

Wojciech Leppert^{1,2} ¹Department of Palliative Medicine, Collegium Medicum University of Zielona Góra, Poland²University Hospital of Lord's Transfiguration, Partner of Poznań University of Medical Sciences, Poland

Palliative care — current challenges and opportunities

I invite you to read Issue 4, Volume 15, 2021 of "Palliative Medicine in Practice", which contains one brief communication, four original articles and one case report.

This Issue opens with a brief communication entitled "So what is so special about specialist palliative care?", written by Dr Sheikh Moeen ul Haq. The Author presented recent developments in palliative care as the changing landscape with cancer and its treatment means that patients are living longer. Of note, even though people with cancer still represent the majority of referrals to specialist palliative care, there has been a gradual increase in non-cancer referrals to the specialty. In consequence, conditions like dementia, motor neuron disease, end stage renal disease, heart disease or chronic obstructive pulmonary disease are now on the case load of virtually every specialist palliative care service. The development of curricula and training in various disciplines has been key to developing the multiprofessional human resource in the specialty. The Author also emphasizes the role of research in palliative medicine, which however, poses a number of challenges due to the complexity and diversity of the patient population, limitations in research methodology, inadequate sample size and high attrition rates. In spite of these limitations there has been an increasing body of research in palliative medicine over the years. Finally, the bulk of palliative care is and always will, be provided by General Practitioners. Specialist palliative care input should be for the few that are complex i.e. the metaphorical tip of the pyramid.

The first original article entitled "Stress coping strategies in malignant diseases among women diagnosed with breast cancer and men diagnosed with prostate cancer" is written by Dr Agata Wolanin. In this study the Author discussed coping with cancer, which aims at the adaptation to the disease and its treatment. The study aimed to indicate which coping strategies in cancer are used most frequently among women diagnosed with breast cancer and men diagnosed with prostate cancer. Its other aim was to check if there are any gender differences in the use of coping strategies. A total of 90 patients receiving radiotherapy due to the diagnosis of breast cancer or prostate cancer were enrolled. To measure cancer coping strategies, Mini-COPE and Mini-MAC questionnaires were used. The most frequently used coping strategies were as follows: active coping, acceptance, use of emotional support, behavioral disengagement, turning to religion, positive reframing and fighting spirit. Women diagnosed with breast cancer used venting more frequently, while men diagnosed with prostate cancer more often than women use the strategy of self-distraction.

The second research article entitled „Personality and disease-related appraisals in patients with blood cancer — a preliminary report" was written by Dr Magdalena Pietnoczko, Dr Paweł Brudek and Professor Stanisława Steuden. This study aimed at exploring the relationship between personality and self-assessment of disease in patients with lymphocytic leukemia and myeloma. The study group consisted of 41 patients

Address for correspondence:

Wojciech Leppert

University Hospital of Lord's Transfiguration, Partner of Poznań University of Medical Sciences, Osiedle Rusa 55, 61-245 Poznań, Poland
e-mail: wojciechleppert@wp.pl

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with a diagnosis of lymphocytic leukemia or myeloma aged between 47 and 84 years, women comprised 39% of the study subjects and men 61%. Subjects were assessed with the NEO–FFI Personality Inventory by P. Costa and R. McCrae and the Disease-Related Appraisals Scale by S. Steuden and K. Janowski. It was demonstrated that the relationship between personality dimensions and the assessment of one's own illness. Neuroticism was found to be associated with the evaluation of the illness as a benefit, extraversion was associated with harm, agreeableness with obstacle/loss, and conscientiousness with threat, challenge and value.

