Table 3 **Preferences of physicians with and without a paediatric palliative unit in their working environment in terms of patient groups who can benefit from palliative care, symptom priority, and communication with end-stage patients**

Paediatric palliative unit	Present (n = 38)	Not present (n = 157)
Which of the following symptom-treatment methods is among your first priorities in palliative care patients?		
Pain control	9 (23.7)	78 (49.7)
Anorexia, appetite, and oral intake problems	3 (7.9)	16 (10.2)
Nausea and gastrointestinal symptoms (constipation, vomiting, diarrhoea)	9 (24.3)	13 (8.3)
Respiratory symptoms (shortness of breath, cough)	24 (63.2)	58 (36.9)
Ulcers and other skin complaints	1 (2.6)	2 (1.3)
Sedation, sleep	1 (2.6)	2 (1.3)
In your opinion as a physician, which patient groups can benefit from palliative care services? (You can check more than one option)		
Those with curable diseases (cancer, some heart diseases, etc.)	24 (63.2)	92 (58.2)
Those with diseases that cannot be cured (cystic fibrosis, muscular dystrophy, etc.)	36 (94.7)	139 (88)
Those with progressive disease (metabolic diseases, etc.)	26 (68.4)	115 (72.8)
Those with severe non-progressive neurological diseases (cerebral palsy, etc.)	34 (89.5)	111 (70.3)
Terminal stage paediatric patients	32 (84.2)	126 (79.7)
Other	1 (2.6)	3 (1.9)
How do you talk about death and life expectancy with end-stage patients?		
Because families are sensitive enough on these issues, meeting with them is delayed.	1 (2.6)	6 (3.9)
I speak with children whose age and cognitive functions are of sufficient maturity and families	17 (44.7)	71 (45.8)
I speak only with the family	18 (47.4)	66 (42.6)
Other	2 (5.3)	12 (7.7)