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Palliative, supportive and hospice care: can we integrate all aspects?

I invite you to read Issue 4, Volume 17, 2023 of "Palliative Medicine in Practice", which contains a reprint of recommendations, three original articles, three reviews, a case report and a report from Conference.

This Issue opens up with a reprint of an article "Diagnostic and therapeutic management of cancer patients with pain: recommendations of the Expert Group of the Polish Association for Palliative Care, Polish Association for the Study of Pain, and Polish Association of Clinical Oncology" (based on international recommendations [1]) originally published online in *Oncology in Clinical Practice* [2]. These recommendations were a common initiative of experts from the Polish Association for Palliative Care, Polish Association for the Study of Pain, and Polish Association of Clinical Oncology aimed at updating older version of these recommendations published in 2018 [3]. This article presented updated knowledge on the basics of assessment, pathophysiology and management of pain in cancer patients including pharmacotherapy. It comprises also a non-pharmacological approach with an important role of anticancer treatment, interventional techniques and other non — pharmacological methods such as physiotherapy, acupuncture, physical exercise, and psychological support.

The first original article entitled "The effect of hippocampal sparing during prophylactic cranial irradiation on the preservation of neurocognitive functions in patients with small cell lung cancer: a preliminary study" was written by Karolina Loga, Bartosz Wójcik, Anna Stanisławek, Anna Papis-Ubych, Jacek Fijuth,

and Leszek Gottwald. Prophylactic cerebral irradiation (PCI) is the standard of care for patients with limited small cell lung cancer (SCLC). Cerebral irradiation is associated with the deterioration of the quality of life in terms of cognitive function, in which the hippocampus plays a critical role. Protection of the hippocampus during PCI aims to reduce the adverse effects of ionizing radiation on neurocognitive function, which may be important for optimal quality of life. To date, subjective psychological tests have been used as a methodical assessment of cognitive function in patients after PCI. In this preliminary study of 20 patients with SCLC, it was attempted to evaluate the effect of hippocampal sparing during PCI on the preservation of cognitive functions in these patients, using two diagnostic and screening tests: Mini-Mental State Examination (MMSE) Short Scale and Montreal Cognitive Assessment (MoCA) Scale. The assessment was made at three-time points: before the start of radiation, immediately after completion of irradiation and 3 months after radiation therapy. The results indicate that after radiation therapy there is a deterioration in cognitive functions. Additionally, it was found that the results of both tests after radiation therapy differed significantly according to the gender and education of patients. Following PCI, cognitive functions deteriorate in SCLC patients, even when radiation doses are reduced in the hippocampal area. This trend persists for at least 3 months after the end of brain irradiation.

The next original article in this Issue authored by Michał Machul and Beata Dobrowolska is entitled

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“Spiritual care competence and caring abilities among Polish nurses: a correlation descriptive study”. Spiritual care is an obligatory aspect of nursing care for a patient at the end of life and plays an important role in providing quality nursing care. This study aimed at describing the level of spiritual care competence and caring abilities of Polish nurses and to examine the relationship between them. In the study based on the Caring Ability Inventory (CAI) and the Spiritual Care Competence Scale (SCCS) questionnaires descriptive, correlational, cross-sectional design was adopted. The study involved 451 clinical nurses. Respondents’ overall score of SCCS was high (median = 101.22; mean = 103.00; SD = 17.14) and low in the overall score of CAI (median = 185.44; mean = 185.00; SD = 21.05). The respondents who believe that nurses should assess the patient’s spiritual needs obtained statistically higher scores in all subscales and the overall score of SCCS and CAI. The total score of spiritual care competence was also positively correlated with the level of caring abilities ($p < 0.01$). The caring abilities and competencies to provide spiritual care of Polish nurses correlate, among others, with their age, professional experience, level of education and job satisfaction. To conclude the implementation by academic teachers and nursing managers of strategies promoting patient-centred nursing care and humanistic values will contribute to strengthening the caring abilities of nurses and the skills to provide spiritual care to patients, especially in the most basic human experience of dying.

