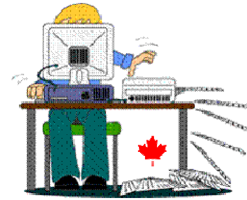
**Media Watch...** is distributed weekly to my colleagues who are active or have a special interest in **hospice**, **palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

**9 August Edition | Issue #161**



Compilation of Media Watch 2008, 2009, 2010 ©

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

**Physician-patient communication: Scroll down to Specialist Publications and 'Families' optimism often at odds with physicians' prognoses' (p.6) published in *American Medical News*.**

## Canada

**Community and home care**

### Health care in Ontario is cracking under stress

ONTARIO | *Toronto Star* (OpEd) – 5 August 2010 – [Premier Dalton] McGuinty and [health minister Deb] Matthews are strangely silent these days about community and home care, one of the most critical parts of the health-care system that's becoming a province-wide nightmare. Indeed, because of government neglect, the entire health-care system is unravelling at the seams. Since coming to power in 2003, McGuinty has promoted a shift in the delivery of health care away from hospitals and institutions and toward providing more care in the community and at home. It's a laudable move. However, the government has failed to adequately fund such programs, resulting in tens of thousands of patients receiving fewer and fewer visits from trained professionals in their community or homes – or going without services at all. And the problem is expected to grow worse – not better. That's because hospitals, in response to Queen's Park budget restraints, are moving patients out faster than ever, while simultaneously trimming the number of beds, services and staff. Unfortunately, there is not enough money being provided to the agencies that deliver health care in the community and in homes to manage the increased demand for services. So Community Care Access Centre, the government agencies charged with coordinating health services in the province, have been forced to refer only the most needy cases for help. http://www.thestar.com/opinion/editorialopinion/article/844049--hepburn-health-care-in-ontario-is-cracking-under-stress

- ONTARIO | *Peterborough Examiner* – 6 August 2010 – **'Home care agency millions in deficit.'** The Central East Community Care Access Centre for the central east area of the province ... has run deficits totalling $14 million over the last two years. The organization is in a cost-containment situation, looking at ways to be more efficient without cutting programs or services. http://www.thepeterboroughexaminer.com/ArticleDisplay.aspx?e=2701308

### Doctors call for major health-care overhaul

*TORONTO STAR* (Ontario) | Online report – 3 August 2010 – The country's largest doctors' group has released a sweeping report warning Canada's health care system needs to be "massively transformed" and allow for changes such as universal access to prescription drugs and improved out-patient services.[1] The 72,000-member Canadian Medical Association [CMA] called for major changes to Canada's health care system, which it criticizes as insufficient for meeting the needs of an aging population. According to the report, Canada's health care system is underperforming on several key measures, including timely access to services and ensuring accountability. That is despite the fact Canada is one of the highest spenders of health care compared to other industrialized countries with universal health care, the report points out. "The founding principles of medicare are not being met today either in letter or in spirit," the report states. "Canadians are not receiving the value they deserve from the health care system."http://www.thestar.com/article/843623--doctors-call-for-major-health-care-overhaul

**Extracts from the CMA report**

With our aging population, end of life issues are becoming increasingly important, yet many do not have access to expert palliative care. (p.1)

Crucial to improved care: a) universal access to comprehensive prescription drug coverage; and, b) improving access to continuing care (long-term care, home care and palliative care/hospice). (p.15)

- NOVA SCOTIA | *Chronicle-Herald* (OpEd) – 7 August 2010 – **'Yes, we can lower health-care costs.'** It turns out that conversations about dying are more useful than the living wills themselves. The ... is that people are willing and able to talk about death. "The discussion, not the list, was what mattered most." http://thechronicleherald.ca/Opinion/1195673.html

  **N.B.** The author comments on the CMA report and goes on to quote the recent article in *The New Yorker* (noted in Media Watch dated 2 August 2010, p.3) **'What should medicine do when it can't save your life?'** http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande?currentPage=all

- *NATIONAL POST* | Online OpEd – 5 August 2010 – **'The CMA doesn't go far enough.'** Many of the benchmarks we use to judge the [health care] system date from the establishment of medicare in the 1960s, and the introduction of the Canada Health Act 26 years ago. Much has changed since then. Spending on seniors' drug coverage and home care has escalated dramatically, yet neither is subject to the Act's program criteria, and both "are often subject to arbitrary cutbacks." http://fullcomment.nationalpost.com/2010/08/05/national-post-editorial-board-the-cma-doesnt-go-far-enough/

1. *Health Care Transformation in Canada: Change that works. Care that Lasts.* Canadian Medical Association, August 2010. http://www.cma.ca/advocacy/cma-media-centre

