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Palliative and supportive care — still a challenge for healthcare systems

I invite you to read Issue 4 Volume 16, 2022 of “Palliative Medicine in Practice”, which contains four original articles, two reviews, and a report from the first Conference in Zielona Góra that was held on 6th and 7th October 2022: “Palliative medicine, supportive care, and pain treatment in patients with non-malignant diseases” organized together by Polish Association for Palliative Care and the Chair of Palliative Medicine, Institute of Medical Sciences, *Collegium Medicum* University of Zielona Góra.

This Issue opens with an original article entitled “An international study of health care professionals’ understandings of palliative care” by Prof. David Oliver and Dr Rachel Forrester-Jones. In this study, the Authors explored healthcare professionals’ (doctors, nurses, and healthcare workers) understanding of palliative care in several different countries. Eight focus groups were held in eight different countries using open-ended semi-structured questions that allowed participants to discuss issues important to them. Transcriptions were subjected to thematic analysis. Sixty people in total participated in focus groups held across eight countries. The main themes derived from the data included: definitions of palliative care; place of death and last caregiver; and barriers to providing palliative care. Knowledge and understanding of palliative care vary across countries and between professionals and family caregivers. Cultural attitudes around death and dying in some countries appear to impact the introduction, availability, and use of palliative care services. The place of death of people

with palliative care needs may also be influenced by resources and cultural norms. Educational interventions about palliative care for both professionals and the public would help improve palliative care provision in some countries.

The next original article in this Issue is entitled “Quality of life of palliative care cancer patients during COVID-19 lockdown phase” was written by Shreya Das Adhikari, Anuja Pandit, Bhawesh Pangaria, Sushma Bhatnagar. This study aimed to evaluate the quality of life (QoL) and pain management in palliative care cancer patients during the lockdown. This was a cross-sectional observational study at a tertiary cancer hospital, over one month period with convenience sampling. Participants included all who were unable to visit the palliative outpatient department during the lockdown during COVID-19 pandemic. They were contacted telephonically and a valid QoL questionnaire was filled out. Disease, demographic details and pain were assessed. A total of 51 were interviewed. The majority who were unable to visit lived across closed state borders (56.9%, n = 29). Mean QoL scores were 12.7 ± 3.76 and 15.0 ± 3.60 amongst patients who did not have access to medications and who did have access, respectively. To conclude the evaluation of QoL of palliative care cancer patients during global crises plays an important role in the assessment of a patient’s overall condition as well as to maintain the continuum of care.

The third original article “Risk of reoperation for anastomotic leakage after anterior resection of rectal

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cancer after neoadjuvant therapy” was written by Doctor Karolina Osowiecka, Doctor Anna Sugajska, Doctor Maciej Biernacki, Professor Sergiusz Nawrocki, and Professor Monika Rucińska. This study aimed to investigate the frequency of anastomotic leakage followed by the need for reoperation and to find predictive factors for reoperation in rectal cancer patients after neoadjuvant therapy. One hundred and ten consecutive patients (median age: 65 years) with locally advanced operable rectal cancer, Clinical Stages II and III were treated with neoadjuvant radiotherapy or chemoradiotherapy (72% were treated with short radiotherapy only, 3% with short radiotherapy and subsequent chemotherapy, 25% with long radiotherapy plus concomitant chemotherapy) and then anterior rectal resection with total mesorectal excision in the Regional Oncological Centre between January 2014 and December 2016. The reoperation for anastomotic leakage was done in 17% of patients, 8 days (median) after primary surgery. In multivariate analysis reoperation for anastomotic leakage was significantly frequent in older patients ($p = 0.03$) and upper tumours ($p = 0.04$). In conclusion, almost one-fifth of rectum cancer patients after preoperative radio- or chemoradiotherapy required reoperation due to anastomotic leakage. The study findings are limited by its small sample size and retrospective character.

