Dear Readers,

In the search for our identity within the large family of medical specialties, we are able to do strange things. According to the research presented in this issue (Krajnik et al.), consultants in Palliative Medicine can be distinguished from consultants in anaesthesiology and surgery and General Practitioners by the highest level of "flexibility". This flexibility is defined as the ability to learn from our own (and others') experiences and the ability to take unconventional decisions supported by knowledge. This also means that people who choose Palliative Medicine are decisive but also empathic and able to touch a patient's inner life. Does this sound too idealistic? Perhaps, but if we take into account the broad spectrum of different challenges we face every day, these personality traits are a necessity rather than a luxury. One of these challenges is presented by Cepuch and co-workers. In their study of adolescents with cancer or cystic fibrosis, anxiety and depression were observed only in a small percentage of patients. Even so, young patients in the terminal stage of disease were not included in the trial, as we had probably expected stronger degrees of anxiety or depression manifested by adolescents with diagnosed malignant disease when compared with the general population of teenagers. The authors suggested that young patients developed an effective control over negative emotions and were hiding anxiety and depression. It must be almost impossible to fully recognize the high level of anxiety in a teenager who is consciously denying it or masking it with anger. The "flexibility" of consultants in Palliative Medicine also means they are creative and ready to implement a wide range of different solutions. This attitude is shown in the trial on the efficacy of Action Potential Simulation therapy and Transcutaneous Electrical Nerve Stimulation in non-malignant pain due to musculoskeletal disorders (Pyszora et al.). A consultant should also be able to work as a member of an interdisciplinary team. Grzybek et al. proposed implementing into the therapy of patients with advanced cancer an individualized means of physiotherapy which significantly improved activity for daily living and motivation, state of balance and mobility. All the cases presented in this issue, describing painful skin tension associated with lymphodema (Pyszora et al.), resistant neuropathic pain after chemotherapy (Baranowski et al.) and pruritus complicating advanced hepatocellular cancer (Krajnik et al.), underline the need not only for a physician's open mind and intuition but also sound knowledge and an understanding of symptom pathophysiology. The third case, on buprenorphine in cholestatic itch, is an example of the off-licence use of drugs, a practice which is much more frequent in Palliative Medicine then anywhere else. Finally, Muszyńska et al. assessed the coping capacity among medical practitioners in different specialties. When compared with a similar study recently performed among German teachers [1], consultants in Palliative Medicine suffered less often from burnout while a more healthy coping style was observed more frequently among them. It sounds odd that "destructive and aggressive behaviour of pupils" and "size of school class" designated by all teachers as being the most burdensome conditions might be stronger stress-inducing factors than caring for the dying. In the present study, consultants in Palliative Medicine were distinguished from anaesthetists, surgeons and General Practitioners by strong feelings of social support and immense life satisfaction. It would be interesting to know from you: do you recognize yourself in these pictures painted by Krajnik et al. and Muszyńska et al.? How do you cope with the stress and what means do you employ to stay in balance from one day to the next? Can you share this with us?

Małgorzata Krajnik
Associate Editor

1. Bauer J, Stamm A, Virnich K et al. Correlation between burnout syndrome and psychological and psychosomatic symptoms among teachers. Int Arch Occup Environ Health 2006; 79: 199–204.