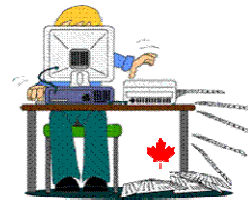


Media Watch...

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.

27 July Edition | Issue #107



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by **Barry R. Ashpole**

Valuable witnesses: Scroll down to [Specialist Publications](#) and 'The experience of the moment of death in a Specialist Palliative Care Unit.'

Canada

Canadians happy with primary health care, study says

GLOBE & MAIL | Online report – 23 July 2009 – The largest survey on primary health care ever conducted in Canada found that most people have high praise for their family doctor, and a staggering 92% would recommend their physician to a relative or friend.¹ Canadians ... have excellent access to primary health care: 85% of people aged 12 and older have a regular doctor, and two thirds have been seeing the same doctor for five years or more, according to the new study. Very few Canadians complained about not having a family doctor – despite the oft-repeated grievance about a shortage of physicians in some parts of the country. This is the first national study of its kind to analyze patients' expectations of primary care. It found that Canadians identified continuity, co-ordination, patient-centred care, satisfaction, outcomes and interpersonal communication as important features of the primary health-care system.
<http://www.theglobeandmail.com/life/health/canadians-happy-with-primary-health-care-study-says/article1229169/>

1. *Experiences with Primary Health Care in Canada*, Canadian Institute for Health Information, 2009.
http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_2250_E&cw_topic=2250&cw_rel=AR_2991_E#full

The cost of end of life care in Canada

This topic has been the subject of several journal articles in recent months. For the latest, scroll down to [Specialist Publications](#) and the *Journal of Pain & Symptom Management*, 2009; 38(1):4-10, 'Cost trajectories at the end of life: The Canadian experience.'

Palliative care in rural and remote regions in Canada

Likewise, this issue is gaining attention. For the most recent journal article, scroll down to [Specialist Publications](#) and *Journal of Hospice & Palliative Nursing*, 2009;11(4):202-208, 'Homecare nurses' attitudes toward palliative care in a rural community in western Quebec.'

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *THE NATIONAL* | Online OpEd – 27 July 2009 – '**Legalized euthanasia empowers no one.**' Have you noticed that the subject of euthanasia/assisted suicide is picking up momentum – that it is, so to speak, taking on a life of its own? ...we seem to be approaching one of those interesting tipping points in public debate where the tone of those supporting a once-shocking idea is shifting from defensive to offensive. <http://www.nationalpost.com/opinion/columnists/story.html?id=4db0ee11-3137-452c-af98-1c9edfe19dd1&p=1>
- *OTTAWA CITIZEN* | Online OpEd – 25 July 2009 – '**We can always relieve pain.**' The pro-euthanasia lobby has deliberately confused pain relief treatment and euthanasia in order to promote their cause. <http://www.ottawacitizen.com/health/always+relieve+pain/1827355/story.html>
- CBC RADIO | The Current – 22-23 July 2009 – '**Legalizing Euthanasia.**' Dying with dignity. The right to die. Assisted suicide. Call it what you will, Canadian law makers are gearing up for a debate on the issue of euthanasia.

Interview with **Balfour Mount**, a Montreal-based palliative care physician living with cancer of the oesophagus, and widely acknowledged as the "father" of palliative care in Canada (scroll down to 'Legalizing euthanasia.'): <http://www.cbc.ca/thecurrent/2009/200907/20090722.html>

Interview with **Robert Buckman**, a Toronto-based medical oncologist, broadcaster, and widely published author of popular books on medicine, notably on cancer care (scroll down to 'Legalizing euthanasia.'): <http://www.cbc.ca/thecurrent/2009/200907/20090723.html>

