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Palliative care — moving forward

I invite you to read Issue 2, Volume 16, 2022 of “Palliative Medicine in Practice”, which contains four original articles, one review, one case report and a Letter to the Editor.

This Issue opens with an original article entitled “Palliative sedation at home: A medical act practicable everywhere” by Dr Grazia Armento, Dr Alessandro Parisi, Dr Giulio Ravoni, Dr Giuseppe Spinelli, Dr Vincenza Cofini, Dr Stefano Necozone, Dr Lucilla Verna, and Dr Giampiero Porzio. In this retrospective study, Authors presented palliative sedation conducted at home and described the prevalence of palliative sedation and its associated factors for advanced cancer patients sedated at home in a single institution during a 12-months period. A total of 19% treated patients received palliative sedation at home. Dyspnea (52%) and delirium (42%) were the main refractory symptoms leading to palliative sedation. Younger and male patients were more likely to undergo palliative sedation. Furthermore, the risk of sedation was lower among patients with gastrointestinal cancer, and higher for patients with melanoma. This study confirms the feasibility and the important role as therapeutic tool played by palliative sedation at home in advanced cancer patients. It underlines the importance to pay particular attention to those patients more likely to undergo palliative sedation at home (younger, males and melanoma patients), limiting useless or detrimental end-of-life anticancer treatments.

The next original article in this Issue is entitled “The use of opioid analgesics in palliative care in Ukraine:

Changes in legislation and availability”, written by Prof. Sofiya Shunkina and Dr Iryna Chukhray. Authors described advances of therapy of chronic pain in recent years in Ukraine. However, Authors also demonstrated significant problems of palliative care patients in Ukraine, which often do not receive adequate analgesia. There is non-compliance with World Health Organization recommendations for pain relief, strict and complicated legal framework for opioid analgesics and licensing of health care facilities (and the reluctance of such establishments to obtain a license), collisions with prescribing of opioids and fear of doctors to prescribe high doses of analgesics for patients, the lack of appropriate skills and experience in the treatment of chronic pain in medical specialists. However, despite the numerous problems, since 2013 there have been positive changes, in particular, on the writing of prescriptions on opioids for palliative care patients.

The third research manuscript is entitled “Use of tunneled pleural catheter for palliative treatment of malignant pleural effusion: Experience of a third level hospital” written by Dr Juan David Botero, Dr Javier Iván Lasso, Dr María Natalia Serrano, Dr Claudio Villalquiran, Dr July Vianeth Torres, and Dr María José Fernández. Authors characterized the population of patients with malignant pleural effusion who underwent placement (or insertion) of a tunneled pleural catheter, described the experience of its use and evaluate the 30-day hospitalization rate for pleural effusion and the percentage of early and late com-

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plications. This study is a series of cases with cancer taken to implantation of a closed pleural drainage system during the year 2020 in a third level hospital in Colombia. Eight patients underwent this procedure, in whom implantation was successful. Pleural effusion due to breast cancer was the main indication. No late catheter complications were recorded given the high 30-day mortality, despite a low LENT (LDH, ECOG, neutrophilia and tumor type) score in some patients. The indwelling tunneled pleural catheter is useful in the palliative treatment of malignant pleural effusion with few complications. Authors indicated the necessity to evaluate the performance of the LENT scale in their population, given that despite a low score, the 30-day mortality rate was high.

In the fourth research article entitled "The use of complementary and alternative therapy by advanced cancer patients receiving palliative care at home" Dr Łukasz Pietrzyński, Dr Dariusz Pysz-Waberski, Dr Tatiana Pietrzyńska, Dr Michał Kliber, and Dr Iwona Gisterek evaluated the use of complementary and alternative therapies (CAT) by hospice and palliative care patients in Poland. A total of 241 adult patients with advanced or metastatic cancer who were qualified for home hospice and palliative care filled out the CAT screening tool. A total 82.16% of individuals who completed the survey declared using CAT at least once in last 12 months. Self-help practices were the most commonly used CAT category (74.47%), it was followed by herbal medicine and dietary supplements (62.66%) and visits to CAT providers (41.91%). CAT use was more prevalent among women, patients with basic education, patients currently married and widowed. The most common reason pointed for using CAT was "improve well-being" (35.4%). A total of 50.5% of CAT users declared that they find used therapy helpful or very helpful. The study revealed exceptionally high prevalence of spiritual practices (self-prayer, spiritual healing) in comparison to previous European studies conducted among general cancer patient population. The use of CAT among home hospice, palliative care patients is significant, with higher prevalence of spiritual practices than reported in previous studies among general cancer patient population in Europe.

