View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Via Medica Journals

Dear Readers,

In the present issue of Advances, we are again publishing around burning issues in palliative care. One of them is the non-pharmacological treatment of breathlessness. Why is this so important? Breathlessness, which troubles approximately 40% of the patents admitted to palliative care units, is notoriously difficult to treat. Drugs such as morphine in combination with midazolam, preferentially administered via subcutaneous syringe driver, are effective but frequently confine patients to their bed and not infrequently induce further deterioration. These drugs can be very useful for dying people when they are breathless but not for those who have the potential to recover and pull through. Most of the patients with exacerbated COPD belong to this category, with or without chest infections and on maximum doses of anti-constricting bronchial medication. Anne English, following on the classic work carried out by Jessica Corner, presents new evidence that non-pharmacological measures work, such as simple training to reduce anxiety which is easily explained to patients and family members. A photocopied version of Anne's Calming Hand can be seen in our hospice, very often close to the patient's bed. Fantastic because it is so simple!

Dr Bieda et al. describe their research with patients suffering from lymphoedema. It is not so much the fact that the patients' quality of life improved significantly after specialist intervention; what was much more interesting is that this improvement was independent of changes in extremity volume. This is the classic benefit of palliative care interventions: a subjective improvement in wellbeing, even in situations where medical changes are difficult to imagine.

Support teams are just starting to germinate in many hospitals. Of course the teams do a lot of good work and help many people. Of course the input of the doctors and nurses results in better pain and symptom control. However, an important question to ask is whether the teams are cost-effective. Are patients being discharged home earlier or are they being readmitted less frequently to the service? This kind of research is very difficult and, although intuitively we have known the answer for a long time, the objective data emerged only recently. Many hospital chief executives are not yet convinced. We still need to do a great deal more work in this area but the article by Jagielski et al is a good beginning. Although we still need to wait for many of the answers, their work looks promising and can be copied by others.

You can get tired of reading articles on fatigue in cancer. Most of them say the same thing and few differ from the rest. The article by Anna Kieszkowska-Grudny et al is a little different from the others. They analysed data concerning a large group of patients treated with palliative radiotherapy for cancer and found that coping strategies used by the patients correlated with the intensity of fatigue. This is both fine and new. When the objective parameters of fatigue were taken into account, decreased haemoglobin was found to correlate closely with fatigue. However, I do not believe that blood transfusions were found to be beneficial in fatigued patients, so the problem is worth further study and discussion.

The next article by Hanna Mackiewicz-Nartowicz is on positive decannulation factors following brain damage. What on earth is a decannulation factor? Intrigued by the title, I had a closer look and found that the authors are discussing the prognostic factors that may ease removal of the tracheal cannulae after prolonged artificial ventilation following brain injury. Not my cup of tea I must say but still interesting and certainly intriguing.

Interactions between the drugs used in palliative care should always catch our attention. Not only drugs as they are but changes in renal and hepatic functions may also ease drug-drug interactions. The authors review the most commonly used drugs. When I read this article for the first time I found it quite complete, although

I was missing one or two interactions. Anyone who is missing an important interaction is referred to Stockley's Drug Interactions, either on the internet or in hard copy.

The last article is interesting in a different way. It deals with deficiencies in spiritual care in the Muslim community. The article was written by Dr Asadi-Lari et al. It is not difficult to imagine that spiritual care for and by Muslims encounters similar problems in the Middle East to the provision of spiritual care in European countries. Only a few issues are really specific to the Muslim faith. As we are treating more and more Muslims in our hospices and palliative care units in the West, it is important to understand these factors more fully.

Zbigniew Zylicz
Vice Editor