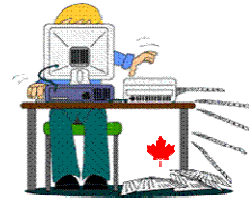


## Media Watch...

is distributed weekly to my colleagues who are active or have a special interest in **hospice, palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

## 6 July Edition | Issue #104



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

**Families and the illness experience: Scroll down to [Specialist Publications](#) and 'End-of-life decision making and emotional burden: Placing family meetings in context.'**

## Canada

### Talking about death

#### Choosing to go gently into that good night

*GLOBE & MAIL* | Online column – 4 July 2009 – The time has come to put death back on the table for discussion, says Gary Rodin, the head of psychosocial oncology and palliative care at Princess Margaret Hospital in Toronto. "For years there was a feeling in the medical community that you shouldn't talk about death. This created a conspiracy of silence," says Dr. Rodin, who is also a University of Toronto professor. "But someone who is seriously ill knows it, so if you don't talk about it they feel very alone." Today, medical students are being taught empathy and communication along with anatomy and physiology. Doctors understand that terminally ill patients don't want sympathy, or to be deprived of hope. "But hope isn't just about how long you live," says Dr. Rodin, "but about knowing you are loved, and that your life is meaningful."

<http://www.theglobeandmail.com/life/health/choosing-to-go-gently-into-that-good-night/article1204542/>

From Media Watch dated 06.22.09.

- ONTARIO | Canwest News Service – 16 June 2009 – **'Doctors should discuss looming death with ill, family: study.'** Doctors need to be more open in discussing death and preparations for dying with terminally ill patients and their families, according to a new study. One of the reasons doctors don't discuss death with their patients is that they don't want to destroy hope. <http://www.canada.com/Doctors+should+discuss+looming+death+with+family+study/1701882/story.html>

## Health care, decision making and children

### **Immaturity is no mere stereotype**

MANITOBA | *Globe & Mail* (OpEd) – 1 July 2009 – In the name of children's rights, the Supreme Court of Canada would allow a boy or girl 15 or under to reject lifesaving medical treatment for religious or other reasons, if he or she is deemed mature enough. The case before the court involved a 14-year-old Jehovah's Witness at mortal risk from a gastrointestinal problem; she rejected a blood transfusion. In future cases, the Supreme Court says that the courts cannot simply rely on a "stereotype" of a young person's immaturity. Instead, a judge must try to discern where parental beliefs leave off and an adolescent's mature worldview begins. The stereotype is much to be preferred. <http://www.theglobeandmail.com/news/opinions/editorials/immaturity-is-no-mere-stereotype/article1203067/>

From Media Watch dated 11.10.08.

- CANADIAN PAEDIATRIC SOCIETY | Press release – 5 November 2008 – **'Provinces should recognize the wishes of children and youth with life-threatening illnesses...'** <http://www.cps.ca/english/Media/NewsReleases/2008/LifeThreateningIllnesses.htm>

### **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- B.C. | *Keremeos Review* – 30 June 2009 – **'Euthanasia bill considered a threat to Canadians.'** Euthanasia should not be permitted in Canada because the practice would put at risk Canadians who are already in a weak position, says the executive director of a B.C. educational organization. [http://www.bclocalnews.com/okanagan\\_similkameen/keremeosreview/news/49534532.html](http://www.bclocalnews.com/okanagan_similkameen/keremeosreview/news/49534532.html)

