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understanding
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cancer, and
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palliative
care is
emphasized

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Medicine is
dedicated to
the memory of
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Geoffrey
Hanks, pioneer
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incorporates
the latest
developments
in the
treatment of
the terminally

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It tackles the
general
ethical and
medical
principles in
the care of
the dying
patient and
considers the
details of the
control of

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pain and other
symptoms, with
the hope that
doctors and
other
professionals
will support
the patient
and his family
by sharing the
truth with
them and

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empathizing
with their
emotional
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family doctors

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and health
professionals
and a
compassionate
source of
information
for the
terminally ill
and their
relatives.
Palliative
medicine was

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first
recognised as
a specialist
field in 1987.
One hundred
years earlier,
London based
doctor William
Munk published
a treatise on
'easeful
death' that

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Mapped out the
Malignant Disease
principles of
practical,
spiritual, and
medical
support at the
end of life.

In the
intervening
years a major
process of
development

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took place
which led to
innovative
services, new
approaches to
the study and
relief of pain
and other
symptoms, a
growing
interest in
'holistic'

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care, and a
desire to gain
more
recognition
for care at
the end of
life. This
book traces
the history of
palliative
medicine, from
its nineteenth-

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century
origins, to
its modern
practice
around the
world. It
takes in the
changing
meaning of
'euthanasia',
assesses the
role of

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religious and philanthropic organisations in the creation of homes for the dying, and explores how twentieth-century doctors created a

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special focus
on end of life
care. To
Comfort Always
traces the
rise of
clinical
studies,
academic
programmes and
international
collaborations

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to promote
palliative
care. It
examines the
continuing
need to
support
development
with evidence,
and assesses
the dilemmas
of unequal

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access to
services and
pain relieving
drugs, as well
as the
periodic
accusations of
creeping
medicalization
within the
field. This is
the first

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history of its
kind, and the
breadth of
information it
encompasses
makes it an
essential
resource for
those
interested in
the long-term
achievements

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of palliative
Malignant Disease
medicine as
well as the
challenges
that remain.
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Management of
Incurable and
Terminal
Illness
Advance Care
Planning in
End of Life
Care
The Management
of Terminal
Malignant

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Disease
Malignant Disease

***Dramatic reforms
in the NHS and
the social
services in the
1980s and 1990s
have highlighted
the need for
close co-
operation
between
professional
groups. Doctors,
nurses and***

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***social workers
are increasingly
taking roles as
managers with
financial
responsibility
for services.
The varying
backgrounds of
education and
socialisation of
managers and
different
professional***

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*groups creates
barriers to
mutual
understanding
and to effective
and efficient
care. This book
sets out to
examine inter-
professional
work looking at
theories and
frameworks and
focusing on the*

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*important areas
where systems
fail because of
lack of
collaboration.
This text will
contribute to
the knowledge of
inter-
professional
relationships
and can be used
as a basic guide
to the issues*

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involved, the services that require a multidisciplinary approach, and the strategies for working together.

*Holland-Frei
Cancer Medicine,
Ninth Edition,
offers a
balanced view of
the most current*

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cancer science
and clinical
oncology
practice. This
all-new edition
is the
consummate
reference source
for medical
oncologists,
radiation
oncologists,
internists,**

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*surgical
oncologists, and
others who treat
cancer patients.
A translational
perspective
throughout,
integrating
cancer biology
with cancer
management
providing an in
depth
understanding of*

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***the disease An
emphasis on mult
idisciplinary,
research-driven
patient care to
improve outcomes
and optimal use
of all
appropriate
therapies
Cutting-edge
coverage of
personalized
cancer care,***

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use of both
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***First multi-year
cumulation
covers six
years: 1965-70.
Most women who
die from
cervical cancer,
particularly in
developing
countries, are
in the prime of
their life. They
may be raising
children, caring***

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*for their
family, and
contributing to
the social and
economic life of
their town or
village. Their
death is both a
personal
tragedy, and a
sad and
unnecessary loss
to their family
and their*

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community.
Malignant Disease
Unnecessary,
because there is
compelling
evidence, as
this Guide makes
clear, that
cervical cancer
is one of the
most preventable
and treatable
forms of cancer,
as long as it is
detected early