- ALBERTA | *Edmonton Sun* – 22 July 2009 – '**Right-to-die debate getting lively.**' Doctors are caught in the middle of an argument about the precise moment palliative care crosses the line into something murky and indefinable. Yet the Quebec College of Physicians wants the discussion to begin on a topic which it terms "part of the appropriate care in particular circumstances." http://www.edmontonsun.com/news/columnists/lyn_cockburn/2009/07/22/10217011-sun.html
- QUEBEC | *Montreal Gazette* (Letter) – 22 July 2009 – '**Put resources into palliative care.**' There is a false assumption in Henry Aubin's column that palliative care is too expensive.¹ As a palliative-care home-care physician for more than 22 years, I feel this is an under-served area and does not require rising costs as Aubin suggests, but rather a more efficient use of resources so that more people can stay home longer, more safely and with greater pain and symptom management and not require hospitalization. The marginalization of palliative care ... pushes the debate toward euthanasia. <http://www.montrealgazette.com/health/resources+into+palliative+care/1814440/story.html>
 1. QUEBEC | *Montreal Gazette* (OpEd) – 22 July 2009 – '**Euthanasia advocates are dead wrong.**' <http://www.montrealgazette.com/health/Euthanasia+advocates+dead+wrong/1803059/story.html>
- ONTARIO | *Ottawa Citizen* – 20 July 2009 – '**Debating life's end.**' The deaths of a prominent British conductor and his terminally ill wife ... in a Swiss clinic this month have sparked an international debate about assisted suicide. Now, given a proposal by Quebec physicians, that debate is set to explode in Canada. And that is a good thing – no matter what your view on euthanasia. <http://www.ottawacitizen.com/news/Debating+life/1807544/story.html>

Quotable Quotes

Family support is one of the major factors in healing, just as family conflict can often be a contributing factor in becoming ill. I know very few cancer patients who do well without active family involvement. From this perspective, when the individual has cancer, the family has cancer.

Robert Pope (1956-1992)

U.S.A.

Health care reform

Doctor-patient talk could cut costs, ethicists say

CNN HEALTH | Online report – 23 July 2009 – As politicians on Capitol Hill debate reforming the health care system, doctors and ethicists say there could easily be tremendous cost savings if doctors and family members had more conversations about end-of-life issues. A (recent) study (published) in the *Archives of Internal Medicine* suggested that more than \$76 million per year could be saved if half of the people who die from cancer annually had end-of-life conversations with their doctors.¹ <http://www.cnn.com/2009/HEALTH/07/23/health.care.end.of.life/>

1. *Archives of Internal Medicine*, 2009;169(5):480-488. **'Health care costs in the last week of life: Associations with end-of-life conversations.'** <http://archinte.ama-assn.org/cgi/content/abstract/169/5/480>

Of related interest:

- *Forbes* | Online OpEd – 24 July 2009 – **'ObamaCare dives into end-of-life debate.'** Medicare spends \$100 billion annually on patients' final year of life. What the new bill says – and doesn't say – about treatment of the dying. <http://www.forbes.com/2009/07/24/obamacare-medicare-death-business-healthcare-obamacare.html>
- *Wall Street Journal* | Online OpEd – 23 July 2009 – **'Government ... assault on seniors.'** Legislation now being rushed through Congress ... will reduce access to care (and) pressure the elderly to end their lives prematurely. The harshest misconception underlying the legislation is that living longer burdens society. Medicare data prove this is untrue. <http://online.wsj.com/article/SB10001424052970203517304574303903498159292.html>

End-of-life care under microscope

MASSACHUSETTS | WCVB-TV (Boston) – 23 July 2009 – As health care costs spiral out of control, the quality of end-of-life care, and the difficult private decisions around it, have converged very publicly with its enormous financial expense. "We believe strongly that Massachusetts could deliver a dramatically more respectful end-of-life care and save millions upon millions of dollars," said Jim Conway of the Institute of Healthcare Improvement. Conway pointed to a research study that gave Massachusetts a grade of C on end-of-life care.¹ In the last six months of life, the average terminally ill patient in the state will see more than 10 doctors; 80% of dying patients over the age of 80 will spend time in the intensive care unit, costing tens of thousands of dollars. <http://www.thebostonchannel.com/asseenon/5/20144373/detail.html>