## **U.S.A.**

### **Hospice and the economy**

- KENTUCKY | *News-Enterprise* – 6 July 2009 – **'Hospice braces for Medicare cuts.'** Hosparus' central Kentucky site ... could lose \$314,000 from this October to December 2010. That tabulates to \$43,000 in 2009 and about \$271,000 for 2010. <http://www.thenewsenterprise.com/cgi-bin/c2.cgi?053+article+News.Local+20090703172850053053019>
- MARYLAND | *The Capital* – 5 July 2009 – **'Non-profit groups sharpen fundraising strategies in recession.'** As donors give less in a fragile economy, local non-profit groups are revamping their fundraising tactics to not only lure more donors but also more dollars. Hospice of the Chesapeake ... is focusing on bigger philanthropists while providing donors with more time to fulfill pledges. <http://www.hometownannapolis.com/news/top/2009/07/05-24/Nonprofit-groups-sharpen-fundraising-strategies-in-recession.html>
- TENNESSEE | *Tennessean* – 5 July 2009 – **'Communication could save millions.'** The U.S. doesn't have a health-care system; it has doctors, hospitals and other providers toiling in separate silos with few attempts to integrate the treatment of patients and lower costs. <http://www.tennessean.com/article/20090705/BUSINESS01/907050350/1003/>
- DAILY FINANCE | Online OpEd – 3 July 2009 – **'Reform health care now: End-of-life costs are too high.'** A well thought-out plan for the end of life may involve what some consider "rationing" care but, at the same time, it may also be better, more humane care. <http://www.dailyfinance.com/2009/07/03/reform-health-care-now-end-of-life-costs-are-too-high/>

**N.B.** Scroll down to [Specialist Publications](#) and (the U.S.) *Journal of the National Cancer Institute*, **'How much is life worth? The \$440 billion question.'** The authors discuss the life-extending benefits of certain cancer drugs and the extent to which their cost should factor in deliberations. <http://jnci.oxfordjournals.org/cgi/content/full/djp234v1>

## Hospice to offer training for churches

OREGON | *Star Press* – 2 July 2009 – State of the Heart Hospice has launched Faith Community Outreach ... to provide training for pastors and church volunteers. A 2007 nationwide study by the End of Life Care Institute of Duke University found that pastors across America face challenges that might find solutions in the literature and (the) training (programs) of local hospice agencies. <http://www.thestarpress.com/article/20090702/NEWS01/907020347>

## CPR survival rates for older people unchanged

*FORBES* | Online report – 1 July 2009 – Despite efforts to fine-tune the procedure for CPR (cardiopulmonary resuscitation), the survival rate for older people given CPR has not changed much in recent decades. Just 18% of adults older than 65 who received CPR while in the hospital survived long enough to be discharged, according to a new study in the *New England Journal of Medicine*.<sup>1</sup> However, during the study period, from 1992 to 2005, the number of people in this age group who were given CPR before they died jumped 37% – from 3.8% in 1992 to 5.2% in 2005. <http://www.forbes.com/feeds/hscout/2009/07/01/hscout628666.html>

1. For a link to an abstract of the published study, scroll down to [Specialist Publications](#) and *New England of Journal of Medicine*, 2009;361(1)22-31, 'Epidemiologic study of in-hospital cardiopulmonary resuscitation in the elderly.'

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ABC NEWS | Online report – 6 July 2009 – **'HBO film inflames Dr. Death's critics.'** The made-for-television movie (about Jack Kevorkian) 'You Don't Know Jack' ... won't air until the spring of 2010. But the project – five years in the making – is already inflaming leaders in the assisted death community. <http://abcnews.go.com/Entertainment/MindMoodNews/story?id=7989806&page=1>

## International

### Hospice and the economy

- U.K. | BBC News – 2 July 2009 – **'Cash crisis-hit hospice to close.'** St. Peter's Hospice (Bristol) is being forced to close (one of its sites) because of a fall in revenue during the recession; income fell by £500,000. [http://news.bbc.co.uk/2/hi/uk\\_news/england/bristol/somerset/8129715.stm](http://news.bbc.co.uk/2/hi/uk_news/england/bristol/somerset/8129715.stm)
- U.K. | Press Association – 30 June 2009 – **'Volunteers save hospice more than £750,000.'** St Richard's Hospice (Worcester) ... revealed that if the charity had to pay the equivalent hourly rate for the jobs carried out by volunteers it would be faced with a bill of more than £786,304 per year. <http://www.communitynewswire.press.net/article.jsp?id=5918932>

