cells using stains such as Giemsa and by observing the internal characteristics of the protozoan.

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## Prevalence and Mortality of Patients with Palliative Needs in an Acute Respiratory Setting☆

## *Prevalencia y mortalidad de pacientes con necesidades paliativas en una planta de Neumología*

*To the Editor:*

We were pleased to read the article entitled "Prevalence and Mortality of Patients with Palliative Needs in an Acute Respiratory Setting", published by Eva Tabernero Huguet et al.[1].

It can be difficult to identify end-of-life situations in COPD patients, given the multiple exacerbations they overcome successfully during the course of their disease, but we believe that efforts must be made to identify patients beyond cancer sufferers who require palliative care. We agree with the authors on the need to extend knowledge of palliative medicine to professionals who treat chronic diseases, since the vast majority of our hospitals have limited access to palliative teams, and it is impossible to offer this care to all patients who require it.

The authors make the important point that mortality differs little between cancer and non-cancer patients, but it is also clear that the symptom burden of patients with advanced COPD is similar to that of cancer patients[2] and, as such, this population would benefit from being treated by medical specialists who are familiar with non-oncological palliation, an approach that would change the perception of death as failure. We applaud the authors' initiative to highlight the need for training in the field of palliation in a disease such as COPD, a true model of chronicity. This may lead to better patient care, better quality of care, and better communication with patients and their families in end-of-life situations.

The NECPAL instrument[3] is a screening tool for patients with palliative needs, but in order to be able to respond adequately to the Surprise Question, we must improve our understanding of the prognostic factors. The profile of COPD patients that could die within 6-12 months includes older age, limited physical activity, high consumption of health resources[4], and general status determined by comorbidities and a BODE score of $\geq 7$. We also know that dependency is a factor that can predict mortality more reliably than indices such as Charlson[5].

The mean age of the series presented by the authors is 76 years, and their multimorbidity is considerable (76 patients had > 2 chronic diseases). It is therefore mandatory to calculate a Barthel index and perform a geriatric assessment, generating a diagnosis of the patient's status that includes geriatric syndromes, in order to help recognize the palliative needs of patients.

Finally, the basic criterion for initiating palliative care must be the refractoriness of symptoms to standard treatment, adjusted to the patient's preferences, leaving the survival estimates in the background. Our rapidly aging, pluripathological population demands a new view of patients with chronic diseases such as advanced COPD and a shift towards a medicine that focuses on the patient and their needs and not on their life expectancy.

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