Palliative medicine review series
Historically, palliative medicine was established to care for those with chronic life-threatening illness. Seminal articles have traditionally reported on the care of patients with cancer.1 Since 1987, when palliative medicine was granted subspeciality status, this speciality has grown beyond the confines of cancer care to offer its significant expertise to the practice of medicine. In this issue, we welcome the first of our reviews in our Palliative Medicine Review Series, which focuses on palliative medicine in nephrology and in particular in the context of dialysis. Brennan et al. address specific questions, which, while focused on dialysis, have equal resonance when applied to the use of modern medical technologies in clinical practice. Who might benefit, who might not? What ethical principles guide our decision making? One can easily be seduced by the latest medical technologies—so when might a more conservative approach be appropriate?

Who should be anticoagulated in atrial fibrillation—we can do better
One of the great challenges in clinical medicine in the elderly is the management of atrial fibrillation (AF). In particular, the optimum stratification of patient risk and the prescribing of oral anticoagulants to those who will benefit the most, and equally importantly not prescribing to those at ‘low-risk’. The

References