Dear Readers,

Several months ago we organised an exciting session of "What's New In Palliative Medicine?". This session was attended by 80 delegates from the UK and abroad. Several renowned speakers had their plenary lectures and we were very happy when they agreed to write their lectures up in the form of review articles. Dr. Miriam Johnson from Scarborough is an expert in the field of antithrombotic therapy at the end of life. My usual approach to this problem in the past was to discontinue most of the antithrombotic therapy as I thought it to be ineffective, dangerous and prolonging suffering and dying. However, Miriam convinced me that things are much more complicated. Only yesterday I had a patient with disseminated malignancy where low molecular heparin was stopped at home 2 weeks before admission as not practical and not necessary. On admission she was in overwhelming pain and even high doses of morphine were not touching it. Her right leg was swollen too. Restarting of heparin resulted in rapid pain control and allowed to reduce the dose of opioids. Prof. Murray Scott from Edinburgh presented a fascinating lecture on palliative care and overzealous treatment. What is overzealous treatment? Something what does not have much sense, is given because neither the doctor nor the patient can face approaching death. It costs enormous money, but does not deliver the expected results. Many overtreated people suffer adverse effects but do not enjoy any benefit. How to deal with this problem: read Scott's article. Another expert, but in completely other field was Dr. Ruben van Coevorden from Amsterdam. Ruben presented a fascinating paper on the use of low level laser technology in palliative care. This technology can be very helpful in the non-invasive treatment of pain but also in helping the nature a hand to heal the wounds. In the course of decennia a lot of experience with this technology had been gathered. It is still unclear why this fantastic invention still remains unknown to the majority of clinicians. My own lecture during this Symposium was on the contribution of nerve compression pain to the pain experienced by cancer patients. In this issue I present, as an example of what I was talking about, a case report of patient with compression of the obturator nerve due to a small metastasis in the lumbar spine. Message? Accurate pain diagnosis is necessary for good and non-toxic pain control. Similar message can be derived from the article on thoracoscopic splanchnicectomy in a patient with painful diabetic neuropathy. The time of "blind" treatment in a standard way are gone and will never come back! The last article I would like to mention here is on the problems encountered by the women who survived treatment of breast cancer but developed lymphedema. The problems are multiple and all of them needs our active input. Women in the study presented received on average treatment of lymphoedema once per year. None of the patient suffering pain was in fact treated for it. That is not like it should be! Many problems encountered by these women are preventable and we should press decision-makers to free additional funds for this kind of therapies.

I really hope you will enjoy reading this issue and may be this will stimulate you to write an article for us too? We count on you!

Zbigniew Zylicz
Vice Editor