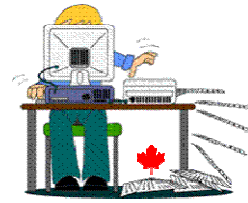


Media Watch...

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, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Estimating life expectancy: Scroll down to [Specialist Publications](#) and 'Pessimism is not poison,' published in *Journal of Clinical Oncology* (p.7).

Canada

Palliative sedation

Doctors get it wrong: Good facts are essential for good ethics

QUEBEC | *Montreal Gazette* (OpEd) – 21 February 2010 – There is a saying in ethics that "good facts are essential to good ethics." If Dr. Gaétan Barrette, the president of the federation of Quebec medical specialists, Dr. Yves Lamontagne of the Quebec College of Physicians and Yves Robert, secretary of the College, are accurately reported, none of them has his facts straight.¹ Barrette says that in caring for terminally ill people, "doctors are aware they can be charged with murder if they administer a 'palliative sedative' before a patient is on his or her last breath." Palliative means the sedative was necessary to relieve pain and suffering and was not given with an intention of killing the patient. That cannot result in a murder charge, or any other legal charge, unless the patient refused it. Indeed, unreasonably failing to provide necessary treatment for pain and suffering could constitute unprofessional conduct with resultant disciplinary measures, medical malpractice, and, in extreme cases, criminal negligence. It is now also widely recognized that for a healthcare professional to negligently leave a patient in serious pain is a breach of fundamental human rights. Barrette also says, "We want legislation in tune with the wishes of the public." But just because the public wants something or a majority votes for it doesn't mean it is ethical – or even wise. Democratic decisions and ethical ones are not necessarily the same.

<http://www.montrealgazette.com/news/Doctors+wrong/2592681/story.html>

1. *Montreal Gazette* – 16 February 2010 – '**Doctors back 'right to die' consultation.**' <http://www.montrealgazette.com/news/Doctors+back+right/2568891/story.html>

From Media Watch dated 18 January 2010:

- **PAIN MEDICINE** | Online article – 15 January 2010 – '**Intractable end-of-life suffering and the ethics of palliative sedation.**' Palliative sedation ... as an option of last resort for intractable end-of-life distress has been the subject of ongoing discussion and debate as well as policy formulation. <http://www3.interscience.wiley.com/journal/123243207/abstract>

Cont.

From Media Watch dated 11 January 2010:

- *JOURNAL OF MEDICINE & PHILOSOPHY* | Online article – 6 January 2010 – '**Disambiguating clinical intentions: The ethics of palliative sedation.**' This paper argues proponents of the claim [that the intentions of physicians are multiple, ambiguous, and uncertain – at least with respect to end-of-life care] fail to distinguish two different senses of "intention" and, as a result, they are led to exaggerate the extent to which clinical intentions in end-of-life contexts are ambiguous and uncertain. <http://jmp.oxfordjournals.org/cgi/content/abstract/jhp056v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=and&titleabstract=Disambiguating+Clinical+Intentions%3A+The+Ethics+of+Palliative+Sedation.&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>
- CENTER TO ADVANCE PALLIATIVE CARE | Online press release – 6 January 2010 – '**Palliative sedation: Myth vs. fact.**' The belief that symptom management hastens death in the dying is a classic example of confusing an association with causation. <http://www.capc.org/news-and-events/releases/01-06-10>

N.B. Scroll down to [Specialist Publications](#) and '**On palliative sedation, what would neurologists do?**' published in *Neurology Today* (p.9).

Fight to retain palliative care unit

ONTARIO | *Northumberland Today* (OpEd) – 17 February 2010 – As a community, I think we need to stand up and fight for this wonderful part of our hospital and do so in honour of the many loved ones we lost who spent their last days there, as well as for the many loved ones to come. <http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=2453264>

From Media Watch dated 15 February 2010:

- ONTARIO | *Northumberland Today* (Letter) – 13 February 2010 – '**Hospital's palliative care under review.**' It would be a "big mistake" to close the palliative care unit in Northumberland Hills Hospital to save money. <http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=2446827>

