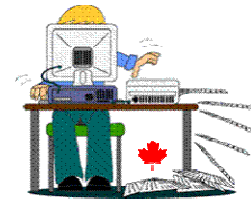


## Media Watch...

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.

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Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Advocacy and practical strategies: Scroll down to [Specialist Publications](#) and 'Advancing palliative care as a human right.' (p.9)

## Canada

### Nursing schools developing cultural safe curriculum

ABORIGINAL NURSES ASSOCIATION OF CANADA (ANAC) | Press release – 23 September 2009 – The ANAC, in partnership with the Canadian Association of Schools of Nursing, has selected six schools of nursing ... for implementation of a new "cultural safe" nursing curriculum.<sup>1</sup>  
<http://www.newswire.ca/en/releases/archive/September2009/23/c8170.html>

1. The new curricular is based on *Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit & Métis Nursing*, Aboriginal Nurses Association of Canada, 2009.  
[http://www.cna-nurses.ca/cna/documents/pdf/publications/First\\_Nations\\_Framework\\_e.pdf](http://www.cna-nurses.ca/cna/documents/pdf/publications/First_Nations_Framework_e.pdf)

### Opposition says too many people being rejected for new caregiver allowance

NOVA SCOTIA | Canadian Press – 23 September 2009 – Opposition politicians are expressing concerns that too many Nova Scotians are being rejected for the province's new Caregiver Allowance Program. Health Minister Maureen MacDonald spent a large part of question period [in the provincial legislature] ... fielding questions from Liberal and Conservative members who say they are hearing from a large number of people who are wondering why they don't qualify. The program is based on a set of five standardized criteria and people must meet all five to qualify.  
<http://www.google.com/hostednews/canadianpress/article/ALegM5gaNiITYHZfRpoJbvP8mLXa0K1bYA>

From Media Watch dated 17 August 2009:

- NOVA SCOTIA HEALTH DEPARTMENT | Press release – 11 August 2009 – '**Nova Scotia allowance to aid caregivers.**' Eligible caregivers ... will be able to receive financial assistance, which recognizes their important role and supports their efforts to assist loved ones and friends.  
<http://www.gov.ns.ca/news/details.asp?id=20090811002>