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*and managed
effectively.*

*Unfortunately,
the majority of
women in
developing
countries still
do not have
access to
cervical cancer
prevention
programmes. The
consequence is
that, often,*

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***cervical cancer
is not detected
until it is too
late to be
cured. An urgent
effort is
required if this
situation is to
be corrected.
This Guide is
intended to help
those
responsible for
providing***

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Malignant Disease
*services aimed
at reducing the
burden posed by
cervical cancer
for women,
communities and
health systems.
It focuses on
the knowledge
and skills
needed by health
care providers,
at different
levels of care.*

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***The Epidemiologi-
cally Based
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Writings
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Palliative
Medicine Since
the Nineteenth
Century***

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***Pointers to
Cancer Prognosis
Advance Care
Planning (ACP) is
an essential part
of end of life
care in the UK
and most
developed
countries. It
enables more
people to live
well and die as
they would***

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**choose, and has
significant
implications for
the individual
person, their
family and
carers, and our
wider society. In
the context of an
ageing
population and
increasing
possibilities for
medical**

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**interventions,
ACP is a
particularly
important aspect
of quality care.
Expanded and
fully updated
throughout, this
new edition
gives a
comprehensive
overview of ACP
and explores a
wide range of**

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**issues and
practicalities in
providing end of
life care. Written
by experts from
around the
world, the book
takes a
comprehensive
look at the
subject by
exploring the
wide range of
issues and**

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***practicalities in
providing ACP;
framing the
purpose,
process, and
outcomes of
these plans; and
providing an
important
update on
national and
international
research, policy
and practice.***

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Chapters also discuss values, goals and priorities, and include detailed case examples to aid best practice. This book is an invaluable resource for all clinicians involved in the caring for people in their final

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***stages of life. It
is of particular
value to GPs,
palliative care
specialists,
geriatricians,
social care
teams,
researchers and
policy leads
interested in
improving end of
life care.***

BackgroundPallia

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ive care (PC)
Malignant Disease
and best
Supportive Care
are complex
areas to promote
and advance.
Many people
need and benefit
from them,
therefore
education,
spreading
knowledge and
existence of

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***interdisciplinary
teams (IDT) are
required to
ensure best
quality of
life. Nowadays
only 15% of
Countries
have Hospice and
Palliative Care
(HPC) integrated
inside their
national health
system. Among***

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**those countries,
few offer physical
therapies. Compl
imentary and
other non-
pharmacological
strategies used a
longside tradition
al analgesic
approach aims to
help patients in
maintaining and
improving
functionality in**

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***order to obtain
at the same time
psychological
benefits. Physical
therapies (PT)
are part of a no
pharmacological
approach,
including several
different
techniques
applied by
physical
therapists (PTs)***

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Malignant Disease
*with the purpose
not only to
manage the
symptoms but
also to improve
Quality Of Life
(QOL) of patients
receiving pain
rehabilitation
and palliative
care. It allows
PTs to be part of
an IDT and being
active part of the*

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***holistic care of
the patient. Aims
Linking PC with
physical
rehabilitation or
physical exercise
(PE), the aim was
to critically
evaluate the
evidence for the
effectiveness,
benefits and
weaknesses of
PT (exercise) in***

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Malignant Disease
**end-of-life
care. Due to the
results obtained
and the strength
of the evidence,
the author
suggests a first
protocol
involving an IDT
to best fit the evi
dence. Methods A
systematic
review has been
conducted,**

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**screening and
reviewing the
most recent
studies
published and
related to this
topic. More than
10 among
databases and
journals has
been
investigated to
answer the
aim. Results Eight**

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Malignant Disease

***studies fitted for
the analysis
discussing the
role of physical
therapy
intervention in
palliative care
setting. The
quality of the
studies was done
following
QASP/CASP chec
klists.Improveme
nts (p u2264***

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**0.01) were
observed in
physical
performance,
fatigue, and
overall quality-of-
life scores. A
first physical
exercise
programme is su
ggested. Conclusi
ons An holistic
biopsychosocial
intervention**

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Management Of
Terminal
(Total Pain
Malignant Disease

**concept) is the
key for those
people
with complex and
life-threatening
illnesses. Not
only for patients
but also for the
caregivers
underlying the
importance of a
IDT. PTs play an
important role**