Use hospice as a model

NEW BRUNSWICK | *Telegraph-Journal* – 16 February 2010 – In May, the first residential hospice in Atlantic Canada will open in Saint John. By October, the hospice will be ready to accept its first patient. This project would never have been possible without individual leadership, community support, and a far-sighted commitment by the provincial government. The leadership has come from Dr. Nancy Grant, who has campaigned to build a facility for palliative care patients that is more like a residence than a hospital ward. For 27 years, she has worked to raise awareness of the need for appropriate end-of-life services within New Brunswick's health-care system. <http://telegraphjournal.canadaeast.com/opinion/article/955659>

Of related interest:

- ONTARIO | *Toronto Star* – 17 February 2010 – '**Plans for Toronto's first children's hospice unveiled.**' Until now, families in Toronto have had only two options for the care of their terminally ill children: hospital or home. <http://www.thestar.com/news/gta/article/767107--plans-for-toronto-s-first-children-s-hospice-unveiled>

[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/>

Continuum of care

'Interim care' places elderly at risk

ONTARIO | *Ottawa Citizen* – 16 February 2010 – According to [a report by] Dr. Andrew McCallum [the province's chief coroner] some Ontario hospitals, in an effort to free up beds for surgical and emergency patients, are experimenting with discharging elderly patients to unlicensed retirement homes, even though they are not always equipped to provide the same round-the-clock care as provincially regulated nursing homes. The idea behind such "transitional care" or "interim care" programs is to tackle an expensive and vexing problem facing hospitals, which are seeing an increasing number of elderly patients who don't belong in hospital beds, yet languish there for months until nursing-home spaces are available. In a June 2009 letter to the Ontario Hospital Association, McCallum cautioned against shifting elderly patients awaiting nursing-home beds to retirement homes. He repeated the warning three months later in his geriatric and long-term-care report. <http://www.ottawacitizen.com/health/Interim+care+places+elderly+risk+chief+coroner/2568477/story.html>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ONTARIO | *Toronto Sun* – 18 February 2010 – '**Laws, attitudes on euthanasia differ.**' In every poll on the issue over the last two decades ... Canadians have supported legalizing euthanasia. <http://www.torontosun.com/comment/editorial/2010/02/17/12923576.html>
- *WESTERN CATHOLIC REPORTER* | Online article – 18 February 2010 – '**Intractable pain not top reason for assisted suicide.**' Contrary to the prevailing view, most people seeking assisted suicide or euthanasia are not experiencing unmanageable physical pain or other medical symptoms such as seizures. <http://www.wcr.ab.ca/news/2010/0222/pain022210.shtml>
- ANGUS REID GLOBAL MONITOR | Online report – 16 February 2010 – '**Two-thirds of Canadians express support for legalizing euthanasia.**' While many Canadians favour legalizing euthanasia, support for amending existing regulations is higher in Québec and B.C., an Angus Reid poll has found; 67% of respondents support legalizing euthanasia, while 23% oppose this notion. http://www.visioncritical.com/wp-content/uploads/2010/02/2010.02.15_Euthanasia_CAN.pdf
- QUÉBEC | CBC News – 15 February 2010 – '**Decriminalize euthanasia, Québec MDs urge.**' Gaétan Barrette, head of the province's association of medical specialists [Fédération des médecins spécialistes du Québec], said ... at a national assembly committee hearing on the right to die with dignity that the province and Ottawa should come up with clear policies on when doctors can facilitate a patient's death. <http://www.cbc.ca/canada/montreal/story/2010/02/15/que-euthanasia-hearings-begin.html>

U.S.A.

Why are fewer patients enrolling in hospice?

KAISER HEALTH NEWS | Online OpEd – 18 February 2010 – Suddenly, many hospices are admitting fewer patients. Others are increasingly caring for people for just days or hours before they die. The result: cash-strapped hospices are cutting back on nurses and aides, and patients are missing out on critical end-of-life care. It is not clear why it's happening, but some hospice officials blame both a bad economy and Medicare rules that unintentionally discourage doctors from referring all but those who are about to die. Even though hospices have been operating in the U.S. for three decades, they remain widely misunderstood. Hospices provide medical care, pain management, spiritual and social care and volunteer support for those nearing the end of their lives. <http://www.kaiserhealthnews.org/Columns/2010/February/021810Gleckman.aspx>