### [Media Watch posted on Palliative Care Network-e Website](#)

Palliative Care Network-e (PCN-e) promotes education amongst health care providers in places around the world where the knowledge gap may be wider than the technology gap ... to foster teaching and interaction, and the exchange of ideas, information and materials. PCN-e link: <http://www.pcn-e.com/>

## Patients-physician communication

### **What on earth are you talking about?**

IRELAND | *Irish Times* – 30 June 2009 – How comfortable do you feel when talking to your doctor? Do you have enough "medical" knowledge to allow you to participate in shared decision-making with a health professional? Or is the experience a one-sided blur of jargon and assumption on the doctor's part? Even the most diligent medical communicator may struggle, according to the results of a survey. Some 700 people ... were asked to look at outlines of both a male and female body and to identify particular organs. Less than 50% of those surveyed could correctly place the heart; the intestines did best, with more than eight in 10 correctly identifying their location. The kidneys proved more challenging, with less than 30% of the population able to identify them. <http://www.irishtimes.com/newspaper/health/2009/0630/1224249771408.html>

### **Hospice for children will be first in the Middle East**

KUWAIT | *The National* – 30 June 2009 – Care for terminally ill children in the Middle East will receive a boost when the region's first children's hospice opens within a year. The concept of building a refuge for children with terminal or life-threatening illnesses is new in the Gulf. The government currently pays for many seriously ill young Kuwaitis to seek treatment overseas. <http://www.thenational.ae/article/20090701/FOREIGN/706309878/1135>

### **Call for greater state funding of hospice care**

U.K. | *The Scotsman* – 30 June 2009 – Doctors (at the British Medical Association conference last week) called for more funding for hospice care to come from the National Health Service (NHS). The funding hospices receive to care for dying patients and their families varies, but in many cases accounts for less than a third of their income. <http://news.scotsman.com/health/Call-for-greater-state-funding.5411992.jp>

### **Doctors are right to fight for the power of prayer**

U.K. | *Daily Telegraph* (OpEd) – 29 June 2009 – The British Medical Association's conference (last week) debated a motion that medical staff should not face sanctions from the National Health Service (NHS), as they do now, if they offer to pray for or with their patients. The move comes after some high-profile cases of the mixing of prayer with care, such as the suspension (and re-instatement) of nurse Caroline Petrie in the West Country, for asking a patient if she'd like a prayer said for her. Nurse Petrie has always maintained that she didn't try to proselytise or evangelise her Christian faith. And I've always been prepared to give her the benefit of the doubt. Because it's important that the patient's peace of mind is the priority, rather than the missionary zeal of a carer, and it's unholy to press on anyone a faith they say they don't want. That said, it's ludicrous and oppressive that the NHS should have sought to drive religious faith out of medical care. <http://blogs.telegraph.co.uk/news/georgepitcher/100001426/doctors-are-right-to-fight-for-the-power-of-prayer/>

**N.B.** Doctors voted down a motion that would have given *carte blanche* for religious medical practitioners to "share their faith" without restraint. The motion had called for doctors not to be suspended for offering to pray for patients.

From Media Watch dated 02.09.09.