## Conference is first step in restoring and preserving aboriginal cemeteries

SASKATCHEWAN | *Leader-Post* (Regina) – 21 September 2009 – "Without our past, we don't know who we are – and we really can't move forward." That was the message a Yukon civil servant brought to a conference on the state of aboriginal cemeteries and burial sites. "I really believe that really knowing about, and being able to take care of, our cemeteries is really one of the most critical aspects of that," said Bruce Barrette, a historic sites project officer for heritage resources for the Yukon government who has been working with First Nations governments to restore and preserve burial sites and cemeteries for more than two decades. Barrette ... said the Yukon has developed a pair of different funding programs available to First Nations for this work. <http://www.leaderpost.com/Conference+first+step+restoring+preserving+aboriginal+cemeteries/2017504/story.html>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *CATHOLIC REVIEW* | Online report – 26 September 2009 – '**Archbishop urges Canadian MPs to back palliative care...**' The president of the Canadian Conference of Catholic Bishops has sent an open letter to members of Parliament urging them to support good palliative care instead of assisted suicide or euthanasia. <http://www.catholicreview.org/subpages/storyworldnew-new.aspx?action=6898>
  - SASKATCHEWAN | *Star Phoenix* (Saskatoon) – 24 September 2009 – '**Robert Latimer gets 'extended leave' from parole board.**' The National Parole Board granted an "extended leave" to Robert Latimer, the Saskatchewan farmer who sparked a national debate over euthanasia when he killed his severely disabled daughter. The length and purpose of the leave were not revealed in a decision dated 18 September obtained by the *Star Phoenix* under the federal access-to-information law. <http://www.thestarphoenix.com/health/Sask+farmer+Robert+Latimer+gets+extended+leave+from+parole+board/2029421/story.html>
  - *NATIONAL POST* | Online OpEd – 23 September 2009 – '**Memo to my children.**' Lately, we have witnessed a pernicious cultural trend toward the rebranding of legalized euthanasia as a gift rather than a menace to society's most vulnerable citizens. I doubt that Bloc Quebecois' Francine Lalonde's Bill C-384 bill seeking to decriminalize euthanasia (her third attempt since 2005!) will find many takers. At present, there's no political gain here for any national party. But soon enough there may be. <http://network.nationalpost.com/np/blogs/fullcomment/archive/2009/09/23/barbara-kay-memo-to-my-children.aspx>
  - B.C. | CTV News (Vancouver) – 21 September 2009 – '**Vancouver library denies space to suicide group.**' The B.C. Civil Liberties Union is asking the Vancouver Public Library to review its decision to deny workshop space to an Australian right-to-die group. Exit International had booked space in November to hold a workshop teaching terminally ill people to end their lives, but the library cancelled the booking over concerns it could violate federal laws prohibiting assisted suicide. [http://www.ctvbc.ctv.ca/servlet/an/local/CTVNews/20090921/bc\\_suicide\\_library\\_090921/20090921/?hub=BritishColumbiaHome](http://www.ctvbc.ctv.ca/servlet/an/local/CTVNews/20090921/bc_suicide_library_090921/20090921/?hub=BritishColumbiaHome)
  - QUEBEC | CBC News – 21 September 2009 – '**Quebec doctors urge colleagues to battle euthanasia.**' A group of Quebec doctors has urged the province's professional order to reconsider its proposal to tolerate assisted suicide in "appropriate circumstances." A brief, endorsed by about 100 doctors and submitted to Quebec's College of Physicians in August, urges fellow physicians to voice their disagreement with euthanasia. It comes as a private member's right-to-die bill that would decriminalize euthanasia advances to second reading at the House of Commons later this fall. <http://www.cbc.ca/canada/ottawa/story/2009/09/21/quebec-euthanasia.html>
1. Abridged version (in English translation) of 'Say "No" to Euthanasia and Assisted Suicide: No Special Circumstance Can Justify Them,' a brief presented to the Collège des Médecins du Québec, August 2009. <http://www.cqv.qc.ca/sites/default/files/No%20to%20euthanasia%20brief%20abridged.pdf>

## U.S.A.

### Health care reform

#### **On end-of-life issues: Go gently in the night**

CALIFORNIA | *San Francisco Chronicle* (OpEd) – 28 September 2009 – The only sure fire way to save significant money on health care is to reduce the massive expense involved in aggressive, unwanted end-of-life care. People who are facing unbearable disability often want to depart peacefully, at home, with loved ones nearby. But Congress has blocked all attempts to add even modest provisions to health care reform proposals that would allow for gentler natural deaths. Luckily, there are three ways to reduce costly end-of-life futile care that don't need congressional consideration, because they change no laws and require no appropriations. Each initiative alone would probably avoid more end-of-life futile care than the counseling provision that appears to be dropped from reform proposals. Together, these opportunities could substantially reduce end-of-life care, giving the ill and infirm the chance to choose a different way to die, while saving billions. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/09/27/EDUP19RGAH.DTL>

- HUFFINGTON POST | Online OpEd by the President of the American Academy of Hospice & Palliative Medicine – 24 September 2009 – **'Debate misses point of end-of-life counselling.'** Aside from the outrageous talk about death panels and killing grandma ... the debate about Medicare coverage for end-of-life counseling has completely missed the point about this important provision. The goal is to encourage individuals, their families and their doctors to think and talk objectively about end-of-life options and wishes while they're healthy, clear headed and not in the midst of a medical crisis. The whole discussion so far has been framed in the context of people with a poor prognosis suddenly having to make life-and-death choices about their medical treatment. This is exactly what end-of-life counseling seeks to avoid. [http://www.huffingtonpost.com/gail-austin-cooney-md/debate-misses-point-of-en\\_b\\_299063.html](http://www.huffingtonpost.com/gail-austin-cooney-md/debate-misses-point-of-en_b_299063.html)