The third original article of this Issue entitled "A pilot study on feasibility, toxicity and efficacy of a novel hypofractionated radiation therapy in advanced non–nasopharyngeal head and neck carcinoma treated with palliative intent" was prepared by Dr Suman Meyur, Dr Suparna Kanti Pal, Dr Sumana Maiti, and Dr Siddhartha Basu. In this study Authors presented a novel hypofractionated regimen tested for feasibility and toxicity with assessment of objective treatment response and survival along with self-reported quality of life among 30 patients, having pathologically proven advanced and metastatic non–nasopharyngeal squamous cell carcinoma of head and neck (stage IV) attending Radiotherapy Department. Patients were allocated to the prescribed hypofractionation regime with 35 Gray in 7 fractions, given as 2 days a week (total 3.5 weeks). In patients with good response and tolerability 10 Gray boost in 2 fractions were given. Patients were followed up at regular intervals for at least 1 year. The regimen faced a 97% treatment completion rate. Mean time to completion (from first contact) is 5.8 weeks. The toxicity of this treatment regimen was tolerable with 23.3% acute and 33.3% incidence of chronic grade 3/4 toxicities. Objective response rate of this study was 66.7% ($p = 0.001$) with further 16.7% patients having stable disease. After one month of treatment significant improvement of quality of life was reported in terms of global health score, functional score and symptoms score. Mean progression free survival was 34.4 weeks with 49.4 weeks of overall survival in 1 year follow up period. The regimen was well tolerated and highly feasible and has provided good response rate and improved quality of life immediately after treatment along with better one year overall survival rate.

Another original research entitled "Neurogenic bladder dysfunction in patients emerged from chronic disorders of consciousness" was written by Professor Julia Nekrasova, Dr Mikhail Kanarskii, Dr Elena Manzha, Dr Ilya Borisov, Dr Pranil Pradhan, Dr Denis Shunen-

kov, Dr Anna Kirillova, Dr Sergey Tsyganov, Dr Vera Pasko, Dr Marina Petrova, and Dr Igor Pryanikov. This observational study aimed to analyze the neurogenic bladder dysfunction in patients during the recovery from the chronic disorder of consciousness. Etiology, level of consciousness, age with the neurogenic bladder dysfunction in these cases were analyzed. The study result suggested that the increase in the consciousness level partially restores the bladder function, which significantly reduces the risk of infections and somatic disorders, thereby affecting the duration and quality of life. Recovery of the bladder function also depends on the etiology of the disorder of consciousness: patients in the anoxic group had the least chance of bladder function recovery making global brain ischemia an unfavorable factor. Authors found correlations between urination dysfunctions with age and level of consciousness at admission have not been found.

In a case report entitled "Sedation as a palliative treatment of dyspnea in a COVID-19 patient" Dr Damian Palus, Dr Rafał Suchodolski, Dr Aleksandra Cegła, Dr Alan Majeranowski, and Professor Krzysztof Kuziemski presented a case of a 62-year-old female patient with an advanced sigmoid colon cancer and co-occurring respiratory failure due to COVID-19. The patient required CPAP therapy, however due to bad tolerance of this treatment method sedation was required. As the respiratory failure progressed the patient was disqualified from invasive mechanical ventilation and treatment in Intensive Care Unit on account of her underlying condition and poor prognosis. Therefore, it was decided to continue sedation as palliative means of dyspnea management.

COVID-19 pandemic affects societies and health care systems [1]. In Poland and Europe, a fourth wave of COVID-19 pandemic is a reality [2]. However, in this difficult time palliative care is still provided, which is crucial for all patients and families who need it [3].

The XIV International Conference of our journal "Palliative Medicine in Practice" was held 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 thank very much all Lecturers for sharing their knowledge and all Participants who took part in this event. We do hope that XV International Conference of our journal "Palliative Medicine in Practice" planned on 3rd and 4th June 2022 will be held in reality in Gdańsk. Therefore, we encourage to mark a spot in your calendars and 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 (also in Polish language) regarding broadly understood palliative and supportive care. Detailed information can be found at: https://journals.viamedica.pl/palliative_medicine_in_practice.

We are happy to inform, especially Polish Authors that our journal has been included in the register of journals and proceedings of international conferences published by Polish Ministry of Education and Science on December 1st, 2021 with 70 points awarded. I would like to thank very much all those involved, especially all Authors of manuscripts submitted to “Palliative Medicine in Practice”, Reviewers, Editors, Editorial Board Members, and Publisher Via Medica for their efforts to bring up to date knowledge to our respected Readers. We congratulate our Colleague Doctor Tomasz Grądański, a distinguished Member of the Editorial Advisory Board of our journal, for His scientific achievement to receive

a title of Assistant Professor (doktor habilitowany) and wish Him good luck and further success.

As we are approaching Christmas I would like to wish all of you and your relatives to have a healthy and peaceful time. I wish you all the best in the New Year 2022.

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