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# The role of undergraduate and postgraduate education in palliative, supportive and hospice care development

I invite you to read Issue 2, Volume 18, 2024 of "Palliative Medicine in Practice", which contains three original articles, five reviews, and one case report.

This Issue opens the original article entitled "The organisation of hospice and palliative care in Poland according to data from the National Health Fund: a cross-sectional study" authored by Kacper Wilczkowski, Szymon Jakub Rydzewski, Julia Dorskocz, Jan Getek, Bartosz Kaniowski, Katarzyna Korzeniewska, Filip Lebiecki, Maciej Pancewicz, and Leszek Pawłowski presented an overview of the state of Polish specialist hospice and palliative care with a focus on the distribution of funding, types of provided care and organization of units. The authors analysed data from the National Health Fund's database and the Registry of Entities Performing Medical Activity. As of May 2023, 522 medical entities offer hospice and palliative care services in Poland, with 84.4% being exclusive for adults, 4.9% exclusive for children and 10.1% available for both. The majority of the agreements are set on the model of home hospice, stressing the need for providing care in a familial environment. More inpatient settings (including free-standing stationary hospices and palliative medicine units in hospitals) and

outpatient palliative medicine clinics also play a vital role in the provision of aforementioned services. The study outlined the legal organization and structures of entities in Poland and provided insight into the allocation of obligations to different types of services. The findings show progress but also highlight the persisting challenges in funding and resource allocation. The article provides insight for policymakers and authorities for expanding and improving hospice and palliative care in Poland, with a focus on comprehensive and compassionate care for patients and their families.

In a second original article "Can selected physiotherapeutic techniques really help in treating back pain and improving the quality of life of advanced cancer patients: a randomised controlled study", Magdalena Markowska, Szymon Pasiut, Andrzej Markowski, Katarzyna Filar-Mierzwa, Anna Ścisłowska-Czarnecka, Aneta Bac presented results of a study in which the KinesioTaping (KT) method and the hold-relax (HR) technique in working with advanced cancer patients have been used. The study involved 72 patients (38 women and 34 men), diagnosed with advanced cancer. Patients were randomly assigned

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Palliative Medicine in Practice 2024; 18, 2, 43–46

Copyright © 2024 Via Medica, ISSN 2545-0425, e-ISSN 2545-1359

DOI: 10.5603/pmp.101104

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either to the KT group (exercise program and KT), HR group — exercise program and the HR technique of the proprioceptive neuromuscular facilitation (PNF) method — or C group (a control group, exercise program). To assess selected parameters the Numerical Rating Scale (NRS) scale and Edmonton Symptom Assessment System — revised (ESAS-r) were used. The physiotherapeutic program lasted three weeks and took place 5 days a week for 30 minutes within each group. Additionally, in the KT group, kinesiotapes were applied to the paraspinal muscles of the lumbar spine. In the HR group the therapy with the hold-relax technique was applied. There was a statistically significant decrease in pain in all groups and an improvement in the quality of life in patients from both experimental groups. Those changes were significantly greater in the KT group than in both the C group and the HR group. Both KT and HR techniques of the PNF method are effective in reducing pain and improving the quality of life in the examined advanced cancer patients, however, KT has a stronger impact.

A third original article entitled “Compassion for others as perceived by medical and non-medical students: a content analysis” was written by Małgorzata Joanna Fopka-Kowalczyk. For adequate help and a compassionate attitude towards the suffering of others, the ability to properly define and understand this category seems essential. This study aimed to analyse how compassion is understood by medical and non-medical students, as well as analyse how students from both groups understand compassion for others, what characteristics they believe a compassionate person or a compassion seeker possesses, and what factors hinder the adoption of a compassionate attitude in a relationship with a suffering person. A qualitative study analysing the content of oral and written statements of 274 students in the second year of medical studies, the first and second year of a second-cycle program in pedagogy, and the first year of a uniform master’s degree program in special education and courses preparing for the teaching profession. Students equate compassion with understanding of the other. For medical students, compassion is associated with pity and self-pity and, to a lesser extent, with empathy. For non-medical students, compassion is a form of empathy, although it is also identified with pity. The characteristics of compassionate people include kindness, the ability to listen and be present, as well as showing care and warmth, but also it is a fear of criticism. Compassion-seekers are weak, in difficult life situations or aware of their difficulties. Fear of being judged and suspected of being unprofessional (medical students) and fear of

overinvolvement (non-medical students). In conclusion, students understand compassion for others in varied ways, often as pity or lack of professionalism, which is inconsistent with the definition of the issue. In addition to misunderstood compassion, fear of judgement and criticism and the lack of adequate models of skilful compassionate care hinder the adoption of the attitude. The results of the study indicate the need to integrate the issue of compassion into pre-graduate education to a greater extent than hitherto.

