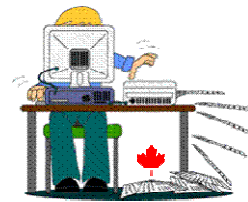


## Media Watch...

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.

## 9 November Edition | Issue #122



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

**Quality of care at the end of life: Scroll down to [Specialist Publications](#) and 'How can palliative care deal with overzealous treatment?' (p.6)**

## Canada

### **National strategy on palliative care needed**

ONTARIO (Collingwood) | *Connection* – 5 November 2009 – The federal government needs to take the lead and develop a strategy for palliative care, says Senator Sharon Carstairs. A former Member of the Provincial Parliament and leader of the Manitoba Liberal Party, Carstairs ... has been an advocate of hospice and palliative care for a number of years, and from 2001-2003 was Leader of the Senate and [Canada's first Federal] Minister with Special Responsibility for Palliative Care. <http://www.collingwoodconnection.com/collingwoodconnection/article/149095>

### **Palliative care pioneer honoured for exceptional contribution to Montreal**

QUEBEC | McGill University announcement – 4 November 2009 – Balfour Mount, the Founding Director of the Royal Victoria Hospital Palliative Care Service, McGill University Health Centre, and Emeritus Professor of Palliative Medicine at McGill University, was inducted into the Academy of Great Montrealers. [http://www.muhc.ca/media/news/item/?item\\_id=111887](http://www.muhc.ca/media/news/item/?item_id=111887)

### **Dignity therapy**

AUSTRALIA | ABC (Saturday Extra) – 31 October 2009 – Harvey Chochinov, professor of psychiatry and community health sciences, University of Manitoba, and director of the Manitoba Palliative Care Research Unit at Cancer Care Manitoba, is founder of Dignity Therapy. He spoke on the intervention at the recent Inaugural Whole Person Care National Symposium in Sydney and was interviewed on Australian national radio. <http://www.abc.net.au/rn/saturdayextra/stories/2009/2728604.htm>

## Canadians still have reservations regarding euthanasia: poll

NATIONAL POST | Online report – 2 November 2009 – A majority of Canadians strongly in favour of legalized euthanasia are still concerned that the sick, disabled and elderly could be put to death without consent, a new poll has found. The Environics Research Group poll found 61% of all Canadians, and 75% of Quebecers, approve of legalized euthanasia – figures that have been fairly consistent for the past several years. But the poll also revealed that support may be weaker once respondents are asked to consider the potential consequences of such a law: 55% of those who expressed strong support for euthanasia are worried that a "significant number" of people could be put to death against their wishes, according to the pollster. Among those showing tentative support, that number rose to 72%. "Among those who express tentative support for legalizing euthanasia, a large majority think the government should place a greater priority on investing in more and better palliative and hospice care than on legalizing euthanasia," Environics said. <http://network.nationalpost.com/np/blogs/fullcomment/archive/2009/11/02/canadians-still-have-reservations-regarding-euthanasia-poll.aspx>

## Collège des médecins du Québec reveals its reflections on end-of-life care

COLLÈGE DES MÉDECINS DU QUÉBEC | Press release – 3 November 2009 – Subsequent to an intensive three-year period of reflection, the Collège des médecins du Québec is revealing its perspective and conclusions regarding end-of-life care and euthanasia. Although numerous consultations were conducted during this period of deliberation, the Collège does not pretend to possess any simple answers to a highly complex question that is of concern to every individual and to society as a whole. The CMQ embraces the point of view of the patient who is confronting imminent and inevitable death. In such a situation, the patient looks to their physician and generally requests that they be able to die without undue suffering and with dignity. Neither surveys, nor attorneys, nor politicians can properly advise the physician and the patient facing this situation. In the majority of cases, the patient and their doctor find the appropriate analgesia that respects the ethical obligation of physicians not to preserve life at any cost, but rather, *when the death of a patient appears to be inevitable, to act so that it occurs with dignity and to ensure that the patient obtains the appropriate support and relief.* <http://www.cmq.org/medias/profil/commun/Nouvelles/2009/2009-11-03/communiqu.aspx>

