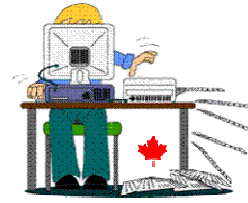


Media Watch...

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.

26 April Edition | Issue #146



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Learning from the bad: Scroll down to [Specialist Publications](#) and 'End-of-life caregiver interactions with health care providers' (p.9) published in the *Journal of Nursing Care Quality*.

Canada

MPs band together to study palliative care

SUN MEDIA | Online report – 22 April 2010 – Spurred by a private member's bill that supported assisted suicide, five MPs from three federal parties said ... they'll band together to work on improving palliative and elder care, and will ask other MPs to join them. The assisted suicide bill, introduced by Bloc Quebecois MP Francine Lalonde, was defeated ... on second reading (see sidebar), but NDP [New Democratic Party] MP Joe Comartin said politicians needed to do more than just deal with that bill. "It became quite clear that we couldn't simply oppose the bill," Comartin said. "We had to move beyond that to actually come up with specific policies that were going to address the issue of suicide." For the five – Comartin, Tories Harold Albrecht and Kelly Block, and Liberals Michelle Simson and Frank Valeriote – that means studying palliative care, hospices, home care, suicide prevention, elder abuse and treatment of the disabled. They said they will form a non-partisan, *ad hoc* parliamentary committee and invite MPs from all parties, including the Bloc Quebecois, to join. The group plans to hold hearings, do research and compile work already done by other experts in hopes of producing recommendations by the end of the current parliamentary session. "When someone's experiencing depression, discouragement, they don't need someone coming along to offer them a so-called easy way out that is irreversible," Albrecht said. Lalonde's bill ... would have allowed a medical practitioner to help someone die if they were in severe physical or mental pain or suffering a terminal illness. <http://www.torontosun.com/news/canada/2010/04/21/13671026-qmi.html>

MPs overwhelmingly reject bid to legalize mercy killing

CANADIAN PRESS | Online report – 22nd April 2010 – The House of Commons overwhelmingly voted down a bid to legalize euthanasia and assisted suicide. MPs of all party stripes voted 228-59 against a private member's bill, sponsored by Bloc Quebecois MP Francine Lalonde. Junior cabinet minister Steven Fletcher, a quadriplegic, abstained even though he supports the principle of allowing individuals to choose to die with dignity. He said that Lalonde's bill was "flawed," arguing it could relieve the pressure on society to provide the level of social and health support required to make severely injured or ill patients want to live. <http://www.thestar.com/news/canada/article/799008--mps-overwhelmingly-reject-bid-to-legalize-mercy-killing>

Four legs, a tail and nothing but love

BRITISH COLUMBIA | *Vancouver Sun* – 20 April 2010 – Her name is Poppy. She is a two-year-old golden retriever. Unlike many of her breed, which tends toward a certain thickness, she is as lithe as a greyhound. Her coat is silky, and feathered on her chest, pasterns, ears and tail. Her eyes are a dark amber, and possess the same liquid quality. She smiles when she is happy, which seems to be often, but in her reflective moments – when she seems to intuit that someone needs her attention, or that the mood in the room has turned sombre – she goes hangdog with concern, her eyes pleading. At those moments, she might rest her head in a person's lap, as if in an offering of sympathy. She is a lovely dog. She is the newest staff member at Canuck Place Children's Hospice.¹ Her title is "therapy dog," the only such position at any hospice in Canada. She

has her own e-mail, her own Canucks' jersey and her own rubber chew toy. Some working dogs are bred to carry packs: Poppy's burden is weightier. She shoulders grief. <http://www.vancouversun.com/life/Four+legs+tail+nothing+love/2927348/story.html>

1. Canuck House website: <http://www.canuckplace.org/>

Specialist Publications

Of particular interest:

'Completing the circle: Elders speak about end-of-life care with aboriginal families in Canada.' Scroll down to p.9 for a report published in the *Journal of Palliative Care*.

U.S.A.

