



Dear Readers,

This special issue is dedicated to different topics discussed during the 3rd Educational Conference of "Advances in Palliative Medicine", held in Gdansk 5–6 June 2009. Twenty years ago, palliative care almost exclusively addressed the needs of patients dying from cancer. More recently, non-cancer patients have also found their way to palliative care. Patients with motor neurone disease, renal and heart failure and also with COPD have gained specific services and clinics within the field of palliative care. In addition, more patients with longer life expectancies have been referred for palliative care due to their symptoms. So, many things have changed in our paradigm of care. We have started to identify new phenomena and find them increasingly interesting and important. Among these "new" problems are tolerance to opioids and opioid-induced hyperalgesia, but also opioid-induced hypogonadism and immune suppression. All of them were previously non-existent and unimportant. Described first in laboratory animals, these problems waited for decades to be discovered by clinicians and get their rightful importance. Among them, there is an impact of opioids on tumor progression, the phenomenon presented here by Schäfer and Mousa in their article.

In addition to a review (by Zylicz) on this subject, Roantree and Zylicz demonstrate four patients with opioid-induced hypogonadism in whom testosterone substitution was required. In both articles the authors discuss the mechanisms by which opioids depress the production of androgens by both adrenals and gonads. This phenomenon has only recently been recognized as a potential complication of therapy with opioids. The symptoms of hypogonadism may involve not only fatigue, lack of energy and loss of libido, but also most probably an increased sensitivity to pain. The authors hypothesize that opioid-induced hypogonadism may contribute to the development of opioid tolerance.

These and other topics were included in the conference programme and are challenged by the authors of the articles. Sobański et al underline that a patient reaching end-stage heart failure should be considered for one of four treatment options: mechanical circulatory support, continuous intravenous positive inotropic therapy, a referral for cardiac transplantation, or hospice care. Jassem et al present COPD as an incurable progressive illness with concomitant symptoms that are difficult to treat. It is worth underlining that the first author (EJ) is the initiator of the Expert Group, which is now involved in the preparation of Polish recommendations for end-of-life care in COPD. Malec-Milewska et al describe a 13-year-long observation of a patient, following injury to the cervical spinal cord, implanted with a baclofen pump in order to decrease spasticity of the lower limbs. The authors discuss the criteria which should be met prior to taking a decision to implant such a pump and the potential complications of this long-lasting treatment. Lastly, Orońska tries to clarify what is meant by dignified dying in different religions. The respect of values and rituals related to different religions is a very important domain that defines dignity.

Once again, we have gathered together a great variety of subjects presented by experts in the field, covering many new and previously untouched subjects which will undoubtedly challenge existing standards and traditions.

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