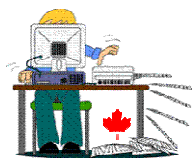
### Prison hospice

#### **Supermax chaplain ensures death with dignity for prisoners**

MAINE | *Herald Gazette Reporter* – 24 September 2009 – It's a belief that Chaplain Walter Foster of the Maine State Prison in Warren has fostered, and which has compelled him to help establish an end-of-life program, similar to hospice, at the Supermax Prison. Of the prison's 900 inmates, approximately 75 are expected to die there. In his three and a half years working at the prison, he has seen four inmates die. There has been an interest for several years in developing an end-of-life care program [for inmates]. Training is already under way and integral to the program is the participation of volunteer inmates. Initially, five inmates are being trained. The program is modeled after the highly successful prison hospice program at the Louisiana [Angola] State Penitentiary. <http://knox.villagesoup.com/Community/story.cfm?storyID=176499>

**N.B.** Articles and reports focused on the provision and delivery of end of life care for prison inmates have been highlighted in Media Watch on a fairly regular basis. For those interested in prison hospice, a compilation of these articles and reports in a single document is available on request.

### 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.

## Public opinion

### **Mom's death bares end-of-life issues**

ILLINOIS | *Daily Herald* (Chicago) – 22 September 2009 – Whether we want to admit it or not, America is facing more than just a financial and health care crisis. We are in the midst of a spiritual and social crisis as well. But it is also an opportunity; an opportunity to examine ourselves and come to terms with reality over illusion. The way we are dying is not only the most expensive line item in health care economy, it is a mirror of our irrationality in facing the facts about life. My mother never spoke of death. And so we didn't speak of it to her either. My mother died being watched over by a hospice team, washed and changed by a caring staff, prayed over by a ministerial team, and hopefully soothed by being in the presence of those who took care of her and ... loved her. She never mentioned death, but left that to us. And so it seems, it is still being left to us now. <http://www.dailyherald.com/story/?id=322967&src>

- NORTH CAROLINA | *Chapel Hill News* – 23 September 2009 – **'How a 'public option' gave me peace of mind.'** My father-in-law died ... seven months after being diagnosed with a brain tumor. It was a terminal sentence that held no possibility for hope. There was a lot between diagnosis and death; hard times to endure in one's first year of marriage. Questions and uncomfortable decisions, the constant weight of grief. One thing we didn't have to worry about, however, was cost. My husband had lost his job, and I wasn't making much, either, yet we never talked about the financial strain of his father's illness. How is that possible? Are we rich? In denial? In debt? No, none of those. The answer is we live in France. <http://www.chapelhillnews.com/news/story/52394.html>

## Why are deathbed masterpieces so unusual?

### **Facing the final curtain**

U.S. | *Wall Street Journal* (OpEd) – 19 September 2009 – Erich Kunzel conducted the Cincinnati Pops Orchestra ... a month before he died of pancreatic cancer. The audience, which knew of Kunzel's illness, was by all accounts profoundly moved by his determination to perform in public one last time, and cheered him to the echo. Such occasions are extremely rare, and masterpieces created by artists who are about to die are rarer still. To be sure, many great works of art have dealt with the subject of death – but surprisingly few of them turn out to have been created by artists who knew they were dying. Why are deathbed masterpieces so unusual? <http://online.wsj.com/article/SB20001424052970204518504574418790035029918.html>

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

Representative sample of recent news media coverage:

- MONTANA | *The Kaimin* – 24 September 2009 – **'Dying with dignity laws need to be firm.'** The Montana Supreme Court is poised ... to legalize physician-assisted suicide ... if the Court upholds a lower court's ruling ... [making] Montana the first state to enshrine the right in its constitution. [http://www.montanakaimin.com/index.php/opinion/opinion\\_article/death\\_with\\_dignity\\_laws\\_need\\_to\\_be\\_firm/3987](http://www.montanakaimin.com/index.php/opinion/opinion_article/death_with_dignity_laws_need_to_be_firm/3987)
- NEW HAMPSHIRE | *Telegraph* – 24 September 2009 – **'House considers legal suicide for terminally ill.'** The Judiciary Committee holds the first of what is expected to be many long work sessions on a bill introduced last session [that would legalize assisted suicide for the terminally ill], but held over the summer for more work. The full House votes on the measure next year. <http://www.nashuatelegraph.com/apps/pbcs.dll/article?AID=/20090924/NEWSBLOG/909249965/-1/XML15>

