The hospital, of course, is more than bricks and mortar (and plexiglass). Having this facility has made it possible for us to bring a number of innovative new services to our region. This issue of KidStuff highlights one of these — our CHOICES program of pediatric palliative care. Directed by one of our oncologists, but targeting a much wider group of children, CHOICES will be a model for similar programs nationally.

If you have not as yet had a chance to visit our new hospital, please call our offices so that I can give you a personal tour!

Thomas R. Welch, MD
Professor and Chair, Department of Pediatrics
Upstate Golisano Children’s Hospital
November 18
Robert Roger Lebel, MD, FACC, Professor of Pediatrics, Internal Medicine, OB/GYN and Pathology, Lecturer in Bioethics and Humanities, Chief Medical Genetics Section, Division of Development, Behavior and Genetics, Department of Pediatrics, SUNY Upstate Medical University, College of Medicine, “Virtue in Practice”

December 2
T.B.A.

December 9
Pam Weaver, Director of Community Education, National Center for Missing and Exploited Children

December 16
T.B.A.

December 23
No Grand Rounds

December 30
No Grand Rounds

SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this continuing medical education activity for a maximum of 1 category I credit toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

With September comes new beginnings — a new Children’s Hospital and a new school year. This becomes a perfect opportunity to describe a new service at the Upstate Golisano Children’s Hospital: CHOICES, a Pediatric Palliative Care Program. CHOICES is an acronym for Compassion, Hope, Options, Insight, Compass, Empathy and Support. It is a consultative service supporting the primary care team in the inpatient and outpatient setting (including home) to meet the physical, emotional, social and spiritual suffering of children and their families with life-threatening disorders.

Who benefits from Pediatric Palliative Care?

Since palliative care involves symptom management, the goals of care can be life-prolonging, even curative, and may be pursued simultaneously. Most associate palliative care with end of life care — though palliative care includes transition to end of life care, it is only one small component of a complete program. Palliative care can benefit families of any child with a life-threatening disease regardless of whether cure is an option. The aim is to improve quality of life and allow suffering of children, specific for their culture and desire. The American Academy of Pediatrics states that “the components of palliative care are offered at diagnosis and continued throughout the course of illness, whether the outcome is cure or death.”

Conditions appropriate for palliative care include: 1. Conditions for which curative treatment is possible but may fail (malignancy); 2. Conditions where premature death is inevitable, yet there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities (CF); 3. Progressive conditions without curative options, where treatment is exclusively palliative and may commonly extend life over many years (progressive metabolic disorders); 4. Irreversible but non-fatal conditions such as epidermolysis bullosa.

Who are the members of the CHOICES team?

CHOICES is directed by Irene Cherrick, MD, who is board certified in hospice and palliative care medicine, as well as hematology/oncology, with the assistance of Carol Dawson, PNP. Both Irene and Carol have recently completed a Pediatric Masters Pain Course. Sharon Bauer, RN coordinates education initiatives and Leanna Severance is our nursing administrator. There is also a core committee which meets monthly and includes providers from many disciplines including child life, social work, spiritual care, as well as a parent representative.

How does Pediatric Palliative Care differ from Hospice?

Many children and their families will benefit from pediatric palliative care services long before they meet eligibility for hospice — specifically the less than sixth month life expectancy criteria. We do work hand in hand at times with various hospices; however, we can offer a pediatric expertise in pain and symptom management at the end of life. Most hospice medical directors are internists and welcome the pediatric expertise. Other chronically ill children with long term nursing services in their home forgo hospice services in order to maintain continuity of care.

How do I arrange a consultation?

Consultations are offered to inpatients and outpatients, home, and prenatally. Consultations can be organized by either the primary care team or the pediatric expertise. Other chronically ill children with long term nursing services in their home forgo hospice services in order to maintain continuity of care.

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