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## Palliative, supportive and hospice care: education is important

I invite you to read Issue 1 Volume 18, 2024 of "Palliative Medicine in Practice", which contains three original articles, and three reviews.

This Issue opens with the first original article entitled "Chronic pain evaluation in breast cancer patients using the Self-Report Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS): a single center cross-sectional retrospective study" was written by Dhiraj Daga, Narender Singh Shah, Sanchit Jain, Gaurav Sharma, Harsh Goel, Sooyun Caroline Tavolacci, Boski Gupta, Kiran Gulia, Tabish H Khan, Darksha Usmani, Akash Gujral, Naoshad Muhammad, Sandeep Mittan and Poonam Banthia. The available data suggests that breast cancer patients have a high prevalence of neuropathic pain. A cross-sectional observational study was done at the Department of Radiation Oncology, between November 2021 to June 2022. The patients were admitted and screened for participation, non-metastatic post-operative breast cancer on regular follow-up for 2 years after their last chemotherapy or radiotherapy and not having any chronic neuropathy disease and the Self-Report Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS) pain scale was used to assess the neuropathy pain status of patients. Patients' demographics, clinical characteristics, and treatment of surgery, radiation therapy, and chemotherapy were collected and the comparison of the pain scores between the patients was analysed. A total of 149 patients were included in the study. S-LANSS score was calculated in the study population and more than 61% of participants reported a score equal to or greater than 12, suggesting a predominant

neuropathic pain component. Autonomic dysfunction, thermal pain, and allodynia were more prevalent in patients who underwent mastectomies compared to breast-conserving surgery. Whereas the dysesthesia and autonomic dysfunction score was higher in only the anthracycline group. In conclusion, the most important index for quality of life in cancer patients is the presence of persistent chronic pain and it is important to classify it accordingly to provide the best management. Using the S-LANSS score, the pattern of neuropathic pain can be determined early which leads to early intervention.

The next original article in this Issue authored by Suprianto Suryono and Shyh Poh Teo is entitled "COVID-19 infection and mortality risk for people with dementia in Brunei Darussalam". The COVID-19 pandemic remains a huge health crisis impacting millions of people globally. Vulnerable groups at higher risk of developing complications, morbidity and mortality from COVID-19 infections include older people and people with dementia. This was a retrospective review of the electronic health records of patients with COVID-19 infections admitted under geriatric medicine from 1 January 2022 to 31 March 2022. Demographic information, vaccination status, comorbidities, incident delirium and whether there was a diagnosis of dementia were obtained. There were 50 patients with a median age of 81.5 years. Approximately two-thirds had dementia. The inpatient mortality rate among people with dementia was 44%, while all patients without dementia survived to discharge. The COVID-19 vaccination status was also associated with

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Palliative Medicine in Practice 2024; 18, 1, 1-3

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DOI: 10.5603/pmp.99773

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a reduced disease severity on presentation, as well as survival to discharge. Among the patients admitted to Geriatric Medicine with COVID-19 infections, all patients without dementia survived, while patients with dementia had a 44% inpatient mortality rate. People with dementia are at significant risk of mortality from COVID-19 infections.

The third original article “Lessons learned from self-efficacy of healthcare professionals for advance care planning” was prepared by Vilma Adriana Tripodoro, María Stella Di Gennaro, Julia Fila, Verónica Inés Veloso, Celeste Quiroga and Cristina Lasmarías Martínez. Advance care planning (ACP) is a reflective, deliberative, and structured process based on dialogue and free agreement between the person concerned and healthcare professionals. Argentina has no national ACP program or systematic approach for patients diagnosed with advanced chronic disease. Healthcare providers who treat these patients highlight some main obstacles in initiating the ACP process. Perceived self-efficacy is one of the main predictors of success in learning processes and promotes the acquisition of new behaviors and positive results in implementing ACP. Authors aimed to sensitize professionals and explore their self-efficacy for ACP before specific training.

This exploratory, prospective, descriptive study used the self-efficacy ACP-SEs scale already validated in Argentina. A total of 236 healthcare professionals (125 physicians and 111 non-physicians) have been surveyed before specific training courses (2019–2021). Participants’ experience, training needs, and practices. Most respondents were females (43 years old). Non-physicians (n = 111) were 40 nurses, 32 psychologists, 16 social workers, 15 physiotherapists, and 8 other health backgrounds. Over 50% had 5–20 years of professional and primary care experience. When comparing professions, half of the physicians increased by up to 5.23 points higher on the self-efficacy scale than non-physicians. Most participants had no personal advance directives and neither helped a relative nor a patient sign a document. Half of the participants had previously undergone training. Half of the professionals who had done ACP significantly increased their value on the scale by up to 7.5 points more than those who did not. Differences between physicians and non-physicians revealed areas of improvement involving communication skills, roles and tasks, and legal issues. Healthcare providers’ skills improve with experience and require training to increase self-efficacy. These findings should encourage tailor-made training programs in the future. One of the goals of this study was to spark discussions before specific training courses and develop appropriate teaching methods based on perceived self-efficacy in Argentina.