Faith complicates a young mother's life-or-death decision on lung transplant

WASHINGTON POST | Online report – 17 February 2010 – Twice in the past two years she [Maribel Perez] has been told to prepare to die. Twice, she has been rejected for a lung transplant because her case was deemed too difficult. Twice, she has nearly been sent home to Peru because doctors told her there was nothing more they could do here, and if there were, her insurance wouldn't pay. She refused to believe them. Then, doctors, social workers, friends, family, priests, politicians and strangers coalesced as a veritable army of guardian angels around her. They pushed for treatment and insurance. They found loopholes, hospital beds and ventilators. They prayed. They set up a "Save Maribel" website and Facebook page. They called news conferences in which Perez tearfully pleaded for her life. They raised \$60,000 to save her. So it was nothing less than shattering when ... a few weeks ago, one of the world's largest lung-transplant programs [University of Pittsburgh Medical Center] agreed to take her, and Perez said no. <http://www.washingtonpost.com/wp-dyn/content/article/2010/02/16/AR2010021606057.html>

International

Pain and symptom management

Huge rise in prescriptions for strongest painkillers

U.K. | *Daily Telegraph* – 22 February 2010 – In Britain, some doctors are worried. They welcome the fact that chronic pain, long ignored, is at last being taken seriously. But they fear that more generous prescribing is releasing ever-greater quantities of addictive drugs into the population. And the figures are startling. According to NHS [National Health Service] statistics compiled by Dr Cathy Stannard, author of *Opioids in Chronic Pain*, the number of prescriptions for opioids dispensed in England from 1999 to 2008 increased from 6.2 million to 14.8 million. And research for this article has revealed that prescriptions for the strongest compounds – morphine, oxycodone, fentanyl and buprenorphine – rose from one million to 4.1 million. This month the British Pain Society is publishing new recommendations on good practice in opioid prescribing. Compared with previous guidelines, the document, edited by Dr Stannard, strikes a cautious note, balancing benefits with burdens. <http://www.telegraph.co.uk/health/7271547/Huge-rise-in-prescriptions-for-strongest-painkillers.html>

From Media Watch dated 7 September 2009:

- CANADIAN MEDICAL ASSOCIATION JOURNAL | Online news report – 31 August 2009 – **'Regulatory colleges to set painkiller guidelines.'** Faced with staggering increases in opioid prescribing, rising rates of addiction and criminal activity, as well as an apparent vacuum in national leadership, provincial colleges of physicians and surgeons are banding together to craft opioid use guidelines. http://www.cmaj.ca/earlyreleases/31aug09_painkiller.shtml

From Media Watch dated 13 April 2009:

- U.S.A. | FOX Business – 30 March 2009 – **'National Pain Care Policy Act to address barriers to and solutions for effective pain management.'** The National Pain Care Policy Act is designed to address barriers to proper pain management by improving pain care research, access, education, training, awareness and treatment. <http://www.foxbusiness.com/story/markets/industries/health-care/medtronic-commendshouse-passage-senate-introduction-national-pain-care-policy/>

Half the population would make a 'living will' if it was easy, says new poll

U.K. | *Sunday Telegraph* – 21 February 2010 – The ICM [Research] survey also indicates that 8% of people have already made a living will – a written statement of what medical treatment they would like to have if they became terminally ill or so severely disabled that they could not communicate their wishes. The figure rises to 14% when it was asked if the person had a family member or a friend who had drawn up such a document. The poll results ... show that, if it was easy to make a living will, 17% would be "very likely" to write it while 30% would be "quite likely" to do so – a total of 47%. In contrast, 29% indicate they are "not very likely" to do so and 18% are "not at all likely to do so" – also a total of 47%. Six per cent of people of those polled say they "didn't know." <http://www.telegraph.co.uk/health/healthnews/7280151/Half-the-population-would-make-a-living-will-if-it-was-easy-says-new-poll.html>

