Less Pain, More Meaning and Comfort: The Need to Enhance Paediatric Palliative Care in The West Bank of Palestine

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1. Introduction

The children from the West Bank region of the Palestinian territories, in general, are known to suffer from more incurable diseases and conditions that cannot be relieved by the available health care services (Ngaruiya et al., 2022), and their families often face the manifestation of illness and disease without the necessary support. To reduce suffering and preserve dignity, paediatric palliative care (PPC) is an essential integral component of patient-centred care that focuses on promoting comfort alongside treatment (WHO, 2018).

The demand for PPC is increasing globally. Connor et al. (2017) and Delamere et al. (2024) provide evidence that over eight million children require PPC annually, most of whom live in low- and middle-income countries (LMICs). PPC is most effective when initiated early and delivered by multidisciplinary teams that are both skilled and appropriately trained (WHO, 2018). However, despite international recognition of its importance, access remains alarmingly unequal across the Palestinian territories.

Within the Palestinian territories, palliative care education is limited at both the undergraduate and postgraduate levels. At the undergraduate level, only Al-Quds University, Hebron University, and Palestine Polytechnic University include palliative care in their nursing curricula, offering courses worth one to three credit hours. For postgraduate studies, Bethlehem University is the only one providing a master's degree specializing in this field.

In terms of service provision, palliative care is offered by a small number of institutions, including Augusta Victoria Hospital, the Bethlehem Care & Hospice Trust, and the Al-Sadeel Society. A new organization, Basmet Hayaah in Nablus, has also been established but is not yet operational.

In the West Bank, referrals and care delivery are more difficult to maintain due to fragmented services and lack of resources. Due to the lack of specialized services, some cancer patients from the West Bank and Gaza Strip are referred to neighbouring countries; such as Israel, Jordan, and Egypt (Salem, 2023).

Mitwalli et al. (2023) found that supportive services are inadequate and systemic obstacles hinder prompt access to cancer care pathways. Healthcare professionals in the region report insufficient PPC education, a high volume of psychological support cases, and a lack of ability to offer coordinated, family-centred care (Ghareeb & Kelly, 2025).

2. The Situation in The West Bank

Palliative care is a comprehensive approach designed to improve the quality of life for patients and their families who are dealing with chronic or life-limiting illnesses (Toqan et al., 2022). In the West Bank, PPC is still a disjointed and undeveloped service that faces several structural, political, and cultural challenges.

In the Gaza Strip, no data are available about new cancer cases due to war. The suffering of cancer patients has worsened due to war and Israel's restriction on medical supplies and essential drugs. Moreover, the sole specialized cancer hospital, the Turkish-Palestinian Friendship Hospital, ceased functioning following severe damage from military attacks (Ministry of Health, 2024).

One of the biggest challenges is the lack of paediatric-focused services. While some of the hospitals in the West Bank do treat children with life-threatening conditions, none of them are solely focused on PPC. While some hospitals offer specialised care, such as An-Najah National University Hospital, Al Watani Hospital, and Beit Jala Governmental Hospital, palliative support for children is not always part of their offer (Abu Seir & Kharroubi, 2017). The shortage of certified PPC specialists exacerbates this discrepancy. The workforce's overall capacity is still very low, despite the fact that Bethlehem University now offers the first master's degree in the field in oncology and palliative care nursing (Salem et al., 2023).

Getting care is also made more difficult by the political environment. Movement restrictions and permit requirements often prevent families from travelling to hospitals, and delays in medical

equipment and supplies lower the overall quality of care (Mitwalli et al., 2023). Specialised treatments, such as advanced pain management or supportive therapies, are not always available. Due to overcrowding in inpatient wards and shortages of basic supplies or medication, families may be compelled to purchase expensive medications from private pharmacies (Salem et al., 2023).

Families with critically ill children are especially financially burdened. The out-of-pocket expenses for prescription medications, diagnostic testing, and transportation put additional strain on already financially strapped households. This often results in incomplete or delayed care for children with complex medical needs (Salem et al., 2023).

Despite these challenges, cultural and familial values have a significant influence on care practices. In order to provide comfort and meaning towards the end of life, families may decide to care for terminally ill children at home, utilising religious and spiritual traditions (Abu Seir and Kharroubi, 2017). Such children might not fully benefit from professional PPC even though this strategy demonstrates strong cultural resilience.

As for Gaza Strip, two years of bombardments and fighting have wrought catastrophic devastation across the Gaza Strip – more than 64,000 children reportedly killed and injured, and homes, hospitals and schools destroyed. The toll on children is unconscionable (United Nations Children's Fund, 2025).

Overall, the Palestinian West Bank's PPC faces a number of challenges, including a lack of specialised services, a shortage of trained staff and essential drugs, financial strains, and political barriers. These issues make it difficult to meet the holistic needs of the children and their families, and results in a large number of palliative care objectives going unmet.

3. Ethical and Human Rights Dimensions

One of the most crucial aspects of PPC is the promotion of respect. It is unacceptable for any family to be left to cope with the anguish caused by a child's avoidable suffering. Four basic moral principles form the basis of effective PPC: do good (by alleviating symptoms and anxiety), do no damage (by not causing harm; uncontrolled pain is harm), be fair (by ensuring that all children have equal access), and respect people (by listening to the family and considering their beliefs and choices). Less pain and the promotion of meaning and comfort in everyday life can be better achieved only with early PPC administered by skilled teams (WHO, 2018).

