A growing national concern of healthcare professionals is to improve the end of life (EOL) for children (Field & Behrman, 2003; Kane, Hellsten, & Coldsmith, 2004). Each year in the United States, approximately 55,000 children die from cancer (Carter et al., 2004; Troug, Meyer, & Burns, 2006). Approximately 72% of deaths occur in the hospital (56% inpatient and 16% in outpatient hospital sites), 11% at home, and 0.4% in nursing homes (Bartell & Kissane, 2005; Institute of Medicine, 2003). Suffering is at greater risk for dying children in a cure-focused culture, such as that of hospital settings without a palliative care program (Kane & Primomo, 2001). Parents’ perceptions of the quality of their children’s EOL has not been well documented (Davies et al., 2006).