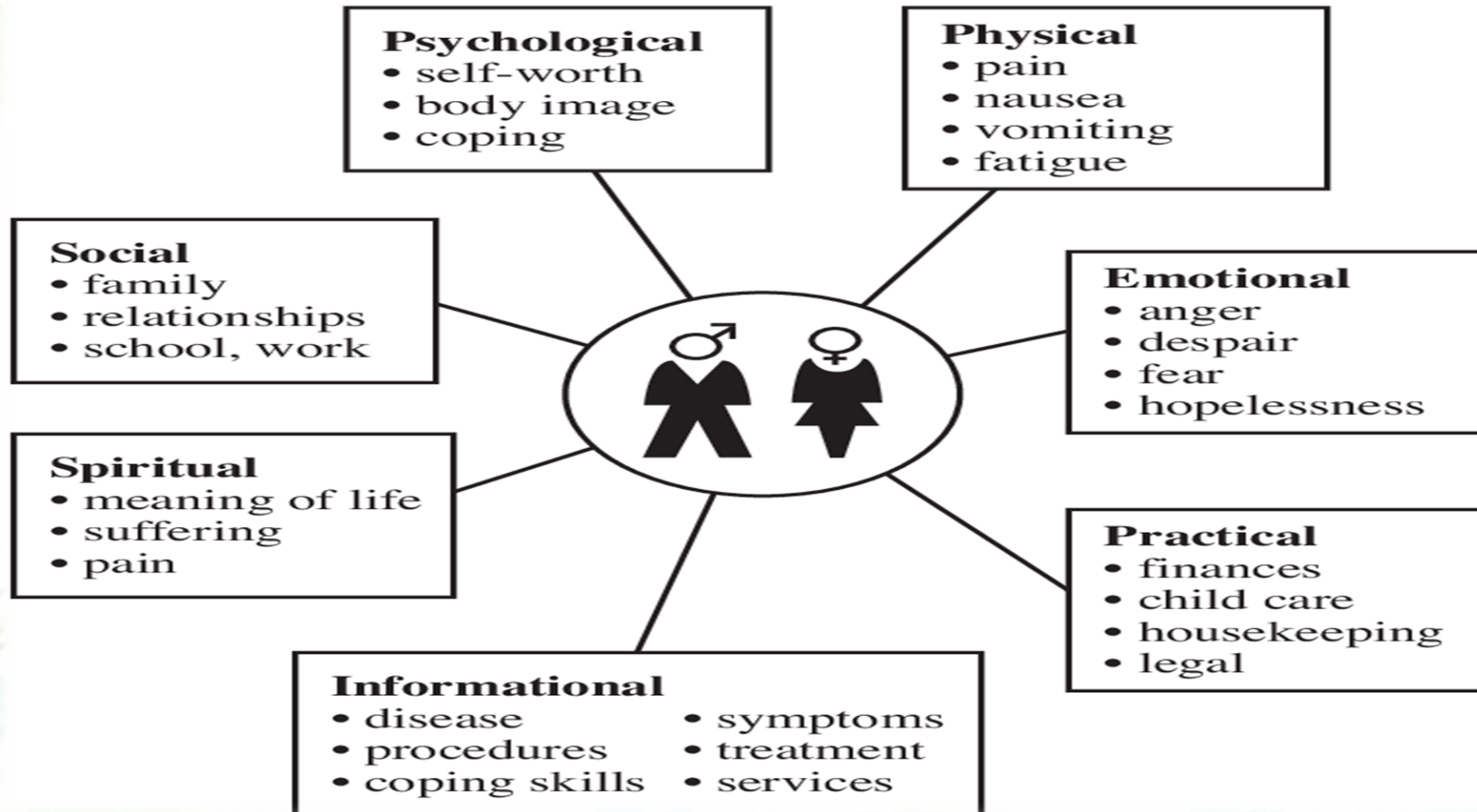
Paediatric Palliative Care Process



Case illustration

- Kelly, F/6, primary one student
- Newly diagnosed as Osteosarcoma, with multiple metastasis
- Fair prognosis
- Ranked 2nd among 2 siblings, got 1 elder sister (aged 9)
- Lived with parents and elder sister at a public housing unit in Tuen Mun
- Father, who was a labor worker, was the sole breadwinner of the family
- Marginal family financial condition
- Mother, who was a housewife, was the main carer of the family
- Harmonious family relationship
- Maternal grandmother (aged 65) was living in Kowloon East, supportive to the family

Supportive Care Needs Framework



(Fitch, 1994)

What are the problems of the family?