- U.K. | *Daily Telegraph* – 1 February 2009 – **'Nurse suspended for offering to pray for elderly patient's recovery.'** Caroline Petrie, a committed Christian, has been accused by her employers of failing to demonstrate a "personal and professional commitment to equality and diversity." <http://www.telegraph.co.uk/health/healthnews/4409168/Nurse-suspended-for-offering-to-pray-for-patients-recovery.html>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Telegraph* – 1 July 2009 – **'Doctors oppose legal protection for assisted suicide relatives.'** Doctors (at the British Medical Association's conference) rejected calls to exempt from criminal prosecution relatives and friends who accompany sick or terminally ill patients to assisted suicide clinics. <http://www.guardian.co.uk/society/2009/jul/01/bma-doctors-assisted-suicide-relatives>
- U.K. | *Daily Telegraph* – 29 June 2009 – **'Senior legal figures join in opposition to 'euthanasia law' proposals.'** Five peers ... have spoken out to denounce as "ill-defined, unsound and unnecessary" a plan that would allow people to help terminally ill loved ones end their lives overseas without fear of prosecution. They point out ... that the existing law "recognises the need for a balance between public protection and self-determination," by making assisting suicide a crime punishable by up to 14 years' imprisonment while allowing prosecution to be avoided if it is not in the public interest. <http://www.telegraph.co.uk/news/newstoppers/religion/5685507/Senior-legal-figures-join-in-opposition-to-euthanasia-law-proposals.html>
- U.K. | *Daily Telegraph* – 28 June 2009 – **'Religious leader(s) call for end to 'legal euthanasia' move.'** Three of Britain's most senior religious leaders have joined forces in a rare bid to stop a (House of) Lords amendment that they fear would pave the way to "legalising euthanasia." <http://www.telegraph.co.uk/health/healthnews/5675485/Religious-leader-call-for-end-to-legal-euthanasia-move.html>

## Specialist Publications (e.g., in-print and online journal articles, reports, etc.)

### End-of-Life decision making and emotional burden: Placing family meetings in context

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE CARE* | Online article – 1 July 2009 – Helping families make end-of-life care decisions can be challenging for health care providers in an intensive care unit (ICU). Family meetings facilitated by palliative care consult services (PCCS) have been recommended and found effective for improving support for families in these difficult situations. These services can be improved with a deeper understanding of factors associated with emotional burden in the aftermath of end-of-life decision making. This qualitative study seeks to provide a better understanding of family experiences and emotional burden surrounding end-of-life decision making. The authors conclude that supportive responsiveness from the PCCS for families who have experienced critical incidents or who have unanswered questions or resentment about treatment may be an important consideration to alleviate later emotional burden. <http://ajh.sagepub.com/cgi/content/abstract/1049909109338515v1>

Of related interest (from Media Watch dated 06.29.09.):

- *PALLIATIVE & SUPPORTIVE CARE*, 2009;7(2):163-170. **'Techniques for framing questions in conducting family meetings in palliative care.'** The authors focus on application of techniques from systemic family therapy to palliative care (and) ... highlight ... a model of questioning styles. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5867644&fulltextType=RA&fileId=S1478951509000212>
- *PALLIATIVE & SUPPORTIVE CARE*, 2009;7(2):171-179. **'Conducting family meetings in palliative care: Themes, techniques, and preliminary evaluation of a communication skills module.'** Although (family) meetings can be challenging, the communication skills module (discussed) is effective in increasing the confidence of participants in conducting a family meeting. <http://journals.cambridge.org/>

## **Palliative sedation therapy does not hasten death**

*ANNALS OF ONCOLOGY*, 2009;20(7):1163-1169. The authors aimed to evaluate whether palliative sedation has a detrimental effect on survival in terminally ill patients. The authors (of this multicenter study in Italy) conclude that palliative sedation therapy does not shorten life when used to relieve refractory symptoms and does not need the doctrine of double effect to justify its use from an ethical point of view. <http://annonc.oxfordjournals.org/cgi/content/abstract/20/7/1163>

## **Hope, life, and death: A qualitative analysis of dying cancer patients' talk about hope**

*DEATH STUDIES*, 2009;33(7):609-638. Although deemed vital to patient well-being, hope in persons who are terminally ill is often thought to be problematic, particularly when centered on cure. As part of a study on end-of-life decision-making, the authors asked 28 patients with cancer, believed to be within weeks of their death, to talk about hope. Responses ... identified hope as essential to and for life. <http://www.informaworld.com/smpp/content~db=all~content=a912848026>