The third original article “This birth is difficult but beautiful — parents’ experience of giving birth to a baby with a lethal foetal diagnosis” was prepared by Urszula Tataj-Puzyna, Beata Szlendak, Magdalena Szabat, Joanna Krzeszowiak, and Dorota Sys. The experience of childbirth, during which parents welcome and say goodbye to their child at the same time, is an unimaginably difficult/traumatic experience. This study aimed to explore parents’ experiences following the birth of a terminally ill baby. Semi-structured, in-depth interviews were conducted in this qualitative study. The interviews were developed using content analysis, by coding and constructing themes in iterative, collaborative meetings, using the MAXQDA tool. Thirteen parents took part in the study: nine women following a prenatal diagnosis with a lethal prognosis for their child and four fathers of those children. As a result, content analysis revealed two main themes and two sub-themes. The first theme is “Embracing bad news during pregnancy” and the second theme is “This birth is difficult but beautiful”, within which the following sub-themes were identified: “Joy of meeting the baby” and “Saying goodbye to your

child is important”. For parents who were preparing for childbirth after a prenatal diagnosis with a lethal prognosis for their child, the experience of childbirth had positive implications. Meeting their newborn child was an important moment for them, an affirmation of their parenthood. Parents emphasized that the time to say goodbye to their child was a celebration of their brief parenthood.

In the first review article Jakub Kobińska, Bartłomiej Ludwig, Anna Dziekiewicz, and Joanna Bystron “Pathophysiology and management of opioid-induced constipation: a narrative review” presented an update on the knowledge of pathophysiology and management of opioid-induced constipation (OIC). Opioids, in addition to being highly effective in the treatment of severe pain, have a high risk of adverse effects including OIC. The pathophysiology of OIC is primarily related to the direct action of opioids on opioid receptors located in the wall of the gastrointestinal tract. This leads to deregulation of the mechanisms responsible for the motor and secretory functions of the gastrointestinal tract. That results in impaired digestion and delayed intestinal transit, leading to the development of constipation. OIC leads to a significant reduction in patients’ quality of life and an increase in the cost of treatment and can lead to complications. Patients receiving palliative care due to their multiple burdens require a holistic diagnostic approach and thorough differential diagnosis of OIC. Among therapeutic approaches, are non-specific methods related to lifestyle changes and laxatives, and cause-directed pharmacological methods related to the use of peripherally acting opioid receptor antagonists (PAMORA). The most commonly used PAMORA for the treatment of OIC include naloxegol, methylnaltrexone and naldemedine. Proper diagnosis of OIC among patients taking opioid drugs allows for the implementation of effective therapeutic measures. Appropriate treatment reduces the risk of OIC-related complications and leads to an increase in patients’ quality of life.

In the next review article entitled “Blood transfusions in palliative care: a method to improve quality of life or a double-edged sword? A mini-review” Martyna Bukafa and Zbigniew Żylicz discussed problems associated with blood transfusions in palliative care patients. There are no guidelines to make decisions about blood transfusions in palliative care. These decisions cannot be made based on the haemoglobin level only. Occasionally the issue of blood transfusion is being discussed with the family. Instead of being a bridge to recovery and self-sufficiency of the bone marrow, like in non-palliative medicine, blood transfusions are appreciated as buying some quality time for the patient. However, this issue is questionable in light

of available data and experience. Blood transfusion can boost the patient's energy for days or a week, but it can also have more adverse effects including re-bleeding and unexplained death. Controlled data on this subject are absent. In the discussions on blood transfusions with patients and their families these aspects should not be forgotten. Blood transfusions remain not without reason a possible but rare procedure in palliative care.

