

Wojciech Leppert^{1, 2} ¹Chair of Palliative Medicine, Institute of Medical Sciences, Collegium Medicum University of Zielona Góra, Poland²University Clinical Hospital in Poznań, Poland

Integration of supportive, palliative, and hospice care with other medical and non-medical specialties

I invite you to read Issue 3, Volume 18, 2024 of "Palliative Medicine in Practice", which contains four original articles, two review manuscripts, two case reports, one brief communication, and a conference report.

This Issue opens the original article entitled "Exploring the readiness of hospice and oncology unit staff to offer spiritual support to patients: preliminary findings" authored by Zuzanna Gurzyńska, Krzysztof Sobczak, and Milena Aneta Lachowicz. The loss of health entails several changes in a patient's life and requires reorganization of the family, professional, social, and spiritual aspects of it. The purpose of this article was to analyze the medical personnel's sense of readiness to provide spiritual care to patients in oncology departments and hospice facilities. The study was carried out with the use of the Spiritual Supporter Scale whose psychometric values were determined on a high level of reliability with Cronbach's $\alpha = 0.88$. The results of the Spiritual Supporter Scale showed that oncology professionals got significantly lower scores on the overall scale score than those who work in hospices. The analysis also showed that oncology department employees (54%), declared that providing spiritual care to patients is an integral part of their work ($p < 0.02$) significantly less often than those employed in hospices (88%). They were also less likely to declare (77%) that spiritual support is necessary

in their workplace than persons who provide care in hospices (95%; $p < 0.01$). The present study indicates that spiritual care is an important component of medical interventions, especially in areas related to bad news and the end of life, it also highlights significant deficits in the sphere of preparation and willingness of medical staff in hospices and oncology units to provide spiritual support to patients.

In a second research article "Spiritual care, compassion for others and light triad among clergy, social workers and hospice staff" Małgorzata Joanna Fopka-Kowalczyk, Dariusz Krok, and Dagna Kocur presented a study that aimed to determine the relationship of spiritual care with compassion for others and the Light Triad among clergy, social workers and hospice staff, and identify differences in the variables analyzed. The study was conducted among 578 individuals who belong to three professional groups: clergy ($n = 183$), social workers ($n = 199$), and hospice staff ($n = 195$), aged between 18 and 89 years. The study used the Spiritual Supporter Scale (SpSup Scale), the Compassion for Others Scale, and the Light Triad Scale. There were correlations for most of the variables studied. However, the correlations differed among the groups surveyed, especially in terms of the relationships of spiritual concern with indifference, faith in people, and humanism. Intergroup differences were observed. In terms of spiritual care, clergy had the highest scores

Address for correspondence:

Wojciech Leppert

University Clinical Hospital in Poznań, Osiedle Rusa 55, 61-245 Poznań, Poland

e-mail: wojciechleppert@wp.pl



Palliative Medicine in Practice 2024; 18, 3, 113-116

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

DOI: 10.5603/pmp.102560

Received: 12.09.2024 Accepted: 26.09.2024

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while hospice staff had the lowest. In terms of compassion for others, clergy, and social workers scored higher than hospice staff. In terms of the Light Triad, clergy had higher levels of faith in people than hospice staff, while social workers had higher levels of Kantianism compared to hospice staff. In summary, there were mixed results in terms of competencies in compassion and spiritual care and there were lower competencies among hospice staff compared to the other groups surveyed. The data obtained could be used as a basis for the offer of training courses and workshops to enhance the competencies relevant to the profession.

A third original manuscript entitled "Audit of Alzheimer's disease management from a tertiary hospital in Brunei Darussalam" was written by Shi Ying Tan and Shyh Poh Teo. Alzheimer's disease (AD) is the most common cause of dementia. Management of AD is dynamic and multidisciplinary, involving pharmacological and non-pharmacological interventions to manage patients' symptoms, prevent clinical decline, and improve quality of life. This study aimed to evaluate the standard of patient care provided for the management of AD. This was a retrospective clinical audit of patients in Brunei Darussalam, with a diagnosis of AD between 2019 and 2020. There was a total of 168 patients (68 males, 100 females). Their mean age was 79.5 years. Only half of the patients ($n = 84$) were advised to slow down the progression of the disease, and less than half (49.1%) of eligible patients were offered cognitive stimulation therapy. 51.8% ($n = 87$) were referred to occupational therapists for assessment of activities of daily living. 113 patients (67.3%) were started on cognitive enhancers; of these, 92 were continued on these medications. Donepezil was the most common drug prescribed ($n = 78$). Only 44.2% ($n = 50$) of the 113 patients were maximized on their cognitive enhancer dose. 84.1% had documented follow-up evaluations on the effect of cognitive enhancers. 88 (52.4%) patients had behavioral and psychological symptoms of dementia (BPSD), of whom 64 (72.7%) received treatment, with quetiapine ($n = 33$, 51.6%) being the most prescribed drug. There are still gaps between guidelines and practice; more effort is needed to improve the standards of care for the management of AD in Brunei Darussalam.