## **Bereaved informal cancer carers making sense of their palliative care experiences at home**

*HEALTH & SOCIAL CARE IN THE COMMUNITY*, 2009;17(3):274-282. In this qualitative study, bereaved informal cancer carers gave accounts of their experiences that accentuated the benefit and satisfaction derived from providing direct palliative care at home, which enabled them to construct positive meanings associated with their participation in the dying process, and as a result to ascribe subjectively meaningful interpretations to their loved ones' death and their sense of loss. This included a sense of reward for doing something good, meeting the expressed needs of the patient, continuing with normal life as much as possible, improving the conditions of the relationship and meeting cultural expectations of the right thing to do. Being present at the point of death was positioned as rewarding because it facilitated the process of saying goodbye, fostered inclusion of others, provided closure and was a spiritual experience. <http://www3.interscience.wiley.com/journal/121632733/abstract>

From Media Watch dated 02.09.09.

- *ARCHIVES OF GERONTOLOGY & GERIATRICS*, 2009;48(2):238-245. 'Caregiving for elder relatives: Which caregivers experience personal benefits/gains?' The authors ask whether the positive, rewarding experiences of caregiving emerge merely as a function of caregiver personality, or whether, after personality traits are taken into account, other interpersonal factors make a difference. <http://linkinghub.elsevier.com/retrieve/pii/S016749430800040X>

## **Hospice and the economy**

### **How much is life worth? The \$440 billion question**

*JOURNAL OF THE NATIONAL CANCER INSTITUTE* | Online commentary – 29 June 2009 – The decision to use expensive cancer therapies that typically produce only a relatively short extension of survival is a serious ethical dilemma in the U.S. that needs to be addressed by the oncology community. The authors tackle the controversy concerning the life-extending benefits of certain cancer drugs and the extent to which their cost should factor in deliberations. They illustrate cost-benefit relationships for several cancer drugs ... touted as "practice changing" and new standards of care by professional societies, including the American Society of Clinical Oncology. They ask: "Is an additional 1.7 months ... a benefit regardless of costs and side effects?" <http://jnci.oxfordjournals.org/cgi/content/full/djp234v1>

From Media Watch dated 06.22.09.

- U.K. | *The Guardian* – 18 June 2009 – 'The Price of Life...' £30,000 is the maximum the National Health Service will spend on a new drug for every year that it extends the life of a patient. <http://www.guardian.co.uk/culture/2009/jun/18/last-night-tv-review>

**Delivering palliative care in an acute hospital setting: Views of referrers and specialist providers**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 26 June 2009 – There has been ... limited published research on health professionals' views of hospital multidisciplinary specialist palliative care services (SPCS). The aim of the study was to describe referrer (SPCS user) and provider (SPCS staff) perspectives on delivery of specialist palliative care in hospital. The study found large areas of agreement between referrers and providers on what hospital palliative care teams should be providing for patients, that is, expertise in managing difficult symptoms and complex psychosocial problems, and this was being achieved locally. Access to the specialist team was also important: visibility on the wards, informal routes of access to advice and a timely response by specialists. However, discordance in views of providing palliative care was also identified; in particular, whether specialists should be providing generalist palliative care (such as basic psychological support) neglected by ward teams and implementation of specialist advice by referrers. [http://www.jpmsjournal.com/article/S0885-3924\(09\)00305-4/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)00305-4/abstract)

From Media Watch dated 05.25.09.

- *PALLIATIVE MEDICINE* | Online journal article – 21 May 2009 – **'Physician factors associated with outpatient palliative care referral.'** This study examined the physician factors associated with referral to outpatient palliative care. Physician characteristics other than their beliefs about palliative care played a significant role in determining referral. <http://pmj.sagepub.com/cgi/content/abstract/0269216309106315v1>

From Media Watch dated 05.04.09.

- *PEDIATRICS*, 2009;123(5):e777-e782. **'Pediatricians' perceptions of and preferred timing for pediatric palliative care.'** Despite recommendations to refer children to palliative care early in the course of illness, most pediatricians define palliative care as similar to hospice care and refer patients once curative therapy is no longer an option. <http://pediatrics.aappublications.org/cgi/content/abstract/123/5/e777>

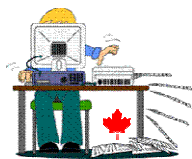
From Media Watch dated 04.20.09.