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Malignant Disease
*inside a team
focusing their
intervention in
improving
functionality and
QOL turning
tophysical and
functional
dimensions of
care. Around 75%
of the population
will need PC
therefore it is
indispensable to*

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Malignant Disease

***start offering i)
the best
services, ii)
where patients
want, iii) taking
the best
decisions (right
care, right place,
right time).PT/PE
plan has to be
tailor-made and
based on the
general
prospective***

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***evolution of the
patient, in his
capability to
recover his
functionality and
his desire to take
part to the
rehabilitation pro
gramme.Referen
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and Nor Zuraida,***

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and resistance
exercise on
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mobility in
individuals with
advanced cancer:
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programme for
palliative care
patients in a
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Palliative Care**

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St Christopher's
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Hospice

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gym circuits
classes: Patient
uptake,
outcomes, and
feedback.**

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therapist in the
hospice setting:
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As humanitarian aid organizations have evolved, there is a

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**growing
recognition that
incorporating
palliative care
into aid efforts is
an essential part
of providing the
best care
possible. A Field
Manual for
Palliative Care in
Humanitarian
Crises represents
the first-ever**

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**effort at
educating and
providing
guidance for
clinicians not
formally trained
in palliative care
in how to
incorporate its
principles into
their work in
crisis situations.
Written by a
team of**

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***international
experts, this
pocket-sized
manual identifies
the needs of
people affected
by natural
hazards, political
or ethnic
conflict,
epidemics of life-
threatening
infections, and
other***

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**humanitarian
crises. Later
chapters explore
topics including
pain
management,
skin conditions,
non-
communicable
diseases,
palliative care
emergencies, the
law and ethics of
end of life care,**

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and more.
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*Concise and
highly
accessible, this
manual is an
ideal educational
tool pre-
deployment or
during fieldwork
for clinicians
involved in
planning and
providing
humanitarian*

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Cancer Pain
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coverage of the
issues that arise
in the
management of
malignancy-
related pain,**

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science, through
end of life care
and associated
ethical issues, to
therapies, both
medical and com
plementary.Part
One reviews
basis
considerations in
cancer pain
management,
includ**

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the field of palliative
care, both in the
community and in
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social work,
chaplaincy,
counseling, primary
care, and mental
health."--Jacket.

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practical experience
to provide students
with a realistic
outlook. Reflects the
growing body of
research in the field,
stressing its

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significance in
today's practice.

Emphasises the
importance of the
cultural and social
context in which
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bereavement take
place.

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provide a concise,

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the recent pace of
change in this rapidly
moving field.

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comprehensive,
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symptom control

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through to legal and ethical issues, with emphasis throughout on practical guidelines and advice. The introduction of mini-contents lists and key points, and increased use of tables and explanatory line figures, has improved the user friendly quality of the text,

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and the reader will be able to 'dip-in' to the book whenever it is needed and access information quickly. Palliative care has now become firmly established beyond malignant conditions, and this is reflected fully in this new edition which includes issues specific to AIDS,

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neurodegenerative disorders, progressive lung conditions, end-stage renal disease and cardiac failure. Other improvements include alphabetical re-organization of the symptom control section, increased coverage of communication and psychosocial issues

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and spiritual care,
and a widened
discussion of ethical
concerns. Retaining
its St Christopher's
roots through the
experienced editorial
team, the
multiprofessional
nature of palliative
care is reflected in
the choice of
contributors from a
wide range of

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disciplines. Palliative physicians, oncologists, general practitioners, nurses and other health professionals caring for patients with advanced, progressive diseases will continue to find this an invaluable handbook to be referred to often in the clinical setting.

