Wojciech Leppert<sup>1, 2</sup>

<sup>1</sup>Chair of Palliative Medicine, Institute of Medical Sciences *Collegium Medicum* University of Zielona Góra, Poland <sup>2</sup>University Hospital of Heliodor Święcicki, Partner of Poznań University of Medical Sciences, Poland

## Palliative care — looking at new directions

I invite you to read Issue 3 Volume 16, 2022 of "Palliative Medicine in Practice", which contains two original articles, three reviews, one case report, a report from XV Conference of our journal "Palliative Medicine in Practice", and a Letter to the Editor.

This Issue opens with an original article entitled "Appraisal and acceptance of cancer in prostate cancer patients" by Dr Agata Wolanin. In this study, the Author explored the intensity of the acceptance of cancer and the factors that determine its level. This study aimed to determine which types of appraisal of illness predict the acceptance of illness and to what extent. This study was conducted among 45 prostate cancer inpatients eligible for radiotherapy. The following tools measuring the appraisal of illness and acceptance of illness were used: the Disease-Related Appraisals Scale (DRAS), and the Acceptance of Illness Scale (AIS). Higher levels of satisfaction with life despite the disease were associated with a lower level of appraisal of illness as an obstacle/loss, a lower sense of harm and a greater tendency to interpret illness as a value. Reconcilement with the disease was negatively associated with the appraisal of illness as a threat and obstacle/loss. Self-distancing from the disease was negatively associated with the appraisal of illness as a threat and significant situation. The overall acceptance of illness score was negatively associated with the appraisal of illness as a threat and significant situation. The appraisal of illness as a challenge and obstacle/loss was the most common predictor of the acceptance of illness in prostate cancer patients. A greater level

of appraisal of illness as a challenge contributes to a greater level of acceptance of illness in patients. A lower level of appraisal of illness as an obstacle/loss contributes to a greater level of acceptance of illness in prostate cancer patients.

The next original article in this Issue is entitled "Coping mechanism and depression among Moslem patients treated with chemotherapy" was written by Dr Diyah Candra Anita, Dr Astriningrum Titipangesti, Dr Siti Fadhillah, and Dr Wantonoro Wantonoro. This study aims to determine the relationship between coping mechanisms and depression in chemotherapy patients. The design used was a quantitative correlation with a cross-sectional approach. The respondents recruited were 52 patients using an accidental sampling technique. The research instrument used was a questionnaire. Data were analysed using the contingency coefficient test. The results showed that most respondents had maladaptive coping mechanisms (53.2%), and experienced depression (59.6%), and there was no relationship between coping mechanisms and depression. Many factors can influence the depression level of cancer patients. These factors contribute together, but some of them do not directly contribute to depression. One of the factors that do not directly contribute is the coping mechanism.

The first review manuscript is entitled "Aspects of palliative medicine in intensive care units: A narrative review" written by Dr Urszula Kościuczuk, Prof. Piotr Jakubów, Dr Maciej Rosłan, Dr Dorota Artyszuk, and Dr Ewa Rynkiewicz-Szczepańska. In this article, the

## Address for correspondence:

Wojciech Leppert

University Hospital of Heliodor Święcicki, Partner of Poznań University of Medical Sciences, Osiedle Rusa 55, 61–245 Poznań, Poland e-mail: wojciechleppert@wp.pl



Palliative Medicine in Practice 2022; 16, 3, 131–133 Copyright © Via Medica, ISSN 2545–0425, e-ISSN: 2545–1359 DOI: 10.5603/PMPI.2022.0025

This article is available in open access under Creative Common Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license, allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

Authors present indications and methods for implementing the principles of palliative medicine in intensive care units. Particular attention is devoted to the consultations of palliative medicine for current medical trends — COVID-19 infection, oncological diseases, fragility syndrome, and end-stage circulatory failure. Elements of palliative medicine are necessary for everyday practices in the intensive care unit. The most important task in cooperation is to present classifications that can help in the objective identification of patients requiring palliative care. It seems that creating a checklist of the qualifications for a palliative medicine consultation can be the next step towards making decisions about this form of therapy.

In the second review article entitled "Use of opioid analgesics in chronic kidney disease" Dr Anna Sołtysik, Dr Michał Graczyk, and Prof. Jarosław Woroń evaluated the use of opioids among patients with renal diseases. Patients with impaired renal function require special attention. Opioid analgesics in chronic kidney disease should be adjusted to the degree of renal impairment, which will determine choices at the initial stage of the treatment and during its continuation. In the case of hydrophilic drugs or drugs with active metabolites, their dose should be adjusted to the degree of renal failure, the course of treatment should be monitored, and drug doses — both in background and breakthrough pain — should be modified, if necessary. In this group of patients, lipophilic opioids such as buprenorphine, fentanyl and methadone may be the right choice. In the case of insufficient analgesia, similar titration rules apply to determine an optimal dose as in patients with normal renal function.

In a third review article entitled "Ten reasons to consider cannabinoids in everyday clinical practice" Dr Agata Lewandowska and Dr Michał Graczyk described the potential use of cannabinoids for different indications. Clinical trials with small groups of patients as well as case reports show the benefits of medical cannabis, while larger trials often do not confirm clear improvement compared to other available treatments. Both physicians and their patients need to know in which indications clinical benefits are possible and whether the proposed therapy is safe. Only after analysing the patient's history, interviewing and examining, in a highly individualized and detailed manner (including relative and absolute contraindications) can cannabinoid therapy be considered. They are more often used as an addition to standard therapy to improve its effectiveness. The article aims to present 10 reasons why cannabinoids may be considered for use in clinical practice.