In the third review article entitled "Visitation policies at palliative care units and stationary hospices during COVID-19 pandemic: a literature review" Filip Lebiecki, Kacper Wilczkowski, Jan Getek, and Leszek Pawłowski discussed problems associated with limitations of visiting patients by their loved ones in stationary palliative care. The COVID-19 pandemic has significantly affected the ability of relatives and friends to accompany patients. Medical facilities have taken measures to limit or prohibit direct contact in proportion to the epidemic risk while respecting the integral healthcare component of relatives' participation in the therapeutic process. New challenges have also arisen in specialized palliative care units, where the family plays a key role in providing support and comfort to patients with advanced illness, especially at the end of life. The presence of relatives and their direct participation in inpatient palliative care have been significantly reduced or completely excluded. Several units have established specific visiting policies designed to prevent patients, staff and visiting relatives from acquiring the infection. The rules included obligatory personal protective equipment, limiting the duration of visits and the number of permitted guests, as well as allowing only visitors who had been vaccinated against COVID-19. To mitigate the harm caused by the restrictions, new means of remote contact such as video calls through teleconferencing platforms have been introduced or expanded. To conclude delving into solutions facilitating contact between relatives and patients, implemented in inpatient palliative care units during the COVID-19 pandemic may serve to identify and establish model solutions for managing similar scenarios in the future.

In a case report entitled "Home extubation in a terminally ill older patient visiting emergency department" Pasitpon Vatcharavongvan highlights the possibility of discharging terminally ill and intubated patients from the emergency department (ED) for home extubation. Many barriers exist in the ED that hinder home extubation for elderly palliative patients. Patients intubated in the ED are typically admitted to an intensive care unit or hospice. However, the presented case is of a 93-year-old female patient brought to the ED due to altered consciousness, who

experienced a sudden cardiac arrest, and subsequently received resuscitation and intubation. The patient's family expressed their desire to have her discharged for end-of-life care at home. By establishing effective communication and cooperation between a palliative care team, the ED staff, and the family members, a discharge care plan was developed to facilitate home extubation. The patient passed away peacefully within 40 hours of extubation, surrounded by her loved ones. This case exemplifies the feasibility of discharging terminally ill and intubated patients discharging from the ED for home extubation.

The last manuscript of this Issue of our journal prepared by Grzegorz Lorocho and Maria Forycka-Ast is a Report from the Second Conference in Zielona Góra: "Palliative medicine, supportive care and pain management in cancer patients", which 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 [4]. We believe these events increase the importance of palliative care for healthcare professionals [5–7] and the whole society [8].

As a follow-up event of the 18th World European Congress of Palliative Care "Equity and Diversity" held in Rotterdam on 15th–17th June 2023, in Poland 16th International Conference of Palliative Medicine in Practice (After 18th EAPC World Congress 15–17th June 2023 in Rotterdam) took place on 23rd–24th June 2023 in Gdańsk. Please find Supplement II, vol. 17 (2023) recently published on a journal web: https://journals.viamedica.pl/palliative_medicine_in_practice/issue/view/6211 containing all abstracts (most in Polish) presented during this Conference.

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. Please note that on 11th–13th April 2024 an Annual International Conference entitled "Stupor Mundi" is planned in Palermo for which you are invited by Professor Sebastiano Mercadante.

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.

Recently, in Warsaw on 9th December 2023 a Panel Discussion was organized by Forum of Polish Hospices. Problems of palliative and hospice care in Poland were presented with emphasis on spiritual aspects of care and concerns on future development of palliative and hospice care in our country including ethical issues. It is my hope that we can include all medical, psychological, social and spiritual aspects of care and ethical issues for the benefit of our patients and their families in our work including healthcare professionals and volunteer activity.

On behalf of Managing Editor Milena Nehrebecka, Secretary Editor Doctor Grzegorz Loroach and all distinguished Editorial Board Members of Palliative Medicine in Practice, all of them I express my acknowledgement for their ongoing support, and I wish all Readers, Authors, Publishers of Via Medica and all people quiet and peaceful time during Christmas and all the best for the New Year of 2024.

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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