



Life-long-learning: the importance of Specialist Palliative Care Teams staying informed with knowledge from other disciplines

It is no doubt that palliative care is an important and essential component to help improve the quality of life during the last phase of life's journey in patients being diagnosed with incurable and life-limiting diseases (1). Over the years, palliative care had been evolving from a "general" service being provided by primary care clinicians, nurses and other professionals from various disciplines to a formal "specialty" status that required inputs from specialists who had specific training and expertise in palliative medicine. Close collaboration among different stakeholders including medical oncology, radiation oncology, neurology and other healthcare disciplines are the key to ensure successful implementation of specialist palliative care especially in complex situations and for patients with severe symptom burden (2-4).

For thoroughly caring for these complex patients, specialist palliative care teams must hold sufficient knowledge about the origin, pathophysiology and trajectories of a large variety of diseases and symptoms. Moreover, they should know about the potential of different disease-modifying therapies for these patients, either in terms of symptom control or improving disease outcomes and even increasing survival (5).

This focused issue is dedicated to promoting learning from our colleagues from different disciplines, and it highlight the importance of keeping a professional eye on the developments in their fields of medicine. As advances in the primary disease disciplines are happening concurrently with advances in palliative medicine practices, refreshing the knowledge of specialist palliative care teams with the help of our colleagues will provide the best possible care for our patients.

To begin with, William Raskin (Chapter 1) first provides insights about the perception, potential and challenges of early palliative care from the view of a medical oncologist. Next, Thomas McFarlane *et al.* (Chapter 2) help us learn more about cutaneous toxicities of new targeted cancer therapies which are increasingly being seen in the palliative care ward and cause considerable suffering for affected patients. May Tsao *et al.* (Chapter 3) provide insights into the value of radiotherapy for patients with painful bone metastases and advanced stages of the disease, while Danielle N. Desautels *et al.* (Chapter 4) report state-of-the art knowledge concerning the role of bone-modifying agents in this situation. Also, Ewelina Biskup *et al.* (Chapter 5) report about the often neglected potential of disease-modifying agents in the treatment of elderly patients with malignancies. They may help us overcome blind spots and substantial nihilism when such patients are referred to our specialist palliative care teams. Last but not the least, James W. Snider and Charles C Paine (Chapter 6 & 7) report about the origin and treatment of two extremely distressing symptoms, xerostomia or sialorrhea, that often adversely impact patients quality of life.

Palliative Care has a focus on the cooperative interaction of various disciplines (6-8). With this issue, the Editors of the *Annals of Palliative Medicine* would like to engage in an ongoing process of sharing as much expertise as possible between all disciplines that are dedicated to deliver palliative care.

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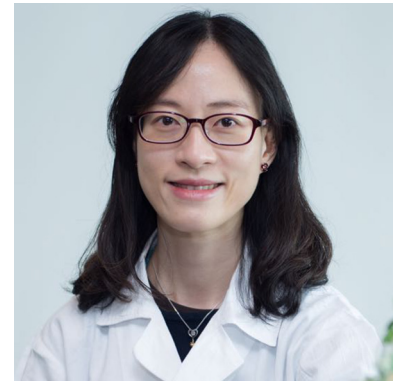
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