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The picture on the cover: Winter in Maramureș from Dan Aurel, Romania, (2002)
EDITORIAL

The growing interest in PALIAŢIA

Marinela Olăroiu, MD, PhD, geriatrician, Editor-in-Chief of PALIAŢIA

The number of manuscripts submitted to PALIAŢIA is increasing as is the number of readers. In the first month of 2013 PALIAŢIA got 493 visitors, in the last month there were 1890 visitors; in increase of almost four times in 12 months. In 2013 over 53.000 pages of PALIAŢIA were downloaded. Our readers come not only from Romania but from all over the world. Looking at the number of pages downloaded and the country from which they were downloaded in 2013, it shows that one third is downloaded from Romania. China is second with 20%, followed by the USA with 12% and Ukraine with 11%. Indeed, PALIAŢIA receives a worldwide interest.

Based on these 'statistics' we may conclude that these data of PALIAŢIA are in line with the findings in the ‘Atlas of Palliative Care in Europe’. The European Association of Palliative Care concludes – based on the data in the Atlas – that palliative care is growing in Eastern European countries. Indeed, it seems to do so, also if we look at the experiences in PALIAŢIA. But it is important not only to look at the quantity but also to the quality of palliative care. Does palliative care really improve in Eastern European countries? Do more people in need get access to palliative care in these countries? This are questions which have to be investigated more in depth.

The EAPC Atlas of Palliative Care in Europe 2013 claims to be a ‘key tool to drive policy-making, spread good practice and aid the strategic development of new services’. This could be the case if we have more detailed information about the palliative care facilities, the quality of the services, the accessibility, the costs, etc. How complete and reliable are the data, used to depict a ‘road map’ of palliative care in (Eastern) Europe? When we look at the chapter on Romania in the Atlas, we may question the completeness and reliability of the data. Based on the manuscript received by PALIAŢIA from other Eastern European countries, we may also note that developments of other Eastern-European countries, concerning (recent) developments in palliative care are not covered by the Atlas. Therefore, the data in the ‘Atlas’ should not be accepted as ‘validated’ at least for Eastern European countries; they might be seen as ‘preliminary impressions’.

We believe that the ‘Atlas’ could be an important document to stimulate palliative care, for policy making, for showing good practices etc. However, to be such a helpful and needed instrument, a critical analysis of the data, their completeness and reliability are needed. As it stands now the Atlas may create a wrong picture of developments in palliative care in Eastern European countries. This is not what the Atlas intends to be. Therefore, it is strongly recommended to design a better study and use appropriate methodology before delivering a ‘road map’ for Europe on palliative care.
ORIGINAL PAPERS

Oncogeriatrics approach: features and perspectives

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Abstract

Oncogeriatrics is a clinical discipline concerned with the management of elderly patients with cancer, while palliative oncogeriatrics refers to the palliative care of elderly patients with cancer.

Oncogeriatrics is based on a global approach, both oncologic and geriatric, depending on the patient's health condition, therefore it is necessary to develop some models of cooperation between oncologists and geriatricians.

In the last 20 years, the studies carried out tried to specify the characteristics of elderly patients with cancer, to analyze how elderly patients tolerate cancer treatments and how to integrate geriatric assessment in oncology.

Oncogeriatrics plays an important role in optimizing the treatment of elderly patients with cancer, in therapy recommendations and in making informed treatment decisions, whenever possible by the patients themselves, on the basis of counselling and assessment based on evidence.

Oncogeriatrics is continuously developing as compared to the early years. Without any doubt, in the coming years major progresses will be made in this field and oncogeriatrics will become a major component of oncologic and geriatric practice.

Key words: oncogeriatrics, palliative care, evaluation

(Full Text in Romanian)
CLINICAL LESSONS

Care of patients with stoma

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Abstract

Pioneering stoma surgery began in France. The first to perform a colostomy was Litre in 1710. Stoma means in Greek mouth or opening. Depending on the organ where an opening is made for, there is: colostomy, ileostomy and urostomy.

In Romania most of the patients get stoma after surgery. According to the Society of Romania Coetaneous Stoma Carriers there are about eight thousand people who have a stoma.

In this paper I will describe the different types and the indications of stoma. Also I will refer to Romanian legislation of medical devices and how these may benefit the stoma patient.