- *CRITICAL CARE MEDICINE*, 2009;37(4):1288-1292. **'Palliative care referrals after lung transplantation in major transplant centers in the U.S.'** Palliative care clinicians considered misconceptions that palliative care meant "end-of-life care" as a major barrier, whereas transplant clinicians identified uncertainty about recipients' prognoses, the perception that palliative care precludes aggressive treatment, and difficulty in discussing palliative care with recipients and family as barriers. <http://www.ccmjournal.com/pt/re/ccm/abstract>.

From Media Watch dated 01.26.09.

- *HOME HEALTH CARE MANAGEMENT & PRACTICE*, 2009;21(2):109-116. **'Timing of hospice referral.'** Barriers to early hospice access were associated primarily with access to the health care system. <http://hhc.sagepub.com/cgi/content/abstract/21/2/109>

**Barry R. Ashpole**



My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class courses, and facilitating issue specific workshops for frontline care providers.

### **Telehospice: reasons for slow adoption in home hospice care**

*JOURNAL OF TELEMEDICINE & TELE CARE*, 2009;15:187-190. Clinical and non-clinical staff of a hospice agency (who participated in interviews and focus groups) ... overwhelmingly stated that they had the organizational resources necessary to use the videophone and that it was easy to operate. Despite initial enthusiasm (however), leaders in the hospice ... did not endorse the videophones for work, nor offer incentives for using the videophones or providing them to patients. <http://jtt.rsmjournals.com/cgi/content/abstract/15/4/187>

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2009;25(6):452-457. **'Telehospice acceptance among providers: A multidisciplinary comparison.'** Findings demonstrate that telehospice interventions will likely be more readily accepted by nursing and administrative staff members, while those employees who address primarily psychosocial issues may be reluctant to use such technology. <http://ajh.sagepub.com/cgi/content/abstract/25/6/452>
- *PALLIATIVE MEDICINE*, 2009;23(3):228-237. **'Using videotelephony to support paediatric oncology-related palliative care in the home.'** This paper describes attempts to (unsuccessfully) complete a trial to investigate the use of videotelephony with families receiving palliative care from a tertiary paediatric oncology service. <http://pmj.sagepub.com/cgi/content/abstract/23/3/228>
- *TELEMEDICINE AND E-HEALTH*, 2009;15(2):154-159. **'A pre-post evaluation of a telehomecare program in oncology and palliative care.'** The purpose of this study was to evaluate the effects of a telehomecare intervention implemented in an oncology and palliative care unit. <http://www.liebertonline.com/doi/abs/10.1089/tmj.2008.0091>

### **Offering chemotherapy and hospice jointly: One solution to hospice underuse**

*MEDICAL DECISION MAKING* | Online article – 1 July 2009 – Patients with advanced lung cancer typically receive chemotherapy at the cost of receiving care that may promote quality of life more effectively. The authors examined whether offering chemotherapy and hospice concurrently, a clinically appropriate but often unavailable option, might resolve this problem. (In this study) few respondents preferred supportive care alone (10%) or hospice (19%), and many preferred chemotherapy (29%). The most common choice was concurrent chemotherapy and hospice (42%). Treatments that involved chemotherapy were seen as the most effective at extending survival, whereas treatments that involved hospice were seen as most effective at promoting quality of life. These findings suggest that interest in hospice may be low because, offered without chemotherapy, hospice is perceived as ineffective at controlling symptoms and avoiding side effects. <http://mdm.sagepub.com/cgi/content/abstract/0272989X09333123v1>

### **Death in the Classroom: Writing about Love and Loss**

*METAPSYCHOLOGY* | Online review – 30 June 2009 – English professor Jeffrey Berman taught an undergraduate course entitled 'Love and Loss in Literature, and Life.' *Death in the Classroom: Writing about Love and Loss* (State University of New York Press, 2009) is the story of that course, which turned out to be an unforgettable adventure for both students and instructor. It was Berman's intention, all along, to write a book based on his and his students' experiences in the course. [http://metapsychology.mentalhelp.net/poc/view\\_doc.php?type=book&id=4987&cn=389](http://metapsychology.mentalhelp.net/poc/view_doc.php?type=book&id=4987&cn=389)

From Media Watch (Worth Repeating) dated 01.19.09.

