From the Journals

Ensuring a good death: a major challenge for health care professionals and for the society

Many patients die an undignified death with much distress and uncontrolled symptoms. Their relatives are often not prepared to face this vulnerable time in their lives. To care for dying patients, it is essential to "diagnose dying". In a hospital setting, continuation of invasive procedures, investigations and treatments are often done at the expense of the patient's comfort. When recovery is unlikely it is better to discuss this rather than give false hope to the patient and family. Diagnosing dying is an important clinical skill. If the diagnosis of dying is not made, it may have harmful effects on the patient and family, such as losing trust in the doctor, receiving conflicting messages from the health care team, inability to perform cultural and religious needs etc. It is recommended that core educational objectives related to the care of dying patients be incorporated in the training of all relevant health care professionals. British Medical Journal 2003; 326: 30-4.

Celecoxib and rofecoxib: warning on acute neuropsychiatric reactions

Acute neuropsychiatric reactions appear to be a class effect of selective COX-2 inhibitors, including celecoxib and rofecoxib. Australian Adverse Drug Reaction Centre (ADRAC) has received 142 (5% of total) reports of acute neuropsychiatric reactions with celecoxib and 49 (8%) with rofecoxib. The most common events with celecoxib are confusion, somnolence and insomnia. Hallucination has been reported more commonly with rofecoxib than with celecoxib. In many cases the reactions occurred within 24 hours of the first dose. Prescribers should warn patients and their relatives of the possibility of acute neuropsychiatric reactions following celecoxib and rofecoxib therapy. Australian Adverse Drug Reaction Bulletin 2003; 22: 3. These drugs are widely promoted and used in Sri Lanka. Medical practitioners are requested to report any reactions that they come across with these drugs to the adverse drug reaction monitoring unit of the Department of Pharmacology, Faculty of Medicine, Kynsey Road, Colombo 8. (Phone 695300, Ext 410, 315, 400).

Salmeterol multicentre asthma research trial (SMART): interim analysis shows increased risk of asthma related deaths

The salmeterol multicentre asthma research trial, a study designed to assess the safety of salmeterol was stopped after interim analysis showed increased asthma related deaths. It had patients receiving 42 microgram of salmeterol or placebo for 28 weeks, in addition to their regular asthma medication. After analysing results of over 25 000 patients, the investigators found an increased risk of life-threatening asthma episodes and asthma related deaths in the treatment group. Adverse Reactions Newsletter 2003; 937: 2. Often when new drugs are registered and made available for use, not much safety data are available about them. Hence prescribers should always be on the alert for any adverse reactions and report them.

Prostate cancer

Death rates from prostate cancer nearly trebled from 1964 to the 1980s and plateaued in the late 1990s. The rates were only second to lung cancer deaths. Prostate cancer is a disease of older men, and only 7% of deaths occur in men below 64 years. Although the life expectancy of men has increased from 66.4 years in 1950 to 74.8 in 1996, the age standardised rates show that the increase in mortality rates is real. A dietary basis for the development of prostatic cancer was shown in a study done in Netherlands. The study had 56 279 men, and a median follow up of 6.8 years. There were cases of 642 prostate cancer. It was found that consuming meat and milk products was significantly associated with the development of the cancer. In the UK, 1% of the male population is screened, compared to 68% of the male population in the USA. Screening by prostate specific antigen (PSA) testing and digital rectal examination is of low specificity. A doubling of PSA levels beyond the normal range has only 25% chance of diagnosing prostate cancer. Despite this lack of specificity general practitioners in the UK have been instructed by the Government to offer a PSA test to those who are concerned. Quarterly Journal of Medicine 2003; 96: 75-9.

Sociological data on women working in the Free Trade Zone

A recent study about young women working in the Free Trade Zone (FTZ) in Ekala, Ja Ela, has revealed the following. Young women come to the FTZ directly from traditional rural communities. A significant proportion of girls come from homes where the parents are not at home due to economic migration, death, separation or where a parent is dysfunctional due to alcohol or other problems. Having never lived away from home these girls move into overcrowded boarding
houses. The traditional cultural norms are inoperative and elders are not around to give behavioural guidance. This environment favours risky sexual behaviour in a minority of women. The girls have poor knowledge about reproductive health and family planning. Some of them get into difficulties, such as pregnancy, abortion etc. It is recommended to conduct programs to educate the FTZ community about reproductive health and family planning. *Ceylon Journal of Medical Science* 2002; 45: 47-57.

**Spirituality and clinical care**

Spirituality is an essentially unifying and a deeply personal quality. Although it is difficult to define spirituality its impact can be measured. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process.

Studies have shown a 60 to 80% association between better health and religion or spirituality in illnesses such as heart disease, hypertension, cancer, psychiatric illnesses and in health behaviours. Spirituality may aid prevention, speed recovery and foster equanimity in the face of illness. Excellent results have been obtained in certain intractable conditions by teaching patients about methods based on meditation for coping with their illness. Although spiritual values and skills are increasingly recognised as necessary aspects of clinical care, lack of trained staff, time, resources and personal factors hinder implementation. Many of us may see religion and medicine as wide apart, but it appears that spirituality has an important role in clinical care. *British Medical Journal* 2002; 325: 1434-5.

**Kusum de Abrew, Senior Lecturer, Department of Pharmacology, Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 8.**