1. *America's care of serious illness: A state-by-state report card on access to palliative care in our nation's hospitals*, Center to Advance Palliative Care, 2008. <http://www.capc.org/reportcard/>

Quality of Death, End of Life Care in America: Inside Out

NATIONAL PUBLIC RADIO | WBUR (Boston) – 2 July 2009 – In this new documentary about end of life care in the U.S., Rachel Gotbaum investigates what prevents many patients from having a dignified death. From well-intentioned but maybe unwarranted medical interventions, to the pressure from family members, to the difficult decisions doctors – who are trained to extend survival – have to make when treating elderly patients, this program delves into the challenges in of proper end of life planning and a "respectful death." Gotbaum follows several patients in their last months as they confront some of the most difficult decisions of their lives – whether they should pursue aggressive and sometimes painful medical treatments that may extend survival or focus on how to maintain the best quality of life in their final months. She reports on how trends in the healthcare system influence their decisions and she talks with family members who are often the ones pushing for aggressive treatments. <http://www.insideout.org/documentaries/qualityofdeath/>

More bodies go unclaimed as families can't afford funeral costs

CALIFORNIA | *Los Angeles Times* – 21 July 2009 – The poor economy is taking a toll even on the dead, with an increasing number of bodies in Los Angeles County going unclaimed by families who cannot afford to bury or cremate their loved ones. <http://www.latimes.com/news/la-me-unclaimed21-2009jul21,0,3388173.story?track=ntohtml>

Health care proxy bill may finally be enacted

NEW YORK | *Buffalo News* – 21 July 2009 – The Family Health Care Decisions Act has failed to gain passage in New York State every year since it was first introduced, but its fate may change this year. On the sixteenth try, the Senate last week passed the proposed measure that would allow family members to act as decision-makers for young and old patients who lose the capacity to direct their own care. Now, it just awaits action by the Assembly, which recessed its 2009 session. <http://www.buffalonews.com/cityregion/story/739671.html>

Home burials offer an intimate alternative

NEW HAMPSHIRE | *New York Times* – 20 July 2009 – When Nathaniel Roe, 92, died at his 18th-century farmhouse here the morning of 6 June his family did not call a funeral home to handle the arrangements. Instead, Mr. Roe's children, like a growing number of people nationwide, decided to care for their father in death as they had in the last months of his life. They washed Mr. Roe's body, dressed him in his favorite Harrods tweed jacket and red Brooks Brothers tie and laid him on a bed so family members could privately say their last goodbyes. The next day, Mr. Roe was placed in a pine coffin made by his son. He was buried on his farm in a grove off a walking path he traversed each day. <http://www.nytimes.com/2009/07/21/us/21funeral.html?hp>

Hospice, nursing homes go together

WEST VIRGINIA | *The Journal* – 20 July 2009 – The young man, just in his 40s, had been discharged from the hospital to an area nursing facility. Hospice had been called in to support him and his wife and the hospice nurse was at the facility when he arrived by ambulance. Neither the nursing facility staff nor the hospice team was prepared for the complexity of his medical needs, especially his pain, which was out of control. The hospice nurse and physician worked with the facility nurses for hours after his admission to help the gentleman find relief from his suffering. He died just two days later, but was resting comfortably – because of the collaboration of the two organizations. <http://www.journal-news.net/page/content.detail/id/522577.html?nav=5064>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *TIME MAGAZINE* | Online OpEd – dated 3 August 2009 – **'Going too far with assisted suicide?'** The growing traffic in "death tourism" is an indictment of a health-care system that seems to incentivize everything except the peaceful death to which we all aspire. <http://www.time.com/time/magazine/article/0,9171,1912417,00.html?xid=rss-topstories>

