

Greetings from the editorial board

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What an exciting time to be a caring nurse who wants to provide best practices for each patient they encounter. As Florence Nightingale stated 'never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard seed germinates and roots itself' [1]. As a nurse educator I have the privilege to serve on the editorial board for this peer reviewed nursing journal.

I have been a Registered Nurse for over 25 years and have provided nursing care for Hospice patients, worked in cardiac care, operating room, medical-surgical, and home care. Today, I am an Associate Professor working in a School of Nursing. I have the excitement of working with undergraduate, graduate and doctoral nursing students. I am also a nursing supervisor for a hospital which allows me to stay current with best practices.

The science of palliative care has undergone rapid developments most notably with advances in pharmacological interventions [2], and is still revolving today. The World Health Organization was the first to define specialist palliative care; it states "palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual [3].

The focus of nursing is on quality of life, not quantity. It forces us to think about the entire person, holistically. In 2002, National Council for Palliative Care (NCPC) an organization from the UK published a current definition [4]. The difference between WHO and NCPC is the emphasis on the supportive care involved. As nurses we are on the front line to assist the patient, caregiver, and others when the time arrives.

In the past few years and even today there has been an increasing focus on patient's choices. The End-of-Life care program was setup

in England in 2005 to promote good practices for dying patients, and is still monitored by the department of Health to ensure that the three initiatives and their impact of care is being completed. In the United States there are ongoing campaigns to support and educate about palliative care. The American Cancer Society developed a new paradigm in healthcare delivery in relation to palliative care and quality of life. Palliative care is for adults and children with serious illness that focuses on relieving and improving quality of life for patients and families. Health care organizations, nurse educators and other healthcare professionals are starting the "conversation" early with patients and families. Many hospitals are offering educational sessions on having this discussion. The National Institute of Nursing Research has a national campaign in progress; pediatric palliative care along with conversations matter, which started in January 2014.

Palliative care is an answer for those who are in pain, suffering and who want to improve their quality of life. We as nurses should be educating ourselves and our patients, families, and other healthcare professions on what palliative care has to offer but also how to proceed in the process. We need to provide the best care possible.

I am proud to serve on the editorial board, we as a team, who will be reviewing the manuscripts that will be published in this new and exciting journal: Nursing and Palliative Care Medicine.

Wishing you all a happy journey.

References

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4. National Council for Palliative Care (2002). Definitions of supportive and Palliative Care Briefing Bulletin 11. NCPC: London.

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