More patients able to donate organs after death under new plan

AUSTRALIA | *Sunday Times* (Perth) – 20 February 2010 – More patients will be able to donate organs after death under a new plan set to be introduced into Western Australia hospitals this year. The move is expected to increase the state's transplant rate by 10-15%, saving the lives of more seriously ill people. Intensive-care specialist Geoff Dobb, a former Western Australia president of the Australian Medical Association, said the policy, presently out for public comment, would be finalised "within weeks." It would allow doctors to remove organs from patients once breathing had ceased and their heart had stopped. Under existing Western Australia legislation, doctors must wait until a patient has been formally declared brain dead while connected to a mechanical ventilator. <http://www.perthnow.com.au/news/western-australia/more-patients-able-to-donate-organs-after-death-under-new-plan/story-e6frg13u-1225832536365>

France shows it can deal with death

FRANCE | *The Guardian* (U.K.) – 17 February 2010 – The French state is not famous for sensitivity and tact, but ... the parliament voted unanimously for a remarkably imaginative measure to make dying easier there. People who take time off to look after a relative or partner close to death will be entitled to a payment of €50 (£44) a day for 21 days. At a time when English politicians argue about a death tax, the French have got on and established a subsidy for the dying. <http://www.guardian.co.uk/commentisfree/2010/feb/17/death-france-pay-symbolic>

Of related interest:

- SINGAPORE | Channel News Asia – 18 February 2010 – '**Asian Women's Welfare Association rolls out 3 initiatives to help caregivers.**' More help and resources will be provided in the coming year for family caregivers. With Singapore's rapidly ageing population, it is estimated that one in five residents will be above the age of 65 by 2030. More than 200,000 caregivers will be needed. <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1038260/1.html>

Catholic hospice welcomes Muslims

U.K. | *The Guardian* – 17 February 2010 – England's oldest hospice has always felt very Catholic and cockney, from its plaster statues of saints and chapel smelling of floor polish and incense to the charity fundraising photographs with local girl Barbara Windsor. But now, as illustrated by the bold multilingual welcome banner, it is opening its doors to the large numbers of Bengali and east African Muslims now living in the East End of London. And that is bringing radical changes – not just spiritual, but for medical care as well. <http://www.guardian.co.uk/society/2010/feb/17/catholic-hospice-welcomes-muslims>

Medical futility

The ethical minefield of bringing back the dead

AUSTRALIA | *Sydney Morning Herald* (OpEd) – 16 February 2010 – Having seen cardiac arrests in action – chest compressions, defibrillation, intubation – most friends and colleagues in acute health care would choose not to be resuscitated, unless the chances of coming out alive, cognitively and physically intact, far outweighed the discomfort and risk. Yet we increasingly subject our patients to futile care, painful and expensive tests, which will not change outcomes and treatments that prolong, but do not improve, life. Medical ethics rest on four basic principles: beneficence (do good), nonmaleficence (do no harm), autonomy (respect your patient as a rational individual) and justice (be fair). In the modern era, with information-savvy and potentially litigious patients expecting more from a resource-strapped and politicised health system, the latter two are frequently the source of conflict. <http://www.smh.com.au/opinion/society-and-culture/the-ethical-minefield-of-bringing-back-the-dead-20100215-o2un.html>

From Media Watch dated 15 February 2010:

- *NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(6):477-479. **'Is it always wrong to perform futile CPR?'** Although there is currently much debate about the types of care to which patients are entitled, one thing on which everyone can agree is that non-beneficial care should be eliminated. <http://content.nejm.org/cgi/content/extract/362/6/477>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Telegraph* – 22 February 2010 – **'Record numbers of Britons ended their lives at Dignitas last year.'** Thirty people travelled to die with the help of Dignitas or Ex-International in 2009. <http://www.telegraph.co.uk/news/uknews/crime/7271008/Record-numbers-of-Britons-ended-their-lives-at-Dignitas-last-year.html>
- U.K. | BBC (NewsNight) – 19 February 2010 – **'Assisted suicide – For and against.'** The Director of Public Prosecutions, Keir Starmer, is preparing to issue his final clarification on when people in England and Wales will be charged for helping someone to end their life. <http://news.bbc.co.uk/2/hi/programmes/newsnight/8523128.stm>
- SWITZERLAND | Javno – 18 February 2010 – **'State reluctant to cover costs of assisted suicide.'** The Zurich parliament adopted a motion proposed by members of various political parties asking non-Swiss nationals to bear the costs of their assisted suicide in the country. http://www.javno.com/en-world/state-reluctant-to-cover-costs-of-assisted-suicide_294724
- *AUSTRIAN INDEPENDENT* | Online report – 17 February 2010 – **'Majority of Austrians support euthanasia.'** 62% of Austrians support euthanasia by doctors for patients who request it, results of a new poll shows. http://austrianindependent.com/news/General_News/2010-02-17/1061/Majority_of_Austrians_support_euthanasia
- U.K. | *Times* – 17 February 2010 – **'Move to debate assisted suicide in Commons before the next election.'** Moves to raise in the Commons the issue of assisted suicide before the next election [expected 6 May] are being spearheaded by Patricia Hewitt, the former Health Secretary. <http://www.timesonline.co.uk/tol/news/politics/article7029729.ece>
- U.K. | *The Guardian* – 16 February 2010 – **'The conversation over assisted dying must be widened.'** What is most needed now is a safe space for an inclusive discussion about social care, including palliative care and assisted dying, which truly involves the widest range of experience and opinion. <http://www.guardian.co.uk/society/joepublic/2010/feb/16/widen-assisted-dying-conversation>