**N.B.** See (below) representative sample of media coverage given the College's announcement.

- OTTAWA CITIZEN | Online OpEd – 6 November 2009 – **'Euthanasia would hurt doctors.'** This week the the Quebec College of Physicians & Surgeons tentatively approved euthanasia. That means it's essential that we look, specifically, at the impact that euthanasia would have on physicians and the profession of medicine, in order to understand why this approval is a very bad idea. <http://www.ottawacitizen.com/health/Euthanasia+would+hurt+doctors/2190452/story.html>
- GLOBE & MAIL | Online OpEd – 5 November 2009 – **'The great Canadian euthanasia debate.'** When it comes to end-of-life care, Canadians should be able to choose from among a full range of options, including first-rate palliative care and physician-assisted suicide. With proper safeguards in place to ensure openness and accountability, there's no reason to deny people the help they want and need. <http://www.theglobeandmail.com/news/opinions/the-great-canadian-euthanasia-debate/article1353068/>

**N.B.** The second reading by parliament of the private member's bill C-384 to decriminalize assisted suicide has been rescheduled and will be heard 2 December 2009.

- QUEBEC | CBC – 3 November 2009 – **'Quebec physicians call for euthanasia debate.'** The Quebec College of Physicians is calling for an open debate about euthanasia. College officials said they would not take a clear stance on the issue of euthanasia but hoped to contribute to the debate about it. <http://www.cbc.ca/canada/montreal/story/2009/11/03/quebec-physicians-euthanasia.html>

Cont.

- QUEBEC | *Globe & Mail* – 3 November 2009 – **'Quebec doctors cautiously endorse euthanasia.'** Quebec's College of Physicians has endorsed euthanasia in extreme circumstances, provoking fear among opponents that the rest of Canada is getting dragged into an unwanted drive toward mercy killing. <http://www.theglobeandmail.com/news/national/quebec-doctors-cautiously-endorse-euthanasia/article1350279/>
- QUEBEC | *National Post* – 3 November 2009 – **'Quebec doctors support for euthanasia raises ethical questions.'** A decision by the medical regulatory body of Quebec to support legalized euthanasia in "exceptional situations" raises grave concern about crossing ethical boundaries that violate the fundamental duty of physicians. <http://network.nationalpost.com/np/blogs/holy-post/archive/2009/11/03/quebec-doctors-support-for-euthanasia-raises-ethical-questions.aspx>  
  
**N.B.** The *National Post* published an editorial 4 November titled **'Euthanasia – a law best left unwritten.'** <http://network.nationalpost.com/np/blogs/fullcomment/archive/2009/11/04/national-post-editorial-board-euthanasia-a-law-best-left-unwritten.aspx>
- OTTAWA CITIZEN | Online report – 2 November 2009 – **'Disabled advocates want MPs to turn down assisted suicide bill.'** In the wake of quadriplegic Conservative MP Steven Fletcher's public statement outlining his decision to abstain from voting on a [Private Member's] bill [C-394] to legalize assisted suicide, disabled advocates in Canada say they want all MPs to vote against the bill. <http://www.ottawacitizen.com/news/Disabled+advocates+want+turn+down+assisted+suicide+bill/2173941/story.html>

## [U.S.A.](#)

### Model of health care for the future

#### **Local hospitals embracing palliative care concept**

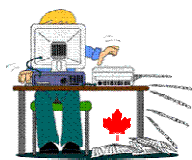
OKLAHOMA | *Journal Record* – 5 November 2009 – When a person is diagnosed with a life-threatening illness, a team of health care professionals begins working according to their expertise. An oncologist looks at the spread of cancer, a radiation therapist begins chemotherapy, and a cardiologist looks at possible side effects with the heart. But often, no one is taking a holistic look at the patient, asking about her ability to eat, her desires for treatment, her spiritual or religious needs. Practitioners of palliative care are working hard to change that. Palliative care is a related but different approach. Palliative care seeks to care for the patient from the moment of diagnosis to alleviate pain, facilitate communication about the patient's wishes and create a better quality of life. <http://www.journalrecord.com/article.cfm?recid=104107>

#### [Specialist Publications](#)

Of particular interest:

**'Researcher links health care debate to risk of dying in the U.S. and Europe.'**  
Scroll down to p.7 for a recent Inscience online article.