In a case report "Impact of persistent coronavirus infection on the treatment of an immunocompromi-

sed oncological patient" Dr Martyna Gołębiewska, Dr Olga Piątek, Prof. Krzysztof Kuziemski, and Prof. Tomasz Stefaniak presented a case report of a patient diagnosed with COVID-19. The emergence of the coronavirus pandemic in 2020 has challenged many aspects of the management of clinical care and negatively impacted the already overwhelmed healthcare system in Poland, leading to further limitation of access to specialist care, delay of treatment and even failure to initiate it. Patients with severe, rapidly progressing diseases such as cancer, are among those most adversely affected. Immunocompromised patients are prone to persistent COVID-19 infection and re-test positively even when asymptomatic. In this case report, an immunocompromised patient with follicular lymphoma and active tuberculosis, who re-tested positive for SARS-CoV-2 in real-time polymerase chain reaction and rapid antigen tests 22 times over seventeen weeks of hospitalization in the Isolation Department at University Clinical Centre in Gdansk, Poland. The management of her oncological treatment was significantly disturbed by prolonged isolation and organizational issues arising from the coronavirus pandemic.

On the 3<sup>rd</sup> and 4<sup>th</sup> of June 2022 the XV International Conference of our journal "Palliative Medicine in Practice" was held in Gdańsk under the 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 was held as a real event with the possibility of online connection for those interested in participation who could not join physically. Among the main topics palliative seadation [1], organizational standards [2], and further developments of palliative and supportive care have been discussed [3, 4]. We encourage you to read a detailed report prepared by Dr Filip Lebiedziński, Dr Leszek Pawłowski, and Dr Grzegorz Loroch.

In a Letter to the Editor entitled "A statement on a Board of Directors of a Polish Association for Palliative Care Nursing regarding staffing of nurses in home and stationary palliative care" Anna Kaptacz BSc, RN, President of the Polish Association for Palliative Care Nursing supported proposed norms in recently published "Organizational standards for specialist palliative care for adult patients: Recommendations of the Expert Group of National Consultants in Palliative Medicine and Palliative Care Nursing", which are first officially published standards on the organization of palliative care in Poland [5].

I would also like to mention about two Conferences recently held in Poland that Polish Association for Palliative Care and Palliative Medicine in Practice took Patronage. On 12 September 2022 an online I International Conference on Perinatal Palliative Care was held online organized by Dr Urszula Tataj-Puzyna PhD from the Medical Centre of Postgraduate Education in Warszawa with an Honorary Patronage of the Rector of this University Prof. Ryszard Gellert MD, PhD together with the University of Pilsen with Lecturers from Poland, Czech Republic and the USA, for details please visit: https://www.cmkp.edu.pl/konferencja-perinatalna-opieka-paliatywna.

Another important Conference entitled "Leaving without a pain" was also held on 23 September 2022 at Warsaw Medical University and organized by Dr Paweł Witt President of the Polish Association of Anaesthesiology and Intensive Therapy Nursing. This was indeed a multi-professional forum for exchanging ideas for the care of patients with advanced diseases including topics such as mental and physical pain, pharmacotherapy of pain, patients' stories, and challenges of palliative care, for more details please visit: https://odchodzicbezbolu.pl/.

I also invite you to join us soon in Zielona Góra and attend the first Conference in this city which is known for its vintage on 7<sup>th</sup> October 2022. The topic of the Conference organized together by the Polish Association for Palliative Care and the Chair of Palliative Medicine, Institute of Medical Sciences, Collegium Medicum University of Zielona Góra is as follows: "Palliative medicine, supportive care, and pain treatment in patients with non-malignant diseases",

proceeded with a workshop on pain management on 6<sup>th</sup> October 2022. Please check details of this Conference at: https://www.ptop.edu.pl.

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 and supportive care. Detailed information can be found at: https://journals.viamedica.pl/palliative\_medicine\_in\_practice.

> With cordial greetings, Wojciech Leppert

## References

- Payne S, Harding A, Williams T, et al. Revised recommendations on standards and norms for palliative care in Europe from the European Association for Palliative Care (EAPC): A Delphi study. Palliat Med. 2022; 36(4): 680–697, doi: 10.1177/02692163221074547, indexed in Pubmed: 35114839
- Payne SA, Hasselaar J. European Palliative Sedation Project. J Palliat Med. 2020; 23(2): 154–155, doi: 10.1089/jpm.2019.0606, indexed in Pubmed: 32023195.
- Sobocki BK, Guziak M. The terms supportive and palliative care — analysis of their prevalence and use: quasi-systematic review. Palliat Med Pract. 2021; 15(3): 248–253, doi: 10.5603/PMPI.2021.0014.
- Leppert W. Palliative care current challenges and opportunities. Palliat Med Pract. 2021; 15(4): 267–269, doi: 10.5603/PMPI.2021.0033.
- Leppert W, Grądalski T, Kotlińska-Lemieszek A, et al. Organizational standards for specialist palliative care for adult patients: Recommendations of the Expert Group of National Consultants in Palliative Medicine and Palliative Care Nursing. Palliative Medicine in Practice. 2022; 16(1): 7–26, doi: 10.5603/pmpi.2021.0035.