In the first review article Jolanta Iwanowska and Monika Rucińska “Death, burial and mourning in Judaism” presented death as a universal experience for every human being. Followers of Judaism believe that God, who is the giver of life, gives and takes life at the appropriate time. Everything that man receives from His hand is good; it is part of the divine plan, including death. Judaism, however, advises its followers to prepare themselves adequately for the coming death and accompanying, helping and supporting the dying is treated in Judaism not so much as a duty but as an honour. Also, after death, the body should never be left alone. The preparation of the body for burial, funeral and mourning involves specific rituals described in this article. Knowing and understanding dying and bereavement-related customs of followers of Judaism should contribute to appropriately respecting their cultural beliefs, customs and spiritual needs when providing palliative care.

In a second review article “Coaching as a method of support for informal and formal caregivers in palliative care” Joanna Sułkowska, Ilona Kuźmicz, Ewa Kawalec-Kajstura, Stephen Palmer, and Tomasz Brzostek suggested that palliative care professionals and informal caregivers could be at risk of side effects of active participation in care. Therefore, different methods of support that can be offered to carers should be sought. Coaching is an intervention that facilitates another person to learn, grow and take responsibility for the level to which results are achieved. There are arguments which indicate the possibility and need to use coaching interventions to support nurses in their development and daily practice. Moreover, coaching can be used to implement interventions to improve informal caregivers’ knowledge and skills, as well as to increase their sense of self-efficacy and psychological resilience. Consequently, this paper is aimed at introducing coaching as a method for enhancing work and well-being among formal and informal carers, especially in palliative care. Coaching might be an appropriate approach in the context of palliative care. Regarding end-of-life care and its complexity, it is worth considering implementing it as a part of

an interdisciplinary program. Consequently, it would be tailored to caregivers' needs.

In a third review article "Why is the approach to discontinuing life-sustaining treatment different in the UK and Poland? Based on the case of RS" Marcin Paweł Ferdynus demonstrated the discontinuation of life-sustaining therapy has been the subject of dispute for many years. Despite the guidelines, which were created to facilitate the resolution of disputes between the doctor (hospital) and the patient (family, surrogate), new cases of seriously ill patients continue to emerge and stir up controversy. One such case was the RS case. A Polish citizen living in the UK suffered severe brain damage as a result of cardiac arrest. The hospital applied to the court to withdraw ventilation, hydration, and nutrition for RS. The judge ultimately ruled that it was in RS's best interest to withdraw ventilation and nutrition, but he left the decision on hydration to RS's wife and the hospital. The court's ruling has stirred up controversy among the Polish public. Some Polish doctors assessed the UK court's decision as "legal murder" and "euthanasia". I believe that it is worth examining the RS case for at least two reasons. Firstly, it provides a better understanding of the difference in approaches to therapy cessation in the UK and Poland. Secondly, many Poles live in the UK, and therefore similar disputes may arise in the future. The Author of this article pointed out several differences between the British and Polish approaches to discontinuing life-sustaining therapy. These differences are focused on the definitions of medical futility and persistent therapy, best interest and dignity, and quality of life and sanctity of life.

In a fourth review article written by Kornelia Pudło and Zbigniew Żylicz "Potential role of microbiota in oncology and palliative care" the authors demonstrated that gut microbiota and intratumoral microbiota emerge as an important and, until now, completely ignored factor in treating cancer and cancer pain. Changes in gut microbiota can explain symptoms like the onset of cancer cachexia, inflammation, neuropathic pain and cancer pain. This knowledge offers perspectives of discovery of new therapeutic possibilities which may form a non-toxic complementary treatment of cancer with the potential of improving the quality of life of patients. This paper analyses current knowledge and future perspectives on this subject.