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Palliative Nursing
Good Practice in the
Care of the Dying and
Bereaved

Holland-Frei Cancer
Medicine

END OF LIFE CARE:
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INTERVENTION
WITHIN HOSPICE
PALLIATIVE CARE

A Guide to Essential
Practice

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**Contemporary
Neurology**
Malignant Disease

**compiles a large
series of papers
on the commonest
neurological
problems. This
book discusses
the management
of epilepsy,
involuntary
movements, nerve
and muscle**

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**diseases, and
multiple sclerosis.**

**The areas on
infections,
cerebrovascular
disease, trauma,
intracranial
pressure, and
vertebral column
are also
elaborated. This
text likewise
describes medical**

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**procedures on
how to do a
lumbar and
cisternal puncture.
Other topics
include headache
in children,
hyperventilation,
dizziness, funny tu
rns—neurological,
dysarthria, facial
pain, and
nystagmus. The**

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**weakness of the
legs, loss of
memory, coma,
brain death,
complications of
alcoholism, and
stupor and
akinetic mutism
are also covered.
This publication is
valuable to
clinicians and
examination**

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**candidates
preparing for the
DPM, MRCP (UK)
and Neurology/Psy
chiatry “Boards .
This updated
second edition of
Diagnosis and
Management of
Ovarian Disorders
provides thorough,
yet succinct
insight into the**

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**ever-changing
realm of ovarian
disorders. It
presents a novel
multidisciplinary
approach to the
subject as
described by
clinicians,
surgeons,
pathologists, basic
scientists and
related medical**

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researchers.

Topics covered

include

reproductive

technology, early

diagnosis of

ovarian cancer,

and management

of menopause

among others. The

breadth of

information

provided by this

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**book will appeal to
clinicians and
researchers
involved in the
study and
treatment of
ovarian disorders.**

KEY FEATURES *

**Includes updated
information on
early diagnosis of
ovarian cancer ***

Reviews new

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**diagnostic
techniques for
ovarian disorders ***

**Discusses latest
information on
reproductive
technology ***

**Presents
translational
treatment linking
laboratory
research with
clinical medicine**

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Palliative care provides comprehensive support for severely affected patients with any life-limiting or life-threatening diagnosis. To do this effectively, it requires a disease-specific approach as the patients'

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needs and clinical context will vary depending on the underlying diagnosis. Experts in the field of palliative care and oncology describe in detail the needs of patients with advanced cancer in comparison to those with non-

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**cancer disease
and also identify
the requirements
of patients with
different cancer
entities. Basic
principles of
symptom control
are explained, with
careful attention to
therapy for pain
associated with
either the cancer**

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**or its treatment
and to symptom-
guided
antineoplastic
therapy. Complex
therapeutic
strategies for
palliative cancer
patients are
highlighted that
involve both
cancer- and
symptom-directed**

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options and address a range of therapeutic aims. Issues relating to drug use in palliative cancer care are fully explored, and a separate section is devoted to care in the final phase. A range of organizational and

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**policy issues are
also discussed,
and the book
concludes by
considering likely
future
developments in
palliative care for
cancer patients.
Palliative Care in
Oncology will be
of particular
interest to**

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**palliative care
physicians who
are interested in
broadening the
scope of their
disease-specific
knowledge, as well
as to oncologists
who wish to learn
more about
modern palliative
care concepts
relevant to their**

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**day-to-day work
with cancer
patients.**

**Born at the end of
World War One
into a prosperous
London family,
Cicely Saunders
struggled at
school before
gaining entry to
Oxford University
to read Politics,**

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Philosophy and Economics. As World War Two gained momentum, she quit academic study to train as a nurse, thereby igniting her lifelong interest in caring for others. Following a back injury, she became

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**a medical social
worker, and then
in her late 30s,
qualified as a
physician. By now
her focus was on a
hugely neglected
area of modern
health services:
the care of the
dying. When she
opened the world's
first modern**

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**hospice in 1967 a
quiet revolution
got underway.
Education,
research, and
clinical practice
were combined in
a model of 'total
care' for terminally
ill patients and
their families that
quickly had a
massive impact. In**

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**Cicely Saunders: A
Life and Legacy,
David Clark draws
on interviews,
correspondence,
and the
publications of
Cicely Saunders to
tell the remarkable
story of how she
pursued her goals
through the
complexity of her**

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**personal life, the
skepticism of
others, and the
pervasive
influence of her
religious faith.
When she died in
2005, her legacy
was firmly
established in the
growing field of
hospice and
palliative care,**

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**which had now
gained global
recognition.**

**Handbook of
Palliative Care
Pain Management
in Rehabilitation
Cumulative listing
Pheochromocytom
a (PHEO) and
Paraganglioma
(PGL)
The Dying Patient**

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This is a survey of health care needs for specific conditions, published on behalf of the Department of Health. This study considers questions such as the population's needs, the services available or unavailable to them, the effectiveness of these

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services, and other perspectives in disease and service areas. This is the second series of needs assessment reviews.