Prison hospice helps care-giving inmates reform

CALIFORNIA | KTVU – 25 April 2010 – With an aging prison population and more than 350 inmates dying in California's prisons each year, there's always an inmate wanting one of the 17 beds [at the Medical Facility in Vacaville]. Here, other prisoners volunteer to care for them and promise they will not die alone and will die with dignity, with as little pain as possible. But one question hospice officials are often asked: Why should criminals get compassion when they didn't give it to their victims? <http://www.ktvu.com/news/23261407/detail.html>

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. Media Watch is posted on the *Prison Terminal* website: <http://www.prisonterminal.com/news%20media%20watch.html>

Eco-friendly choices can add meaning to burial

CALIFORNIA | *Wausau Daily Herald* – 23 April 2010 – Environmentally conscious living might be one of the most beneficial movements in the world today, yet most people only associate green with life. For people who want to preserve the environment, the growing practice of green funerals and burials presents a way to make the end of life more meaningful, too. More than half of Americans now say they are concerned about the environment; 21% Americans 50+ would prefer an eco-friendly end-of-life ritual. For these people, green represents an ethical and philosophical choice. <http://www.wausaudailyherald.com/article/20100423/WDH0101/4230663/1981/WDHsports>

Of related interest:

- PENNSYLVANIA | *Philadelphia Inquirer* – 25 April 2010 – **'Whatever happened to famous last words?'** The practice of recording the dying thoughts of great ones has been put to rest. http://www.philly.com/inquirer/currents/20100425_Whatever_happened_to_famous_last_words_.html

Living wills: Have they failed?

ILLINOIS | *Chicago Tribune* – 23 April 2010 – Experts criticize living wills that lay out the kind of medical care people might want in the future under various circumstances. The documents are overly vague, often not available when needed most, and frequently difficult for medical providers to interpret, they say. "Living wills have failed to achieve their promise," says Dr. Muriel Gillick, a specialist in geriatrics and palliative care at Harvard Vanguard Medical Associates in Massachusetts. What's needed instead are better conversations between doctors and patients, and patients and their families, she says. For their part, doctors should clarify patients' current medical status, how it's likely to change, what medical interventions may be necessary, and what benefits and side effects can be expected. Patients, also, need to take a different approach. While many ask their doctors "is my condition curable?" or "how long do I have?" few think to ask "what level of disability lies ahead and what do I need to do to prepare for that," said Dr. Maria Silveira, an assistant professor of general medicine at the University of Michigan. These conversations necessarily involve ambiguity, uncertainty and complexity, which often characterize medical care at the end of life, according to

Dr. Terri Fried, a professor of geriatric medicine at Yale School of Medicine. "So much of what we confront are gray areas, which living wills don't address," she says. <http://www.chicagotribune.com/health/sc-fam-0422-senior-health-living-will-20100422,0,1900551.story>

From Media Watch dated 12 April 2010:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 9 April 2010 – '**Ask a different question, get a different answer: Why living wills are poor guides to care preferences at the end of life.**' Living wills have a poor record of directing care at the end of life, as a copious literature attests. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0311>

Specialist Publications

Of particular interest:

'Feasibility of discussing end-of-life care goals with inpatients using a structured, conversational approach.' Scroll down to p.9 for a study published in the *Journal of Pain & Symptom Management*.

New poll shows California voters 40 and older largely unprepared for costs of long-term care services

CALIFORNIA | Lake Research Partners press release – 21 April 2010 – A new poll shows most voters 40 and older are largely unprepared for the costs of long-term care should they need it. Most do not have long-term care insurance, nor are they aware that Medicare does not cover extended long-term care services. Additionally, a majority of these voters could not pay for more than three months of nursing home or part-time in-home care if they needed it. http://www.healthpolicy.ucla.edu/pubs/files/SCAN_UCLA_Poll_0410.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.