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

Implementing evidence-based practices: Considerations for the hospice setting

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article - 18 February 2010 – With increased regulation and scrutiny of outcomes, hospice programs are being challenged to consider the implementation of evidence-based practices (EBPs). This study reports findings from hospice director interviews and staff focus groups, which occurred following the completion of a multifaceted translating research into practice (TRIP) intervention designed to promote evidence-based pain management practices. The purpose of this article is to provide background on the use of EBPs, to report facilitators and barriers to overall implementation of pain management EBPs in hospice, and to provide recommendations for hospices interested in increasing the use of EBPs. <http://ajh.sagepub.com/cgi/content/abstract/1049909109358695v1>

Is it safe? Talking to teens with HIV/AIDS about death and dying

HIV/AIDS – RESEARCH & PALLIATIVE CARE | Online article – 17 February 2010 – Adolescents [participating in the study] had a mean age, 16 years; 40% male; 92% African-American; 68% with perinatally acquired HIV, 29% had AIDS diagnosis. FACE [Family Centered Advance Care] participants completed advance directives more than controls. Neither anxiety, nor depression, increased at clinically or statistically significant levels post-intervention. FACE adolescents maintained quality of life. FACE families perceived their adolescents as worsening in their school and emotional quality of life at 3 months, compared with controls. <http://www.dovepress.com/is-it-safe-talking-to-teens-with-hiv-aids-about-death-and-dying-a-3-mon-peer-reviewed-article-HIV>

Estimating life expectancy

Pessimism is no poison

JOURNAL OF CLINICAL ONCOLOGY, 2010;28(4):705-707. It is almost impossible to be precise in providing a prognostic estimate of life expectancy unless the patient is imminently dying. Communicating uncertainty and providing numerical estimates to patients in a way that is both clear and supportive is difficult. It is not surprising that physicians often avoid this altogether with consequences that are well known and later regretted – too many patients receive intensive or aggressive care in the final days of life without benefit. The end results of such medical decisions are far reaching, given that they affect family and professional caregivers. Bereaved relatives and friends may suffer and later regret the use of aggressive treatment in the final days of life, which consumed their time, attention, and resources. Nurses and young physicians are often distressed when they become unwilling participants in futile efforts to prolong the life of a patient with a terminal illness. Clearly, the answer lies in avoiding such situations through improved communication between patients and doctors. Providing clear prognostic information is a *sine qua non* for reasonable decision making. Armed with a clear understanding of the natural history of the illness with and without treatment and a numerical estimate of life expectancy, a reasonable person can sort through his goals and priorities ... and think about death and its aftermath. <http://jco.ascopubs.org/cgi/content/full/28/4/705>

Of related interest:

- *EUROPEAN JOURNAL OF CANCER CARE* | Online article – 9 February 2010 – '**Patient preferences for the delivery of bad news – the experience of a U.K. Cancer Centre.**' The majority of patients [i.e., study participants] wanted a collaborative role in decision making. The difficulty for physicians is how to meet individual information needs, give hope, but not deliver unrealistic expectations. <http://www3.interscience.wiley.com/journal/123278377/abstract>