Management of a stoma patient is a team effort and includes: general aspects of patient care stoma, surgical indication, set the stoma site, preoperative preparation, postoperative care, provide specific care, choice of products for stoma prosthesis, establish the patient's lifestyle

Key words: care, stoma, colostomy, legislation, management

(Full text in Romanian)
MANAGEMENT

The role and place of kinetotherapy in palliative care

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Abstract

Palliative medicine offers a holistic approach to the patient, including terminal stages, while cure is impossible. The main objective of physical therapy is to provide the best quality of life for both patient and family or caregivers. Recovery strategies can prevent some complications such as joint stiffness, ankylosis, decubitus sores, pneumonia or general deconditioning of the body.

In palliative care, kinetotherapy addresses patients diagnosed with progressive diseases, life-threatening, such as cancer, respiratory and cardiovascular diseases, neurodegenerative disorders such as multiple sclerosis, Alzheimer's disease, Parkinson's disease, spinal cord injury, patients carrying HIV or patients with acquired immunodeficiency syndrome AIDS. The purpose of recovery is to maintain optimal respiratory and circulatory function, prevent worsening of somatic dysfunction, improve mobility and increase the patient's functional independence.

Therapists encounter a wide range of patients in their practice and play an important role in the multidisciplinary palliative care team, sharing the same goals and therapeutic approaches.

Key words: kinetotherapy, palliative care, cancer

(Full text in Romanian)
Healthy and pathological mourning

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Abstract

Of all the events facing mankind over life, death is one of the most unwanted, unexplained and terrifying. It produces fear and suffering, the more pronounced as the person who dies is more significant for those remaining.

Specialists in psychology and psycho-traumatology have questioned how much distress might be 'classified' as normal and when to speak of a pathology of suffering. The paper presents some viewpoints on the evolution of pain caused by the loss of a family member, grief stimulated multiple other losses associated with such experiences and milestones of a healthy mourning: the passage through each phase of mourning, anchor of the person in the daily activities, acceptance of suffering, ventilating emotions, confidence in the strength of life, belief in personal power, the existence of other attached relationships.

Pathology of a grieving process might be indicated by lack of vital energy in daily activities, avoiding or minimizing the psychological comfort; idealization of the lost person; feelings of anger or guilt to the appearance of pleasure; overestimating suffering (the manner of maintaining the relationship with the lost); minimizing wishes and building limited plans for the future; dysfunctions in social roles as partner, parent, professional, member of the group.

Key words: healthy mourning, pathological mourning, psycho-traumatology

(Full text in Romanian)
COMMENTS, DISCUSSION

Features of palliative care in patients suffering from end-stage of AIDS

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AIDS deaths represent about 5% of all annual deaths (all causes) of 53 million. Being an incurable disease, sooner or later lethal, it must benefit in advanced stages of palliative care.

Palliative care approaches have to be part of the treatment of AIDS and should consider the characteristics of the patient and the disease: relatively young age, type of symptoms (many due to opportunistic infections), ethics and privacy issues and protection. When the first professionals in palliative care were involved in care of AIDS patients, they did emphasize that the model of palliative oncological care is not suitable to address these patients and that it required some adjustments.

Unfortunately, currently palliative care in AIDS patients still use the model for oncological care. However, this care does not suit the needs of the patients because of disease particularities, requests of the patients and the lack of expertise in the medical staff who has to take care for them. There is a lack of attention to the specific problems of these patients. Their terminal phase is still often characterized by multiple somatic and psychological suffering.

Key words: AIDS, palliative care, terminal care

(Full text in Romanian)
NEW PUBLICATION

EAPC Atlas of Palliative Care in Europe

The update of this Atlas was launched at the 13th Congress of the European Association for Palliative Care (EAPC) in Prague in May 2013. The Atlas is composed under responsibility of Carlos Centeno, Professor of Palliative Medicine, Institute for Culture and Society, University of Navarra, Pamplona, Spain; David Clark, Professor of Medical Sociology and Director, School of Interdisciplinary Studies, University of Glasgow, UK.

The Atlas is the product of the EAPC Taskforce on the Development of Palliative Care in Europe. The new Atlas gives up-to-date information on palliative care services, policies and strategies of 53 countries, based on information updated in 2012.