The last 30 years have seen little improvement in the age-adjusted mortality rates for most common types

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of cancer, and until we develop more effective and less damaging treatment modalities for these tumours, selection of each patient's treatment must depend on prognostic pointers. These lead to a calculated trade off between our estimate of likely

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**benefit to the patient,
as against cost in
terms of quality of
life. But changes
have occurred
recently in our
understanding of the
traditional
prognostic pointers
used for selecting
such individualised
treatment. First, it is
increasingly**

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recognised that the stage at which a tumour presents is more related to the chronological age of the tumour (how far it has progressed before diagnosis) than to its biological characteristics.

While advanced chronological age of the tumour may

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predict a greater likelihood of early death, only biological criteria can predict the tumour growth rate, the likelihood of prolonged survival, the likely course of the disease after the first recurrence or the likelihood of response to systemic therapy. Second,

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there is increasing use of failure analysis in relating the clinical and biological characteristics of tumours to their response to standard treatments. In the past, the relationship was interpreted mainly in terms of survival rate, but the

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site and timing of first recurrence and the pattern and timing of subsequent spread provide a better assessment of the control possible from local or systemic therapy.

Public policy surrounding the hotly debated issue of physician-assisted

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suicide is examined in detail. You'll find an analysis of the current legal standing and practice of physician-assisted suicide in several countries. Authors discuss the ethical principles underlying its legal and professional regulation. Personal

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**narratives provide
important first-hand
accounts from**

**professionals who
have been involved
in end-of-life issues
for many years.**

**Pain is a common
symptom of many
diseases and is often
referred for a
physical medicine
and rehabilitation**

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consultation. Despite the availability of information on the pathophysiology, assessment, and management of acute musculoskeletal pain, chronic pain still remains an unsolved problem for many patients.

Pathophysiology in these patients often

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**remains obscure,
assessment difficult,
and management
frustrating. These
issues become
magnified when
pain, acute or
chronic, complicates
a primary disabling
disease such as spinal
cord injury,
cerebrovascular
accident or multiple**

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**sclerosis. To date, the
physiatric
management of these
complex syndromes
has not been dealt
with in a
comprehensive
fashion, especially
with regard to the
relationship of pain,
functional status,
and quality of life in
these patients. Pain**

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**Management in
Rehabilitation**
Malignant Disease

**provides a single
source that
synthesizes
information about
the diagnosis and
management of
various pain
syndromes in
patients with
primary disabling
diseases. It discusses**

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**pain as it relates to
various disease**

**processes from the
perspective of both
rehabilitation**

specialists and

primary care

providers. It

describes pain

syndromes, their

assessment and

management, in

some of the most

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common
Malignant Disease
impairments seen in
a rehabilitation
setting. Relevant
literature is
reviewed, with
emphasis on
assessment and
psychiatric
management. This
valuable text is an
unparalleled guide to
the successful**

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**management of pain
in persons with a
primary disabling
disease, with the goal
of preventing
physiological and
functional decline
and the
improvement of
functional abilities,
which in turn lead to
enhanced
psychosocial**

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**functioning and
quality of life.**
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Contemporary

Neurology

Comprehensive

Cervical Cancer

Control

Giving Death a

Helping Hand

The Therapy of Pain

Cancer Pain

Management in

Developing

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product. A
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Management in
Developing
Countries Written
by an
international
panel of expert*

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*pain physicians, A
Comprehensive
Handbook of
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Developing
Countries
addresses this
challenging and
vital topic with
reference to the
latest body of*

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*evidence relating
to cancer pain. It
thoroughly covers
pain management
in the developing
world, explaining
the benefit of
psychological,
interventional,
and
complementary
therapies in*

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*cancer pain
management, as
well as the
importance of
identifying and
overcoming
regulatory and
educational
barriers.*

*The main purpose
of this book is to
bring together*

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*some description
of the skills and
attitudes of those
working in the
hospice units
specializing in
terminal care with
those rather
different but
overlapping skills
used daily in the
palliation of*

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*chronic or
incurable disease.*