A fourth research manuscript entitled "Disability, quality of life, and emotional problems within a few days after surgery in patients operated due to colorectal cancer in Poland" is authored by Katarzyna Drózdź, Katarzyna Kamińska, Angelika Chachaj, Aleksander Truszyński, Joanna Bober, Krzysztof Małyszczak, and Andrzej Szuba. As the incidence of colorectal cancer is increasing, the assessment of the quality of life,

disability and emotional disorders of patients with this diagnosis should require more and more attention from both the physician and the nursing team. The aim of the study was to assess the quality of life of the older patients operated due to colorectal cancer. A total of 106 patients (men and women) above 60 years old in the first days after abdominal surgery due to oncological or non-oncological reasons (control group) participated in the study. The disability was evaluated with the WHO-DAS II questionnaire (World Health Organization Disability Assessment Schedule II) and the quality of life was measured with the EORTC QLQ-C30 questionnaire and EORTC QLQ-CR29 (colorectal module). GHQ-28 questionnaire was used for non-specific mental suffering assessment and Eysenck Personality Questionnaire EPQ-R(S) was used to study basic personality dimensions. The results obtained from the questionnaires were statistically analyzed. Patients operated on due to colorectal cancer with a stoma had a higher degree of disability, poorer quality of life, and greater emotional disturbances compared to patients operated on for non-oncological reasons. The type of surgery had a significant impact on the assessed quality of life. The patients operated with minimally invasive methods had the lowest degree of disability, the highest quality of life, and the least emotional disturbances compared to patients operated using the classical methods. To summarize physical and especially mental disability of patients operated on due to colorectal cancer should be recognized in the hospital and appropriate psychological support should be initiated during hospitalization and continued at home to improve the quality of life of this group of patients.

In the first review article Grzegorz Łukasik, Mateusz Guziak, Zuzanna Bastrzyk, Olga Szot, and Bartosz Kamil Sobocki "The use of cannabinoids and alternative therapies in chronic pain management: a narrative review" presented an overview of a variety of alternative pain management methods and mechanisms behind their analgesic and co-analgesic effects that contribute to maximizing the pharmacological effect of analgesic drugs. This study aimed to gather new and alternative pain control options and assess their efficiency, status, and potential in palliative care settings. Moreover, this review tried to evaluate whether they are scientifically evidence-based or not.

A second review article "Awareness building and improving participation of local communities in palliative care" is authored by Sunjida Shahriah, Sachin Dwivedi, Sucheera Amornmahaphun, Suman Seshkar, Somaye Pouy, Sidharth Puri, Hemdeep Kaur, Shoon Mya Aye, Risa Vernetta N Sangma, and Shyh Poh Teo. Although many people are experiencing serious health-related suffering that would benefit from palliative

care, this service is inaccessible or underdeveloped in many parts of the world. One of the main starting points for introducing or developing palliative care services is improving awareness and participation in palliative care in the community. A group of clinicians from diverse backgrounds discussed how to implement this and this study is a culmination of ideas arising from these conversations. For awareness building, social media campaigns, awareness at food festivals, national palliative care day programs, sharing stories and testimonials to stimulate conversations regarding palliative care, and a “human library” project was described. For improving community participation, community volunteer development programs, the “adopt a grandma” initiative, medical student palliative care project, workshops and training for non-communicable diseases, and community nursing cross-specialty collaborations are suggested. It is hoped that these proposals will stimulate further ideas and support the implementation of palliative care in different settings.

In the first case report entitled “The ethical dilemma of initiating ambulatory peritoneal dialysis in a preterm neonate: an unusual experience” Prashanth RR, Sruthi Nair, Radhika Raman, and Anitha Haribalakrishna reported on a male 35-week preterm neonate who was diagnosed with chronic kidney disease and referred for renal replacement therapy on day 10 of life. The ethical dilemma of deferring a lifesaving intervention was weighed against the best interest of the neonate and the family. By comparing the experiences in the current case to those reported previously, we present further insight into this challenging scenario faced by neonatologists.

