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## Letter to the Editor

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Dear Editor,

I read the groundbreaking article by Corvin et al. (2024) on “Effects of a Virtual Reality Intervention on Work participation and Distress from Symptoms in Palliative Care Patients: A Pilot Study” published in *Palliative and Supportive Care* (Corvin et al. 2024). The authors have not only significantly advanced the field of VR in palliative care but also illuminated the transformative potential of virtual reality (VR) interventions (Corvin et al. 2024). Their research sparks further discussion and potential areas for more profound exploration, paving the way for revolutionary applications of this technology in palliative settings.

Various studies, including a longitudinal study at Mount Sinai in New York, have resoundingly demonstrated the effectiveness of VR interventions in reducing pain and anxiety (Berrocal et al. 2020). The results showed a significant reduction in stress and discomfort parameters for patients using VR compared to conventional ones (Ding et al. 2020). This promising data from palliative care facilities in California, where VR has been integrated into regular therapy, not only underscores the potential of this technology but also instils hope for improved patient experiences and reduced healthcare costs (Cruz 2022).

Personalization of VR content is proving to be highly effective, as demonstrated by a Stanford University program that incorporates elements of patients’ memories and relaxation (Won et al. 2017). The program was specifically designed to help patients better cope with end-of-life stress, highlighting the importance of creating content that can adapt to the patient’s emotional and physical state in real time (Guo et al. 2024).

However, VR in palliative care raises ethical questions, especially about patient privacy and comfort (Akdeniz et al. 2021). Research at the University of California, San Francisco, underlines that while patients benefit from the VR experience, aspects of patient privacy and comfort, given the sensitivity of their condition, must also be considered (Rocque and Leanza 2015).

Going forward, more extensive and diverse research is needed to understand VR’s full potential in palliative care (Saputra et al. 2024). Multisite studies with more extensive and varied samples can provide deeper insights into the logistical and technical challenges of implementing VR in various care environments (Unertl et al. 2018). This will help determine the best protocols for personalizing content and interventions, ensuring that VR can be effectively integrated into existing palliative care workflows.

Undoubtedly, establishing a robust ethical framework for the use of VR is of paramount importance (Garcia Valencia et al. 2023). This involves not only developing clear guidelines regarding when and how VR should be used but also assessing potential risks and ensuring that the use of this technology aligns with overarching care goals and respects patient rights and preferences (Mentzelopoulos et al. 2021). By emphasizing these ethical considerations, we can ensure that our use of VR in palliative care is not only innovative but also responsible and patient-centric.

In conclusion, the study conducted by Corvin et al. (2024) is a commendable step forward in integrating VR into palliative care. It not only demonstrates the feasibility of such an intervention but also highlights VR’s immense potential to improve the quality of life of patients facing life-limiting illnesses (Rogers et al. 2011). Findings from various studies suggest that VR not only improves the patient care experience but also opens up new opportunities for further research and practical applications that can improve palliative care globally (Brungardt et al. 2021).

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