### [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.

## **NHPCO cites concern over growing short length of service in new facts and figures on hospice care in the U.S.**

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Press release – 3 November 2009 – More than 35% of patients served by hospices in 2008 died or were discharged in seven days or less ... a 4.6% increase from 2007, when 30.8% of patients had what is considered a short hospice experience. While the average length of service increased from 67.4 days in 2007 to 69.5 days in 2008, the jump in patients receiving care for a short time is of concern to hospice providers. Only 12.1% of those served died or were discharged with service of 180 days or more. These [and other] statistics are featured in organization's *Facts & Figures: Hospice Care in America*.<sup>1</sup> <http://www.nhpc.org/i4a/pages/index.cfm?pageID=6120>

1. *Facts & Figures: Hospice Care in America*.  
[http://www.nhpc.org/files/public/Statistics\\_Research/NHPCO\\_facts\\_and\\_figures.pdf](http://www.nhpc.org/files/public/Statistics_Research/NHPCO_facts_and_figures.pdf)

**N.B.** Centers for Medicare & Medicaid Services posted (30 October 2009) updated hospice statistics (1998-2008), including the 20 most frequent diagnoses, the number of patients, average length of stay, and trends over time in length of stay, by diagnosis. <http://www.cms.hhs.gov/center/hospice.asp>

## **Equine therapy helps hospice patients**

ILLINOIS (Elgin) | *Courier-News* – 3 November 2009 – Seeing how the infirm react to horses is one reason that Passages Hospice ... started partnering with Reins of Change. "We wanted to do something different" ... said Seth Gillman. He had heard about the therapy options available at Reins of Change, and how therapists there work with autistic children, those with eating disorders or children and adults with anger disorders, among other issues. For those living in a nursing home facility ... working with the huge animals in the outdoors can be a liberating experience. [http://www.suburbanchicagonews.com/couriernews/lifestyles/1860762.3\\_1\\_EL03\\_REINS\\_S1-091103.article](http://www.suburbanchicagonews.com/couriernews/lifestyles/1860762.3_1_EL03_REINS_S1-091103.article)

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

Representative sample of recent news media coverage:

- NEW HAMPSHIRE | Associated Press – 8 November 2009 – **'Recommendation planned on ... assisted suicide bill.'** A New Hampshire House committee plans to make its recommendation Tuesday (10 November) on a bill to legalize assisted suicide for the terminally ill. The Judiciary Committee this fall has been working on the bill, introduced last session but held over for more work. <http://www.seacoastonline.com/articles/20091108-NEWS-911089997>
- WASHINGTON POST | Online OpEd – 6 November 2009 – **'Preparing for death is not the equivalent of terminating life.'** End of life counseling may take two different forms, in almost opposing directions. One kind of counseling assists elderly people to prepare themselves for death. [http://newsweek.washingtonpost.com/onfaith/panelists/adin\\_steinsaltz/2009/11/preparing\\_for\\_death\\_is\\_not\\_the\\_equivalent\\_of\\_terminating\\_life.html](http://newsweek.washingtonpost.com/onfaith/panelists/adin_steinsaltz/2009/11/preparing_for_death_is_not_the_equivalent_of_terminating_life.html)

## **International**

### **Hospice young could need care for decades**

U.K. | *Yorkshire Post* – 9 November 2009 – The study by Leeds University and Martin House children's hospice at Boston Spa in West Yorkshire is the first to examine palliative care for children and young people. Experts believe it will help health chiefs plan care more effectively, pointing to findings that children, youngsters and their families may need care and support provided by a hospice for many years and in some cases for more than two decades. <http://www.yorkshirepost.co.uk/news/Hospice-young-could--need.5806682.jp>