The fourth original article “Website information on visiting policies at specialist in-patient palliative care settings during COVID-19 pandemic across Central and Eastern Europe: a quantitative and qualitative study” was written by Doctor Filip Lebiedziński, Doctor Leszek Pawłowski, Doctor Joanna Jastrzębska, Doctor Alicja Świątek, and Professor Monika Lichodziejewska-Niemierko. The study aimed to identify and review the visiting policies at inpatient specialist palliative care settings across Central and Eastern Europe. The study was conducted one year after the COVID-19 pandemic outbreak from May to October 2021. Information about visiting policies, published on official websites of the inpatient specialized palliative care settings (inpatient hospices and hospital-based palliative medicine wards) from Central and Eastern European countries, were identified and categorized. The websites that lacked information about visiting policy during COVID-19 pandemic were excluded. Qualitative and quantitative analysis of the obtained data was conducted by using content analysis techniques and descriptive analysis. The content from websites was translated into Polish with the usage of the Google Translate machine tool.

Data from 55 inpatient palliative care settings from 8 countries were collected and analysed (83.6% from

Poland, and the other from Bulgaria, Czech Republic, Estonia, Lithuania, Romania, Slovakia and Ukraine). In 43.6% of the organizations, visits were stopped and 56.4% of settings published information about the special requirements for visiting arrangements. In 32.7% of all examined units upfront approval from a physician or the head of ward for visiting a patient was required, and 29.1% published the information about personal protective equipment. 32.7% of organizations recommend telephone contact with the patient, and 12.7% provided video calls. In conclusion, web information regarding visiting patients in inpatient palliative care settings is limited. There is a need to establish detailed requirements for the visits with better access to the website for the visitors, in case of a global disease outbreak.

The first review manuscript is entitled “The use of opioid receptor agonists and antagonists in the treatment of patients with advanced chronic kidney disease and undergoing renal replacement therapy” written by Doctor Anna Sołtysik, Doctor Michał Graczyk, and Professor Jarosław Woroń. In this article Authors present problems in the care for patients suffering from chronic kidney disease (CKD) as a special group of patients, especially those with advanced renal failure/end-stage renal disease (ESRD) before dialysis and renal replacement therapy (RRT). CKD causes many therapeutic problems. The pharmacokinetics of drugs used, including opioid analgesics, is influenced by the degree of kidney damage and, ultimately, by RRT. The choice of an opioid analgesic is crucial to ensure an optimal analgesic effect concerning possible side effects. For dialysis patients, several important factors must additionally be considered, such as the molecular weight of a drug, water solubility and volume of distribution. In the management of chronic pain in ESRD patients and dialysis patients, there are limitations in terms of the use of lipophilic drugs. The drugs of choice seem to be opioids administered via transdermal route, such as buprenorphine and fentanyl, and in the next line of treatment — methadone for opioid rotation. On the other hand, opioid antagonists that were previously used only in the case of opioid overdose are currently being used in the treatment of opioid-induced bowel dysfunction, especially in opioid-induced constipation.

In the second review article entitled “Qualifications, competencies and professional liability of palliative care nurses” Doctor Agata Panas presented the qualifications and competencies needed to practice a particular profession of palliative care nurses. Qualifications and competencies are often used interchangeably, as there is considerable overlap between the

scopes of the two concepts. Nowadays, competencies are increasingly expressed in terms of emphasising autonomy and responsibility in the performance of tasks. The practice of nursing consists of the provision of health services by a person who is qualified and licensed to practice the profession. In Poland, a nurse achieves professional qualification after graduating from nursing school. During his/her career, the nurse may enhance the knowledge and skills necessary to provide health services through various forms of postgraduate education. Nursing is an autonomous profession, regulated by law. Completion of the various forms of postgraduate training provides nurses with additional qualifications that are worth bearing in mind in their daily professional work.