Hospice advocates to Congress: Protect access to compassionate and high-quality end-of-life care

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION'S (NHPCO) | Press release – 21 April 2010 – 450 hospice advocates from across the country took part in the NHPCO's Capitol Hill Day 2010 by meeting with their U.S. Senators and Representatives on Capitol Hill, encouraging policy makers to preserve and protect access to compassionate, high-quality end-of-life care for all Americans. Thousands of additional hospice advocates participated in NHPCO's Virtual Hill Day 2010 from their home communities by making phone calls and sending emails to their Members of Congress that furthered echoed the hospice community's message. NHPCO Capital Hill Day and Virtual Hill Day participants emphasized the value of hospice in their communities and reacquainted Congress with the unique structure of the Medicare Hospice Benefit. <http://www.nhpc.org/i4a/pages/index.cfm?pageID=5855>

N.B. The NHPCO Organizational Report, 2009-2010, is available and can be downloaded at: http://www.nhpc.org/files/public/membership/NHPCO_Org_Report_2009-10.pdf

Of related interest:

- IOWA | *Globe Gazette* – 24 April 2010 – '**New area hospice says Mercy [Medical Center] is shutting it out.**' A new hospice service in the Mason City area stands ready to serve terminally ill patients, but is having a hard time getting its foot in the door of some affiliates of Mercy Medical Center-North Iowa. http://www.globegazette.com/news/local/article_11cf3236-5021-11df-be19-001cc4c002e0.html

Local group gives dream weddings to terminally ill

ILLINOIS | CBS (Chicago) – 18 April 2010 – A wedding is often the biggest day of a woman's life. It's her day to shine. But for one suburban bride ... that wedding took on special significance. CBS's Dana Kozlov reports the bride is fighting for her life. So one group stepped in to help. Nick and Beth Cortino promised to love each other for the rest of their lives. It's a poignant promise considering that both know Beth, a cancer patient, may not have much time left [one to two years]. <http://cbs2chicago.com/local/wedding.wish.upon.2.1640715.html>

[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>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ASSOCIATED PRESS | Newswire report – 22 April 2010 – **'Kevorkian: Assisted suicide 'discussed to death.'** Jack Kevorkian says assisted suicide has been "discussed to death." The assisted suicide advocate known as "Dr. Death" said the HBO biographical movie 'You Don't Know Jack' is unlikely to inspire much action but he's delighted and honored by the "superbly done" film about his crusade. http://www.google.com/hostednews/ap/article/ALeqM5hT9vOTc-PV_bpyXxDgy2uJI4zkYgD9F8GK1G3

International

Palliative care statistics

Hospitals 'could manipulate ratings'

U.K. | *Daily Telegraph* – 26 April 2010 – An article in the *British Medical Journal* has suggested hospitals could improve their mortality ratio by manipulating the coding system used to describe how sick patients are.¹ Each diagnosis and treatment has an National Health Service code which hospitals use in order to be paid for the care they actually provide. Nigel Hawkes, Director of Straight Statistics, wrote ... that by allocating more patients the code for palliative care, the hospital mortality ratio would appear to improve, as hospitals cannot be penalised for not saving lives that cannot be saved. He wrote: "Figures show the number of deaths coded Z51.5 (for palliative care) was under 400 a month in 2004 but had reached more than 1800 a month by June 2009. <http://www.telegraph.co.uk/health/healthnews/7624837/Hospitals-could-manipulate-ratings.html>

1. *BRITISH MEDICAL JOURNAL* | Online report – **'Patient coding and the ratings game.'** http://www.bmj.com/cgi/content/extract/340/apr23_2/c2153

Cost-cutting may hurt terminally ill patients

NEW ZEALAND | *Manawatu Standard* – 23 April 2010 – Terminally ill patients at home overnight stand to lose the safety net of district nurse call-outs as a result of MidCentral Health's proposed cost cuts. The alternative is that Arohanui Hospice will have to raise even more money in the community to cover the cost of providing its own after-hours cover. Palliative care director Simon Allan said providing a 24-hour service was a critical part of hospice care, and he was indignant MidCentral Health was prepared to pull the overnight part of that service without consultation. <http://www.stuff.co.nz/manawatu-standard/news/3609875/Cost-cutting-may-hurt-terminally-ill-patients>

Of related interest:

- U.S. | *Tampa Tribune* (Florida) – 22 April 2010 – **'Hospice cuts 26 jobs, mostly in its nursing staff.'** As a cost-cutting measure, HPH Hospice laid off 19 continuous care nurses and seven support staff members. Chief Executive Officer Tom Barb said it was a combination of two things: More caregivers are choosing to send their terminally ill loved ones to care centers rather than have continuous care nurses stay in their homes for two or three days. Barb said it also has to do with concerns related to the health care overhaul, signed into law by President Barack Obama. <http://www2.tbo.com/content/2010/apr/22/pa-hph-hospice-cuts-26-jobs-mostly-in-its-nursing/>
- U.K. | *Pulse* – 21 April 2010 – **'Efficiency drive forces cuts to frontline care.'** More than half of GPs responding to a survey say cutbacks to local services have now begun, with many others warning reductions in services are planned. Palliative care is among the areas being squeezed, making a mockery of pledges from politicians to ensure efficiency savings do not affect the front line. <http://www.pulsetoday.co.uk/story.asp?sectioncode=23&storycode=4125791&c=2>

Thai culture

The journey towards the end of life

THAILAND | *Bangkok Daily* – 23 April 2010 – The journey towards the end of our life cycle ... is natural and inevitable, yet is the cause of much suffering, especially to the living. As to whether the deceased experience any suffering is something only the deceased will know. Generally speaking ... there are two kinds of death that occur unexpectedly. There are deaths from accidents and those that wait silently within the victim only to end their life without warning. The latter will be the main focus of this article. The culprit in these kinds of death is almost always heart disease. With other forms of disease such as brain-related illnesses, death rarely occurs swiftly. <http://www.bangkokpost.com/news/health/36517/the-journey-towards-the-end-of-life>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Telegraph* – 25 April 2010 – **'Dignitas: British doctor first to face charges under new assisted suicide guidelines.'** Dr Michael Irwin, a retired British doctor who paid to help a terminally-ill patient commit suicide at a Swiss clinic, is set to be the first person charged under new guidelines for assisted dying. <http://www.telegraph.co.uk/news/uknews/crime/7628786/Dignitas-British-doctor-first-to-face-charges-under-new-assisted-suicide-guidelines.html>
 - SCOTTISH PARTNERSHIP FOR PALLIATIVE CARE | Online posting – Accessed 23 April 2010 – **'Cross party group on palliative care.'** The Cross Party Group on Palliative Care met at the Scottish Parliament. The meeting featured a debate on assisted suicide and voluntary euthanasia, with reference to the End of Life Assistance (Scotland) Bill.¹ Audio recording of debate: <http://www.palliativecarescotland.org.uk/news/Cross-Party-Group-on-Palliative-Care>
1. Short analysis of End of Life Assistance (Scotland) Bill: <http://www.palliativecarescotland.org.uk/news/end-of-life-assistance-scotland-bill>

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

Edmonton Symptom Assessment Scale

Spanish version of an assessment tool for patients with terminal cancer

BASQUE RESEARCH | Online posting – 21 April 2010 – Ana Carvajal, professor at the School of Nursing and practicing admissions nurse at the University of Navarra Hospital, has designed a Spanish [language] version of a symptom assessment tool for patients receiving palliative care. The Edmonton Symptom Assessment Scale (ESAS) ... is ... not available in Spanish. The [new] Spanish version uses the most appropriate, precise terms for assessing depression, anxiety and asthenia by using a visual analogue scale. The assessment has excellent psychometric properties, even to the point that in some aspects it has better properties than the original English version. The Spanish version of ESAS will be available for use in other medical centers in Spain and Latin America. http://www.basqueresearch.com/berria_irakurri.asp?Berri_Kod=2680&hizk=

Myth: We can tailor palliative care to match life expectancy. Reality: No we can't

CANCER | Online article – 19 April 2010 – The goal of palliative therapy is to palliate, not to cure. For the best ... results for our patients (and their caregivers) this should be done as rapidly as possible. <http://www3.interscience.wiley.com/journal/123359337/abstract?CRETRY=1&SRETRY=0>

"It's not just what the doctor tells me"

