

EDITORIAL

The aim of the wise is not to secure pleasure, but to avoid pain' Aristotele taught us a long time in advance.

Nowadays nearly 2000 children die due to a malignancy in the United States annually. Cancer pain in infants, children, and adolescents is primarily nociceptive and generally caused directly by the tumour itself compressing on one nerve or by inflammation of the affected organs. Moreover cancer-related pain generally occurs as a result of perioperative procedures, nerve damage caused by radiation or chemotherapy treatments, and leads to negative long term effects.

In 1993 the WHO in Gargonza agreed that pain relief had to be regarded as an essential component of cancer care and that most oncological children could receive both pain relief and palliative care even when cure was considered impossible.

In Italy the 9th of March 2010 a new law on pain and palliative caremanagement in pediatrics was issued; this law defines pain and PC as a child and his family's right to health, therefore obliges each professional to be endowed with all the instruments for a proper approach. Moreover it differentiates the child from the adult person and sets forth the need of a specific answer to the child' s requirements.

Since then, pain management and palliative care have improved in the hospital, but emerging data suggest that home is the desired location of care for children with cancer at end of life.

However a significant proportion of children receiving outpatient treatment for cancer is still experiencing chronic pain with a not optimally management in the home setting. Further understanding and addressing barriers to children's cancer pain management in the home setting will aid in alleviating unnecessary pain in this vulnerable patient population.

We are wise enough to better avoid pain.

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