In a review entitled "Pharmacological treatment of palliative care patients with Parkinson's disease" Professor Zbigniew Żylicz described treatment of patients with Parkinson's disease. It is the commonest neurodegenerative condition, which can be eased for a long while, however it inevitably leads to patients' death. Dying with Parkinson's disease can be problematic as the clinical situation may change dynamically and necessitate frequent drug dose changes and introduction of new, preferably injectable, drugs may

be necessary. Current treatment of Parkinson's disease aiming at increase of dopamine focuses mainly on the motor symptoms. The patients suffer frequently of sudden "on" and "off" fluctuations of muscle rigidity accompanied by extreme pain. Classic dopaminergic treatments wear off and becomes ineffective. New drug safinamide has been introduced recently with a promising effect on motor and non-motor symptoms including pain. If unavailable, opioids or cannabinoids to relax muscles are the second-best choice. Also, non-motor symptoms like depression, delirium and psychosis may dominate in dying which necessitates antipsychotic treatment with clozapine or quetiapine.

In a case report "Planning nursing care for a patient diagnosed with testicular cancer by using International Classification for Nursing Practice (ICNP®)" Dr Katarzyna Surowiec, Dr Judyta Byczek, Dr Julia Sieczkowska, Dr Justyna Sraga, Dr Joanna Sułowska, Dr Ilona Kuźmicz, and Dr Ewa Kawalec-Kajstura presented the possibility of using terminology of the International Classification for Nursing Practice in planning nursing care for hospice patient suffering from an advanced stage testicular cancer. Testicular cancer is the most common malignancy in young men and its prevalence is increasing all over the world. The diagnosis of such a life-threatening disease at a relatively young age may have a considerable devastating impact on numerous spheres of everyday functioning. Although testicular cancer treatment is highly effective, in some cases only symptomatic treatment is possible, an integral part of which is specialist nursing care. An analysis of medical records allowed for developing a patient's case and then formulating a plan of nursing care taking into account diagnoses concerning biopsychosocial functioning and nursing intervention. Moreover, the study highlights typical problems of patients in the period of dying as well as the role of a nurse in hospice care.

In a Letter to the Editor entitled "COVID-19 and multidimensional deprivation in rural women with cancer in Iran" Dr Mozghan Moshtagh presented social disparities during the Coronavirus outbreak that have increased disparities in rural women's health or well-being with cancer. COVID-19 pandemic has caused multidimensional deprivation for patients living in villages, especially women with cancer in developing countries.

We are quickly approaching XV International Conference of our journal "Palliative Medicine in Practice" under Honorary Patronage of His Magnification Rector of Medical University of Gdańsk Professor Marcin Gruchała, for so many years our Teacher Professor Robert Twycross from Oxford UK with Patronage of Polish Association for Palliative Care, Polish Association for Palliative Care Nursing, Polish Psycho-Oncology

Association, and Polish Association of Spiritual Care in Medicine. This Conference planned on 3rd and 4th June 2022 will be held in Gdańsk with the possibility of online connection for those interested in participation who cannot join us in reality. Among main topics palliative sedation [1, 2] and organizational standards [3, 4] are included. We encourage you to check all details at a Conference webpage: <http://www.paliatywna.viamedica.pl/20739.15.2022.gdansk>.

I also invite you to join us in the autumn in Zielona Góra as we plan the first Conference in this city that is known for its vintage on 7th October 2022, please check details at: <http://konferencjaptop.viamedica.pl/21568.1.2022.zelona-gora>. The main topic of the Conference will be palliative care for patients with non-malignant diseases and it will be preceded by a workshop on pain management on 6th October 2022.

I 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.

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