## **Palliative care can be extended beyond cancer with increased awareness**

SINGAPORE | Channelnewsasia.com – 8 November 2009 – With more public education and discussions about death, demand for palliative care in Singapore will grow, commented Prime Minister Lee Hsien Loong. Hospice and home palliative care providers are serving over 5,000 patients annually and, in the future, such care can be expanded to more patients. <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1016823/1.html>

## **Australians dying badly**

PALLIATIVE CARE AUSTRALIA | Press release – 5 November 2009 – Why do so many Australians unnecessarily experience a bad death? A bad death can mean different things to different people: experiencing pain or other symptoms that could have been prevented; not having cultural or spiritual wishes honoured; not obtaining honest, open discussion about conditions and treatments; not being afforded choice in available evidence-based treatment options; not being where they want to be or having things done the way they would wish; not having an opportunity for a quality of life that means something to them. A national forum was ... held in Canberra, under the auspices of Palliative Care Australia, to discuss end-of-life issues and, in particular, to review how well health reform is meeting the reality that death is inevitable for everybody and our health system must allow good care for dying people and those around them. <http://pallcare.org.au/Portals/46/media/Australians%20Dying%20Badly%20-%20PCA%20Media%20Release%205%20Nov%202009.pdf>

## **National Health Service communication failure 'rife'**

U.K. | BBC News – 5 November 2009 – Poor communication between hospital staff and with their patients is far too common and deeply damaging. Patients left out of the loop and staff clocking on and off without a handover was commonplace, according to the findings of a confidential review ... [that] looked at the care of over 3,000 terminal patients.<sup>1</sup> It revealed two-fifths received "sub-standard" care. Change in the hospital team structure over recent years has seen individual clinicians become "transient acquaintances during a patient's illness rather than having responsibility for continuity of care." <http://news.bbc.co.uk/2/hi/health/8338746.stm>

1. *Deaths in Acute Hospitals: Caring to the End*, National Confidential Enquiry into Patient Outcome & Death, 2009. Summary: [http://www.ncepod.org.uk/2009report2/Downloads/DAH\\_summary.pdf](http://www.ncepod.org.uk/2009report2/Downloads/DAH_summary.pdf)

Of related interest:

- U.K. | Royal College of General Practitioners press release – 6 November 2009 – **'RCGP launches groundbreaking ... end of life care strategy.'** The college has published a groundbreaking new ... strategy aimed at fundamentally improving the standards of care for those in the last stages of life. [http://www.rcgp.org.uk/news\\_and\\_events/news\\_room/news\\_2009/antemortem\\_end\\_of\\_life\\_care.aspx](http://www.rcgp.org.uk/news_and_events/news_room/news_2009/antemortem_end_of_life_care.aspx)

## **Specialist Publications**

Of particular interest:

**'Decrepit death as a discourse of death in older age: implications for policy.'** Scroll down to p.7 for a recent Australian study published in the *Journal of Older People Nursing*.

**'Physicians' beliefs and attitudes about end-of-life care: A comparison of selected regions in Hungary and the U.S.'** Scroll down to p.8 for the findings of a study published in the *Journal of Pain & Symptom Management*.

