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Patients with chronic lung diseases have the right to palliative care — recommendations of the Polish Respiratory Society

Chorzy na przewlekłe choroby płuc mają prawo do opieki paliatywnej — zalecenia Polskiego Towarzystwa Chorób Płuc

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The past few months have seen several important events pointing out to the place and importance of chronic lung diseases in the world. In July 2011, several days after Poland assumed the presidency of the European Union (EU), a Member States Health Ministers' conference took place, during which the Polish Minister of Health, Ewa Kopacz, said that treatment of chronic lung diseases is one of the health priorities of the Polish presidency.

On 19–20 September 2011 the United Nations (UN) General Assembly convened a High-Level Meeting on Non-Communicable Diseases (NCD), which, in addition to chronic respiratory diseases, also include cardiovascular diseases, cancer, and diabetes. NCDs have recently become major causes of death worldwide. A total of 35 million people died from NCDs in 2008, which accounted for 63% of all deaths that year. People below 60 years of age comprised one fourth of the deaths (9 million). According to the forecasts presented by the authors of the UN report, NCDs will cost the lives of 52 million people in 2030. The experts explain this disturbing tendency by factors that are mainly associated with unhealthy lifestyle (smoking, poor diet leading to obesity, limited physical activity, and alcohol abuse). The Polish delegation headed by the Polish deputy health minister, Dr Adam Fronczak, led, on behalf of the EU Member States, the negotiations on the final shape of the

political declaration. The delegation was also involved, from the very beginning, in the work of the UN General Assembly and made a very important contribution to its success in the form of the unanimous adoption by all the UN members of a declaration pointing out the problems associated with the epidemic of chronic NCDs, including chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD).

In September 2011, at its annual meeting, the European Respiratory Society (ERS) presented *The European Respiratory Roadmap* [1], a document setting out the position of the ERS and the proposed actions for the prevention, clinical care, healthcare organisation, and research with respect to respiratory diseases. This is the second document, after *The White Book* published in 2003, to present the health situation in the European Union and point out the important role of lung diseases.

The prevalence of lung diseases is one of the highest in the world. Approximately 500 million people worldwide are affected by asthma and COPD, and approximately 9.27 million people are suffering from tuberculosis. According to the World Health Organisation, approximately 4 million people annually die from chronic respiratory diseases, and this number is expected to increase by 30% within the next 10 years [2]. Over the past 30 years there has been a disturbing tendency towards an increased mortality due to COPD (the

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mortality rate has doubled in this period), while mortality due to cardiovascular diseases, stroke, and even cancer has been constantly decreasing [3].

In Poland, with the exception of asthma [4], detailed epidemiological data on chronic NCDs are lacking. Based on isolated reports concerning limited populations, it is estimated that approximately 2 million people are affected by COPD, 1.7 million by asthma, and 22 thousand by lung cancer. In 2009, 24 thousand patients died from lung cancer, 8.7 thousand from COPD, and approximately 500 from asthma [5]. Approximately 20% of COPD patients (400 thousand), 5% of asthma patients (75 thousand), and nearly all lung cancer patients (81%) are suffering from severe or very severe forms of these diseases. Such a high degree of severity requires provision of comprehensive medical care to these patients, which is necessary to achieve symptomatic improvement, increase the quality of life and reduce the number of hospitalisations, and — in the terminal period of life — to relieve physical and psychological suffering and to reduce disability (hospice care).

The Polish Respiratory Society recommendations on palliative care in chronic lung diseases published in this issue of *Polish Pneumology and Allergology* [6] are devoted to this problem. It is a document developed by the experts of the Polish Respiratory Society, the Polish Society of Palliative Medicine, and other experts with experience in the organisation of the palliative care of cancer patients. This document is an excellent contribution to the on-going discussion on the role of lung diseases in the shameful statistics of the new pandemic of NCDs and provides ready-to-use solutions on the management of patients with advanced lung diseases. The recommendations present fundamental epidemiological data on the wide spectrum of chronic respiratory diseases in Poland, describe the clinical picture and prognosis of individual disease entities, and emphasize the significance of co-morbidities. A large portion of the recommendations is devoted to the signs and symptoms re-

quiring palliative management and provides detailed tips on the treatment of troublesome manifestations that cause suffering and anxiety to the patients. This pioneering document emphasizes the role of social, psychological, and spiritual support and communication with the patients. Thanks to these recommendations, attention has been drawn to the problems encountered both by the physicians and other healthcare professionals and by the patients and their families struggling with progressive intractable lung diseases. The document describes an integrated care model that is necessary to provide appropriate multidisciplinary medical and psychological care and organisation of palliative care with the involvement of volunteers. This model has proved successful in the pilot study conducted in the territory of the Pomeranian Province, Poland. An observational study is being planned with the involvement of four sites in Pomerania to assess the effectiveness of this form of care.

Hopefully, thanks to this document, the message about the necessity to provide palliative care not only to cancer patients but also to patients suffering from chronic lung diseases leading to dyspnoea, pain, exhaustion syndrome, and respiratory failure will reach a wider audience and talks with policymakers will start soon to receive appropriate funding for implementation of this system.

References

1. European Respiratory Society 2011, <http://www.ersnet.org/roadmap>
2. Expert Reviews Ltd. Expert Review of Respiratory Medicine: Aims and Scope. www.expert-reviews.com/page/journal/ers/aims.jsp
3. Jemal A., Ward E., Hao Y. et al. Trends in the leading causes of death in the United States, 1970–2002. *JAMA* 2005; 294: 1255–1259.
4. Liebhart J., Malolepszy J., Wojtyniak B., Pisiewicz K., Plusa T., Gładysz U. Polish Multicentre Study of Epidemiology of Allergic Diseases. Prevalence and risk factors for asthma in Poland: results from the PMSEAD study. *J Invest Allergol Clin Immunol.* 2007; 17: 367–74.
5. Korzeniewska-Koseła M. Gruźlica i choroby układu oddechowego w Polsce w 2010 roku. *IGiChP* 2011; 1–160.
6. Jassem E., Batura-Gabryel H., Cofta S. et al. Zalecenia PTChP dotyczące opieki paliatywnej w przewlekłych chorobach płuc. *Pneumonol. Alergol. Pol.* 2011; 80: 41–64.