Let’s talk with children about life-threatening diseases

One of the hardest things to do for any paediatrician is to talk with children or adolescents who have a potentially fatal illness about their diagnosis, treatment, and prognosis. There are many general guidelines and principles about communication with children. For example, the UK’s General Medical Council states that “you should provide information that is easy to understand and appropriate to their age and maturity”. However, there is little evidence-based practical guidance grounded in an understanding of the developmental stage of a child and the need for, and effect of, information about life-threatening conditions. Even less evidence is available on how best to communicate with children when their parents have a life-threatening disease.

A Series of two papers in this week’s issue reviews the literature and provides communication principles and examples based on an integration of the available research and the authors’ own clinical and academic perspective. Most of the available evidence comes from cancer diagnoses in high-income countries and HIV diagnoses in low-income and middle-income countries. Misunderstandings and wrong assumptions are common at both ends of the spectrum of children’s ages. For example, 3-year-old children will understand death as a departure but not see it as permanent. 4–7-year-old children have so-called magical thinking, which means that they might causally attribute illnesses—their own or that of their parents—to their own thoughts and behaviour. Adolescents, with a stronger focus on short-term events, peer acceptance, and the process of separation from parents, might have a different approach to decision making about their own health from that recommended by health professionals and might feel guilty when a parent has a serious illness.

The conclusions from this Series are that such communication with children in a sensitive age-appropriate way, accounting for cultural elements, beliefs, and preferences, will benefit children, parents, and health professionals alike. The hard work of ascertaining what these best ways in the varying circumstances are and how to deliver them on a wide scale must begin now. n The Lancet