New year, new direction?

“I am writing this on New Year’s Day, which invariably encourages a degree of reflection on what has happened in palliative care over the last year and possible changes during the coming year. At The Princess Alice Hospice, we completed a major rebuild in June 2006. Since then, we have been settling in to the new building and working systems, and are now ready to greet 2007 in a ‘state-of-the-art’, modern hospice.

In the UK in 2006, communication was very high on the agenda, with a national programme of advanced communication training commissioned through the cancer networks. Communication with our patients, their carers and our colleagues has always been a key issue for palliative care. So it is with the articles in this issue of the *European Journal of Palliative Care (EJPC)*.

Articles by Mark Taubert, Patricia Sealey and David Feuer, and Patricia McNeilly and Jayne Price, all look at different aspects of communication. Sealey and Feuer’s article focuses on sharing their palliative expertise with non-specialist colleagues and their responsiveness to taking the advice given. McNeilly and Price identify the large number of individual professionals involved in the care of children and their families, and cautions us all against assuming that just because we work together, we work as a team.

Mark Taubert reminds us of the problems of dealing with patients whose first language is not the local one – but with a slightly different slant. He draws our attention to the fact that language is more than the direct translation of words or sentences and highlights the importance of slang and colloquialisms. It was good to read Wojciech Leppert and Jacek Luczak’s report on their achievements in Poland. I was fortunate enough to visit the hospice in Poznan in 1997 and remember with great admiration and fondness the centre just before it opened, and the pioneering work of Dr Luczak.

Along with communication, symptom control is at the foundation of palliative care. Seema Mishra and Sushma Bhatnagar update us on the diagnosis and treatment of bone metastases. I have been involved in palliative care for 20 years and the improvements in palliative radiotherapy and bisphosphonate treatments have been quite remarkable.

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The same probably applies to the recognition of our responsibility for our patients’ quality of life. Twenty years ago, the challenge was on symptom control, leaving any emphasis on quality of life to others. Marit S Jordhøy’s article and analysis of different measuring instruments reminds us how important it is to identify the individual patient’s subjective measure.

Gill Satterley’s audit of respite care is interesting, with results similar to those found in our hospice, and is a powerful argument for hospices to continue to provide a respite service. In discussions with commissioning trusts in the UK, this is often a service that the NHS does not recognise as worthy of financial contribution.

Last but not least, may it always be part of the role of the *EJPC* to give us something new to think about. Lars Johan Materstvedt challenges us to reconsider the definition of palliative care and one of the hospice movement’s key philosophies: namely, that death is a natural part of life and that people should be helped to come to terms with their mortality and achieve a ‘good death’. Perhaps we should re-evaluate our approach to patients fighting their death and help them, and ourselves, to make sure that we all enjoy, and get the most out of, every day of our lives. This would make for a good New Year’s resolution.”

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