Introduction

Palliative medicine has traditionally been associated with advanced cancer. Nowadays, patients with a wide range of illnesses are referred for symptom control, end of life care, emotional, social, spiritual distress, support for their family and bereavement support. Care of the dying patient has also been traditionally associated with hospices while nowadays most people die in hospital. An increasing number of patients are initially referred to palliative care teams within the hospital.

Education in the philosophy and practise of palliative medicine is critical in achieving a high standard of care for patients who are dying. The ideal would be that every person who is dying irrespective of their location will receive the highest standard of care. To achieve this requires a general medical workforce with knowledge and an understanding of patient and family needs at this critical time in all their lives.

It is said that palliative medicine may be lacking in evidence-based practice but has abundance in practice-based evidence. Our review series presents evidence, i.e. role of fentanyl as opioid analgesic, and describes practice, i.e. care of the dying patient in hospital. In addition, we present public health and ethical challenges to palliative medicine and general medical practice.

In this issue, our first review focuses on the care of patients withdrawing from dialysis. In Australian studies examining the experience of patients opting not to have dialysis or choosing to withdraw from dialysis, one theme is a sense of abandonment felt when there was little follow-up care. This raises an important issue of an ethical approach to these patients which is predicated on the education of nephrologists and this dimension of care. Many medical specialties will face similar ethical challenges perhaps not always as clearly demarcated as the withdrawal of dialysis.

Our second review with great relevance to hospital practice, explores recent qualitative research highlighting the deficits in hospital care of the dying patient and the importance of combining competence and compassion in the care of patients dying in hospital and their grieving families.

The care of patients with dementia is an increasing challenge to general medicine. As with patients discontinuing dialysis, a sense of abandonment applies also to patients with dementia, their families and carers, which the subsequent review explores. Older people are less likely than younger people to have access to specialist palliative care and more likely to die in settings where concerns have been raised about the quality of end of life care provided, i.e. hospitals and care homes. It is argued that the community has a responsibility to support and care for their own in relation to dying and death.

Another major public health issue explored in our fourth review is the under treatment of cancer pain with clear evidence of discrepancies internationally in opioid access. This lack of accessibility to opioids leads to a sense of abandonment for those who are in pain needlessly.

In countries with well-developed palliative care services and palliative medicine academic departments, research continues such as presented in our final review article on fast-acting fentanyl, an opioid being increasingly used by general medicine physicians. Fentanyl is particularly useful for breakthrough pain. Fentanyl doses challenge our opioid prescribing practice with no correlation between background opioid dose and breakthrough optimum fentanyl dose. With many fast-acting fentanyl preparations emerging on the market, would parenteral fentanyl given sublingually be as effective and less expensive? There may not be the financial drive to research the cheaper option.

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