Recommendations on end-of-life care for people with dementia

JOURNAL OF NUTRITION, HEALTH & AGING | Online article – 30 January 2010 – Collaborating with national Alzheimer societies in Europe, the authors offer practical recommendations for the end-of-life care of people with dementia ... to provide a basis for understanding and action with regard to end-of-life care not only for family caregivers, but also for professionals, policy makers and anyone with an interest in palliative care ... [and] to contribute towards a broader discussion. <http://springerlink.com/content/c4897762718x3603/?p=dd5a021ec18946ffa2e7f4149c9dd0fa&pi=6>

From Media Watch dated 8 June 2009:

- *LA REVUE DE MÉDECINE INTERNE*, 2009;30(6):475-562. **'Soins palliatifs et maladie d'Alzheimer.'** This article presents a review of palliative care interventions for patients with Alzheimer's disease and other dementias. <http://www.sciencedirect.com/science/journal/02488663>

Ethical issues in artificial nutrition and hydration: A review

JOURNAL OF PARENTERAL & ENTERAL NUTRITION, 2010;34(1):79-88. Healthcare professionals often face clinical and ethical challenges when charged with making decisions related to provision or lack of provision of artificial nutrition and hydration. The intent of this review is to supply a framework of clinical practices, ethical principles, legal precedents, and professional guidelines that will impart information and can assist decision making regarding artificial nutrition and hydration. Comprehensive understanding of the theory and practice of informed consent for competent adults, decisionally incompetent adults, and minors is necessary for making valid clinical judgments and for guiding patients and their families or surrogates in choosing options related to initiating, withholding, or withdrawing artificial nutrition and hydration. The framework offered in this review can serve as a basis for evaluation of appropriateness of artificial nutrition and hydration in 3 common conditions in which decision making is particularly challenging: terminal illness, advanced dementia, and a persistent vegetative state. The framework facilitates guidance for institutional policy makers and individual nutrition support professionals dealing with situations in which personal values often create ethical dilemmas related to artificial nutrition and hydration and its utility. <http://pen.sagepub.com/cgi/content/abstract/34/1/79>

From Media Watch dated 3 August 2009:

- *NATIONAL CATHOLIC BIOETHICS QUARTERLY*, 2009;9(2):293-304. **'The clinical reality of artificial nutrition and hydration for patients at the end of life.'** Data presented indicate artificial nutrition or hydration can cause significant harm and may shorten life administered inappropriately. <http://nbccenter.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,7,9;journal,1,34;linkingpublicationresults,1:119988,1>

Of related interest:

- *JOURNAL OF CLINICAL NURSING*, 2010;19(5-6):632-638. **'Nurses' perspectives on feeding decisions for nursing home residents with advanced dementia.'** Despite views that family members would benefit from guidance in decisions regarding the placement of feeding tubes, nurses [i.e., study participants] were, nevertheless, reluctant to become involved in these difficult decisions. <http://www3.interscience.wiley.com/journal/123289177/abstract>

Quotable Quotes

Death is a vast mystery, but there are two things we can say about it: It is absolutely certain that we will die, and it is uncertain when or how we will die. The only surety we have, then, is this uncertainty about the hour of our death, which we seize on as the excuse to postpone facing death directly.

Sogyal Rinpoche, *The Tibet Book of Living and Dying*

On palliative sedation, what would neurologists do?

NEUROLOGY TODAY, 2010;10(4):8-9. Bioethics experts offer criteria for what are acceptable uses for palliative sedation in neurology. Few physicians see ethical or legal reasons to deny palliative sedation to dying patients whose agony defies all other means of relief. Rendering such patients unconscious once they fall into the grip of intractable pain, delirium, shortness of breath, or other forms of suffering seems only merciful and appropriate to the vast majority of physicians. That consensus starts to break down, however, when physicians consider the pain produced by the type of disorders neurologists often encounter. A glioma, which has no pain receptors, does not cause pain directly, for example. Neither does the loss of muscle function that afflicts patients with amyotrophic lateral sclerosis. But the consequences of such diseases can result in terrible suffering. http://journals.lww.com/neurotodayonline/Fulltext/2010/02180/On_Palliative_Sedation,_What_Would_Neurologists.6.aspx

From Media Watch dated 01.05.09.