As it was in the past, the highest concentration of palliative care units in relation to population can be found in ‘West-European countries’. The Atlas states that the data indicate an improvement in the number of palliative facilities in ‘Eastern European countries’. The EAPC Atlas of Palliative Care in Europe 2013 claims to be a key tool to drive policy-making, spread good practice and aid the strategic development of new services.
NEWS

Communication Skills Training & Psychosocial Oncology Care Training

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This training was provided by the International Psycho-Oncology Society (IPOS) in the framework of European Partnership on Action Against Cancer (EPAAC) Work Package 7 (WP) on Healthcare, held at “Prof. Dr. Ion Chiricuta” Institute of Oncology (IOCN), Cluj-Napoca, Romania.

The Training Course on Communication Skills was organized by IPOS on behalf of EPAAC-WP7 on Healthcare together with IOCN on behalf of Romanian Ministry of Health (MoH). IOCN hosted the course in October 24-25, 2013.

IPOS facilitators were Prof. Darius Razavi and Dr. Luzia Travado, and also Dr. Degi Csaba IPOS Romanian representative contributed to organization.

IOCN – was represented by Dr. Anca Bojan, IOCN Medical Manager and Florina Pop as Clinical Psychologist and MoH was represented by Dr. Florian Alexandru Nicula, EPAAC Steering Committee MoH Romanian representative.

Registration of participants was available online on IOCN Website, and 33 medical doctors finally registered and participated to the course.

At the end of the training, organizers, faculty and participants concluded on some main common activities as output on this action:
1. IPOS will organize through Romanian Psycho-Oncology Society translation and dissemination of professional standards for clinical network; RPOS will be enlarged becoming national representative.
2. IOCN – MoH through Commission on Cancer will propose mandatory psycho-oncology assistance for at least for all 3 comprehensive cancer centers and a total 8 regional cancer treatment units: IOCN will pilot introduction on IPOS Standards of institutional distress screening for all IOCN patients as the sixth monitored vital sign.
3. Finally common efforts and lobby to MoH and Ministry of Labor will be done in order to introduce psycho-oncology subspecialty, and to define specific units in the structure of comprehensive cancer centers.
The Training Course on Psychosocial Oncology Care, held at IOCN was organized by EPAAC-WP7 – IPOS together with the Romanian Ministry of Health (MoH) and IOCN and held at “Prof.Dr. Ion Chiricuta” Institute of Oncology (IOCN), Cluj-Napoca, Romania, in November 18-20, 2013.

IPOS facilitators were Dr. Anja Menhert, PhD Professor of Psychosocial Oncology, University of Leipzig, Germany, member in the IPOS Board of Directors, Dr. Luigi Grassi, MD Professor and Prof. Dr. Maggie Watson. Dr. Luzia Travado was the coordinator on behalf of the Psychosocial Oncology Action EPAAC-WP7. Dr. Degi L. Csaba MSW was a member in the organizing committee, being the IPOS representative in Romania.

IOCN – was represented by Dr. Patriciu Achimas-Cadariu, IOCN Medical Manager, Florina Pop as Clinical Psychologist and MoH was represented by Dr. Florian Alexandru Nicula, the Romanian MoH representative in EPAAC Steering Committee. The registration of participants was available online on IOCN website, and 42 of clinical psychologists registered.

At the end of the training, organizers, faculty and participants concluded on some main common activities as outputs of this action:
1. Report endorsed to all organizers.
2. IPOS will organize through the Romanian Psycho-Oncology Society translation and dissemination of professional recommendations, materials for the Romanian clinical network; RP-OS will enlarge, becoming nationally representative.
3. The final report will be sent to the Oncology Commission of MoH and to political decision-makers in the MoH, together with a requisition for assuring psycho-oncology assistance for cancer patients, and a proposition for setting up specialized psycho-oncology comprehensive cancer centers in oncology institutions and other regional and county-level centers, which will align to IPOS standards; these activities should be included on the list of services discounted by the Romanian Health Insurance Fund.
4. Also, we will propose MoH and Labor Ministry to implement measures of alignment of specific specialty classified list and training curricula to existent models in the European Community.
Building Bridges is the title of the 14th EAPC World Congress in Copenhagen 8-10 May 2015

As Carlo Leget writes as co-chair of the scientific committee of the 2015 congress, returning from a meeting preparing this congress: “If there is one area full of bridges, it must be palliative care. Being a bridge itself between life and death, the early pioneers soon realised that no discipline could manage this complex work without the help of others. So much work has been done in establishing connections between people in teams; between carers, families and patients; between practice, education and research; between different partners in the chain of care; and so on. This makes palliative care one of the most interesting and wonderful places to work in, however challenging it may be from time to time.”