[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/>

International

Go gentle into that good night

AUSTRALIA | *Sunshine Coast Daily* – 24 July 2009 – Even though every \$1 our government spends on palliative care relieves the health-care system by \$2, hospice home care ... receives only 50% government funding. A recent study found just 25% of Australians know what palliative care is and even less understand it involves support for the family and carers as well as the patient. Every year in Australia about 100,000 people die an expected death. That is, they suffer from a disease unresponsive to treatment and pass away either quickly or slowly. Roughly, that means about a million people are directly affected every year by the trauma of end-of-life care – that is, pain management, treatment decisions, as well as the psychological and emotional roller coaster involved. <http://www.thedaily.com.au/blogs/is-it-just-me/2009/jul/24/cittamani-hospice/>

Seeing the end of life with peace of mind

U.K. | *Times* (Letter) – 24 July 2009 – The debate in these pages reads as though there is only "a good death" or unbearable suffering at the end of life. This may reflect the strong feelings of the contributors, but it does not reflect the reality of most people's experience at the end of their lives. As a palliative care doctor ... I have seen the journey towards the end of life at close quarters for in excess of 5,000 people. Work in palliative care involves meeting each of these people as individuals. There is no "one size fits all." Some people wish above all for relief from physical symptoms, and the attention to detail that the science of palliative medicine has brought to the practice of palliative care has enabled us to improve management of breathlessness, nausea, diarrhoea, and many other symptoms, as well as a continuing improvement in our ability to diagnose and manage causes of pain. Physical symptoms, though, are only one aspect of palliation. <http://www.timesonline.co.uk/tol/comment/letters/article6725302.ece>

Diagnosing comas: Unlucky for some

U.K. | *The Economist* – 23 July 2009 – Labels matter. Indeed, they can be the difference between life and death. Someone lying in a hospital bed labelled "minimally conscious state" will be kept on life support indefinitely. If the label says "vegetative state," however, that life support could be turned off any time. A layman might not be able to tell the difference. But a doctor can. http://www.economist.com/sciencetechnology/displaystory.cfm?story_id=14082037

N.B. *The Economist* cites a recent online journal article; for a link to same, scroll down to [Specialist Publications](#) and *BioMed Central Neurology* (21 July 2009), 'Diagnostic accuracy of the vegetative and minimally conscious state.'

Hospitals slammed over lack of dignity for elderly

U.K. (SCOTLAND) | *The Herald* – 23 July 2009 – Scotland's Public Services Ombudsman heavily criticised a number of health boards about decisions that resulted in poor standards of care for elderly patients. Jim Martin raised a number of concerns about elderly care in different hospitals in four different health board areas. In one case, Martin questioned poor communication and a hospital's failure to follow "Do Not Resuscitate" policy in regard to a patient who subsequently died. In one report, the complainant recounts that shortly after being informed that his mother was dying in hospital, she was moved to an open ward. Staff there did not appear to be aware of his mother's condition; no curtains had been drawn to ensure that she had some privacy in her final hours. http://www.theherald.co.uk/news/news/display.var.2521547.0.Hospitals_slammed_over_lack_of_dignity_for_elderly.php

Consent to (or refuse) treatment

Can doctors just say no?

U.K. | BBC News – 22 July 2009 – In days gone by, there was a perception that doctors knew best and had the final say – but things have changed and patients are increasingly instrumental in decisions about their care. However ... (the) medico-legal advisor for the Medical Defence Union says doctors sometimes still have to say no. <http://news.bbc.co.uk/2/hi/health/8149524.stm>

Population trends

In the year 2040 – 1.3 billion senior citizens

REUTERS | Newswire report – 20 July 2009 – The world's population of older people is growing at the fastest rate ever seen and the old will soon outnumber the young for the first time, U.S. researchers report. An aging population will push up pension and healthcare costs, forcing major increases in public spending that could slow economic growth in rich and poor countries. The number of people 65 and older hit about 506 million as of mid-year 2008, according to the U.S. Census Bureau. This will double to 1.3 billion by 2040, accounting for 14% of the total global population. <http://www.reuters.com/article/newsOne/idUSTRE56J0IY20090720>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