## U.S.A.

### Palliative Care Information Act will allow for better end-of-life choices

NEW YORK | LoHud.com (OpEd) – 7 August 2010 – The Palliative Care Information Act is designed to ensure that patients diagnosed with a terminal illness, or decision-makers for those patients who have lost decisional capacity, will have the opportunity to receive information and counseling, if desired, regarding palliative care and end-of-life options appropriate to the patient. http://www.lohud.com/article/20100807/OPINION/8070313/1076/OPINION01/Palliative%20Care%20Information%20Act%20will%20allow%20for%20better%20end-of-life%20choices

### Conflict of interest: Angel Hospice severs ties with volunteers

NORTH CAROLINA | *Franklin Press* – 7 August 2010 – Angel Medical Center cited conflict-of-interest concerns as the reason it severed ties with local Hospice volunteers who plan to build a respite house for terminally ill patients. Medical center leaders this week defended the move. Interim CEO Tim Hubbs said the decision by Hospice House Foundation (HHF) of WNC [West North Carolina) to bring in an outside medical provider threatens Angel's financial wellbeing. The foundation has partnered with Four Seasons Hospice, a non-profit based in Flat Rock. "They are going to be a direct competitor," Hubbs said. "You can't be part of our organization and support a competing organization." HHF is planning to raise $3.5 million over the next two to three years to buy land and to build and equip the house. The state has given the go-ahead for six inpatient beds. http://www.thefranklinpress.com/articles/2010/08/06/news/01news.txt

**Prison hospice**

### Lawmakers should OK medical parole

CALIFORNIA | *Sacramento Bee* (OpEd) – 4 August 2010 – California is among a minority of states that keep medically debilitated or incapacitated prisoners in the state prison system. Some are bedridden or immobile. Others have dementia and are incapable of independent movement, speech or bladder control. Still others have end-stage disease and are too weak to exist outside of a skilled nursing setting. The numbers of these inmates are few, but the costs to keep them in the prison system are extremely large. This has got to end. Twenty-one prisoners are so debilitated that they're in nursing facilities or hospitals outside prison walls, costing an average of $1,973,252 a year each. Seventeen are in at the end-stage of life, dying in hospice beds, costing an average of $1,868,232 each. Eleven "extremely incapacitated" prisoners are housed in correctional treatment center beds, costing an average of $114,395 a year each. In short, fewer than 50 prisoners are costing the state nearly $75 million. http://www.sacbee.com/2010/08/04/2934725/lawmakers-should-ok-medical-parole.html

**Extract from *Sacramento Bee* OpEd**

Twenty-one prisoners are so debilitated that they're in nursing facilities or hospitals outside prison walls, costing an average of $1,973,252 a year each. Seventeen are in at the end-stage of life, dying in hospice beds, costing an average of $1,868,232 each.

Of related interest:

- U.K. (SCOTLAND) | BBC News – 6 August 2010 – **'Prisoners granted compassionate release.'** Over the last decade, 26 prisoners ... have been released from Scottish prisons on compassionate grounds. The Scottish Government has published the details of their conditions, and how long they lived for after release. http://www.bbc.co.uk/news/health-10882656

**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

**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/

**Photo project 'Before I Die, I Want to...' gives hospice patients a new view of life**

*NEW YORK DAILY NEWS* | Online report – 4 August 2010 – As soon as Polaroid announced they would stop making instant cameras, artists Nicole Kenney and KS Rives started using them. The pair launched the photography project, 'Before I Die, I Want To...,' and traveled all over to ask people the same question: "What do you want to do before you die?" As people answered, they captured the moment with the instant camera. Their idea was to link the death of people with the death of the Polaroid. "We thought this question would be really fitting," Kenney said, "because technologies die and people die. Everything is impermanent." So far, they've captured the hopes and dreams of over 1,200 people from the U.S., India, Japan, Europe and South America. Their website is an online gallery where all the photos are displayed, without names, with the goals written below.[1] http://www.nydailynews.com/lifestyle/2010/08/04/2010-08-04_before_i_die_i_want_toophoto_project_gives_hospice_patients_a_new_view_of_life.html

1. 'Before I Die, I Want To...' http://www.beforeidieiwantto.org/usa_other.html

**Grief and bereavement**

**Is emotional pain necessary?**

NATIONAL PUBLIC RADIO (NPR) | Online report – 2 August 2010 – Traditionally, the American Psychiatric Association's manual of mental disorders has warned doctors away from diagnosing major depression in people who have just lost a loved one. The idea was that feelings of intense pain were normal, so they shouldn't be labeled as a mental disorder. Now, the group is changing those guidelines. But for some people, the real issue raised by the bereavement exclusion is philosophical – or maybe the better word is existential. Dr. Allen Frances, the famous psychiatrist and a former editor of the DSM [Diagnostic & Statistical Manual of Mental Disorder], says that more and more, psychiatry is medicalizing our experiences. That is, it is turning emotions that are perfectly normal into something pathological.http://www.npr.org/templates/story/story.php?storyId=128874986

**Extract from the NPR report**

The DSM committee removed the bereavement exclusion – a small, almost footnote at the bottom of the section that describes the symptoms of major depression – from the manual.