*This varied
collection of
papers does not
pretend to be
exhaustive.*

*Among the
omissions, for
example, are two
major causes of
deat- chronic*

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*respiratory
disease and
stroke. This is
because the
treatment of the
end-state of these
conditions - and
they are not alone
in this - lies more
in the gentle
withdrawal of
measures no*

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*longer
appropriate
rather than in any
positive regime
within the gift of
the physician.
This may lead on
occasion to an
unjustifiable
diminution of
interest, but this
is less likely in*

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*cases of cardiac
or malignant
disease.*

*Ischaemic heart
disease remains
the main killer of
the western
world. We may
see important
changes in our
approach over the
next decade as we*

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*document slowly
and painstakingly
the comparative
ineffectiveness of
our therapy; but
in cases of
progressive
cardiac disease no
matter how we
may argue as to
management or
prevention, we*

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*are agreed that
we must lighten*

*the dreary burden
of illness as
effectively as
possible.*

*This handbook
offers a practical,
thorough
approach to the
clinical practice of
palliative care.*

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*Adding North
American authors
to its roster of UK
contributors, the
third edition of
this award-
winning book
addresses
important
changes in the
evidence base of
palliative care, as*

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*well as an
emphasis on end-
of-life community-
based care. It
features new
chapters on
dementia and
advance care
planning, a
simplified
lymphoedema
discussion, and an*

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*ongoing
commitment to
providing
essential guidance
for physicians,
nurses, and all
primary care
providers involved
in palliative care
in hospital,
hospice, and
community*

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settings.

TERMINAL

SEDATION

DURING THE

1990s During the

1990s a

discussion took

place in scholarly

journals

concerning a

measure within

palliative care

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that had earlier attracted little attention, to wit, the sedation of dying patients. There seem to have been two main reasons why the practice came under debate. On the one hand, some people felt

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*that, when
palliative
medicine had
advanced and
methods to
control symptoms
had improved, it
was no longer
justified to sedate
the patients in a
manner that had
often been done*

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in the past. The system of 1 terminal sedation had turned into 'euthanasia in disguise' or 'slow euthanasia'. On the other hand, there were people sympathetic to the recently established Dutch

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*system of
euthanasia,
people who
agreed that
terminal sedation
was euthanasia in
disguise, but who
felt that, if it is
not objectionable
to sedate dying
patients at their
request, then why*

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should it not be permitted for doctors to kill dying patients at 2 request? From these two motives a discussion about terminal sedation gained momentum. The intention behind this anthology is

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*to continue and
deepen this
discussion. The
anthology starts
off with a chapter
where an
influential article
from the 1990s
has been
reprinted.*

*Handbook of
Palliative Care in*

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Cancer
Malignant Disease

*A Field Manual
for Palliative Care
in Humanitarian
Crises*

Cicely Saunders

*A Guide to
Palliative Care*

The past few years
have seen the
publication of a
large number of

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articles and not a few books on the subject of relief of intractable pain. New ideas have been put forward on pain mechanisms, new methods of treatment have been reported and improved results

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c1aimed, and a growing catalogue of complications of treatment has been recorded. The vast and expanding literature on the subject poses for the reader the dual problems of surveillance and of

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assessment. The object of the present book is to provide a critical and constructive review of current writings and ideas on a wide range of aspects of the nature of intractable pain, particularly of

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present day
practice and new
ideas on
treatment. Each
chapter is written
by an
acknowledged
authority and the
approach
throughout is
practical rather
than academic. In

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editing the individual chapters an effort was made to achieve a contemporary approach and to eliminate material which was unduly historical or retrospective in content. At the same time the

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individual style of the authors was retained as far as possible. For decades chronic pain has been a therapeutic 'no man's land'. For the surgeon pain was an unfortunate complication wh

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ich not infrequently followed surgery; for the physician it was a distressing symptom in a number of disease syndromes; to the psychiatrist it was one of a number of features in many cases of mental illness.

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Prev. ed: Palliative
nursing: bringing
comfort and hope /
edited by Shaun
Kinghorn, Richard
Gamlin. 2001.

