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Caregivers are important in supportive, palliative, and hospice care

I invite you to read Issue 4, Volume 18, 2024 of *Palliative Medicine in Practice*, which contains four original articles, two review manuscripts, two case reports, a biographical note, and an obituary.

This Issue opens the original article entitled "An observational study of socioeconomic status and demographic profile of advanced cancer patients receiving palliative care in tertiary care institution of Bihar, India" authored by Mumtaz Hussain, Puja Kumari, Vinod Kumar Verma, and Nidhi Arun. Access to high-quality healthcare without financial constraints is necessary for inclusive universal health coverage. Low socioeconomic status (SES) individuals have less access to palliative care services. The study was conducted to evaluate the demographics and socioeconomic status of palliative care patients with advanced cancer. The prospective observational study included 118 patients with advanced cancer receiving palliative care. Their clinical, demographic, and socioeconomic data were collected in predesigned social assessment sheets and medical records. The SES was evaluated using the modified Kuppuswamy scale. Out of the total study participants, 54 (45.8%) were illiterate. Most of the participants had social insecurities like financial insecurity (n = 50, 42.4%), followed by insecurities regarding the future of the family members (n = 37, 31.4%). The frequency of lung cancer (n = 30, 25.4%) was the highest among the participants, followed by breast (n = 20, 17%) and gall bladder cancer (n = 15, 12.7%). The mean family income of the patients was Indian Rupees (INR) 10,847.5 ± 8,026.3 ($130.61 ± 96.64). Most of the participants (38, 32.2%) belonged to lower middle SES. Type of cancer, social insecurities, and type of caregiver were significantly associated with gender ($p < 0.05$). Most patients and their families were financially limited, and a significant portion of patients expressed financial insecurities and social stress about the future of their families. Gender was significantly associated with a type of cancer, social insecurities, and type of caregiver.

In a second research article "Coping mechanisms employed by caregivers of cancer patients seeking treatment at a tertiary care center in Northern India" Shipra Saini, Happy Dagar, Ankit Yadav, Khushi Singla, Sakshi Tanwar, Mitasha Singh, and Pooja Goyal presented a study that aimed to determine the coping strategies and their factors using the stress coping behavior scale (SCBS) in caregivers of cancer patients. This was a hospital-based cross-sectional study conducted on 190 caregivers of cancer patients. Data was collected in the oncology wing of the hospital. A pre-designed interviewer questionnaire was administered along with a Stress Coping Behavior Scale (SCBS). Linear regression was done to see the effect of different factors on the coping mechanisms of caregivers. The mean age of the caregiver was 38.48 ± 13.89 years. Most of the caregivers were males (52.1%) and living in a nuclear family (42.1%). The number of caregivers ranged from 2 to 18 in cancer patients' families. The mean

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score in avoidant coping was 1.64 ± 0.37, problem-based coping was 2.52 ± 0.52 and emotional-focused coping was 2.18 ± 0.37. Linear regression shows that avoidant coping was not significant with any factors, Problem-based coping was significant with marital status, education level of caregiver, type of family, and type of treatment received by patients, and emotional coping was significant with gender, marital status of caregiver, duration since time of cancer and number of caregivers of cancer patients. Caregivers of cancer patients are mostly their blood relatives or close family members. A positive or negative coping strategy is influenced by gender, marital and educational status, type of family and number of caregivers, duration of cancer, and treatment modality. Utilizing positive coping strategies by caregivers will not only enhance their quality of life but will even improve the caregiving of their diseased relatives.