- *ACADEMIC EXCHANGE QUARTERLY* | Online journal article – 22 June 2005 – **'Morbid fascination: teaching the history of death (in the classroom).'** This article discusses the author's experience in designing and teaching a freshmen history course on death and dying. [http://findarticles.com/p/articles/mi\\_hb3325/is\\_ai\\_n29205534](http://findarticles.com/p/articles/mi_hb3325/is_ai_n29205534)

## **Epidemiologic study of in-hospital cardiopulmonary resuscitation in the elderly**

*NEW ENGLAND JOURNAL OF MEDICINE*, 2009;361(1)22-31. The authors examined fee-for-service Medicare data from 1992 through 2005 to identify beneficiaries 65 years of age or older who underwent CPR in U.S. hospitals. They examined temporal trends in the incidence of CPR and the rate of survival after CPR, as well as patient- and hospital-level predictors of survival to discharge ... (and) identified 433,985 patients who underwent in-hospital CPR; 18.3% of these patients ... survived to discharge. The rate of survival did not change substantially during the period from 1992 through 2005. <http://content.nejm.org/cgi/content/abstract/361/1/22>

Representative sample of media coverage of the published study:

- CANADA | CTV News – 2 July 2009 – **'Few survive cardiac arrest even with hospital CPR.'** Survival rates for seniors in cardiac arrest have not improved much in more than a decade. [http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090702/cardiac\\_090702/20090702?hub=Health](http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090702/cardiac_090702/20090702?hub=Health)
- U.S. | *Forbes* – 1 July 2009 – **'CPR survival rates for older people unchanged.'** Despite efforts to fine-tune the procedure ... the survival rate for older people given CPR has not changed much in recent decades. <http://www.forbes.com/feeds/hscout/2009/07/01/hscout628666.html>

## **Palliative care for children: Preparing undergraduate nursing students**

*NURSE EDUCATOR*, 2009;34(4):162-165. Children with life-threatening illnesses rarely benefit from palliative services. Because nurses spend more time with dying children than any other healthcare professional does, it is essential that they are prepared to address the complicated physical, psychological, legal, ethical, and spiritual issues associated with terminal illness and death. The authors discuss a course that provides students with the knowledge, skills, and attitude needed to provide comprehensive care for pediatric patients and their families. [http://journals.lww.com/nurseeducatoronline/Abstract/2009/07000/Palliative\\_Care\\_for\\_Children\\_Preparing.10.aspx](http://journals.lww.com/nurseeducatoronline/Abstract/2009/07000/Palliative_Care_for_Children_Preparing.10.aspx)

### **Media Watch: Editorial Practice**

Each listing in Media Watch represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of an abstract or introductory paragraph. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced and representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy tool or change document.

### **Links to Sources**

1. Links are checked and confirmed as active before each edition of Media Watch is distributed.
2. Links often remain active, however, for only a limited period of time.
3. Access to a complete article, in some cases, may require a subscription or one-time charge.
4. If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
5. Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

### **Something Missed or Overlooked?**

If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

## Primary care urged to implement new end-of-life guidelines

*NURSING TIMES* (U.K.) | Online report – 30 June 2009 – Primary care services will face an 'avalanche of need' among dying patients if they do not act now to improve end-of-life care, a leading expert in end-of-life care has warned. This week sees the launch of the latest version of the Gold Standard Framework (GSF) for Primary Care, a set of tools and resources that can be adapted within GP practices and community nursing teams to improve end-of-life care for patients at the end stage of any illness. Professor Keri Thomas ... said that unless end-of-life care was improved over the next three years, the needs and wishes of thousands of patients would go unmet. In 2005, 512,000 people died in England. According to government predictions, this figure is set to rise to 585,000 by 2030 – an increase of 17% – with deaths outnumbering births for the first time in the country's history. <http://www.nursingtimes.net/whats-new-in-nursing/primary-care/primary-care-urged-to-implement-new-end-of-life-guidelines/5003178.article>

