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A Call for Psychosocial and Palliative Care Training Standards for Pediatric Hematology-Oncology Physicians, A Reply To: Communication, Documentation, and Training Standards in Pediatric Psychosocial Oncology

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To the Editor

We applaud the contributing authors of this special issue of *Pediatric Blood and Cancer* in highlighting the importance of psychosocial standards of care in pediatric oncology. In particular, we appreciate the article written by Patenaude and colleagues which describes the need for specialized and standard education for psychosocial clinicians working in pediatric oncology while emphasizing the importance of communication and collaboration across disciplines. [1] As a pediatrician entering hematology-oncology fellowship and an attending physician in pediatric hematology-oncology, we represent providers who have witnessed the tremendous benefit of embedded psychosocial expertise and the necessity of multidisciplinary involvement in the care of children with cancer.

Many of the articles in this issue underscore that staff must be appropriately educated in order to provide effective psychosocial care, but few comment on the role of physicians in psychosocial care and delivery. [1–4] After reflecting on our own training and the deeply involved roles of oncologists over the entirety of the pediatric cancer experience, we propose

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that physicians, too, could benefit from focused training in the areas of psychosocial support and communication. This is particularly important in settings of advanced cancer where a biomedical paradigm fails to address the comprehensive physical, emotional, social, and spiritual needs of patients and their families, and where understanding patient and family preferences requires compassionate, skillful communication. [2,5–8]

The ACGME program requirements for United States Pediatric Hematology-Oncology training programs already recognize the importance of educating fellows in psychosocial care, stating “the fellow must have structured educational experiences in psychological and social support of patients, families, and staff.” [9] Unfortunately, the actual process of training and assessing physicians varies greatly between fellowship programs; “psychosocial education” is poorly defined and we could not identify clear evidence-based guidelines for how best to teach or assess it. Similarly, there is currently no ACGME requirement that addresses pediatric hematology-oncology physician education in palliative care. [9] This is important, as Weaver and colleagues report in the same special issue of *Pediatric Blood and Cancer*, because “provider discomfort with palliative care conversations” and “misconceptions regarding palliative care” are barriers to its discussion and delivery. [2]

We propose that pediatric hematology-oncology physicians should receive dedicated training in psychosocial and palliative care with an emphasis on the development of training standards and demonstrable competencies. At a minimum, there must be a familiarity with effective communication techniques and the capacity to provide basic psychosocial and palliative care support. [5] This proposal should not diminish the importance of integrated, specialized psychosocial and palliative care clinicians in pediatric oncology; pediatric oncologists neither can nor should conduct every aspect of a patient’s care. Rather, we must learn from the successes and trials of our colleagues in psychiatry, psychology, palliative care and social work in the creation of psychosocial and palliative care education guidelines adapted appropriately for pediatric hematology-oncology trainees. We hope that as psychosocial providers address the need for standardized training in their field that we can do the same, for the complementary benefit to our mutual patients.

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Abbreviations key

ACGME The Accreditation Council for Graduate Medical Education

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