## International

### **Cancer cost angst as dying patients may lose medicine**

AUSTRALIA | *Courier Mail* (Brisbane) – 26 September 2009 – Dying cancer patients could be weaned off taxpayer-funded drugs as the Federal government is confronted with spiralling health costs. [The] Health Minister ... wants debate about the moral challenge as the Pharmaceutical Benefits Advisory Committee plans trials to determine when costly drugs become ineffective and should no longer be dispensed. <http://www.news.com.au/couriermail/story/0,23739,26125467-952,00.html>

### **Rabbinate accepts bill equating brain death with the end of life**

ISRAEL | Haaretz.com – 24 September 2009 – Rabbinical figures around the world were astonished by the Chief Rabbinate Council's decision ... that a [proposed] Knesset [the legislative branch of the Israeli government] bill equating brain death with the end of life "is in line with halakha [Jewish law]." The new bill would allow organs to be taken from a deceased person before his heart has stopped beating. The Rabbinate's decision follows a drawn-out dispute between the [country's] rabbinical and medical establishments. The bill would have far-reaching consequences. <http://www.haaretz.com/hasen/spages/1116642.html>

From Media Watch dated 10 November 2008:

- VATICAN CITY | Agence France Press – 8 November 2008 – **'Pope urges new consensus on determination of death.'** Pope Benedict XVI called on the scientific community ... to find a new consensus for determining when someone's life ends that takes into account technological advances. <http://afp.google.com/article/ALeqM5iz7RkAENDqn3t3c9SsWJd03rd7tQ>

### **Debate swells over terminally ill care**

NEW ZEALAND | *The Press* (Wellington) – 24 September 2009 – A controversial care scheme for the terminally ill will be introduced in Canterbury at the end of the year. The Canterbury District Health Board will start a two-year pilot of the Liverpool Care Pathway (LCP) in 20 aged residential care facilities.<sup>1</sup> The scheme, which is designed to reduce suffering for dying patients, is used in more than 300 hospitals and care homes in England, where it came under fire this month after a letter was published in the *Daily Telegraph* from a group of palliative care specialists who claimed patients were dying prematurely.<sup>2</sup> <http://www.stuff.co.nz/national/health/2896454/Debate-swells-over-terminally-ill-care>

1. Liverpool Care Pathway for the Dying Patient: <http://www.mcpcil.org.uk/liverpool-care-pathway/>
2. *DAILY TELEGRAPH* (Letter) – 3 September 2009 – **'Dying patients.'** The Government is rolling out a new treatment pattern. If you tick all the right boxes in the LCP, the inevitable outcome of the consequent treatment is death. <http://www.telegraph.co.uk/comment/letters/6127443/Lack-of-strategic-planning-for-energy-policy-means-Britain-is-over-reliant-on-imported-gas.html> [

**N.B.** The letter to the editor was listed in the Media Watch dated 7 September 2009. Listings in subsequent issues of the weekly report highlight the public "debate" in the U.K. on the LCP, including publication by the Marie Curie Palliative Care Institute, in collaboration with the Royal College of Physicians (Clinical Standards Department), of the *National Care of the Dying Audit*, September 2009. <http://www.rcplondon.ac.uk/clinical-standards/organisation/Documents/National-Care-Of-The-Dying-Audit-Hospitals-Round-2.pdf>

### **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. <http://www.pcn-e.com/community/>

## Pain and dying – an inevitable partnership?

PALLIATIVE CARE AUSTRALIA | Press release – 23 September 2009 – Why is there no outrage that some people at the end of life continue to suffer from pain that can be prevented? In Australia, it remains a reality that between 30-50% of people will experience physical pain that is under-treated at the end of life.<sup>1</sup> Why, despite the funding and the promises of reform, is the health care system unable to meet the needs of all people at the end of life? Today in Australia, despite the existence of good pain medicines, people continue to suffer from preventable pain. <http://pallcare.org.au/Portals/46/media/PCA%20media%20release%20-%20pain%20and%20access.pdf>