N.B. Gold Standard Framework for Primary Care: <http://www.goldstandardsframework.nhs.uk/>

## Palliative day care – a study of well-being and health-related quality of life

*PALLIATIVE MEDICINE*, 2009;23(5):441-447. The authors studied the outcomes of palliative day care, in terms of health-related quality of life and the emotional well-being of cancer patients participating in a palliative day care programme for a period of five weeks, compared with a group of palliative cancer patients not participating in day-care. The participants in the day care group and the comparison group reported similar levels of perceived functioning and symptoms ... with no significant differences between the groups. However, the day care group reported higher levels of emotional well-being. <http://pmj.sagepub.com/cgi/content/abstract/23/5/441?etoc>

## Death, mourning, and medical progress

*PERSPECTIVES IN BIOLOGY & MEDICINE*, 2009;52(1):103-115. A number of changes can be observed in the way people are coming to think about death, mourning, and medical progress. The palliative care movement was initiated ... to respond to widespread ignorance or neglect of pain relief for the dying, which was then coming to public attention and becoming a key part of the nascent hospice movement. Yet if an important feature of the latter ... was acceptance of the reality of death ... there has emerged a blending of clinical treatment and hospice care, a kind of compromise with the idea of death as an inevitability. Meanwhile, the combination of real progress in forestalling death and the matching medical and media hype about past and coming victories over mortality mean that death itself is coming to be seen as a biological accident, a contingent event, not a fixed given. People die now because of bad luck, indifference to good living habits, unfortunate genetics, and the like, or because they have the misfortune of dying before a cure for their fatal disease is at hand. Mourning likewise is changing. The old custom of the deceased being laid out in their living rooms, followed by a funeral, has long given way to a movement away from public funerals to private ones followed later by a memorial ceremony. No more dead bodies on display to grieve over, but soothing ceremonies of remembrance. [http://muse.jhu.edu/login?uri=/journals/perspectives\\_in\\_biology\\_and\\_medicine/v052/52.1.callahan.html](http://muse.jhu.edu/login?uri=/journals/perspectives_in_biology_and_medicine/v052/52.1.callahan.html)

### Quotable Quotes

*Slow medicine is not a plan for getting ready to die. It is a plan for caring, and for living well, in the time that an elder has left.* 'Slow Medicine,' by Dennis McCullough MD.  
[*Dartmouth Medicine*, Spring 2008. [http://dartmed.dartmouth.edu/spring08/html/grand\\_rounds.php](http://dartmed.dartmouth.edu/spring08/html/grand_rounds.php)]

## Worth Repeating

### **Dignity and the challenge of dying in nursing homes: the residents' view**

*AGE & AGEING*, 2007;36(2):197-202. Human dignity is discussed in almost all public debates on the care of the dying. Because nursing homes are gaining importance as places where residents live out their lives in modern western societies, and since there is evidence that end-of-life care in nursing homes lacks quality, there is a growing discussion on introducing improved end-of-life care in these institutions. In order to accomplish this, the view of those who are most affected is of utmost importance. (In this study) ... dignity was challenged most by the threat of illness and having care needs. This was fostered by the perception of insufficient care in the nursing homes. Death with dignity meant "death at the right time, "though the residents interviewed did not want to comment on the time of death, other than aspects like: 1) being active to the very last; 2) respecting one's will and being allowed to die; 3) not being in pain; and, 5) being amongst persons close to one. The study emphasizes the vulnerability of nursing home residents with regard to dignity. <http://ageing.oxfordjournals.org/cgi/content/abstract/36/2/197>

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