Factors that influence surrogate decision-makers' perceptions of prognosis

CRITICAL CARE MEDICINE, 2010;38(5):1270-1275. Less than 2% of surrogates [i.e., participants in this prospective, mixed methods study] reported that their beliefs about the patients' prognoses hinged exclusively on prognostic information provided to them by physicians. The majority cited other factors in addition to physicians' predictions that also contributed to their beliefs about the patients' prognoses, including perceptions of the patient's individual strength of character and will to live; the patient's unique history of illness and survival; the surrogate's own observations of the patient's physical appearance; the surrogate's belief that their presence at the bedside may improve the prognosis; and the surrogate's optimism, intuition, and faith. For some surrogates, these other sources of knowledge superseded the importance of the physician's prognostication. However, most surrogates endeavored to balance their own knowledge of the patient with physicians' biomedical knowledge. Surrogates use diverse types of knowledge when estimating their loved ones' prognoses, including individualized attributes of the patient, such as their strength of character and life history, of which physicians may be unaware. Attention to these considerations may help clinicians identify and overcome disagreements about prognosis. http://journals.lww.com/ccmjournals/Abstract/2010/05000/It_s_not_just_what_the_doctor_tells_me_Factors.5.aspx

Of related interest:

- *CHEST* | Online article – 2 April 2010 – '**Predictors of time to death after terminal withdrawal of mechanical ventilation in the.**' Time to death after withdrawal of mechanical ventilation varies widely, yet the majority of patients die within 24 hours. Subsequent validation of ... predictors [identified by the authors] may help inform family counseling at the end of life. <http://chestjournal.chestpubs.org/content/early/2010/04/01/chest.10-0289.abstract?sid=6e33f1f-2ea1-442d-8949-79ac1cc765ac>
- *JOURNAL OF CLINICAL ONCOLOGY* | Online article – 20 April 2010 – '**Certain death in uncertain time: Informing hope by quantifying a best case scenario.**' Although patients, caregivers, and health care professionals have identified hope as an integral part of prognostic discussions, the key practical questions of how to define, quantify, and convey realistic hope remain unanswered. <http://jco.ascopubs.org/cgi/reprint/JCO.2009.27.3326v1>

War and end of life care

THE HASTINGS CENTRE | Online report – Accessed 21 April 2010 – U.S. military medical personnel have a duty to treat enemy soldiers, but what about a suicide bomber who lives – do they have a duty to honor his wish to die? This is one of several dilemmas in end of life care specific to wartime that were explored at the [recent] ... annual joint ethics conference of The Hastings Center and the U.S. Military Academy. For 31 years, The Hastings Center and the ethics faculty at West Point have had meetings to explore issues in military and medical ethics. <http://www.thehastingscenter.org/News/Detail.aspx?id=4614>

Quotable Quotes

Thinking and talking about death need not be morbid; they may be quite the opposite. Ignorance and fear of death overshadow life, while knowing and accepting death erases this shadow. Lily Pincus (1898-1981)

Addressing end of life care issues in a tertiary treatment centre: Lessons learned from surveying parents' experiences

JOURNAL OF CHILD HEALTH CARE, 2010;14(1):52-66. A survey of the care received by parents whose child had died in a children's tertiary treatment centre led to a greater understanding of the parents' experiences and the ways in which care could be enhanced. Parents talked of the way in which the geography of the hospital could be disruptive and dislocating and yet they often had no place to be alone or in private. Communication was identified as a core issue with many parents being positive about the quality and timing of communication. However, other parents expressed a preference for more preparation about the possibility that their child might die. Some parents had positive experiences of follow-up visits after their child's death, whilst others remained frustrated and some felt this visit had made them re-live the experiences. The importance of kind, supportive and consistent care was clearly evidenced by the parents when they spoke about their feelings and emotions. The findings helped to develop and implement an End of Life Care Pathway and a pathway tool which aimed to enhance parents' experiences and to improve care. A further survey was triggered by the concern that the pathway was not being fully utilized and it became apparent that, despite the tool, staff were still reluctant to provide anticipatory guidance, even though many practical aspects of care scored well. The need for good communication that prepares parents for the eventuality that their child might or will die is one of the clearest lessons from the second survey. <http://chc.sagepub.com/cgi/content/abstract/14/1/52>

Of related interest:

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2010;39(4):627-636. **'Factors that distinguish symptoms of most concern to parents from other symptoms of dying children.'** By inquiring about symptoms of most concern and factors that influence parental concern, clinicians may be better able to direct care efforts to reduce patients' and parents' distress and support parents during the difficult end-of-life period. [http://www.jpmsjournal.com/article/S0885-3924\(10\)00128-4/abstract](http://www.jpmsjournal.com/article/S0885-3924(10)00128-4/abstract)

Interdisciplinary collaboration in hospice team meetings

JOURNAL OF INTERPROFESSIONAL CARE, 2010;24(3):264-273. The authors explored the perception of collaboration among hospice team members and ... collaborative communication practices in team meetings. Although team members had a high perception of interdependence and flexibility of roles, this was less likely to be enacted in team meetings with and without the presence of caregivers. Caregiver participation in team meetings had a positive impact on collaborative communication and the potential benefit of caregiver inclusion in team meetings is explored. <http://informahealthcare.com/doi/abs/10.3109/13561820903163421>

Of related interest:

- *JOURNAL OF COMPUTER-MEDIATED COMMUNICATION*, 2010;15(3):465-481. **'The ACTIVE intervention in hospice interdisciplinary team meetings: Exploring family caregiver and hospice team communication.'** The results of this study suggest the intervention was an effective way to involve family caregivers as active participants in the designing of care for their loved one. <http://www3.interscience.wiley.com/journal/123351348/abstract?CRETRY=1&SRETRY=0>

DNR: An Islamic formulation

JOURNAL OF THE ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA, 2010;42(1):36-37. A Do Not Resuscitate (DNR) order would be similar to many of the decisions a physician faces daily if it did not call for ethical and legal considerations. To comply with the intent of the order, a physician must be certain that further resuscitation is futile and is a waste of resources. http://jima.imana.org/article/view/5128/42_1_7

Learning from the bad: End-of-life caregiver interactions with health care providers

JOURNAL OF NURSING CARE QUALITY | Online article – 31 March 2010 – This qualitative study examined [family] caregivers' perceptions of and stories about their interactions with non-hospice health care providers. Caregivers described some startling interactions that suggest the need to re-evaluate health care professionals' abilities and attitudes concerning their treatment and communication with family caregivers and their elders dying from life-limiting illnesses. http://journals.lww.com/jncjournal/Abstract/publishahead/End_of_Life_Caregiver_Interactions_With_Health.99938.aspx

The Go Wish card game

Feasibility of discussing end-of-life care goals with inpatients using a structured, conversational approach

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2010;39(4):637-643. Establishing goals of care is important in advance care planning. However, such discussions require a significant time investment on the part of trained personnel and may be overwhelming for the patient. The Go Wish card game was designed to allow patients to consider the importance of common issues at the end of life in a non-confrontational setting. By sorting through their values in private, patients may present to their provider ready to have a focused conversation about end-of-life care. Our results suggest that it is feasible to use the Go Wish card game even in the chaotic inpatient setting to obtain an accurate portrayal of the patient's goals of care in a time-efficient manner. [http://www.jpsmjournal.com/article/S0885-3924\(10\)00126-0/abstract](http://www.jpsmjournal.com/article/S0885-3924(10)00126-0/abstract)

Completing the circle: Elders speak about end-of-life care with aboriginal families in Canada

JOURNAL OF PALLIATIVE CARE, 2010;26(1):6-14. In this article, the authors share words spoken by Aboriginal elders from Saskatchewan, Canada, in response to the research question, "What would you like non-Aboriginal health care providers to know when providing end-of-life care for Aboriginal families?" Our purpose in publishing these results in a written format is to place information shared by oral tradition in an academic context and to make the information accessible to other researchers. Recent theoretical work in the areas of death and dying suggests that cultural beliefs and practices are particularly influential at the end of life; however, little work describing the traditional beliefs and practices of Aboriginal peoples in Canada exists to guide culturally appropriate end-of-life care delivery. Themes ... identified [by the authors tell] ... the story of the dying person's journey and highlight important messages from elders to non-Aboriginal health care providers. <http://www.ncbi.nlm.nih.gov/pubmed/20402179>

