

Review of: "Effect of Clown Therapy on Symptoms and Emotions of Children with Neoplastic Disease: A Systematic Review with Meta-Analysis"

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Potential competing interests: No potential competing interests to declare.

Overall, I thought this was a wonderful article that highlights the positive and necessary work of the therapeutic clown. I thought the article was strong in proving the significant impact of the psychosocial importance of having a therapeutic clown in the hospital setting, particularly in supporting children undergoing treatment for cancer. This article can help to support future hospitals in obtaining clowns for their own pediatric programs.

I did have a couple of suggestions. First, I thought you could expand on the paragraph that outlines the importance of play in childhood. While the article mentions that play can minimize discomfort and contribute to the fight against disease, I believe that play is more important than that. As mentioned in the Convention on the Rights of the Child and mentioned in your article, access to play is a child's right. Play is necessary in all realms of a child's holistic development. Research has shown that one way to mitigate the developmental impacts of hospitalization is to provide play opportunities. Play also helps to relieve stress and helps children make sense of their world (and thus helps them to make sense of their illness/hospitalization/treatment). Access to play is a strong part of providing emotionally safe care (The Association of Child Life Professionals has published a paper on Emotional Safety, and the importance of play is strongly highlighted throughout the publication). I think making this paragraph stronger on the wide range of positive impacts of play will then help support the argument for having a clown at the bedside. Overall, I think that play, especially play with a hospital clown, will help children cope better.

Finally, in your section on implications for research, I thought that it would be interesting to break down the role of the clown in terms of procedural support, pain management, fatigue, etc. You mention that the clown chooses their interventions depending on the child and the environment, so I feel that it would also be interesting to learn more about these specific interventions and what may work best in certain settings. I think a more detailed look at specific therapeutic clown support would help to strengthen your point on how therapeutic clowns could best support children receiving treatment in the oncology setting.