These obligations also constitute fundamental human rights in any country. Pain management, emotional support, and other forms of comfort are all part of the right to health. Connor et al. (2017) and Delamere et al. (2024) found that millions of children in low-resource settings require PPC annually, making access and fairness a moral imperative for all in positions of influence, including governments.

A pressing justice issue arises from the fact that many children in the West Bank are unable to receive timely assistance due to mobility constraints, a lack of adequate medical resources, and high out-of-pocket fees (Mitwalli et al., 2023; Ghareeb & Kelly, 2025). In order to fulfil this responsibility, it is essential to train and upskill health provider teams, ensure an adequate supply of medications, strengthen links between hospitals and families, and prevent additional suffering financial hardship. Offering PPC is not a luxury for any society, it is a mandatory element of all health systems; it is also the bare minimum that any compassionate healthcare system ought to provide for each and every child who needs it.

4. A Practical Path Forward

New ways to treat symptoms, such as the use of digital tools, and improvements in the provision of health services can help make PPC in the West Bank more caring and quicker to respond to need, but innovation can also add more work and make things more complicated in the short term for teams that are already very busy. A realistic future should find a balance between innovation and the needs that families and health teams are dealing with every day. For example, more care is now being given at home, and more children with special needs are living longer, with remote review and follow-up becoming more important in places where travel is difficult (WHO, 2018). However, such digital health innovations and structured home-based paediatric palliative care services are not yet implemented in Palestine, where health care provision continues to rely largely on in-person services within primary and secondary facilities (Ministry of Health, 2024). One study showed that nursing students in Palestine lack knowledge about the principles of palliative care, but they have a positive attitude towards it (Alwawi et al., 2022).

The first step is to develop the staff involved. To make sure that all new nurses, doctors, pharmacists, and social workers are ‘PPC-literate.’ College and graduate courses for health professionals should include clear, step-by-step evidence-based material, as well as simulations and opportunities to test one’s knowledge. When there are gaps, structured transition programs,

residency-style onboarding for new clinicians, and ongoing mentoring by experienced PPC professionals can help new members of the team to deal with the clinical and emotional demands of caring for critically ill children (Toqan et al., 2022).

In addition, there is a need to ensure that PPC services are stable. Some important steps from our experience are: (a) effective hiring levels of staff for PPC delivered in communities and hospitals; (b) easy access to pain and symptom-management drugs and age-appropriate assessment tools; and (c) streamlined processes linking tertiary care facilities with home and community-based care. Due to ongoing risks like movement restrictions of the population and supply delays that keep families from getting care when they are restricted or cannot travel, each facility should keep "continuity kits" with essentials such as opioids, antiemetics, anticonvulsants, feeds, and disposable equipment to prevent re-use. These kits should also include preapproved telehealth protocols so that families know how to make contact and professionals know what they might expect in terms of requests for assistance.

In low-income settings such as Palestine, a key priority is to centre PPC on families and their unique situational needs. Support requirements may be wide ranging and can include help from psychosocial services, medicine cost relief, and transportation coupons to make it easier for people to get the care they need without having to worry about money. Families who would rather care for their child at home can also work with the support of home-visiting teams, who are trained to observe spiritual and cultural practices (Abu Seir & Kharroubi, 2017; Salem, 2023) and can help facilitate access to expert help.

Ensuring that PPC provision is fair and equitable also relies on ministries, professional associations, and nongovernmental organisations working together to create a national PPC framework that (a) recognises PPC as a speciality with clear competencies, (b) pays for advanced training, and (c) collects routine data on access, outcomes, and family experience and satisfaction. Implementation requires leaders and field professionals working together to make decisions that can improve PPC provision.

Furthermore, there is also a need for regular debriefings, strategies for professional well-being, and strict rules and policies that protect individuals against harassment and bullying. This will allow change to occur even in situations where some professionals may be resistant. These choices are not only good in a general sense, but are also moral choices that support the right to health and the relief of pain for all children (WHO, 2018; Connor et al., 2017; Delamere et al., 2024).

In the end, 'act locally, think globally' is useful advice, especially in Palestine at the present time. Working together with regional and global PPC networks, encouraging time-effective clinical meetings, and fostering two-way learning collaboratives can help speed up the use of evidence and make it fit for the West Bank's current needs. We suggest the need to put this plan to a simple test: does it mean less financial harm for families, does it result in fewer crises, and does it promote earlier help? (Ghareeb & Kelly, 2025; Mitwalli et al., 2023). If the answer to all is yes, then it is both urgent and attainable to move forward with these plans.

5. Conclusion

Effective PPC is always context specific. In high-income settings, there are likely to be more resources, both human and technical, to support children and families who require palliative care. Certain contexts, however, require specific focus and Palestine is one such country at the present time that we need to focus on. The crisis in Gaza has drawn the world's attention to the suffering that has taken place there, and on a catastrophic scale. In the West Bank, there are also pressures and threats that cannot be ignored. The children of Palestine deserve the best palliative care that is available, but there is much to do to ensure that this becomes a reality when all the challenges outlined here are a current reality. To ensure that children of Palestine suffer less, can still have meaning in their lives and can find comfort in daily life will require a shift in both the politics and practices of the country. PPC is only one of many challenges that will have to be addressed in the country's health system in the future. For seriously-ill children, there is much still to do to improve care, and the challenge is real.

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