1. **'Is access to quality care at the end of life equitable?'** Palliative Care Australia (Background Brief), September 2009. <http://pallcare.org.au/Portals/46/media/Background%20brief%20-%20preventable%20pain%20and%20equity%20of%20access.pdf>

Of related interest:

- PALLIATIVE CARE AUSTRALIA | Press release – 25 September 2009 – **'The way forward for medicines use at the end of life.'** De-prescribing, opioid-phobia and the disposal of unused medicines have been identified as significant issues in palliative care in a report from the National Prescribing Service and Palliative Care Australia.<sup>1</sup> <http://pallcare.org.au/Portals/46/media/PCA%20-%20NPS%20-%20medicines%20use%20report%20-%20launch.pdf>
1. *Achieving quality use of medicines in the community for palliative and end-of-life care*, National Prescribing Service Limited and Palliative Care Australia, September 2009. <http://www.palliativecare.org.au/Portals/46/Policy/QUM%20in%20palliative%20care%20-%20report%20-%20September%202009.pdf>

### 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 the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, 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.

### Distribution

Media Watch is distributed at no cost to colleagues active or with a special interest in hospice, palliative care and end of life issues. Recipients are encouraged to share the weekly report with *their* colleagues. The distribution list is a proprietary one, used exclusively for the distribution of the weekly report and occasional supplements. It is not used or made available for any other purpose whatsoever – to protect the privacy of recipients and also to avoid generating undue e-mail traffic.

### 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.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- IRELAND | *The Independent* – 24 September 2009 – '**Coir under fire over euthanasia scare tactic.**' Coir, the extreme Catholic group, has come under attack for scaring older people into believing that euthanasia will become law in Ireland if the Lisbon Treaty is adopted in next month's referendum. <http://www.independent.ie/national-news/coir-under-fire-over-euthanasia-scare-tactic-1894952.html>
- U.K. (NORTH IRELAND) | *Belfast Telegraph* – 24 September 2009 – '**Assisted suicide law clarified.**' The Director of the Public Prosecution Service in Northern Ireland issued new interim guidance [to clarify the law on assisted suicide] to coincide with the publication of similar guidelines for England and Wales. <http://www.belfasttelegraph.co.uk/news/local-national/assisted-suicide-law-clarified-14506181.html>
- U.K. (SCOTLAND) | *Evening Times* (Glasgow) – 24 September 2009 – '**Suicide rule 'confusion.'**' The Lord Advocate ... rejected calls to publish new guidance on assisted suicide. She said there was no need for such guidelines in Scotland, where there is no offence of assisted suicide, but helping another person to end their life may amount to homicide depending on the circumstances. [http://www.eveningtimes.co.uk/news/display.var.2530854.0.suicide\\_rule\\_confusion.php](http://www.eveningtimes.co.uk/news/display.var.2530854.0.suicide_rule_confusion.php)
- U.K. | Crown Prosecution Service press release – 23 September 2009 – '**Director of Public Prosecutions publishes interim policy on prosecuting assisted suicide.**' On launching his interim policy on prosecuting cases of assisted suicide, the Director of Public Prosecutions (DPP) called for public participation in a 12-week consultation to consider the factors that would be taken into account when considering prosecutions.<sup>1</sup> [http://www.cps.gov.uk/news/press\\_releases/144\\_09/](http://www.cps.gov.uk/news/press_releases/144_09/)
  1. '**A public consultation on the DPP's interim policy for prosecutors on assisted suicide.**' Crown Prosecution Service: [http://www.cps.gov.uk/consultations/as\\_index.html](http://www.cps.gov.uk/consultations/as_index.html)
  2. *Interim Policy for Prosecutors in Respect of Cases of Assisted Suicide*, Director of Public Prosecutions, September 2009. [http://www.cps.gov.uk/consultations/as\\_consultation.pdf](http://www.cps.gov.uk/consultations/as_consultation.pdf)

Of related interest:

- U.K. | BBC News – 23 September 2009 – '**What the prosecution consider.**' The Director of Public Prosecutions ... stressed discretion would still be used and the presence of one factor would not automatically lead to a prosecution or the decision not to prosecute. Instead, the case as a whole would have to be taken into account with the factors weighed up against each other. So what will be looked at in such cases? <http://news.bbc.co.uk/2/hi/health/8271082.stm>
- U.K. | BBC News – 23 September 2009 – '**Assisted suicide: Debate around the world.**' Proponents of assisted suicide believe support for legalisation is growing among lawmakers and the public around the world. <http://news.bbc.co.uk/2/hi/europe/8270516.stm>
- U.K. | BBC News – 23 September 2009 – '**Asia's attitude to assisted suicide.**' As more and more countries in the West grapple with how to legislate on this difficult issue, the BBC ... looks at how assisted suicide and euthanasia are viewed in Asia. [http://news.bbc.co.uk/2/hi/asia\\_pacific/8268126.stm](http://news.bbc.co.uk/2/hi/asia_pacific/8268126.stm)
- U.K. | *Daily Telegraph* – 24 September 2009 – '**Assisted suicide: Previous cases.**' An expert in criminal law on what the interim guidelines, which cannot be applied retrospectively, could have meant for some high-profile cases of assisted suicide. <http://www.telegraph.co.uk/health/healthnews/6223425/Assisted-suicide-previous-cases.html>

### What the Director of Public Prosecutions said in introducing the interim guidelines

*Assisted suicide has been a criminal offence for nearly 50 years and my interim policy does nothing to change that ... Only parliament may change the criminal law. I am not able to do so and neither is any court. Neither am I able to provide individuals with a guarantee that they will not be prosecuted if they do or do not do certain acts ... The DPP cannot assure a person, in advance of committing a crime, that a prosecution will not be brought and nothing in this policy can be taken to amount to such an assurance.*

Cont.

- SWITZERLAND | *The Independent* (U.K.) – 21 September 2009 – **'Swiss turn against suicide tourism' as U.K. law softens.** [As] Britain decides whether to make an assisted suicide easier for its citizens, the only country with a medical clinic prepared to receive them is considering how to make the process more difficult. Two government papers are on their way to Switzerland's parliament, one suggesting restrictions to the present law, another proposing a ban on assisted suicide organisations. <http://www.independent.co.uk/news/world/europe/swiss-turn-against-suicide-tourism-as-uk-law-softens-1790713.ece>

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

### **Consultation opens on guidance for prosecuting in cases of assisted dying**

*BRITISH MEDICAL JOURNAL* | Online report – 22 September 2009 – Friends or relatives who help a loved one to commit suicide will not be prosecuted if the would-be suicide has a clear and settled intention to die and the helper does not encourage the suicide but assists out of compassionate motives, say guidelines issued the director of public prosecutions for England & Wales. The policy statement<sup>1</sup> ... comes after a legal victory by Debbie Purdy, who has primary progressive multiple sclerosis. The ruling, from the U.K.'s highest court, required the director of public prosecution to clarify when loved ones would or would not face prosecution for aiding and abetting a suicide. [http://www.bmj.com/cgi/content/extract/339/sep22\\_2/b3909](http://www.bmj.com/cgi/content/extract/339/sep22_2/b3909)

1. **'A public consultation on the DPP's interim policy for prosecutors on assisted suicide.'**  
Crown Prosecution Service website: [http://www.cps.gov.uk/consultations/as\\_index.html](http://www.cps.gov.uk/consultations/as_index.html)

**N.B.** Scroll back to [International](#) and **'Director of Public Prosecutions publishes interim policy on prosecuting assisted suicide.'** (p.7)

Of related interest:

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 23 September 2009 – **'Comfort care versus euthanasia.'** [Abstract unavailable; article by subscription only.] <http://ajh.sagepub.com/cgi/rapidpdf/1049909109346167v1>[Available]
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 25 September 2009 – **'Mental health outcomes of family members ... who request physician aid in dying.'** Pursuit of aid in dying does not have negative effects on surviving family members and may be associated with greater preparation and acceptance of death. [http://www.jpsmjournal.com/article/S0885-3924\(09\)00707-6/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00707-6/abstract)
- *NURSING TIMES* (U.K.) | Online report – 23 September 2009 – **'Guidance issued to clarify law on assisted suicide.'** Those who help people to commit suicide may be less likely to face prosecution in future if the the individual they are assisting has a terminal illness or a severe degenerative physical condition from which there was no possibility of recovery. <http://www.nursingtimes.net/whats-new-in-nursing/management/guidance-issued-to-clarify-law-on-assisted-suicide/5006613.article>
- *PSYCHO-ONCOLOGY* | Online article – 21 September 2009 – **'Unbearable suffering of patients with a request for euthanasia or physician-assisted suicide.'** There is no generally accepted definition of "unbearable suffering" in the context of a request for EAS [euthanasia and assisted suicide]. On the basis of the articles reviewed, the authors propose a conceptual definition. <http://www3.interscience.wiley.com/journal/122579881/abstract>
- *SCANDINAVIAN JOURNAL OF PUBLIC HEALTH*, 2009;37(3):260-264. **'Would physician-assisted suicide jeopardize trust in the medical services? An empirical study of attitudes among the general public in Sweden.'** The authors found no evidence for the assumption that trust in the medical services would be unambiguously jeopardized if physician-assisted suicide were to be legalized. <http://sjp.sagepub.com/cgi/content/abstract/37/3/260>

### **Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2009;302(12):1284-1293. Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce. The authors sought to determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients. They conclude that participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. <http://jama.ama-assn.org/cgi/content/abstract/302/12/1284>

### **When to refer patients to palliative care: Triggers, traps, and timely referrals**

*JOURNAL OF HOSPICE & PALLIATIVE NURSING*, 2009;11(5):291-301. The primary purpose of the study was to examine barriers to timely referral to palliative care; secondary ... was to explore the impact of late referral on quality of life for palliative care patients and families. Findings are reported from healthcare providers' perspectives and include medical practitioners and nurses from several sites in Perth, Western Australia. Lack of knowledge about palliative care services and its benefits was the overarching theme among ... healthcare providers, patients, and families. [http://journals.lww.com/jhpn/Abstract/2009/09000/When to Refer Patients to Palliative Care .13.aspx](http://journals.lww.com/jhpn/Abstract/2009/09000/When_to_Refer_Patients_to_Palliative_Care_.13.aspx)

### **Advancing palliative care as a human right**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 25 September 2009 – The international palliative care community has articulated a simple but challenging proposition that palliative care is an international human right. International human rights covenants and the discipline of palliative care have, as common themes, the inherent dignity of the individual and the principles of universality and non-discrimination. However, when we consider the evidence for the effectiveness of palliative care, the lack of palliative care provision for those who may benefit from it is of grave concern. Three disciplines (palliative care, public health, and human rights) are now interacting with a growing resonance. The maturing of palliative care as a clinical specialty and academic discipline has coincided with the development of a public health approach to global and community-wide health problems. The care of the dying is a public health issue. Given that death is both inevitable and universal, the care of people with life-limiting illness stands equal to all other public health issues. This article describes recent advocacy activities and explores practical strategies for the palliative care community to use within a human rights framework to advance palliative care development worldwide. [http://www.jpsmjournal.com/article/S0885-3924\(09\)00647-2/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00647-2/abstract)

#### **Quotable Quotes**

*Even patients making contemporary decisions about contemporary illnesses are regularly daunted by the decisions' difficulty. How much harder, then, is it to conjure up preferences for an unspecifiable future confronted with unidentifiable maladies with unpredictable treatments?*

**Angela Fagerlin & Carl E. Schneider, 'Enough: The failure of the living will,'  
*Hastings Center Report*, 2004;34(2):30-42**