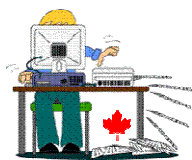
- U.K. | *The Guardian* – 25 July 2009 – **'Nurses to discuss assisted suicide proposals with pro-euthanasia MP.'** The Royal College of Nursing is to meet Scottish MP Margo MacDonald to discuss proposals on legalising assisted suicide after the organisation dropped its five-year opposition to the policy. <http://www.guardian.co.uk/society/2009/jul/25/nurses-assisted-suicide-margo-macdonald>

- N.B. College announcement: **'RCN moves to neutral position on assisted suicide.'** http://www.rcn.org.uk/newsevents/news/article/uk/royal_college_of_nursing_moves_to_neutral_position_on_assisted_suicide

- AUSTRALIA | Perth Now – 24 July 2009 – **'Western Australia cancer patients back euthanasia – survey.'** More than half of cancer patients (surveyed) believe in euthanasia, a new study has found.¹ <http://www.news.com.au/perthnow/story/0,27574,25828288-2761,00.html>
 1. *Live life now*, Western Australia Cancer Support Association, 2009. [http://www.wiresurveys.com/images/stories/live%20life%20now%20july%202009%20\(final\).pdf](http://www.wiresurveys.com/images/stories/live%20life%20now%20july%202009%20(final).pdf)

- U.K. | *The Guardian* – 21 July 2009 – **'Do not resuscitate' does not imply a judgment on quality of life.'** The debate over assisted dying is being hampered by confusion over terminology. <http://www.guardian.co.uk/commentisfree/2009/jul/21/response-campbell-resuscitate-assisted-dying>

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.

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

Am I doing the right thing?

Provider perspectives on improving palliative care in the emergency department

ANNALS OF EMERGENCY MEDICINE, 2009;54(1):86-93. The authors explore the attitudes, experiences and beliefs of emergency providers about palliative care in the emergency department (ED). Six distinct themes emerged: 1) participants equated palliative care with end-of-life care; 2) participants disagreed about the feasibility and desirability of providing palliative care in the ED; 3) patients for whom a palliative approach has been established often visit the ED because family members are distressed by end-of-life symptoms; 4) lack of communication between outpatient and ED providers leads to undesirable outcomes; 5) conflict around withholding life-prolonging treatment is common; and, 6) training in pain management is inadequate. [http://www.annemergmed.com/article/S0196-0644\(08\)01647-8/abstract](http://www.annemergmed.com/article/S0196-0644(08)01647-8/abstract)

Diagnostic accuracy of the vegetative and minimally conscious state

BIOMED CENTRAL NEUROLOGY | Online article – 21 July 2009 – Previously published studies have reported that up to 43 % of patients with disorders of consciousness are erroneously assigned a diagnosis of vegetative state (VS). However, no recent studies have investigated the accuracy of this grave clinical diagnosis. The authors of this study conclude that despite the importance of diagnostic accuracy, the rate of misdiagnosis of VS has not substantially changed in the past 15 years. <http://www.biomedcentral.com/content/pdf/1471-2377-9-35.pdf>

From Media Watch dated 29 June 2009:

- *Medical News Today* | Online report – 23 June 2009 – '**Frequent misdiagnoses and inconsistent standards in Europe pose ethical problems.**' More than a third of patients given an initial diagnosis of vegetative state or persistent vegetative state show minimal signs of consciousness under more detailed examination. <http://www.medicalnewstoday.com/articles/154886.php>

"Good idea but not feasible"– the views of decision makers and stakeholders towards strategies for better palliative care in Germany: a representative survey

BIOMED CENTRAL PALLIATIVE CARE | Online article – 22 July 2009 – Relatively little is known about the views of representatives of organizations and institutions that do not explicitly specialize in palliative care, but are involved to a relevant extent in the decision-making and policy-making processes. The authors carried out a representative study of the attitudes of a broad range of different stakeholders acting at the national or state level of the health care system; 442 organizations and institutions were included and the response rate was 67%. The reason why potentially meaningful improvement measures are considered to be not very feasible in Germany may be the existence of barriers resulting from the high degree of fragmentation of health care provision and responsibilities. <http://www.biomedcentral.com/content/pdf/1472-684x-8-10.pdf>