A history of patient education by health professionals in Europe and North America: From authority to shared decision making education

PATIENT EDUCATION & COUNSELLING, 2010;78(3):275-281. Patient education developed from the health care professional deciding what the patient needed to know [in the 1960s] to a shared decision making design where physician and patient are equally influential on the decision making process. The development of patient education is described for primary and secondary health care, as well as the impact of biomedical advances, an ageing population and cultural diversity on patient education. [http://www.pec-journal.com/article/S0738-3991\(10\)00024-8/abstract](http://www.pec-journal.com/article/S0738-3991(10)00024-8/abstract)

Of related interest:

- *AMERICAN JOURNAL OF PHARMACEUTICAL EDUCATION*, 2010;24(2):24-26. 'A palliative cancer care flexible education program for Australian community pharmacists.' [The authors developed a] program that pharmacists could access at a time and place convenient to them via the Internet. <http://www.ajpe.org/aj7402/aj740224/aj740224.pdf>

The development, status, and future of palliative care

ROBERT WOOD JOHNSON FOUNDATION HEALTH POLICY SERIES | Online chapter (by Diane E. Meier MD) – March 2010 – Palliative care has grown rapidly in the U.S. in recent years and is now poised to become a universally available approach to meeting the needs of the country's sickest and most vulnerable patients. It is a central part of the solution to America's health care crisis, since it improves the quality of care and reduces costs for a key population – those with serious, complex illnesses who, while they number less than 10% of patients, account for more than two-thirds of health care spending.

<http://www.rwjf.org/files/research/4558.pdf>

Assessment of palliative care cancer patients' most important concerns

SUPPORTIVE CARE IN CANCER | Online article – 17 April 2010 – Patients in the palliative care setting have a number of concerns not necessarily connected to their medical problems, such as spiritual and relationship issues. When these problems are not properly assessed and addressed, they may become a significant source of distress for patients and families. The aims of the present study were to assess the concerns of patients attending a palliative care clinic, to examine physicians' ratings of patient concerns, to assess the concordance between patients' and physicians' ratings, and to assess the association between patients' concerns and their level of distress. <http://www.springerlink.com/content/w44h430w61026108/fulltext.pdf>

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 April 2010 – **"If God wanted me yesterday, I wouldn't be here today": Religious and spiritual themes in patients' experiences of advanced cancer.** This study sought to ... derive core themes of religion and/or spirituality active in patients' experiences of advanced cancer to inform the development of ... interventions in the terminally ill cancer setting. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0343>

Media Watch: Editorial Practice

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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.

Worth Repeating

The 'regulated death': A documentary analysis of the regulation and inspection of dying and death in English care homes for older people

AGEING & SOCIETY, 2007;27(2):233-247. In England, processes of regulation and inspection have been established to ensure that older people living in long-term care settings receive quality care. This paper describes how dying and death in care homes for older people is regulated and inspected. A documentary analysis was undertaken of the standard that addresses dying and death in the 2001 *Care Homes for Older People: National Minimum Standards*.¹ Present in the standard is a 'good death' template drawn from constructions of best practice in palliative care. The way in which this national standard is enacted in the inspection process is described using a content analysis of the inspection reports from 226 care homes for older people. These present a narrow focus on dying and death, one that emphasises the older person's wishes and the degree of adherence to policies and procedures concerned with the dying and death event. A regulated death attenuates the 'good death' template and reflects both the inspection process and capabilities of the residents of care homes. If the regulation and inspection process is to integrate dying with living, a broader conception and regime of inspection is required. Only then will end-of-life care be provided that meets the diverse needs of older people who live in care homes.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=719412>

1. *Care Homes for Older People: National Minimum Standards*, [U.K.] Department of Health, 2001
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4135403.pdf

On dying and death in English care homes for older people

The process of dying and death itself must never be regarded as routine by managers and staff. The quality of the care which residents receive in their last days is as important as the quality of life which they experience prior to this. This means that their physical and emotional needs must be met, their comfort and well-being attended to, and their wishes respected. Pain and distress should be controlled and privacy and dignity at all times preserved.

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