- *NEUROLOGY TODAY*, 2008;8(10):1,14-15. **'Sedation for the imminently dying: Neurologist views vary.'** Neurologists support sedation for the imminently dying more in theory than they do in their day-to-day practice, according to a survey of the American Academy of Neurologists. http://journals.lww.com/neurotodayonline/Fulltext/2008/05150/Sedation_for_the_Imminently_Dying_Neurologist.1.aspx

Improving end-of-life care: A critical review of the [U.K.] Gold Standards Framework in primary care

PALLIATIVE MEDICINE | Online article – 15 February 2010 – This paper critically reviews the impact of the Gold Standards Framework since its introduction in 2001 and indicates direction for further research and development. [Evidence] ... consistently demonstrates that the ... Framework improves general practice processes, co-working, and the quality of palliative care. However, implementation ... is variable and the direct impact on patients and carers is not known. The authors conclude that the Gold Standards Framework has considerable potential to improve end-of-life care, but further work is needed to support uptake and consistency of implementation. <http://pmj.sagepub.com/cgi/content/abstract/0269216310362005v1>

Of related interest:

- *INTERNATIONAL JOURNAL OF PALLIATIVE NURSING*, 2010;16(1):4-5. **'Personalized care at the end of life: From policy to practice.'** Letting the patient know that they – the person – are what is important to the professionals is a key part of enabling that person to have a good death. However, while the Government's Green Paper on social care last summer made it clear that the personalization agenda is a top priority ... it did not explicitly explain what this would look like in practice. <http://www.ncpc.org.uk/download/newsroom/IJPNCommentPieceOnPersonalisation.pdf>

[Media Watch Online](#)

The weekly report can be accessed at several websites, among them:

Canada

Ontario | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network: <http://www.hnhbhpc.net/Resources/UsefulLinks/MediaWatch/tabid/97/Default.aspx>

Ontario | HPC Consultation Services: <http://www.hpcconnection.ca/newsletter/inthenews.html>

U.S.A.

Prison Terminal: <http://www.prisonterminal.com/news%20media%20watch.html>

International

Global | Palliative Care Network Community: <http://www.pcn-e.com/community/>

U.K. | Omega, the National Association for End of Life Care: <http://www.omega.uk.net/media-watch-provides-global-roundup-of-end-of-life-issues-n-96.htm>

International perspective

Home palliative care services

PROGRESS IN PALLIATIVE CARE, 2010;18(1):2-36. This issue of the journal focuses on services designed to give specialist palliative care to patients and families in their own homes. Writers from all over the world, working in all sorts of different situations with a variety of funding streams and financial resources ... describe how they provide care for patients at home. The articles ... demonstrate the breadth and depth of palliative care services in different situations. Contents page: <http://www.ingentaconnect.com/content/maney/ppc/2010/00000018/00000001>

A comparative study on permissiveness toward euthanasia

PUBLIC OPINION QUARTERLY | Online article – 14 January 2010 – This study explores explanations for the approval of euthanasia by assessing differences among individuals and countries, using four main arguments used by opponents and proponents in the public debate over euthanasia. The authors performed multilevel analysis on data from thirty-three countries, obtained from the European Values Study 1999/2000 and the World Values Survey 2000; they enriched these data with country-specific information. First, their results supported the hypothesis based on the religion argument: religious people and people living in a religious context are more strongly opposed to euthanasia. In addition, Protestants and people living in Protestant countries have more favorable attitudes toward euthanasia than do Catholics and people living in Catholic countries. Second, they found support for the hypothesis derived from the slippery slope argument: fear that euthanasia will be abused resulted in people from vulnerable groups and people living in countries with low-responsive health care systems being more opposed to euthanasia. Third, as the autonomy-hypothesis predicted, highly educated people and people who highly value autonomy as well as people living in a country with a stronger than average attachment to autonomy show a more favorable attitude toward euthanasia. Fourth, while the death with dignity argument predicts that people who witness unbearable suffering in their personal or national environment are more favorable toward euthanasia, other author's results show only weak support. Furthermore, cross-level interaction tests showed that national contexts are, to some extent, able to decrease the differences between groups in society in terms of their response to euthanasia. <http://poq.oxfordjournals.org/cgi/content/abstract/nfp074>