Communication with relatives and collusion in palliative care: A cross-cultural perspective

INDIAN JOURNAL OF PALLIATIVE CARE, 2009;15(1):2-9. Handling collusion among patients and family members is one of the biggest challenges that palliative care professionals face across cultures. Communication with patients and relatives can be complex particularly in filial cultures where families play an important role in illness management and treatment decision-making. Collusion comes in different forms and intensity and is often not absolute. Some illness-related issues may be discussed with the patient, whereas others are left unspoken. Particularly in palliative care, the transition from curative to palliative treatment and discussion of death and dying are often topics involving collusion. <http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2009;volume=15;issue=1;spage=2;epage=9;aulast=Chaturvedi;type=0>

The experience of the moment of death in a Specialist Palliative Care Unit

IRISH MEDICAL JOURNAL, 2009;102(5). Despite its traditional significance, the moment of death has been largely unexplored in a hospice setting. (The participants in the study) provided a rich and detailed description of the moment of death, often with humour. Additional themes were the importance of vigil; qualities of the staff, value of ritual and prayer and the environment of the SPCU. We cannot hear the stories of the dead. We can try to hear the stories of those who have witnessed dying. These relatives cared deeply for the individual who was dying. They observe every detail, attending to their role and observing the role of others. They are valuable witnesses. http://www.imj.ie//Issue_detail.aspx?issueid=+&pid=3880&type=Papers

Withholding or withdrawing treatment

Influence of message sidedness, pictures, and need for cognition on beliefs and behavior: The Terri Schiavo case

JOURNAL OF APPLIED SOCIAL PSYCHOLOGY, 2009;39(3):762-789. The Terri Schiavo case received intense national and international media coverage. The current investigation examined students' beliefs on whether or not Terri's feeding tube should have been removed, as well as attitudes and behavior. Students either received a persuasive message that came from the husband's perspective or the parents' perspective, crossed with a picture that either suggested Terri was interactive vs. one that suggested she was not. The results indicate that beliefs were altered by the perspective that students received, even after intense media coverage had presumably "hardened" attitudes. Students with low or high need for cognition were also influenced by pictures that either matched or mismatched the perspective they received. <http://www3.interscience.wiley.com/journal/122213283/abstract?CRETRY=1&SRETRY=0>

From Media Watch dated 29 June 2009:

- *Intensive Care Medicine*, 2009;35(6):1129-1131. **'The saga of Eluana Englaro: another tragedy feeding the media.'** The authors discuss the controversial Englaro case and present the contradicting theories of both the religion and the law (in Italy) regarding euthanasia, and the legal precedents that followed. <http://www.springerlink.com/content/p3546048v851335w/>

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.

Canada: Palliative care in rural and remote regions

Homecare nurses' attitudes toward palliative care in a rural community in western Quebec

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2009;11(4):202-208. Palliative care for terminally ill patients and their families can be difficult to obtain and provide in geographically isolated areas of Canada. This study explored homecare nurses' attitudes toward palliative care in a rural community in Western Quebec. Six themes emerged: 1) experiencing community embeddedness; 2) maintaining patients' quality of life; 3) collaborating with a multidisciplinary team; 4) experiencing emotional and physical isolation; 5) acknowledging the need for professional development; and, 6) dealing with organizational issues. Findings identified the need to develop a palliative homecare team and professional development activities for the nurses. http://journals.lww.com/jhpn/Abstract/2009/07000/Homecare_Nurses_Attributes_Toward_Palliative_Care.6.aspx

From Media Watch dated 1 June 2009:

- *Journal of Palliative Care*, 2009;25(1):21-9. **'The good rural death: a report of an ethnographic study in Alberta, Canada.'** This report is of an ethnographic study in rural Alberta involving English-speaking Albertans. Four themes ... highlight critical elements of the good rural death. <http://www.ncbi.nlm.nih.gov/pubmed/19445339>