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of Terminal
Malignant
Disease Hodder
Education The
Management of

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Terminal Malignant
Disease Hodder
Education The
Management of
Terminal
Disease Hodder
Education Living
with Dying The
Management of
Terminal
Disease Oxford
University Press,

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comprehensive
text on the
management of
the wide range of
symptoms that
plague terminal
cancer patients *
Updates have
been made to
every chapter to

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include data from
the most current
studies * Contains
clear, user-friendly
format that
enables quick
access to
information *

Includes new
chapters on
principles of
palliative medicine,

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approach to
common pain
syndromes, and
bereaved *

Provides more
information
throughout the
book on the care
of the family Praise
for the First
Edition: The
authors have

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obviously had
Malignant Disease

much experience

in this field and

have used their

experience to

develop an easy

and logical

approach to a

patient with a

variety of

symptoms. This is

not a book for

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detailed
background and
historical
perspectives, but it
offers simple and
practical advice for
those physicians
involved in this
expanding field of
treating terminally
ill patients. It
provides a simple

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and logical
approach to most
problems that arise
at this time...it will
be difficult to pass
up. Anesthesia
and Analgesia *
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comprehensive
text on the
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the wide range of

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symptoms that
plague patients
with advanced
cancer * Contains
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chapters on
principles of

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common pain

syndromes, and

bereavement

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Palliative Care
Physician-Assisted
Suicide and Public
Policy. An
International
Perspective

*This book outlines
some new advances
in genetics, clinical
evaluation,*

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*localization, therapy
(newly including
immunotherapy) of
pheochromocytoma
and paraganglioma
including their
metastatic
counterparts. Well-
known and
experienced
clinicians and
scientists*

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*contributed to this
book to include some
novel approaches to
these tumors. This
book will serve to
various health care
professionals from
different
subspecialties, but
mainly oncologists,
endocrinologists,
endocrine surgeons,*

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*pediatricians, and
radiologists. This
book shows that the
field of pheochromoc
ytoma/paragangliom
a is evolving and a
significant progress
has been made in
last 5 years
requiring that health
care professionals
and scientists will*

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*learns new
information and
implement it in their
clinical practice or
scientific work,
respectively. This
book should not be
missed by anybody
who is focusing on
neuroendocrine
tumors, their newest
evaluation and*

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treatment.
Malignant Disease

*Indispensable for
both the trainee and
experienced
professional, this is
the only truly
comprehensive
account of the major
role of the
neurosurgeon in the
diagnosis and
treatment of chronic*

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*pain. The elite panel
of contributors were
chosen due to their
expertise and
international
reputations. The
result of their
achievement covers
the whole spectrum
from criteria for
patient selection and
the details of*

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operative
Malignant Disease
techniques, to the
risks, complications,
and expected
outcomes for a wide
variety of anatomic,
ablative, and
augmentative
neurosurgical
procedures in
treating chronic,
intractable pain. The

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*neurosurgeon will
find here chapters
on the latest
neuroaugmentative
advances utilizing
electrical
stimulation and
implantable drug
infusion systems as
well as a useful
section providing
algorithms and*

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*guidelines for the
evaluation and
treatment of specific
pain syndromes.*

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photographs and
exquisite line
drawings - many
specifically
commissioned for
this book - enhance
the text. Invaluable*

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*for acquiring the
critical judgement
and clinical skills
necessary to apply
the procedures
involved.*

*A remarkable story
of a personal vision
and sense of calling
this text provides an
insight into the
establishment of the*

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hospice movement
Malignant Disease
and its development
world-wide.

Palliative care
supports patients
suffering from life-
limiting illnesses by
providing relief from
physical, emotional
and spiritual
suffering, improving
the quality of life for

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them and their families. It is an important component of good patient care, an integral part of the continuum of support for patients suffering with advanced cancer and end stage organ diseases. Providing

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*good palliative care
requires both sound
clinical knowledge
and*

*compassion. With
new chapters on end
stage organ*

*diseases, spiritual
care and medical
ethics, all healthcare
professionals will
find wisdom and*

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*practical advice in
this book by the
patient's bedside.*

*The editors and
contributors of the
2nd Edition of The
Bedside Palliative
Medicine Handbook
have taken great
care to provide
readers with an
evidence-based,*

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*updated guide to the
practice of palliative
medicine.*

*Interprofessional
issues in community
and primary health
care*

*Terminal Sedation:
Euthanasia in
Disguise?*

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*Clinical Pain
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Cancer Pain