- Tangible needs:
 - Financial problem
 - Housing problem
 - Caring problem
 - Schooling problem

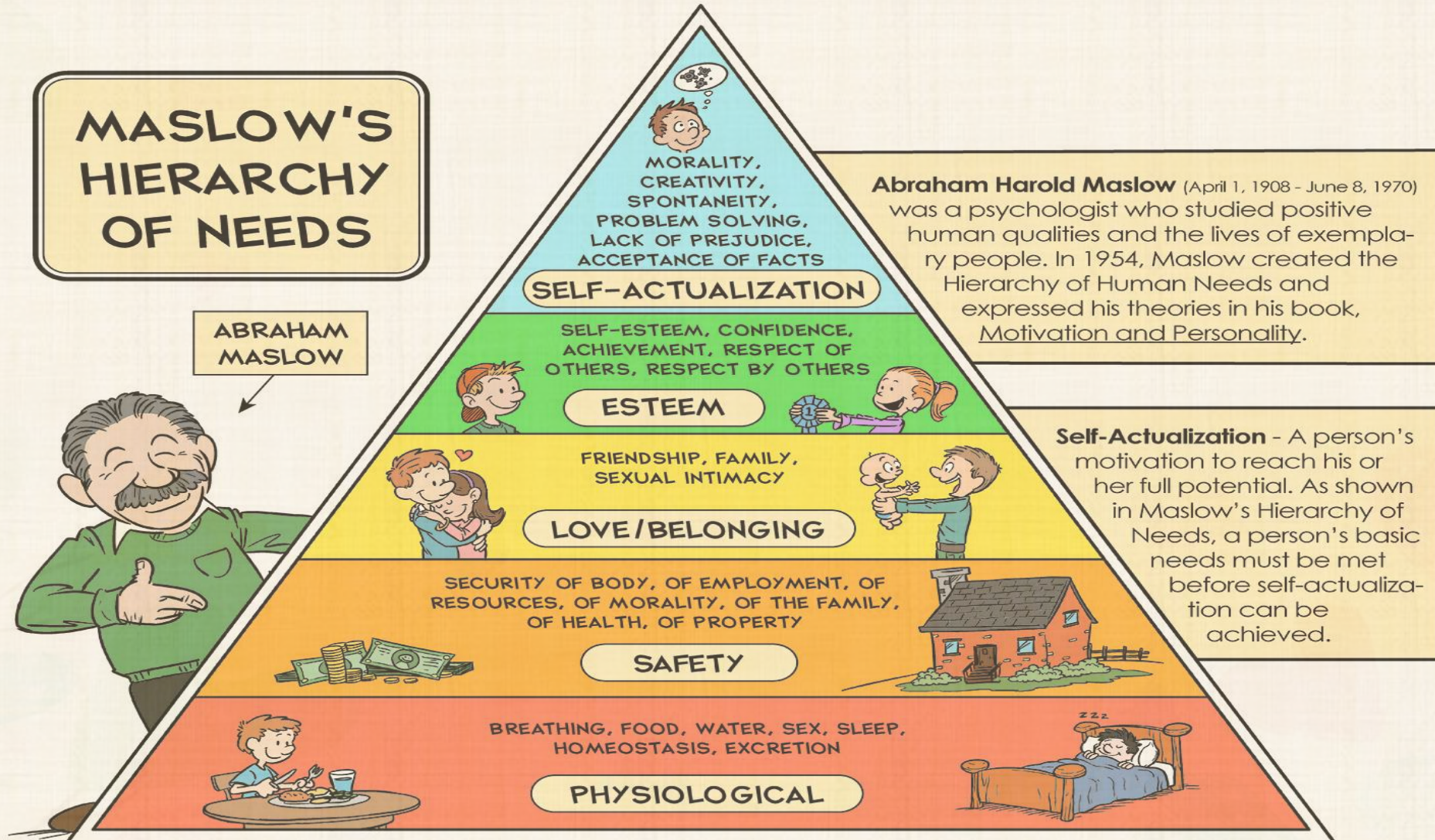
What are the problems of the family?