A third original manuscript entitled "The mental health of family caregivers: do the complementary roles of personality trait, social support, and resilience matter?" was written by Obinna Osita Ike, Ifeoma Juliet Nwufo, and Peace Chisaokwu Adubi. This present study investigated the roles of personality, social support, and resilience in the mental health of family caregivers. The study based on self-report measures of the Big Five Personality Inventory, Social Support Scale, Resilience Scale, and General Health Questionnaire adopted a descriptive cross-sectional design. The participants in the study were 250 caregivers. Hierarchical multiple regression was used for data analysis. Results showed that the dimensions of the big five personality traits neuroticism ($\beta = -0.15$, $p < 0.05$), extraversion ($\beta = 0.16$, $p < 0.05$), openness to experience ($\beta = 0.17$, $p < 0.05$), conscientiousness ($\beta = 0.15$, $p < 0.05$) and agreeableness ($\beta = 0.13$, $p < 0.05$) significantly associated with family caregivers' mental health. In addition, social support ($\beta = 0.13$, $p < 0.05$) and resilience ($\beta = 0.13$, $p < 0.05$) were positively associated with the mental health of caregivers. Families, providers of health care, hospital management, and policymakers in the health care sector should take cognizance of these endogenous and exogenous factors (*e.g.*, social support, personality traits, and resilience) in the development of intervention and support services for both existing and potential health caregivers. This is pertinent since their mental health is dependent on the positive correlation among these variables of interest.

A fourth research manuscript entitled "Attitudes towards death among the nursing staff in oncology departments and hospices" is authored by Kinga Jaglak and Ewa Kobos. This study aimed to analyze attitudes towards death among the nursing staff in hospices and oncology departments. Overall, 159 members of the nursing staff in stationary hospices and oncology departments participated in the study. The Death Attitude Profile-Revised (DAP-R) was used to collect research material. The median (Me) results for the particular dimensions were as follows: approach acceptance: Me = 42, fear of death: Me = 27, neutral acceptance: Me = 29, death avoidance: Me = 17, and escape acceptance: Me = 21. Concerning neutral acceptance, the median values for the oncology hospital and hospice staff members were Me = 29 and Me = 26, respectively. Oncology nurses show a higher tendency towards neutral acceptance compared to the hospice staff. The respondents with a secondary level education demonstrated a higher tendency towards escape acceptance and death avoidance. Nurses with previous experience in oncology, hospice, or palliative care in addition to their current job demonstrate a higher tendency towards fear of death.

In the first review article Gautam Sarma, Hrishikesh Kashyap, Partha Pratim Medhi, Rupam Kalita, and Dhanjit Lahkar "Unravelling the landscape of image-guided radiotherapy: a comprehensive overview" presented an overview of image-guided radiation therapy (IGRT), which is essential to modern radiation therapy. It ensures precise radiation delivery to tumor targets, sparing healthy cells and tissues. IGRT techniques upgraded themselves to a level where the technology allows for tracking the real-time image of the tumor during treatment and significantly improves the accuracy and precision of radiation therapy. By integrating advanced imaging modalities such as cone beam computed tomography, magnetic resonance imaging, and positron emission tomography, clinicians can visualize the tumor and surrounding tissues in three dimensions. It also can account for intrafraction variations, such as organ motion and changes in tumor size or shape, which can occur throughout treatment. Using IGRT techniques, clinicians can adapt the treatment plan in real time to ensure optimal radiation delivery to the tumor while sparing healthy tissues. Moreover, IGRT is crucial in managing systematic and random errors during radiation therapy. These errors could lead to underdosing of the tumor or overdosing of healthy tissues, compromising treatment efficacy and patient safety. To mitigate these errors, imaging and frequent verification of the treatment are necessary throughout the treatment. A comprehensive summary of IGRT, its diverse modalities, clinical integration, quality assurance tests performed, and the role of artificial intelligence in IGRT is presented in this article.

A second review article "Facebook counseling in the field of complementary and alternative medicine

among Polish breast cancer patients: a narrative review" is authored by Aneta Brygida Jędrzejewska, Barbara Janina Ślusarska, and Grzegorz Józef Nowicki. Breast cancer patients often use complementary and integrative therapies as supportive care as suggested by online sources during cancer treatment and when coping with the side effects of treatment. However, the evidence for the effectiveness of such therapies is limited. This review aimed to critically analyze Facebook's advice to women with breast cancer regarding the use of CAM and assess their safety and effectiveness through a narrative review. The search yielded 1,300 pieces of advice provided by the community of Facebook groups. These were analyzed, and their safety and effectiveness were assessed. Many different CAM therapies were identified, which were grouped into five categories. Currently, searching for information on CAM on Polish-language Facebook groups by breast cancer patients poses a risk of obtaining advice of unproven effectiveness. Patients are exposed to suggestions that they should take products that may interact with conventional treatment or that they may be persuaded to give up conventional treatment. Cancer care providers should consider the complexity and implications of the unmet need for information and support for breast cancer patients that result in seeking CAM advice on Facebook groups. Measures should be taken to ensure that breast cancer patients can find reliable evidence on CAM online and on social media.

