

Development of Research Priorities in Paediatric Pain and Palliative Care

Lioffi et al. (2017)

<https://doi.org/10.1177/2049463716668906>

For which topic were research priorities identified?

paediatric pain and palliative care

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

It is clear that many unanswered questions remain about the prevention, assessment, diagnosis and treatment of pain in children in all settings but especially in the field of palliative and end-of-life care. Previous prioritization exercises in paediatric palliative care (PPC) have identified pain and symptom management as a key area for more research along with other thematic domains including bereavement, psychosocial, spiritual, cultural and sibling's needs and information preferences and decision-making. Although the American Pain Society and the World Health Organization (WHO) have proposed broad goals (e.g. development of novel pain treatments, optimising the use of and access to the currently available treatments and improvement of pain management through education and research) and more specific priorities (e.g. treatment of neuropathic pain) for pain research, respectively, similar methodologically rigorous prioritization exercises have not been conducted in paediatric pain and there is therefore a clear need for such a process to take place.

What was the objective?

to prioritize clinical therapeutic uncertainties in pediatric pain and palliative care in order to encourage and inform the future research agenda and raise the profile of pediatric pain and palliative care in the United Kingdom

What was the outcome?

a ranking list of 10 research topics

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

meeting; survey

How were the priorities for research identified exactly?

Step 1: meeting: using nominal group technique to identify uncertainties, in brainstorming session participants were asked to propose as many questions as possible which were briefly discussed and debated among members of group. Step 2: data processing: questions collated and refined, final wording confirmed, existing sources of information about treatment uncertainties were also searched. Step 3: teleconference: discussion to further refine the questions, consensus was reached about which questions would enter ranking process. Step 4: prioritization survey: participants were asked to vote on priorities

Which stakeholders took part?

Members of the pain and palliative care clinical studies group of the UK National Institute for Health Research (NIHR) Clinical Research Network-Children (CRN-C). 12 participants.

How were stakeholders recruited?

No information provided.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.