- Intangible needs:
 - Breaking bad news to family members
 - Understanding the disease, treatment plan and prognosis
 - Adjustment to the illness and disability
 - Acceptance of illness
 - Family relationship problem
 - Caring stress
 - Spiritual needs
 - Facing death and dying
 - Bereavement care

Maslow's Hierarchy of Needs

MASLOW'S HIERARCHY OF NEEDS

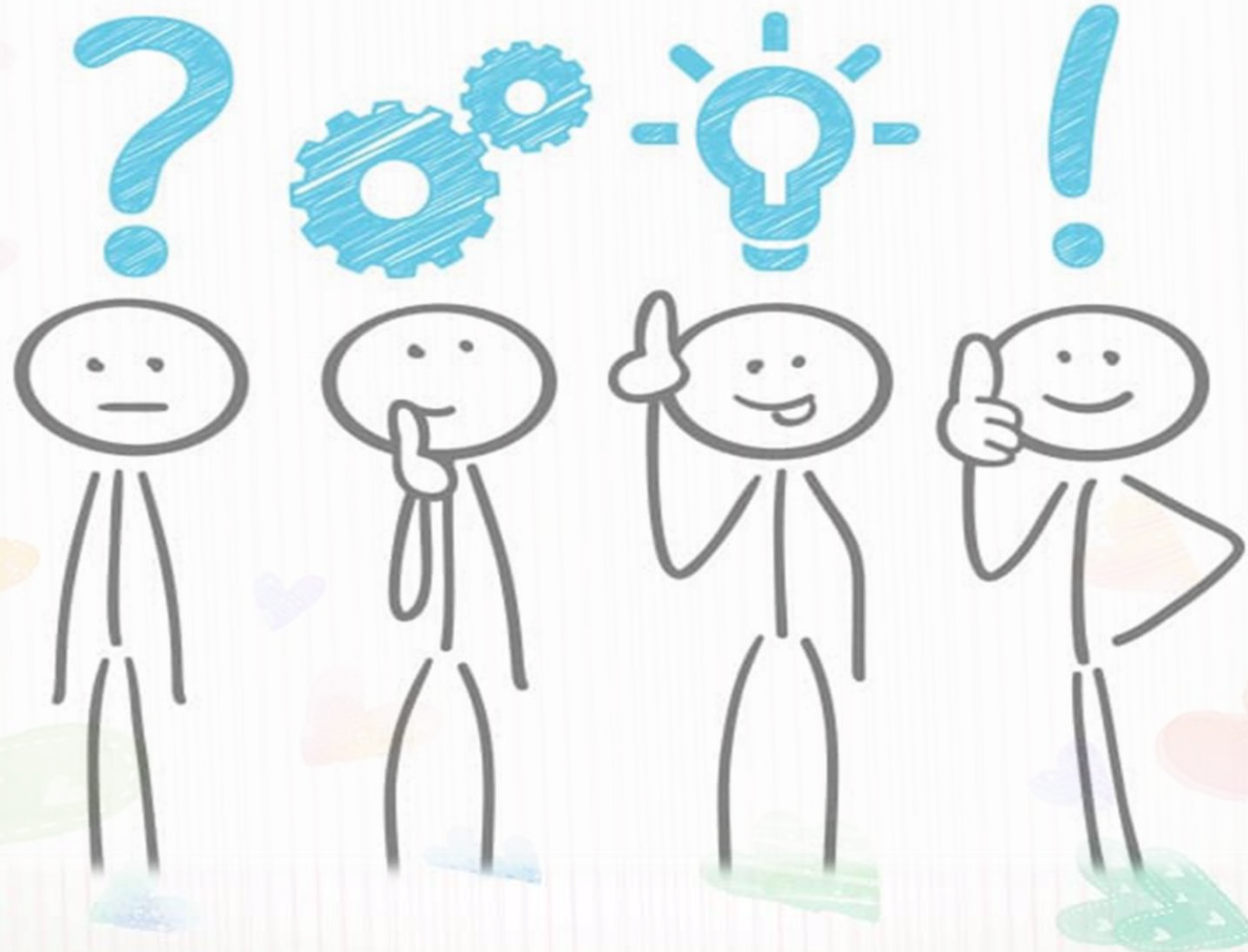
ABRAHAM MASLOW



Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, *Motivation and Personality*.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Question and Answer



Reference

1. Fitch, M. I. (1994). *Providing Supportive Care for Individual Living with Cancer (Task Force Report)*. Toronto: Ontario Care Treatment and Research Foundation.
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3. Maslow, A. H. (1987). *Motivation and Personality (3rd ed.)*. Delhi, India: Pearson Education

Thank
You

