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Editor

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Biography

Professor Michael Silbermann (D.M.D.) PhD and certified specialist in oral and maxillo-facial surgery) served for over 20 years as the Head of the Laboratory for Musculoskeletal Research, Chairman of the Department of Anatomy and Cell Biology and as the Dr. Irving and Jeannette Benveniste Chair in Medicine at the Faculty of Medicine in the Technion – Israel Institute of Technology, Haifa, Israel. Also served as the Dean of the Faculty of Medicine at the Technion and as the Chief Scientist at the Ministry of Health, Jerusalem, Israel. He has gained international reputation through multinational research projects related to bone and cartilage development, metabolism, senescence.



Biography

These have been funded by Israel, U.S. and German research agencies: Israel National Council for Research and Development, Ministry of Science; Chief Scientist Office in the Ministries of Health and Commerce and Industry; NIH, USAID (MERC), and BSF in the United States; BMBF, GBF and GSF in Germany. Large financial support was obtained also from industries: Laser Industries, Israel; Teva Pharmaceutical Industry, Israel; General Biotechnologies, Israel; Diagnostic Technologies, USA; Nordisc Gentofte, Denmark; Surgical Biopolymer Materials, France; Medical Bracing Systems, Israel. He has been awarded three European Commission Grants, #70786, #71329, and #71395, and research fellowship grants by the American Association of Dental Research, The Fogarty Foundation (Bethesda, MD), EMBO, Max Planck Society, and Japan Society for the Promotion of Sciences. He has undertaken a number of senior national and international administrative duties especially in the field of biomedical research.



Research Interests

Professor Michael Silbermann research interests include: end-of-life care, Survivorship research, Quality of life, and the delivery of Palliative care.



Publications

1. Silbermann M, Fink RM, Min SJ, Mancuso MP, Brant J, et al. (2014) Evaluating Palliative Care Needs in Middle Eastern Countries. J Palliat Med .
2. Ben-Arye E, Silbermann M, Dagash J, Shulman B, Schiff E (2014) Touching the other's suffering: cross-cultural challenges in palliative treatment along geopolitical crossroads. Oncologist 19: 212-214.
3. Charalambous H, Silbermann M (2012) Clinically based palliative care training is needed urgently for all oncologists. J Clin Oncol 30: 4042-4043.
4. Silbermann M, Al-Hadad S, Ashraf S, Hessissen L, Madani A, et al. (2012) MECC regional initiative in pediatric palliative care: Middle Eastern course on pain management. J Pediatr Hematol Oncol 34 Suppl 1: S1-11.
5. Silbermann M, Hassan EA (2011) Cultural perspectives in cancer care: impact of Islamic traditions and practices in Middle Eastern countries. J Pediatr Hematol Oncol 33 Suppl 2: S81-86.



End of Life Care

End of life care is about caring for people who have an advanced, progressive and incurable illness so they can live as well as possible until they die. It is about providing support that meets the needs of both the person who is dying and the people close to them. This care has a strong focus on managing symptoms to keep a person comfortable, helping them to adapt to the changes in lifestyle and cope with the emotional impact of their illness. End of life means different thing to different people but generally refers to the last weeks and days in life when the person's illness becomes too much for their body to cope with and death can no longer be postponed through treatments.



Quality of life

- The term *Quality of Life* is often used at a time when patients, families and health care professionals are trying to understand the impact of a serious illness. There are two key concepts associated with Quality of Life:
- It is multi-dimensional and includes physical, social, psychological and spiritual dimensions.
- It can only truly be determined by you, the patient.



Quality of life

- The current concept of health-related quality of life acknowledges that subjects put their actual situation in relation to their personal expectation. The latter can vary over time, and react to external influences such as length and severity of illness, family support, etc. As with any situation involving multiple perspectives, patients' and physicians' rating of the same objective situation have been found to differ significantly.



Quality of life

- Consequently, health-related quality of life is now usually assessed using patient questionnaires. These are often multidimensional and cover physical, social, emotional, cognitive, work- or role-related, and possibly spiritual aspects as well as a wide variety of disease related symptoms, therapy induced side effects, and even the financial impact of medical conditions. Although often used interchangeably with the measurement of health status, both health-related quality of life and health status measure different concepts.

Palliative care and medicine Related Journals

- Journal of Nursing & Care
- Primary Health Care: Open Access

Palliative care and medicine Related Conferences

- **2nd International Conference on Nursing & Healthcare** during November 17-19, 2014, at Chicago
- **2nd International conference on Geriatrics & Gerontology** August 31-September 02, 2015 Toronto, Canada



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