

DEMANDS AND ORGANIZATION OF ONCOLOGIC TREATMENT AND PALLIATIVE CARE IN PATIENTS ILL WITH RESPIRATORY SYSTEM CANCER

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In developed countries populations, Lower Silesia in Poland included, respiratory system cancers are common mortality and morbidity cause. Their incidence is closely linked to modern lifestyle - especially tobacco smoking - and civilization-related environmental hazards, like air pollution caused by road traffic and industry emissions. Preventive medicine programs are efficient in the long run, but most organizational and financial efforts still tend to focus on treatment. Modern cancer therapy can be effective - assuming early detection of high-risk individuals, fast establishing of the diagnosis and immediate starting of the proper treatment. In most cases the latter means combined one - by surgery, radiotherapy and chemotherapy. Those means must be available for all patients needing it and - when appropriate - also followed by individualized palliative care, including pain and dyspnea management. Proper coordination of such a complex oncologic treatment - and passing the patient smoothly between many links of the complicated and haphazard net built by different medical services and their providers - needs clear organizational structure to be established, with one central decisive element. The lack of it or its malfunction - like it is currently in Poland - results in treatment efficacy lower than both desired and achievable.