



Dear Readers,

The debate continuous on how proportionate and disproportionate treatment at the end-stage disease concerns also the problem of feeding. In her article Nowarska reviewed clinical aspects of withholding and withdrawing clinically assisted nutrition and hydration (CANH) for imminently dying patients. The Authors concluded that the issue is still contentious, but an open discussion and explanation of the benefits, burdens and risks of providing CANH in these patients are of a crucial importance in making final decisions.

In the present issue two studies address the organization of care in patients with advanced chronic diseases. In Poland the system of palliative care for cancer patients has been developing for almost two decades and included establishing a new medical specialization — palliative medicine, and respective changes in the undergraduate and postgraduate curriculum. Last systemic overview of the quality of palliative care placed Poland among the five top countries in Europe. However, the need for extending integrated palliative care to non-malignant advanced chronic diseases, such as chronic obstructive pulmonary disease, congestive heart failure or renal insufficiency has been recently widely discussed (Damps-Konstańska et al). In some other Central and Eastern European Countries , e.g. Bulgaria the system of palliative care still needs to be developed. In their article Foreva et al. present a thorough assessment of the current situation of patients requiring palliative support in their country.

Two articles (Janecki et al. and Leppert et al.) address the pain management. The first confirms a relatively high knowledge of pain medications in patients administered palliative care. The latter is a preliminary study on the analgesic efficacy and adverse effects of prolonged-release morphine sulphate capsules administered once-daily, demonstrating a high efficacy of this treatment and its satisfactory safety profile.

“Case corner” presents clinical nursing and rehabilitation in nine children after hypoxic-ischemic brain injury (Szymkuć et al). The main aim of physiotherapy in these patients is to protect them from complications. The authors underline the need of imminent and comprehensive rehabilitation.

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