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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Hospice care for children

SIR,—Minerva (24 April, p 1275) asks whether infants whose death is inevitable could be transferred to a hospice environment where they may be cared for and allowed to die in an atmosphere of peace and dignity. Until now such an idea might have seemed impossible, not least because no such facility exists. In recent years there has been an increasing amount of interest in developing terminal care for children along the lines followed so successfully by the adult hospice movement. In America Martenson¹ and Lauer and Camitta² have described successful programmes of home care for children with terminal cancer, while in this country Chapman and Goodall³ have published their advice on symptom control in ill and dying children.

While terminal care within a child's own home may be the ideal, circumstances often make this impossible. The alternative is usually for the child to be nursed in an acute

hospital ward. While the care in such a setting will be first class, it is of necessity directed principally towards cure. In such a busy environment it is exceedingly difficult to provide peace, tranquillity, and above all time, which is so desperately needed both by the dying child and by his whole family. Motivated by these considerations and by the unhappy illness of Helen, who suffered permanent brain damage after surgery for a cerebral tumour, the Society of All Saints in Oxford is building a hospice for children to be known as Helen House.⁴

Helen House will open in October 1982 and will provide its facilities to gravely ill children and their families when specialist hospital care is not considered necessary or advisable. Admission to Helen House will usually be for short periods to provide intermittent relief to the family, although children will also be able to come to Helen House to stay at short

notice, where this is necessary. At all times the aim will be to help families to care for their child in his or her own home as far as possible.

Although Helen House will provide facilities for terminal care the numbers involved will not thankfully be large. The other and larger group of children who will be helped are those like Helen herself who have permanent severe illness or grave handicap and are capable of being cared for at home with the continuing support and constant availability of a hospice.

S R BURNE

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¹ Martenson IM. In: Saunders C, Summers DH, Teller N, eds. *Hospice, the living idea*. London: Edward Arnold, 1981:43-53.

² Lauer ME, Camitta BM. *J Pediatr* 1980;97:1032-5.

³ Chapman JA, Goodall J. *Journal of Maternal and Child Health* 1980;5:144-54.

⁴ Farrow G. *Nursing Times* 1981;12 August: 1433-4.