From Media Watch dated 4 May 2009:

- *Health & Place*, 2009;15(3):649-908. **'Assessing the suitability of host communities for secondary palliative care hubs.'** Recent Canadian end-of-life care frameworks have largely failed to consider the unique challenges of delivery in rural and remote regions. In British Columbia, urban areas are well-served for specialized palliative care; however, rural and remote regions are not. http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6VH5-4VJBTW4-1-7&_cdi=6057&_user=10&_orig=browse&_coverDate=09%2F30%2F2009&_sk=999849996&_view=c&_wchp=dGLbVlb-zSkWA&_md5=879a08bf0a1e28d6730aafc2d1cea094&_ie=/sdarticle.pdf

From Media Watch dated 29 December 2008.

- *Canadian Journal of Rural Medicine*, 2008;13(3):139-40. **'Palliative care is a rural medicine issue.'** The increasing number of people relocating to rural areas upon retirement and the process of aging-in-place in such communities are amplifying the need for palliative care in these settings. <http://www.cma.ca/multimedia/staticContent/HTML/N0/I2/cjrm/vol-13/issue-3/pdf/pg139.pdf>

Report of an international think tank

Optimal approaches to the health economics of palliative care

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2009;38(1):4-10. The full breakdown of the costs of palliative care is yet to be unveiled, and this has left huge unresolved questions for funding, costing, evaluating, and modeling palliative care. At an international meeting in London in November 2007, a group of 40 researchers, health economists, policy makers, and advocates exchanged their experiences, concerns, and recommendations in five main areas: shared definitions, strengths and weaknesses of different payment systems, international and country-specific research challenges, appropriate economic evaluation methods, and the varied perspectives to the costs of palliative care. This article reports the discussions that took place and the views of this international group of experts on the best research approaches to capture, analyze, and interpret data on both costs and outcomes for families and patients toward the end of life. [http://www.jpmsjournal.com/article/S0885-3924\(09\)00501-6/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)00501-6/abstract)

N.B. This issue of the *Journal of Pain & Symptom Management* focuses on the economics of palliative care and features several articles offering North American and international perspectives on the topic. Journal contents page with links to each article: <http://jpmsjournal.com/current>

Cost trajectories at the end of life: The Canadian experience

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2009;38(1):4-10. A significant proportion of health care resources are consumed at end of life. As a result, decision and policy makers seek cost savings to enhance program planning. Most literature, however, combines the cost of all dying patients and, subsequently, fails to recognize the variation between trajectories of functional decline and utilization of health care services. In this article, the authors classified dying Albertans by categories of functional decline and assessed their utilization and costs. They found that nearly 18,000 die per year in Alberta: sudden death (7.1%), terminal illness (29.8%), organ failure (30.5%), frailty (30.2%), and other causes (2.3%). Inpatient care remains the primary cost driver for all trajectories. Significant and predictable health care services are required by non-cancer patients. Trajectories of costs are significantly different for the four categories of dying Albertans. Trajectories of dying are a useful classification for analyzing health care use and costs. [http://www.jpsmjournal.com/article/S0885-3924\(09\)00502-8/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00502-8/abstract)

From Media Watch dated 20 July 2009:

- *Healthcare Quarterly*, 2009;12(3): 50-58. **'Costs of end-of-life care: Findings from the Province of Saskatchewan (Canada).'** This article provides a summary of data on healthcare costs for persons who died in Saskatchewan in the 2003-2004 fiscal year. A significant finding of this study was that long-term care facility costs can have a profound impact on the costs of end-of-life care. <http://www.longwoods.com/product.php?productid=20878&cat=600&page=1>

Impact of spirituality on palliative care physicians: Personally and professionally