A fifth review article of this Issue entitled "Diagnosis and treatment of hallucinations in elderly palliative care patients with Parkinson's disease" written by Karolina Ochyra and Zbigniew Żylicz discussed this important topic. Parkinson's disease is the most common neurodegenerative disease. Until recently, the

treatment was focused on dopamine deficiency and enabling patient activity. Much less attention was paid to the cognitive impairment and non-motor symptoms of the disease. Dementia, hallucinations and delusions are the most common cognitive disorders influencing a patient's quality of life. Hallucinations are probably the most common and bothersome non-motoric symptom. The authors discussed the diagnosis and treatment of hallucinations with atypical antipsychotics and possible alternatives. A sensible approach for patients with hallucinations and delusions is suggested.

In a case report entitled "Need to rethink before prescribing acetaminophen in malnourished patients? Acetaminophen-induced liver injury in a malnourished cancer patient in palliative care department" authored by Neethu Susan Abraham, Seema Mishra, Sushma Bhatnagar discussed acetaminophen toxicity, which is one of the major causes of acute liver failure worldwide. Due to wide availability and perception regarding safety, it also remains the most common drug used in cancer pain settings. Incidental detection of acute liver failure during the hospital course may be observed in cachexia cancer patients. N-acetylcysteine (NAC) can be used as a rescue drug in case of liver injury as manifested clinically or from altered lab values. There are only a few cases reported of acetaminophen toxicity in malnourished subjects. This case report can provide insight into the importance of reducing of dosage of acetaminophen in cachectic patients. A 47-year-old female patient with no known comorbidities was diagnosed with locally advanced squamous cell carcinoma mid-oesophagus. She was advised best supportive care and was referred to the palliative medicine department where she presented with complaints of central chest pain and absolute dysphagia. General examination revealed a body weight of around 30 kg, body mass index (BMI) of 14.5, and performance status of 4. Her analgesics included an injection of tramadol 50 mg twice daily and an injection of paracetamol 1 g thrice daily. During her stay in the hospital routine examinations revealed an acute rise in the liver enzymes, aspartate transaminase (AST) was 1526 U/L, and alanine transaminase (ALT) was 1880 U/L, compared to the previous day's values (on admission to the department the AST and ALT values were 38 and 40 U/L, respectively). Acute liver injury due to paracetamol overdose was suspected. N-acetylcysteine was initiated according to the 21-hour protocol. Later liver enzymes declined and the patient improved clinically and was discharged home in a stable condition. This case report underlines the importance of cautious dose reduction of

acetaminophen in chronic pain patients with less than 50 kg to not more than 2 g per day for the prevention of acute liver failure.

Improvements in both postgraduate [1, 2] and undergraduate education in palliative care [3], especially for physicians and nurses, are of paramount importance in the development of both palliative care approaches and specialized palliative care in health care systems [4, 5]. The third Zielonogórska Conference entitled “Supportive care, palliative medicine, and treatment of pain” (in Polish: *III Zielonogórska Konferencja: Opieka wspierająca, medycyna paliatywna i leczenie bólu*) is planned to be held in Zielona Góra on 6<sup>th</sup>–7<sup>th</sup> September 2024, when you can enjoy Days of Zielona Góra celebration, which starts on the second day of the Conference. You can find more information about this Conference at the following link: <https://www.sympomed.pl/3ptop#date=2024-09-06>.

Reports from the First and the Second Conference have been published in Issues 4/2022 and 4/2023 of “Palliative Medicine in Practice”, respectively [6, 7]. I invite all of you to read articles published in this and archived Issues and share your knowledge and experience by sending your manuscripts (for Polish authors also in the Polish language) regarding broadly understood palliative, supportive and hospice care. Detailed information can be found at: [https://journals.viamedica.pl/palliative\\_medicine\\_in\\_practice](https://journals.viamedica.pl/palliative_medicine_in_practice).

I wish you all a happy holiday.  
With cordial greetings,  
Wojciech Leppert

## Article information and declarations

### Conflict of interest

The author declares that there is no conflict of interest.

### Funding

None.

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