



Dear Readers,

This issue of the Advances in Palliative Medicine was born in the fever of the author prize competition. Fortunately we have received many interesting papers and soon we will be able to announce the results of the Competition. The winner will fly to the Lisbon congress of the EAPC in May 2011.

As a sociologist and mental health specialist, I found that some of the papers were too "medical" for me, that is why I try to present them from another point of view and focus on the psychosocial, sociological or ethical aspects of some papers in the current issue.

In the case report of Wojciech Leppert the psychosocial aspects are the effects of the cachexia syndrome of a 79 year old patient with advanced gastric cancer: fear of death, anger, anxiety, depression and spiritual pain. The patient refuses gastrostomy. This case is a real challenge for the hospice team: how can they help her in this difficult situation? Regarding the improvement in quality of life of the patient a remarkable element of the efforts made by the team is the role of the physiotherapist "increasing efficiency, active exercises, massage of lower extremities, walking with assistance and isometric exercises."

Anna Prokop and her co-authors present an ethical dilemma of treatment decision making and the role of family in this decision. In Poland the Patient Rights and the Patient Rights Advocate Act has been in force since 2009. According to this Act "the patient has the right to die in peace and dignity" after a clear, correct, detailed information given about her/his state. But what happens if the patient is not competent? Can relatives affect treatment? The conclusion of the reported case is that it is more objective to obtain the decision of the guardianship court than the family's decision.

In my organizational-sociological type paper I tried to outline the Strengths, Weaknesses, Opportunities and Threats of a typical Central-European hospice palliative system, namely Hungary, which shows the lack of a comprehensive conceptualized health policy that is characteristic of Central-Eastern European political systems in general.

The other papers in this issue deal with variations on how the specialists in multi-professional teams can improve the quality of life of patients e.g. by lymphoedema therapy (Pyszora et al), by assessing chronic pain (Bisaga et al), by reducing difficult symptoms like pain, retching, vomiting and hiccups (Rohd-Thomsen et al, Zylicz et al, Zylicz). From psychosocial point of view there are very important ideas in the case studies of Zylicz et al: after the successful pain treatment "the patient was able to work in his garden and enjoyed a short holiday overseas" or „the patient remained clear. She became emotionally incontinent for a couple of days. She was crying and talking a lot. She discussed with her husband things that she would never discuss before." And this in fact is the aim of our work...

*Dr. Katalin Hegedűs
Vice editor*

1. Available on: http://www.advpm.eu/en/author_prize.phtml.
2. See the same rights in the Hungarian Health Care Act (1997) in the paper of Hegedus in this issue.

