

Editor's choice

Bill Noble



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CHOICE

In the editorial by Richard Powell *et al*, we are reminded of a 2005 WHO report on sub-Saharan Africa, which shows that 9.67 million people are in need of palliative care. This number is big and tends to dwarf the real progress that has been made throughout the continent. They identify four key areas of development that are necessary for palliative care to make its contribution. Liz Grant and colleagues report that of the Africans in need of palliative care, only 5% will receive it. In their feature, they recount progress to date and describe examples of programmes in Kenya, Malawi and Uganda. These articles are a timely reminder to those of us who practice outside Africa of the burden of AIDS and the coming threefold increase of need in the next 20 years.

We have an example of the value of large, carefully analysed, retrospective case note reviews in Janine Blaney and colleagues' paper on half a year's cancer deaths in Northern Ireland. They unravel the reasons why hospital deaths are so common and nail three of the most important, including the fact that in a quarter of cases, the diagnosis of cancer was only made on the last admission. These patients are beyond the

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reach of oncology and like many others who did go through the process of diagnosis and treatment, there is no time to transfer their care to home as their condition deteriorates. On the evidence of this paper, allowing people to die in the place of their choosing is a matter for the whole system of healthcare, and may never be solved if left to palliative care services alone.

A paper from Toronto on sources of spiritual well-being in patients with advanced cancer uses structural equation modelling. Whether or not Christopher Lo and team have stumbled on a psychometric proof of holism, I will leave the readers to decide, but it turns out that, in their study, spiritual well-being is associated with spiritual, psychological, social and pathological factors. Specifically, the predictors are: religiosity, self-esteem, social relatedness and the physical burden of disease. So perhaps the reason why the whole is greater than the sum of the parts is that the parts are also the sum of the parts! In case the authors think I am taking a flippant view of their work, I'm not; this paper has a serious message for clinicians who struggle to integrate spiritual care with their other clinical duties.

I am pleased to say that *BMJ Supportive & Palliative Care* is attracting a small number of very high quality case reports, and in this issue we have an example, beautifully illustrated with medical

photography and imaging. Simon Noble and colleagues' account of the use of octreotide for the treatment of painful hypertrophic osteoarthropathy associated with non-small cell lung cancer is very informative on all aspects of the case.

As you know, the *BMJ* publishes full versions of research reports online and an abbreviated, pico version appears in print. We are in a position to print in full *BMJ* papers concerning supportive and palliative care. In this issue, we have three papers on transition to adult services for young people with palliative care needs; living and dying with severe chronic obstructive pulmonary disease and palliative care needs among older people who die in the emergency department.

Poets' corner appears for the first time in this issue and there you will find Danielle Hope's poem, Request. It describes two contrasting sets of demands and expectations that are brought, fully formed, to encounters with the doctor. The problem is, they both have their internal logic and they require a human as well as a professional response. I intend to make space in most issues for original and new poetry. Authors submitting poetry can expect acceptance or rejection, following a process of review by members of the cognoscenti. I will refrain from recommending either major or minor revisions.

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