JOURNAL OF PALLIATIVE MEDICINE | Online article – 22 July 2009 – Modern palliative care defines four key domains fundamental to a patients' holistic care: physical, emotional, social, and spiritual. Regardless of the symptom being addressed, all four domains of care may need to be addressed to reduce suffering and encourage healing. Yet, despite the spiritual domain consistently being asserted as an integral part of palliative care, more is written on how to provide the physical, emotional, and social aspects of care than on how to provide spiritual care. The objective of this study was to explore the perspectives and experiences of palliative care physicians regarding the spiritual domain of care and to identify the role of this domain both personally and professionally. Themes that emerged from the study ... included the concept of spirituality and the difference between spirituality and religion. The overarching theme was the concept of how the participant's own spirituality impacted their practice and their practice impacted their spirituality. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0038>

Palliative medication kit

An effective way of extending care in the home for patients nearing death

JOURNAL OF PALLIATIVE MEDICINE | Online article – 21 July 2009 – Palliative medication kits for home use were developed in order to extend the period of time terminally ill patients might be cared for in their homes. Kits were used when patients were experiencing symptom escalation or crisis, and the drugs to manage these were otherwise not available. Community palliative care nurses recommended when to open the kit and received verbal orders from the supervising palliative care physician for the medications to be administered. Palliative medication kits are a simple and effective way of anticipating and addressing comfort and symptom control for dying patients being cared for in the community. These kits can avert institutional crisis admissions, extend the period of time patients can be cared for in their homes and may increase the likelihood of a home death. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0048>

Little progress on nursing teams for end of life care

NURSING TIMES (U.K.) | Online report – 21 July 2009 – Fast-response nursing teams that would allow patients to die in their own homes have not been rolled out in the first year of the government's end-of-life care strategy, despite such teams being a significant part of the strategy. <http://www.nursingtimes.net/whats-new-in-nursing/specialists/older-people/little-progress-on-nursing-teams-for-end-of-life-care/5004148.article>

What does life mean, and why is it worth extending?

The past as prologue in life extension

SOCIETY, 2009;46(3):232-234. Aging research may significantly lengthen human life spans in the foreseeable future. This paper argues that we do not need to wait until this happens to prepare for the dislocations that may result. Increased longevity over the past century has already raised urgent, unresolved issues of equity, social cohesion, and human dignity. These developments, and our past experiences in dealing with them, provide a basis for revisiting the basic questions raised by all attempts to extend human life: what does life mean, and why is it worth extending? <http://www.springerlink.com/content/m48123u201583142/>

Euthanasia is there a case?

SOUTH AFRICAN JOURNAL OF BIOETHICS & LAW, 2009;2(1):23-27. The right to refuse treatment is well accepted. When it comes to withdrawing treatment there is consensus that provided therapy is futile then there is no moral censure. However, there are issues around the exact definition of futile care. The definition may unfortunately be dependent on resource constraints. Passive euthanasia when it is involuntary is also controversial as the autonomy of the individual is not respected. This may be impossible in cases where the individual is unlikely to ever regain autonomy. The principle of double effect and the distinction between ordinary and extraordinary means are also areas for discussion. While there are religious reasons to reject active euthanasia, the secular reasoning appears to be compelling. There are however a number of practical concerns. <http://www.sajbl.org.za/index.php/sajbl/article/viewFile/33/35>

Of related interest:

- *Journal of Research in Special Educational Needs*, 2009;9(1)27-38. **"What lay ahead ...": a media portrayal of disability and assisted suicide.** Society treats people with disabilities in an inequitable manner when compared with non-disabled people ... especially telling in the area of end-of-life issues. <http://www3.interscience.wiley.com/journal/122233280/abstract>

Worth Repeating

"Are you at peace?" One item to probe spiritual concerns at the end of life

ARCHIVES OF INTERNAL MEDICINE, 2006(1);166:101-105. Physicians may question their role in probing patients' spiritual distress and the practicality of addressing such issues in the time-limited clinical encounter. Yet, patients' spirituality often influences treatment choices during a course of serious illness. The authors observe that asking patients about the extent to which they are at peace offers a brief gateway to assessing spiritual concerns. <http://archinte.ama-assn.org/cgi/reprint/166/1/101>

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