In this Issue a report of the First Conference in Zielona Góra: “Palliative medicine, supportive care and pain management in patients with non-cancer diseases” held On 6–7 October 2022 is presented by Dr Grzegorz Lorocho and Professor Wojciech Leppert. This Conference was organized by the Department of Palliative Medicine at the Institute of Medical Sciences of the *Collegium Medicum* of the University of Zielona Góra and Professor Jacek Łuczak Polish Association for Palliative Care. The Conference was held under the honorary patronage of His Magnificence the Rector of the University of Zielona Góra Professor Wojciech Strzyżewski, His Magnificence Prorector of the *Collegium Medicum* of the University of Zielona Góra Professor Maciej Zabel, Director of the Institute of Medical Sciences at the *Collegium Medicum* of the University of Zielona Góra, Doctor Tomasz Huzarski, Professor of the University of Zielona Góra, Dean of the Faculty of Medicine and Health Sciences at the *Collegium Medicum* of the University of Zielona Góra Doctor Agnieszka Ziółkowska, Professor of the University of Zielona Góra, President of the Karol Marcinkowski University Hospital in Zielona Góra Doctor Marek Działoszyński, and Mayor of Zielona Góra Janusz Kubicki, MSc. The Conference had a patronage of the journal “Palliative Medicine in Practice”.

On the first day of the Conference — 6th October 2022 — Sponsored Lectures and Chronic Pain Management Workshops were held. On the second day of the Conference, 7th October 2022, an Inaugural Lecture was presented by Professor Andrzej Kübler of the Centre for Pain Treatment and Palliative Care at the Wrocław University Hospital, entitled “Medical Futility”. This was followed by five scientific sessions. The first was “Palliative and supportive care — principles of qualification” chaired by Doctor Tomasz Grądałski of the St. Lazarus Hospice and Professor of the Andrzej Frycz Modrzewski Kraków University (AFMKU).

The second session, “Palliative care for patients with heart failure”, was chaired by Doctor Jarosław Hiczkievicz of the Department of Interventional Cardiology and Cardiac Surgery, Professor at the Institute of Medical Sciences of the *Collegium Medicum* of the University of Zielona Góra. The third session comprised rehabilitation and breakthrough pain management and was chaired by Doctor Katarzyna ŻuŃtak-Bączkowska of the West Pomeranian Oncology Centre, Outpatient Palliative Medicine Clinic. Professor Radosław Kaźmierski, Head of the Department of Neurology at the Institute of Medical Sciences of the *Collegium Medicum* of the University of Zielona Góra, chaired the fourth session “Supporting patients with diseases of the nervous system”. The final session, “Challenges of modern palliative care”, was chaired by Doctor Grzegorz Lorocho of the Department of Palliative Medicine at the Institute of Medical Sciences of the *Collegium Medicum* of the University of Zielona Góra.

In August 2022 Ministry of Health set up an Expert Group comprising experts in the field of palliative care together with representatives of the National Health Fund, the Agency of Evaluation of Medical Technology and Tariffication, and the Ministry of Health. Preliminary work with current problem solutions has been completed and submitted to the Ministry of health. However, as the Expert Group should elaborate a long-term strategy for the development of palliative care in Poland, the work will be continued. This should include the organization of specialist palliative care (home, ambulatory and stationary) for adult patients [1, 2], children [3] and perinatal palliative care [4] referral criteria [5], development of academic palliative medicine and palliative care including under- and postgraduate education, especially for medical and nursing students, doctors and nurses, respectively, and progress in research [6–8].

I would like cordially invite you to join us soon in Częstochowa and attend the 25th Jubilee Conference in this city well-known of Jasna Góra Monastery of Mother Mary of Częstochowa planned on 19th–21st January 2023. The topic of the Conference organized together by the Polish Association for Palliative Care Nursing, Association of Hospice Care of Częstochowa, and Polish Association for Palliative Care is taken from Mahatma Gandhi’s quote: “Where there is love, there is life”. The Conference will be proceeded with workshops on the first day (Thursday), followed by scientific sessions held on Friday and Saturday and a Pilgrimage of Polish Hospices to Jasna Góra on Saturday. Please check the details of the program and registration for this Conference at: <https://hospicjum-czestochowa.pl>.

It is with great sadness to state that on 28th September 2022 our Dear Colleague, Outstanding Scientist and Clinician, Editorial Board Member of our journal Professor Marcin Jabłoński suddenly passed away. He had contributed very significantly to the development of psycho-oncology and psychiatry in our country and internationally [9–12]. Professor Marcin Jabłoński will remain forever in our hearts. Honor His Memory!

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

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