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Palliative care provision in the time of possible fourth wave of COVID-19 pandemic

I invite you to read Issue 3, Volume 15, 2021 of "Palliative Medicine in Practice", which contains one original reports, four review articles and one case report.

This Issue opens with an original report entitled "Lymphoedema management during the COVID-19 pandemic", written by Katarzyna Ochalek, Joanna Kurpiewska and Tomasz Grądalski. Authors presented a model of lymphedema clinic and management of patients at risk of developing edema and with advanced disease during the COVID-19 pandemic in the light of the current recommendations. A method of questionnaire preliminary qualification of patients reported by phone or e-mail facilitated distinguishing urgent cases (swelling that is advanced, rapidly increasing, especially despite compression therapy, complicated by skin damage, occurring in children below 12 years old or associated with advanced cancer) was introduced. Despite limitations in conducting physiotherapy, the availability of therapy based on education and compression therapy in connection with individually selected, aerobic exercise was maintained in the lymphedema clinic.

In the first review article "The impact of antibiotics and glucocorticoids on the results of immunomodulatory antibody treatment in cancer patients" written by Izabela Łasińska and Wojciech Leppert, authors discuss a possible negative impact of antibiotics and glucocorticoids on immunotherapy of cancer. Glucocorti-

coids are often used in the treatment of symptoms in cancer patients. They are also administered during immunotherapy in the case of immune-related adverse events. Antibiotics also constitute a group of medications that are widely used in cancer patients. Since both glucocorticoids and antibiotics can decrease the effectiveness of immunotherapy, physicians should carefully consider the expected benefits and the possible negative impact of their administration on the survival time of cancer patients before prescribing them.

In the next review manuscript „ Adverse effects of opioid analgesics from the central nervous system”, Krzysztof Wojtasik-Bakalarz, Jarosław Woroń, Marcin Siwek discuss the current knowledge regarding opioid-induced central adverse effects, such as delirium, cognitive impairment, sedation, hallucinations, myoclonic jerks, seizures, hyperalgesia, sleep and mood disorders. Appropriate prevention, diagnosis and management of the above adverse effects is important for the proper treatment of patients receiving opioid analgesics [1].

The third review article of this Issue entitled "The terms supportive and palliative care — analysis of their prevalence and use: quasi-systematic review" was written by Bartosz Kamil Sobocki and Mateusz Guziak. Authors conducted a quasi-systematic review of literature with the use of the following terms: palliative care, supportive care, palliative and supportive care. It was demonstrated that the term "palliative care" is

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more frequently used in scientific literature. Differences in the prevalence of both terms also depend on the country from which users searched a given phrase. The term “palliative care” evokes more negative emotions and is less preferred by medical staff and patients’ families than the term “supportive care”, which has more positive connotations. Supportive care is most often viewed as an element of oncologic care, while palliative care is believed to be a stand-alone field of medicine that can treat patients from all of its areas. Even though the terms “supportive care” and “palliative care” are precisely defined, many authors use them relatively freely. According to Authors of the article, knowledge should be systematized, nomenclature — clarified and the term “supportive care” as an alternative to the term “palliative care” should be popularized [2].

In the last review article of this Issue entitled “The role of physical activity in cancer patients: a narrative review” Magdalena Kocot-Kępska, Kamila Mitka, Monika Rybicka, Marcin Janecki, and Anna Przeklasa-Muszynska present current knowledge regarding the indications, applicability, and efficacy of physical activity in cancer patients, based on the recommendations of the American College of Sports Medicine International Multidisciplinary Roundtable on Exercise and Cancer. This manuscript discusses the role of physical activity in cancer patients receiving palliative care on the basis of the available systematic reviews. Physical activity plays an important role in the proper functioning of the human body and it is recommended in the prevention and treatment of many disease syndromes. The importance of physical activity in cancer patients has been highlighted in recent years. Physical activity has a positive impact on the course of the disease as well as on the condition of patients after anticancer treatment. It also reduces the risk of developing some types of cancer and can be recommended to patients during and after cancer treatment.

In a case report entitled “Emergency replacement of an obstructed tracheotomy tube in patients receiving palliative or ventilatory care by paramedics — a proper conduct or overstepping of competencies?” Katarzyna Butna, Krzysztof Wiśniewski and Małgorzata Krajnik described consequences of a situation when paramedics did not attempt to replace an obstructed tracheotomy tube in a patient with respiratory failure treated at home. It also indicates the possible reasons for paramedics’ misconduct and actions that should be taken to ensure that paramedics

know the scope of their competencies and are capable of replacing a tracheotomy tube at a patient’s home. If no adequate action is taken, it may result in additional suffering stemming from the necessity to transport the patient to the hospital.

Despite many efforts still COVID-19 pandemic affects societies and health care systems [3]. In Poland, a fourth wave of COVID-19 pandemic seems to threaten our society. However, in this difficult time palliative care is provided [4] with continuous education [5]. Therefore, XIV International Conference of our journal “Palliative Medicine in Practice” is planned online on 19th, 20th, and 21st October 2021 under Honorary Patronage of His Magnification Rector of Medical University of Gdańsk Professor Marcin Gruchała and Patronage of Polish Association for Palliative Care. We encourage you to check all details at a Conference webpage: <http://www.paliatywna.viamedica.pl>

We invite all of you to read articles published in this and archived Issues and share your knowledge and experience through sending your manuscripts regarding broadly understood palliative and supportive care. Detailed information can be found at: https://journals.viamedica.pl/palliative_medicine_in_practice

Declaration of conflict of interests

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References

1. Jakubów P, Łotowska-Ćwiklewska AM, Kościuczuk U. The use of opioid analgesics in chronic pain therapy — a retrospective, single-center study. *Palliat Med Pract* 2019; 13(1): 11–16, doi: 10.5603/PMPI.2019.0002.
2. Hui D, De La Cruz M, Mori M, et al. Concepts and definitions for “supportive care,” “best supportive care,” “palliative care,” and “hospice care” in the published literature, dictionaries, and textbooks. *Support Care Cancer* 2013; 21(3): 659–685, doi: 10.1007/s00520-012-1564-y.
3. Leppert W, Pawłowski L. New challenges in palliative care in Poland during the COVID-19 pandemic. *Palliat Med Pract* 2020; 14(2), doi: 10.5603/PMPI.2020.0018.
4. Radbruch L, Knauth FM, de Lima L, et al. The key role of palliative care in response to the COVID-19 tsunami of suffering. *Lancet* 2020; 395(10235): 1467–1469, doi: 10.1016/S0140-6736(20)30964-8.
5. Paal P, Brandstötter C, Lorenz S, et al. Postgraduate palliative care education for all healthcare providers in Europe: Results from an EAPC survey. *Palliat Support Care* 2019; 17(5): 495–506, doi: 10.1017/S1478951518000986.