The first case report entitled "Subcutaneous drainage of chronic refractory edema in cancer patients: case presentation" authored by John Cardenas, Luisa Trujillo, and Xiomara Carmona reports the case of a patient with progressive retroperitoneal sarcoma who develops severe lower limb lymphedema of multifactorial etiology, refractory to treatment. Edema is a frequent manifestation in patients with advanced diseases. The symptomatic impact it generates, the functional limitation, and the decreased quality of life are often underestimated in those affected patients. Many strategies for their management are employed, but the therapeutic response and tolerance are limited in patients with advanced diseases. The following study presents a patient in whom subcutaneous lymphatic drainage was performed with clinical improvement and impact on quality of life. In this article, there is a discussion of the topic and a review of the available literature on the presence of lymphedema in patients with cancer and the different available therapeutic options.

A second case report entitled "Concurrent pleural and pericardial effusions in advanced lung adenocarcinoma" is authored by Yusuf Haz Condeng, Harun Iskandar, Andi Makbul Aman, Haerani Rasyid, and Syakib Bakri. Lung adenocarcinoma is a common malignancy that often spreads to different organs, such as the pleura and pericardium. The concurrent presence of pleural and pericardial effusions often signifies an advanced stage of the disease. The authors presented a case of a 71-year-old male diagnosed with advanced lung adenocarcinoma complicated by concurrent pleural and pericardial effusions. Diagnostic imaging and cytological analysis confirmed the diagnosis, guiding subsequent treatment. Pericardiocentesis and thoracentesis were initiated to alleviate symptoms and improve quality of life. The case underscores the complexities involved in managing advanced lung adenocarcinoma accompanied by pleural and pericardial involvement.

We have recently received bad news that on 20th October 2024, Professor Robert Twycross passed away surrounded by His loving Family. We are immensely grateful for His great impact on modern palliative care but broadly looking on a whole medicine and health care in the UK and in other countries that should be provided with a holistic approach, including dignity and partnership with patients and attention to details [1–14] and also for His voice on difficult ethical issues [15–20]. For many years among many countries, Professor Robert Twycross visited Poland and together with Professor Jacek Łuczak organized numerous courses for Polish and Eastern European physicians and nurses who developed palliative care in their countries. Two manuscripts are devoted to a friend and distinguished authority for those involved in palliative care all over the world: "Robert G. Twycross (1941–2024) — pioneer of palliative care" by Doctor med. Halina Bogusz and Assistant Professor Aleksandra Kotlińska-Lemieszek and "To the memory of Robert Geoffrey Twycross 1941–2024" by Professor Zbigniew Żylicz and Professor Małgorzata Krajnik. We send our cordial condolences to the Family. Honor His Memory!

We invite you all to participate in the 17th International Conference of our journal planned on 5th–6th June 2025 in Gdańsk (https://paliatywna2025.konferencje.viamedica.pl/) after the 19th World Congress of the EAPC in Helsinki on 29th–31st May 2025. We will be celebrating the 30th Anniversary of establishing the Department of Palliative Medicine at the Medical University of Gdańsk founded and chaired by Professor Krystyna de Walden Gałuszko and continued by Professor Monika Lichodziejewska-Niemierko with the whole team. Professor Sebastiano Mercadante and Friends invite to Palermo for the Conference "Women in palliative care" planned on 10–12 April 2025.

I encourage 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.

On behalf of an Editorial Board and all Editors of *Palliative Medicine in Practice* and Directors of Via Medica I wish all Readers and Authors of our journal a happy and prosperous New Year.

With cordial greetings,
Wojciech Leppert

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