**'Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases.'** Scroll down to p.8 for a report published in *Medical Care*.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. (Scotland) | STV – 8 November 2009 – **'Majority of voters back assisted suicide.'** Almost 70% of people believe the law on assisted suicide should be changed to allow terminally ill people to end their lives, according to a new poll. <http://news.stv.tv/scotland/east-central/135723-majority-of-voters-back-assisted-suicide/>
- AUSTRALIA (South Australia) | *Australian* – 7 November 2009 – **'Embroided in a lethal argument.'** The longstanding majority against legalised euthanasia in the ... upper house came perilously close to collapsing. <http://www.theaustralian.com.au/news/opinion/embroided-in-a-lethal-argument/story-e6frg7ko-1225795218619>
- AUSTRALIA (Tasmania) | ABC News – 4 November 2009 – **'Euthanasia bill voted down.'** Tasmania's parliament has voted down a [private member's bill] bill giving terminally ill people the right to end their lives. <http://www.abc.net.au/news/stories/2009/11/04/2733509.htm>
- CHILE | Angus Reid Global Monitor report – 4 November 2009 – **'Fewer Chileans, but still a majority, favour euthanasia.'** Opposition to euthanasia has grown in Chile, but supporters of this course of action are still the majority, according to a poll by Ipsos: 57% of respondents agree with "assisted death" in cases of terminal or incurable diseases, down 7.5 points since June; 40.4% of respondents disagree with euthanasia, up 8.1 points since June. [http://www.angus-reid.com/polls/view/34425/fewer\\_chileans\\_but\\_still\\_a\\_majority\\_favour\\_euthanasia](http://www.angus-reid.com/polls/view/34425/fewer_chileans_but_still_a_majority_favour_euthanasia)
- U.K. | BBC News – 4 November 2009 – **'Suicide letter couple 'in fear.'** A couple found dead after sending the BBC a letter criticising U.K. laws on assisted suicide were "frightened unnecessarily," a pro-life groups says. [http://news.bbc.co.uk/2/hi/uk\\_news/england/berkshire/8342249.stm](http://news.bbc.co.uk/2/hi/uk_news/england/berkshire/8342249.stm)

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

### How can palliative care deal with overzealous treatment?

*ADVANCES IN PALLIATIVE CARE*, 2009;8(3):89-94. Palliative Care has an important role to play in preventing overzealous treatment. Active palliative care approach should be applied early in the disease and in all conditions, not only in cancer. Palliative Care specialists should be involved in the support and educating generalists, family members and general public. The holistic approach including the existential issues is able to foster new hope and stop patient and the family to insist on more treatments which may bring more harm than benefit. By gathering evidence through research and audit about the prevalence and costs of such iatrogenic activities, we may and advocate for a redesign of end-of-life care services so that patients can ... access reliable care. [http://www.viamedica.pl/en/gazety/xgazEang/abstrakt.phtml?id=33&indeks\\_art=258](http://www.viamedica.pl/en/gazety/xgazEang/abstrakt.phtml?id=33&indeks_art=258)

Of related interest:

- U.S. | *Washington Post* (OpEd) – 6 November 2009 – **'Die with dignity or anguish: The choice is yours.'** One third of expenses in the last year of life are spent in the final month with aggressive treatments in the final month accounting for 80% of those costs. Meanwhile, a recent study in the *Annals of Internal Medicine* demonstrated if only half of the 500,000 Americans that die of cancer each year were to have an end-of-life discussion, \$77 million would be saved. Even more, palliative care improved the quality of life at the end, while aggressive care did not prolong survival at all. [http://newsweek.washingtonpost.com/onfaith/panelists/aseem\\_shukla/2009/11/die\\_with\\_dignity\\_or\\_anguish\\_the\\_choice\\_is\\_yours.html](http://newsweek.washingtonpost.com/onfaith/panelists/aseem_shukla/2009/11/die_with_dignity_or_anguish_the_choice_is_yours.html)

## **Use of multiperspective qualitative interviews to understand patients' and carers' beliefs, experiences, and needs**

*BRITISH MEDICAL JOURNAL* | Online article – 14 October 2009 – Linked interviews conducted with patients and their informal and professional carers can generate a richer understanding of needs and experiences than the single perspective most commonly used in qualitative studies. [http://www.bmj.com/cgi/content/full/339/oct14\\_3/b4122](http://www.bmj.com/cgi/content/full/339/oct14_3/b4122)

Of related interest:

- *BRITISH MEDICAL JOURNAL* – 28 September 2009 – **'Use of serial qualitative interviews to understand patients' evolving experiences and needs.'** Interviewing patients over the course of their illness can give a much better picture of their experience than single interviews as they facilitate an ongoing relationship between the participant and researcher and thereby discussion of sensitive and personal issues while also allowing exploration of changing needs and experiences. [http://www.bmj.com/cgi/content/full/339/sep28\\_1/b3702](http://www.bmj.com/cgi/content/full/339/sep28_1/b3702)

## **Researcher links health care debate to risk of dying in the U.S. and Europe**

*INSCIENCES* | Online article – 6 November 2009 – The current health care debate in the U.S. is complicated. Trade-offs between health care expenditures, lifestyle choices and life expectancy have been suggested but seldom clearly demonstrated. The U.S. spends on average more than \$45,000 per year on health care for every 80 year old, while the Europeans spend \$12,000 for the same age group. U.S. octogenarians have a 20% less chance of dying than Europeans in the next year. But, more than 30% of the U.S. population is obese, compared to less than 10% of Europe's population. If the U.S. had the same per capita health expenditures for retirees as Germany or the U.K. our country's total health care costs for all citizens would be about 40% less. [http://insciences.org/article.php?article\\_id=7456](http://insciences.org/article.php?article_id=7456)

## **Decrepit death as a discourse of death in older age: implications for policy**

*INTERNATIONAL JOURNAL OF OLDER PEOPLE NURSING*, 2009;4(4):263-271. In Australia, care of the older person dying in residential aged care is contentious. This paper reports on selected results of a study of aged and palliative care policies, undertaken to elicit discourses of dying in aged care environments. The dominant palliative care discourse about dying decries an 'undeserved death' [and] the discourse about an older dying person is described as 'decrepit death'. These competing discourses provide a framework for examining emerging national policy work to improve care of the dying. <http://www3.interscience.wiley.com/journal/122505882/abstract>

## **Responding to suffering: Providing options and respecting choice**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;38(5):797-800. Voluntary stopping of eating and drinking (VSED) as a legal means to hasten death has been discussed by some as an option for persons who wish to end their lives. A case is presented of a woman who elected to forgo eating and drinking to end intractable suffering. The potential for benefit and harm in physicians discussing VSED is discussed. Physicians working with terminally ill patients need to consider the discussion of VSED as a therapeutic tool in their support and care of patients with intractable suffering. [http://www.jpsmjournal.com/article/S0885-3924\(09\)00791-X/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00791-X/abstract)

Of related interest:

- *BMC PALLIATIVE CARE* | Online article – 3 November 2009 – **'Unbearability of suffering at the end of life: the development of a new measuring device...'** This article describes methodological development of a quantitative instrument to measure the nature and intensity of unbearable suffering. <http://www.biomedcentral.com/content/pdf/1472-684x-8-16.pdf>

**Physicians' beliefs and attitudes about end-of-life care:  
A comparison of selected regions in Hungary and the U.S.**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 5 November 2009 – The aim of this study was to assess, compare, and contrast beliefs and practices of end-of-life care held by primary care physicians practicing in selected regions of the U.S. and Hungary. Over half of U.S. physicians indicated they were quite knowledgeable about hospice care and rated currently available services for the terminally ill as exceptionally good, compared to less than 10% of Hungarian physicians. The physicians' differing beliefs that discussing a terminal prognosis fosters a sense of hopelessness is consistent with disclosure beliefs and practices. The majority of U.S. physicians believe it is the patients' right to know and always tell them when the diagnosis is terminal. Hungarian physicians (44%) believe that the patient's right to know is balanced by the physician's judgment of the patient's best interest, and an additional 40% disclose only if asked. [http://www.jpmsjournal.com/article/S0885-3924\(09\)00789-1/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)00789-1/abstract)

**Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases**

*MEDICAL CARE* | Online article – 3 November 2009 – The frequency of reported euthanasia cases [in Belgium] has increased every year since legalization [0.23% of all deaths in 2002 to 0.49% in 2007]. Euthanasia is most often chosen as a last resort at the end of life by younger patients, patients with cancer, and seldom by non-terminal patients. [http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Legal\\_Euthanasia\\_in\\_Belgium\\_Characteristics\\_of.99853.aspx](http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Legal_Euthanasia_in_Belgium_Characteristics_of.99853.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 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.

