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Palliative and supportive care: progress needed in clinical care, research and education

I invite you to read Issue 3 Volume 17, 2023 of “Palliative Medicine in Practice”, which contains an Editorial, three original articles, two reviews, a case report, and a Report from the from the 16th International Conference of our Journal held in Gdańsk on 23–24 June 2023.

This Issue opens with an Editorial entitled “Student exams during the COVID-19 pandemic” written by Dr Zbigniew Żylicz, a Professor at the University of Rzeszów. Dr Żylicz outlines his personal experience during the COVID-19 pandemic with students’ classes and credits, which apart from many problems, also brought new possibilities for development in the education of palliative medicine among medical students using remote methods of communication. Education is an important issue in palliative care at both undergraduate and postgraduate levels [1], also in the context of clinical care provided to patients [2]. This was discussed in the recommendations of an Expert Group of National Consultants in palliative medicine and palliative care nursing in Poland suggesting three referential levels of stationary palliative care, which at the third step includes both under- and postgraduate education of medical students and physicians [3]. A revision and update of a curriculum for specialty training in palliative medicine for physicians in Poland were recently published, which refers to those who started training this spring and will begin training in the future [4].

The first original article entitled “Pain descriptors and adaptation of Short Form McGill Pain Question-

naire 2 (SF-MPQ-2) for older people in Brunei Darussalam” was written by Muhammad Amirul Maidin, Noor Artini Abdul Rahman, Asmah Husaini and Shyh Poh Teo. The study aimed to identify pain descriptors for different pain etiology in older people using the adapted SF-MPQ-2 Brunei Malay version and compare pain severity assessments using the visual analogue scale (VAS) and SF-MPQ-2. This was a prospective study using the translated SF-MPQ-2 in older people admitted or seen in a clinic under Orthopaedics and Geriatrics specialities between November 2018 and February 2019. There were 75 participants, with 21 pain descriptors used. The main descriptors for fractures, osteoarthritis or muscle/tendon problems were identified. Despite pain medication, more than a third still experienced moderate to severe pain. However, almost all were satisfied with the pain management. There was a statistically significant difference in pain severity between the VAS and SF-MPQ-2, with the VAS possibly underestimating pain. The adapted SF-MPQ-2 appeared feasible for use with older people in Brunei.

The next original article in this Issue authored by Ridvan Sivritepe, Sema Uçak Basa and Serhat Mert Tiril is entitled “The relationship between the Geriatric Nutrition Risk Index (GNRI) and the prognosis of COVID-19 in diabetic geriatric patients”. As malnutrition is one of the important conditions that determine the course of patients in acute critical illnesses, this study evaluated the relationship between the Geriatric

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Nutrition Risk Index (GNRI) and COVID-19 prognosis in geriatric diabetic patients. A total of 110 patients between the ages of 65 and 80 who were interned due to COVID-19 disease with a diagnosis of diabetes mellitus were included. Biochemical blood tests were analysed. The GNRI was calculated to assess the nutritional risk status. As a result of GNRI, the patients were divided into 4 groups according to their scores: severe risk (< 82 points), intermediate risk (82–91 points), low risk (92–97 points) and no risk (≥ 98 points). The length of stay, saturation levels, intubation status and discharge type of the patients were recorded. All parameters were compared in these groups. According to the GNRI, 11.8% of the patients had severe malnutrition, 20.9% had moderate and 8.1% had mild malnutrition, while 59.0% had no risk of malnutrition. When patients are divided into four groups according to GNRI groups, age, urea, creatinine, lymphocyte, procalcitonin, leukocyte, thrombocyte, haemoglobin, spo2 and po2 levels, intubation, and intensive care referral rates were significantly different ($p < 0.05$). In the correlation analysis, a negative significant correlation was found between GNRI and height, length of hospital stays, d-dimer, CRP, leukocyte, neutrophil-lymphocyte ratio and neutrophil. There is a significant relationship between GNRI and the prognosis of COVID-19 in geriatric diabetic patients. Patients with a low GNRI score have a longer hospital stay, a higher need for intensive care and mechanical ventilation, and a poor prognosis.

The third original article "Midwives' experience of delivering women with a life-threatening fetal diagnosis" was prepared by Zuzanna Mucha, Beata Szlendak, Joanna Krzeszowiak, Natalia Anuszkiewicz and Urszula Tataj-Puzyna. In a qualitative study, semi-structured interviews were conducted with 10 midwives who are actively working in delivery rooms at four hospitals in various regions of Poland. The interviews were recorded, and then transcribed and analyzed using the content analysis method with the MAXQDA tool. From the experiences of midwives who deliver babies for women after an unfavorable prenatal diagnosis for the baby, two main themes and four sub-themes were identified. Within the first theme, "Impact in the scope of personal experience", identified sub-themes included "Difficult but positive experiences" and "Confronting one's own emotions". Within the second theme, "Impact in the scope of interaction with others", identified sub-themes included "Empathizing with the woman" and "Community with other midwives". Taking care of a woman giving birth to a baby affected by a life-limiting fetal condition is for midwives a difficult, but ultimately positive experience and enriching for their personal and professional identity. Midwives need to be prepared through education

to effectively deal with the problems which appear in their everyday practice. Psychological support for midwives is insufficient; an opportunity to participate in training courses would enable them to develop their skills related to handling difficult situations, coping with stress, and above all the ability to talk to mothers and fathers of babies in those situations that are so difficult for the parents.