Māori healers' views on well-being: The importance of mind, body, spirit, family and land

SOCIAL SCIENCE & MEDICINE | Online article – 16 February 2010 – From an indigenous and holistic perspective, the current dominant biomedical model of health and illness has a limited view of people and their wellbeing. The present study aimed to explore *Māori* spiritual healers' views on healing and healing practices, and the implications of these for conceptualisations of holism, health and wellbeing. [In interviews with indigenous *Māori*, the authors] ... in found that *Māori* cultural perspectives influenced views of the mind, body, spirit and healers also identified two additional aspects as significant and fundamental to a person's health, namely *whānau* [family and genealogy] and *whenua* [land]. They propose a model called *Te Whetu* [The Star], with five interconnected aspects; namely, mind, body spirit, family, and land. Results are discussed in terms of the contribution of *Māori* knowledge to our understandings of health and wellbeing, and their implications for conceptualising holism, as well as health policy and care for *Māori* and other indigenous populations. [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4YDC3R9-2&_user=10&_coverDate=02%2F16%2F2010&_rdoc=4&_fmt=high&_orig=browse&_srch=doc-info\(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles\)&_cdi=5925&_sort=d&_docancor=&_ct=93&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=772c7c83e7a7553b9cb5cb29e7f3d246](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4YDC3R9-2&_user=10&_coverDate=02%2F16%2F2010&_rdoc=4&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles)&_cdi=5925&_sort=d&_docancor=&_ct=93&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=772c7c83e7a7553b9cb5cb29e7f3d246)

Australian palliative care providers' perceptions and experiences of the barriers and facilitators to palliative care provision

SUPPORTIVE CARE IN CANCER | Online article – 16 February 2010 – Palliative care providers [participating in a series of focus groups] consistently view[ed] palliative care as a broad holistic approach to care benchmarked on good symptom management. Whilst participants themselves perceived SPC [specialized palliative care] as aiming to maximise the quality of life of the patient and family across all domains of care, they perceived that some health professionals and community members viewed palliative care largely as symptom control and terminal care for access after all disease-modifying treatment has been exhausted. Concern was expressed that such misconceptions were an important barrier to timely SPC. Participants did not nominate a time or particular milestone in the disease process which should prompt referral and suggested that SPC be available at any time where needs are complex and/or are not being met.
<http://www.springerlink.com/content/14758mt64734u124/?p=7c8096ab33304f979d88dc870acfdcb6&pi=1>

From Media Watch dated 15 February 2010:

- PALLIATIVE CARE AUSTRALIA | Press release – 9 February 2010 – '**Dying well – tell us what you think.**' Palliative Care Australia's aspiration is for an updated strategy that articulates the vertical and horizontal integration of specialist palliative care and end-of-life care, across all care settings. <http://pallcare.org.au/Portals/46/media/PCA%20media%20release%20-%20NPCS%20review%20-%209%20February%202010.pdf>
- AUSTRALIA GOVERNMENT (HEALTH & AGEING) | Online report – 4 February 2010 – '**National palliative care strategy...**' The strategy represents the ... commitments of Commonwealth, State and Territory Governments, palliative care service providers and community-based organisations to the development and implementation of policies, strategies and services that are consistent across Australia. http://npcsu.communiogroup.com/images/stories/Palliative_Care_Strategy_Update_-_Phase_1_Report.pdf

Worth Repeating

Dying old – and *preferably* alone? Agency, resistance and dissent at the end of life

INTERNATIONAL JOURNAL OF AGEING & LATER LIFE, 2009;4(1):5-21. Older people who die alone are commonly portrayed negatively in the academic and popular literature. Dying alone is viewed either as an outcome of anti-social behaviour or the result of family, neighbourhood or social services neglect. The idea that people may be exercising agency [e.g., exerting power], resistance or dissent at the end of life, and that they do not want attention from services or the wider community, receives little or no consideration. By comparing the community and professional views with those of the elderly about end of life preferences, this paper argues that the academic and community image of the elderly as "victims" has eclipsed the usual ability to see this group in pluralist terms. <http://www.ep.liu.se/ej/ijal/2009/v4/i1/a1/ijal09v4i1a1.pdf>



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.

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.

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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.

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