In a second case report entitled “Ethical considerations in pediatric intensive care palliative care: a case study of a patient with Edwards syndrome” Eda Silva Cesar, Nicolas Kipman Cerqueira, and Regina Melittio Gasparetti presented a patient diagnosed with Edwards Syndrome — a chromosomal condition affecting approximately 1 in 6,000 live births. The syndrome exhibits diverse phenotypic features, diagnosable prenatally or postnatally, with reserved life expectancy. Families face complex psychosocial challenges due to the syndrome’s implications, impacting emotional adjustment, treatment decisions, and coping with socioeconomic barriers. A patient with Edwards syndrome is described, emphasizing the severity of malformations and a multidisciplinary approach. The patient, with severe cardiac malformations, was diagnosed shortly after birth. Due to dependency on hospital equipment, the multidisciplinary team opted, in agreement with the family, for palliative care until death. The patient passed away 20 days

after the initiation of palliative care, seemingly free of pain or visible discomfort. The ethical approach in palliative care, especially in Edwards syndrome, involves orthothanasia, aiming to respect the overall well-being and dignity of the patient. Effective and empathetic communication, preparation for hospital discharge to allow for death at home, and post-decision follow-up are crucial aspects. The correct practice of orthothanasia involves technical competence and ethical sensitivity, emphasizing a multidisciplinary and transdisciplinary approach. This case highlights the importance of palliative care in Edwards syndrome, emphasizing the need for a holistic and compassionate approach considering the physical, emotional, and social needs of the patient and their family. Collaboration strategies, open communication, health professional training, and the implementation of family-centered care are essential to providing effective and compassionate palliative care in these complex cases.

A brief communication entitled “Anterior cutaneous nerve entrapment syndrome (ACNES) in a Palliative care setting” is authored by Devina Juneja, Saurabh Vig, Seema Mishra, and Sushma Bhatnagar. Chronic pain emanating from the abdominal wall is frequently unrecognized or confused with visceral pain, often leading to extensive diagnostic testing before an accurate diagnosis is established. ACNES is one of the most frequent causes of chronic abdominal wall pain and warrants special attention in palliative care settings due to its significant impact on patients’ comfort and quality of life. In this manuscript, the Authors presented a 31-year-old male patient diagnosed with ACNES and discussed a multifaceted approach used successfully in this patient, which comprised interventional technique along with a pharmacology approach and education and effective communication with this patient. Differential diagnoses in a palliative medicine setup and possible therapeutic options in this case scenario are presented.

The last manuscript is a “Report from the Third Conference in Zielona Góra: palliative medicine, supportive care, and pain management” authored by Grzegorz Lorocho and Maria Forycka-Ast. This year apart from many outstanding Lecturers from Poland we have been honored by the presence of a distinguished Guest from the University of Erlangen — Professor dr Christoph Ostgathe who is Chair of the Department of Palliative Medicine at this University. His Inaugural Lecture entitled “Assisted dying — an international perspective” outlined the current situation of palliative care in a broad context of ethical issues associated

with different approaches to care for this patient population. The Third Zielona Góra Conference entitled “Palliative medicine, supportive care, and treatment of pain” was held in Zielona Góra on 6th–7th September 2024, (at a time of beginning of Days of Zielona Góra celebration). This Conference was organized by the Polish Association for Palliative Care and Chair of Palliative Medicine, Institute of Medical Sciences, Collegium Medicum, University of Zielona Góra. We are planning the next Conference on 26th–27th September 2025.

Integration of supportive, palliative, and hospice care with other medical and non-medical specialties is important for the progress of holistic care provided to patients with chronic diseases and their loved ones [1, 2]. This could be also adjusted to the specific situation of Central-Eastern European countries [3, 4] with an important role of under- [5] and post-graduate education development in our Region [6, 7]. Our Conferences in Zielona Góra aim to integrate different specialists from medical and non-medical areas to form a platform for exchanging ideas and improving up-to-date knowledge between different disciplines [8, 9] and ultimately promoting excellence in the quality of care provided for patients and their families [10].

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 authors from Poland also in Polish) regarding broadly understood palliative, supportive, and hospice care. Detailed information can be found at: https://journals.viamedica.pl/palliative_medicine_in_practice.

With cordial greetings,
Wojciech Leppert

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