## The Terri Schiavo saga: Ethical and legal aspects and implications for clinicians

*POLSKIE ARCHIWUM MEDYCYN Y WEWNĘTRZNEJ*, 2009;119(9):574-580. On 31 March 2005 Terri Schiavo died – the final complication of a cardiac arrest on 25 February 1990. Her death was preceded by the withdrawal of artificially administered hydration and nutrition through a feeding tube. Prior to her death, Terri's saga was the focus of intense medical, ethical, and legal debates in the U.S. and elsewhere. These debates were characterized by confusion about the facts, ethical principles, and laws relevant to the case. Much of the confusion revolved around a number of ethical and legal questions including: Is it ethically and legally permissible to withhold or withdraw life-sustaining treatments from patients who do not want the treatments? Is withholding or withdrawing life-sustaining treatments the same as physician-assisted suicide or euthanasia? Is artificially administered hydration and nutrition a medical treatment or mandatory care akin to bathing? What were Terri's values, preferences, and goals regarding life-sustaining treatments? In this article, the medical, ethical, and legal data related to the case and the aforementioned ethical and legal questions raised by it are reviewed. Finally, the clinical implications of the saga ... and advance care planning (e.g., completing an advance directive) are discussed. <http://docs.google.com/gview?a=v&q=cache%3AtgDQQihHNPkJ%3A+tip.org.pl%2Fpamw%2Ffiles%2Farticlepdf%2F390%2Fen.html+The+Terri+Schiavo+saga%3A+ethical+and+legal+aspects+and+implications+for+clinicians&hl=en&gl=ca&sig=AFQjCNFbyWMQihNfnJ0z15pLjVS4IE5r4g>

Of related interest:

- *JOURNAL OF GERONTOLOGICAL NURSING* | Online article – 22 September 2009 – **'The importance of living wills and advance directives.'** A review of the current literature indicates that approximately 85-95% of the population does not have adequate advance directives or palliative care measures written in their medical record. Furthermore, these orders may not follow the patient when he or she is transferred to other facilities for intermittent care. By instituting a change in policy, organizations can ensure that patients' wishes for end-of-life care are met appropriately. In addition, nurses should advocate for a centralized database at the political level. <http://www.jognonline.com/view.asp?rID=43871>

From Media Watch dated 10 August 2009:

- CARP ADVOCACY | Online OpEd – 7 August 2009 – **'Discussing future health care and treatment options is not an easy topic of conversation.'** One public opinion poll revealed that while the vast majority of Canadians (83%) feel it is important to discuss end-of-life care with a family member, fewer than half (44%) had done so. Half of those surveyed felt it important to discuss end-of-life care with a physician, but only 9% had done so. [http://www.carp.ca/advocacy/adv-article-display.cfm?documentid=4020&adv\\_section=1](http://www.carp.ca/advocacy/adv-article-display.cfm?documentid=4020&adv_section=1)

## Dignity violation in health care

*QUALITATIVE HEALTH RESEARCH* | Online article – 24 September 2009 – In this ... analysis, the author ... found dignity violation in health care occurs through ... rudeness, indifference, condescension, dismissal, disregard, dependence, intrusion, objectification, restriction, labeling, contempt, discrimination, revulsion, deprivation, assault, and abjection. The conditions that promote these processes reside in the positions of the actors involved; in the asymmetrical relationships between the actors; in the health care setting itself, which is characterized by multiple tensions – including those between needs and resources, crisis and routine, experience and expertise, and rhetoric and reality; and in the embeddedness of health care in a broader social order of inequality. These findings suggest several interventions that might mitigate dignity violation in health care. <http://qhr.sagepub.com/cgi/content/abstract/1049732309349809v1>

## Worth Repeating

### Teaching and learning ethics

#### **The dangers of medical ethics**

*JOURNAL OF MEDICAL ETHICS*, 2005;31(12):739-742; The dominant conception of medical ethics being taught in British and American medical schools is at best pointless and at worst dangerous, or so it will be argued. Although it is laudable that medical schools have now given medical ethics a secure place in the curriculum, they go wrong in treating it like a scientific body of knowledge. Ethics is a unique subject matter precisely because of its widespread familiarity in all areas of life, and any teaching has to start from this shared ethical understanding and from the familiar ethical concepts of ordinary language. Otherwise there is a real risk that spurious technocratic jargon will be deployed by teacher and student alike in the futile search for intellectual respectability, culminating in a misplaced sense of having "done" the ethics module. There are no better examples of such jargon than "consequentialism," "deontology," and the "Four Principles." At best, they cannot do the work they were designed to do and, at worst, they can lead student and practitioner into ignoring their own healthy ethical intuitions and vocabulary.  
<http://jme.bmj.com/cgi/content/abstract/31/12/739>

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