In the first review article Priyanka Mishra, Sonal Goyal and Robina Makker "Intradiscal steroid therapy in chronic discogenic pain: a systematic review of literature" conducted a systematic review of the present literature and assessed the use of intra-discal steroids injection (IDSI) for patients suffering from chronic discogenic back pain irresponsive to conservative treatment. The search was conducted in PubMed, PubMed Central, Cochrane, Scopus, Embase, and Google Scholar databases between 1990 and 2021. Included were studies assessing the administration of IDSI to adults suffering from chronic discogenic back pain. Studies evaluating combination interventions were excluded. The quality of evidence was determined by the GRADE assessment. The PROSPERO registration number for the review is CRD42022307690. Eight studies enrolling a total of 548 patients were finally included in the systematic review. A significant reduction in pain scores after IDSI was calculated one month after intervention [standardized mean difference (SMD) -1.32 ($-2.32, -0.31$), $p = 0.01$, $I^2 = 89\%$]. This effect was not sustained at three-, six- and twelve-month assessments. The analysis revealed no therapeutic benefit of intra-discal steroids for disability and activity limitation at one month, [SMD -0.76 ($-1.88, 0.36$), $p = 0.18$, $I^2 = 92\%$], three-, six- or twelve-months intervals. Overall, the quality of effect estimates was found to be moderate. Authors suggest that intradiscal steroid therapy can only be used as a bridge therapy for short-term pain relief while patients with chronic discogenic pain await another intervention or surgery.

In the next review article entitled "The Polish palliative care response to the war in Ukraine and the subsequent humanitarian crisis" Leszek Pawłowski, Iga Pawłowska, Sofiya Shunkina, Wojciech Leppert, Natalia Krzyżaniak and Monika Lichodziejewska-Niemierko described numerous problems in a provision of palliative care in Ukraine associated with war and endeavors undertaken in Poland to mitigate this humanitarian crisis. The Ukrainian healthcare system has collapsed and many healthcare institutions, including palliative care facilities, have been destroyed. In Poland, hospices and palliative care centers, non-governmental and public organizations, local authorities as well as individual citizens have been involved

in the provision of care and other forms of support for palliative care patients who fled Ukraine. Due to the implementation of new regulations, 1.5 million refugees have been granted access to Polish public services. The rapid aid response for Ukrainian refugees has provided these patients with dignity, by meeting their basic needs, and allowed them to experience some level of peace in a deeply troubling time.

In a case report entitled "Acceptance of illness and satisfaction with the life of the patient after penectomy" Justyna Sruga, Katarzyna Zmarlak, Weronika Szajnowska, Ilona Kuźmicz, and Ewa Kawalec-Kajstura discussed problems of a patient diagnosed with penile cancer, which is a rare malignant neoplasm, occurring mainly in men in their sixties and seventies. The consequences of treatment often include a severely disturbed perception of one's body image, lowered self-esteem and difficulties in daily functioning, which can result in reduced satisfaction with further life. This study aimed to assess the life satisfaction and level of acceptance of illness of a 42-year-old patient after penectomy in the course of cancer. The following tools were applied in the study: the authors' own questionnaire, the Acceptance of Illness Scale (AIS) and the Satisfaction With Life Scale (SWLS). The patient surveyed scored 38 out of 40 on the AIS scale, indicating that he accepted his illness, while on the SWLS scale, he scored the maximum number of points indicating a high overall sense of satisfaction with life. The patient did not report any difficulties in terms of daily functioning resulting from the diagnosed disease and the treatment administered.

The last manuscript of this Issue is a Report of the 16th International Conference of the Journal "Palliative Medicine in Practice" held in Gdańsk on 23rd–24th June 2023.

Several conferences have been recently organized. The Second Conference in Zielona Góra: "Palliative medicine, supportive care and pain management in cancer patients", was held on 8th–9th September 2023 and organized by the Chair of Palliative Medicine at the Institute of Medical Sciences of the Collegium Medicum of the University of Zielona Góra and the Professor Jacek Łuczak Polish Association for Palliative Care with more than 150 participants all over Poland. This year Conference has been concentrated on cancer patients as the First Conference held on 6th–7th October 2022 was devoted to patients with non-malignant diseases [5]. On 15th–16th September 15th International Conference of the Polish Association of Psychooncology was held in Lublin celebrating 30 years of the introduction of psychooncology in Poland with sessions devoted to palliative medicine and progress in pain management. The 13th Congress

of the European Pain Federation EFIC Pain in Europe (Personalized pain management: the future is now) was held on 20th–22nd September 2023 in Budapest with several sessions devoted to cancer pain management including an important role of palliative and supportive care provided for patients with active disease and cancer survivors.

The next 13th World Research Congress of the European Association for Palliative Care (EAPC) is scheduled in Barcelona on 16th–18th May 2024. As a follow-up event, the 17th International Conference of the Journal "Palliative Medicine in Practice" (After the 13th EAPC Research World Congress) is planned to be held on 24th–25th May 2024 in Gdańsk.

I invite all of you to read articles published in this and archived Issues and share your knowledge and experience by sending your manuscripts (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.

With cordial greetings,
Wojciech Leppert

Article information and declarations

Conflict of interest

The author declares that there is no conflict of interest.

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