## Working with children in end-of-life decision making

*NURSING ETHICS*, 2009;16(6):743-758. Traditionally, physicians and parents made decisions about children's health care based on western practices. More recently, with legal and ethical development of informed consent and recognition for decision making, children are becoming active participants in their care. The extent to which this is happening is however blurred by lack of clarity about what children – of diverse levels of cognitive development – are capable of understanding. Moreover, when there are multiple surrogate decision makers, parental and professional conflict can arise concerning children's "best interest." Giving children a voice and offering choice promotes their dignity and quality of life. Nevertheless, it also presents with many challenges. Case studies using pseudonyms and changed situational identities are used in this article to illuminate the complexity of ethical challenges facing nurses in end-of-life care with children and families. <http://nej.sagepub.com/cgi/content/abstract/16/6/743>

From Media Watch dated 10 November 2008:

- CANADIAN PAEDIATRIC SOCIETY (CPS) | Press release – 5 November 2008 – **'Provinces should recognize the wishes of children and youth with life-threatening illnesses...'** "It's important for all voices to be heard when it comes to health care decision-making," said Dr. Ellen Tsai, medical director of the paediatric intensive care service at Kingston General Hospital, chair of the CPS Bioethics Committee, and author of a new Canadian Pediatric Society position statement.<sup>1</sup> <http://www.cps.ca/english/Media/NewsReleases/2008/LifeThreateningIllnesses.htm>
- 1. *Advance Care Planning for Paediatric Patients*, Canadian Paediatric Society, November 2008 <http://www.cps.ca/english/statements/B/b08-02.htm>

## Religion and spirituality: A barrier and a bridge in the everyday professional work of pediatric physicians

*SOCIAL PROBLEMS*, 2009;56(4):702-721. Through in-depth interviews, the authors focus on ... [pediatricians and pediatric oncologists and their] everyday interactions with patients and families. They ask: (1) How do they gather information about religion and spirituality and determine when that information is relevant to their professional work? (2) Do they perceive religion and spirituality to be a barrier or a bridge to medical care as they do what Thomas Gieryn (1983) calls "boundary work"? The authors find that pediatric oncologists more than pediatricians see religion and spirituality as relevant to their professional work, though still largely outside their professional jurisdiction. It is most relevant when families are making medical decisions and in end of life situations. Physicians view religion and spirituality as a barrier when it impedes medical recommendations and as a bridge when it helps families answer questions medicine inherently cannot. <http://caliber.ucpress.net/doi/abs/10.1525/sp.2009.56.4.702>

### [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/>

## Worth Repeating

### **Place of death – how much does it matter?**

*BRITISH JOURNAL OF GENERAL PRACTICE*, 2008;58(549):229-231. While no approach to measurement of the quality of end-of-life care is without its drawbacks, the authors advocate that an attempt be made to measure systematically the care provided in all settings in order to assess progress in improving end-of-life care for all. Each day in the U.K. 1,500 people die. An annual postal survey of the next of kin of all people who died on a particular day 6 months previously could provide invaluable data. Service initiatives on their own are unlikely to alter place of death greatly, since the factors influencing place of death are many and varied, and include powerful social and cultural factors. The real challenge therefore is to improve the quality of end-of-life care in all settings, wherever people spend their last weeks and days, and especially in the general wards of our hospitals, which are increasingly the predominant place of death. Almost all health and social care professionals are to some extent involved in end-of-life care ... predominantly a task for generalists, supported where appropriate by palliative care specialists. The authors opine: "While we sympathise with and support the aspiration to allow patients to die at home if they choose, we question how realistic this objective really is at the present time. The option to die at home will only be realisable if there is a guarantee of 24-hour care and support, with the backup from appropriate specialists." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2277105/>

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