The first review article entitled “Decision aid program affect regret in patients with prostate cancer treatment: a systematic review of randomized controlled trials” was prepared by Muhammad Luthfi Adnan, Widyo Nugroho Utomo and Miranti Dewi Pramaningtyas. Long-term treatment and associated side effects can affect a patient’s quality of life, one of which is the patient’s regret during the treatment program for prostate cancer. The Decision Aid program can help patients with chronic diseases to face disease treatment, but the effect on the treatment of prostate cancer patients has not been evaluated further. This study aimed to assess the effect of a decision-aid program on treatment regret in prostate cancer patients. A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines with the search engines PubMed and Google Scholar from January–March 2023. The inclusion criteria used were randomized controlled-trial studies with full text in English, published for the last ten years, the decision regret during or after the treatment program was reported and the type of regret measurement was described.

Based on a literature search, 5 studies met the inclusion criteria. The relationship between decision aid and regret was not significantly lower but had a significant effect in the long term (12 months) and in minority ethnic. Studies on a wider and heterogeneous population are needed to assess the effect of decision aids on the perspective of patients with prostate cancer programs. Decision aid may affect the level of regret of prostate cancer patients in the treatment program.

In the next review article entitled “Statements for the event of incapacity to consent: current issues and postulates regarding future law” Zofia Barbara Olszewska the issue of providing statements in the event of incapacity to consent to medical treatment, which is extremely complex. The international legal community grapples with terminological confusion, with the terms living wills, *pro futuro* statements, advance medical directives, and the classic statements for the event of incapacity to consent being used to describe the concept in question. What exactly, however, does this concept involve?

The article points out the legal differences between the classic expression of consent or objection as precisely defined in the Polish Act on the Profession of Physician and Dentist, and the making of a statement in the event of future incapacity to consent. The issue of the form required for the delivery of such statements was considered. Relevant Polish legislation was analyzed with the legal basis facilitating (or not) the

making of such statements being indicated and possible risks for physicians providing medical services to individuals who had delivered such statements being presented. Also presented are the necessary changes to Polish legislation regarding the institution of living wills as well as postulates regarding future law.

In the third review article entitled “Non-pharmacological methods of treating depression in elderly are effective and not toxic: a minireview”, Mateusz Kalita and Zbigniew Żylicz discussed problems associated with the management of depression in elderly patients. Psychological depression is a frequent disorder still underdiagnosed and untreated in the elderly. Depression is known to compromise the quality of life of patients with advanced diseases. Pharmacological therapy is not always possible in this group because of frequent adverse effects and interactions with other drugs used and limited survival time. Besides pharmacological therapy, there are many non-toxic non-pharmacological therapies, more suitable for this population. These therapies, like cognitive behavioural therapy or mindfulness meditation therapy as well as many others, are confirmed to be effective and safe in this population. Some of these therapies are suitable for patients who are cognitively impaired.

Professor Sebastiano Mercadante invites cordially all of you to an Annual International Conference entitled “Stupor Mundi”, which is planned in Palermo on 11<sup>th</sup>–13<sup>th</sup> April 2024. The next 13<sup>th</sup> World Research Congress of the European Association for Palliative Care (EAPC) is scheduled in Barcelona on 16<sup>th</sup>–18<sup>th</sup> May 2024. As a follow-up event, the 17<sup>th</sup> International Conference of the Journal “Palliative Medicine in Practice” (After the 13<sup>th</sup> EAPC Research World Congress) organized by Via Medica and the Polish Association for Palliative Care is planned to be held on 24<sup>th</sup>–25<sup>th</sup> May 2024 in Gdańsk. A Report from the 16<sup>th</sup> International Conference was published in Issue 3/2023 of “Palliative Medicine in Practice” [1].

The third Zielonogórska Conference entitled “Palliative medicine, supportive care and treatment of pain” (*III Zielonogórska Konferencja: Medycyna paliatywna, opieka wspierająca i leczenie bólu*) is planned to be held at University of 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 website of the Polish Association for Palliative Care: <https://www.ptop.edu.pl>. You may find Reports from the First and the Second Conference in Issues 4/2022 and 4/2023 of “Palliative Medicine in Practice”, respectively [2, 3].

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).

Postgraduate education is an important part of education in palliative care, especially for physicians and nurses [4]. In Poland, more emphasis has been put on specialized palliative care, which is very important [5]. However, it should be also emphasized the role of the palliative care approach available for all patients treated in the whole healthcare system [6].

On behalf of Managing Editor Milena Nehrebecka, Secretary Editor Doctor Grzegorz Loroach and all distinguished Associate Editors and Editorial Board Members of “Palliative Medicine in Practice”, I express my acknowledgements for their ongoing support, I wish all Readers, Authors, and Publishers of Via Medica and all people a quiet and peaceful time during Easter of 2024.

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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