

Letter from the Editor

It is some time since I have had an opportunity to write an informal column for the journal, but we have space now and there have been some developments recently which will be of interest to readers of *Palliative Medicine*.

The proposed Assisted Dying for the Terminally Ill Bill in the UK

Earlier this year we published an account of the working of the parliamentary committee which was considering the proposed Assisted Dying for the Terminally Ill bill. This proposed change in the law in the UK would have had the effect of legalizing assisted suicide. The proposal was that patients with incurable illness and a short prognosis who were suffering from uncontrolled symptoms, should be able to choose to end their lives with assistance from a physician or other health care practitioner. The Bill had been proposed by Lord Joffe who re-introduced it in the current session of parliament.

Palliative Medicine has sought to contribute to the discussion of physician-assisted suicide and euthanasia by publishing original papers which provide evidence to clarify some of the questions central to the debate. We shall also continue to publish commentaries and discussion papers which highlight the issues involved and rehearse the main arguments for and against a change in the law but as in the past will try to ensure that we do this in an even-handed manner. This is an area where passions run high and where the debate often becomes ferocious and sometimes personalized to the individuals involved. It is also a topic which invariably attracts much attention from the news media, as in the UK in recent months.

In a recent Editorial I commented that “*No reader of Palliative Medicine will be neutral about the subjects of euthanasia and physician-assisted suicide*”¹. I was taken to task by a distinguished colleague and social scientist who made the point that if no-one is really neutral how will it be possible to carry out good research to provide evidence rather than deeply held convictions on which to base changes in the law. I am reminded of the aphorism I have often repeated when teaching undergraduate medical students that it is unwise to use the words never (or no) or always in medicine because they will be wrong. There is invariably an exception which proves the rule. In this case I acknowledge that there are likely to be a group of readers of *Palliative Medicine* who really are able to take a neutral stance in this debate and

who are motivated to undertake relevant research in this area. There is certainly a need for evidence that will stand up to scrutiny and be accepted by all of the main protagonists.

What of the proposed new law? Opposition to the Bill in the House of Lords was led by religious leaders and a coordinated campaign forced a vote to be taken at an early stage. This tactic was successful. The Bill was put back for 6 months which in effect means that for the time being it is defeated because parliamentary time will run out before it can be considered again.

As I have commented before in these columns, the debate about assisted suicide and euthanasia encompasses a number of complex issues and at the same time stirs strong emotions on all sides of the argument. It is a debate that will not go away and one that could be informed by more research so that discussions could focus on evidence rather than convictions and the views of media commentators.

4th Research Forum of the EAPC

I am writing this piece at the end of the first (what I perceived to be) highly successful day of the 4th Research Forum of the European Association for Palliative Care in Venice. The programme is remarkably comprehensive and sophisticated. In this first half-day already there have been many outstanding presentations and excellent and high level audience participation. There are more than 1000 participants from all over the world and it seems clear that research in our discipline is again being given the high profile it requires. It is highly encouraging to see many new ‘junior’ researchers moving into the area and quickly beginning to make important contributions to the evidence base. Research in palliative care seems to be coming of age, with new funding streams opening up, new academic career opportunities emerging in medical, nursing and social science departments of universities, and great enthusiasm apparent in those working in the area to improve the care we are able to deliver to patients by carrying out the necessary research to the high standard required to allow us to be confident in the outcomes. Of course we could always be doing more, but this conference takes us to a new level of sophistication in terms of research methodology, the size and complexity of clinical studies and the establishment and consolidation of regional, national and international research networks.

A reminder to all those researchers present in Venice: *Palliative Medicine* is the Research Journal of the EAPC and we very much hope that you will want to see your work published in these pages!

New Funding for Palliative Care Research

During his opening plenary lecture at the Venice meeting Professor Stein Kaasa described a recent successful application to the European Union within the FP6 Research Programme. The title of the project is "Improved treatment of pain, depression and fatigue through translational research" and it is to be undertaken by an international consortium led by the team in Trondheim. The consortium draws its membership largely from members of the Research Network of the EAPC. To some extent therefore it can be seen as a progeny of the Research Network of the EAPC and is another important step forward in fulfilling the overarching aim of the Network which is the development and facilitation of collaborative research across Europe.

A recent initiative in the UK has also provided a major boost to the development of interdisciplinary research networks in palliative care. A total of £5million was made available by the National Cancer Research Institute in the UK to fund supportive and palliative care research collaboratives. This was a direct response to a strategic review by the NCRI into the funding of cancer research in the UK which had identified supportive and palliative care research as an area which was seriously underfunded. There was considerable competition and two successful consortia secured the major part of the available funding.

The lack of substantial funds available for palliative care research has been one of the major constraints on research activities in this area over recent years. These new funding developments (and I am sure there are other

examples in other countries) are very encouraging and very positive for the future of palliative care research. We look forward to publishing at least some of the outputs from these research programmes over the next few years.

Themed issues of Palliative Medicine

We have from time to time mentioned the possibility of producing themed issues of *Palliative Medicine* and have asked readers to suggest possible topics. The issue on euthanasia was highly successful and we anticipate that our planned special issue on methodology in palliative care research will be equally so. The special issue will include commissioned reviews and original papers illustrating methodological problems in palliative care research. We have had considerable interest and are processing a large number of manuscripts. Producing a special issue needs thinking about many months in advance and we are already looking for suggestions for the next one. So this is an invitation for you to write to us (an email to the editorial office will be the quickest and easiest way to do so) and let us have suggestions for topics which could be usefully dealt with in this way.

We are keen to foster two way communication between our readers and the editors, so please feel free to write to us about this or anything else relevant to *Palliative Medicine* and we will undertake to consider all suggestions and comments carefully and quickly!

Geoffrey Hanks
Editor-in-Chief

Reference

- 1 G Hanks. *Palliative Medicine* 2005; 19: 441.