## International

**Health watchdog urges better monitoring of painkiller use**

U.K. | *Guardian* – 5 August 2010 – The government's official health watchdog today urges doctors' professional bodies to draw up guidance on the appropriate prescribing of painkillers and amphetamines amid evidence of their increasing use on patients by health professionals. The Care Quality Commission also says changes are needed to the system for regulating and monitoring the use of these and other controlled drugs... Vigilance is essential, it says, although health and social care organisations are monitoring controlled drugs more effectively since tougher rules were introduced in 2007... But the way information is collected still does not always identify the way individual practitioners are using the drugs, especially when they are not prescribed to named individuals. http://www.guardian.co.uk/society/2010/aug/05/nhs-painkiller-use-prescription-regulation

**Extract from *Guardian* report**

...it is impossible to distinguish between the use of drugs being purchased from pharmacists by hospices for palliative care, and by individual doctors or others.

**End-of-life care and the economy**

### Southend Hospital closes two wards

U.K. | *Echo* – 4 August 2010 – Southend Hospital has confirmed the closure of two wards as part of a £10-million cost-cutting drive. A general medical ward, has already shut. Bedwell ward, used by patients in need of palliative care for long-term progressive illnesses and older residents, will be closed. http://www.echo-news.co.uk/news/8308915.Southend_Hospital_closes_two_wards/

From Media Watch dated 2 August 2010:

- U.K. | *The News* (Portsmouth) – 28 July 2010 – **'Ward for terminally ill patients to shut...'** The G5 ward at Queen Alexandra Hospital ... provides care to patients over 65 who are nearing the end of their lives. When the ward closes the staff will instead form a special palliative care team which will work throughout the hospital, helping with patients who need end of life care. http://www.portsmouth.co.uk/newshome/Ward-for-terminally-ill-patients.6443818.jp

### Terminally ill to get more care choice

U.K. (SCOTLAND) | *Edinburgh Evening News* – 4 August 2010 – Terminally ill and elderly patients will be given more choice about the care they receive in the last days of their lives under a new strategy. NHS [National Health Service] Lothian has rubber stamped its *Living & Dying Well* ... paper, which will bring the changes in over the next five years. Doctors and consultants will work more closely with patients and their families to ensure the most suitable approach in palliative care is taken for each individual. http://edinburghnews.scotsman.com/news/Terminally-ill-to-get-more.6456053.jp

- U.K. (SCOTLAND) | *Scotsman* – 6 August 2010 – **'End of life care 'is about more than where you die.''** A strategy to improve end of life care should not focus solely on place of death, a health board member has warned. http://news.scotsman.com/news/End-of-life-care-39is.6461400.jp

Of related interest:

- U.K. | *CareHome* – 6 August 2010 – **'Hospice launches innovative new helpline.'** A ground-breaking new 24-hour phoneline offering specialist advice direct to the community has been launched by a Suffolk hospice. St Elizabeth Hospice in Ipswich is amongst the first hospices in the country to set up a helpline which reaches out direct to the general public on the subject of palliative and supportive care. http://www.carehome.co.uk/news/article.cfm/id/1548978/hospice-launches-innovative-new-helpine

### Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *DUTCH NEWS* | Online report – 9 August 2010 – **'Suicide clinic a possibility.'** The Dutch association Right to Die is to investigate the feasibility of an assisted suicide clinic for people with a deep desire to end their lives, but who fall outside the current euthanasia law. http://www.dutchnews.nl/news/archives/2010/08/suicide_clinic_a_possibility.php

- SWISSINFO | Online report – 8 August 2010 – **'Justice minister rethinks assisted-suicide bill.'** Eveline Widmer-Schlumpf ... wants the government to rethink its proposal to tighten legislation on assisted suicide. http://www.swissinfo.ch/eng/politics/Justice_minister_rethinks_assisted-suicide_bill.html?cid=21512170

- SWITZERLAND | Associated Press – 4 August 2010 – **'Swiss drop Dignitas probe over urns in lake.'** Swiss prosecutors have dropped a criminal probe of the founder of the assisted suicide group Dignitas over urns containing human ashes that were thrown into Lake Zurich. The Zurich prosecutors' office says an extensive investigation was unable to determine who tossed the urns into the lake. http://www.google.com/hostednews/ap/article/ALeqM5h86M1b3EZHQjlC1PkKe-qjGr0w7gD9HCNIUG1

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

**Families' optimism often at odds with physicians' prognoses**

*AMERICAN MEDICAL NEWS* | Online report – 2 August 2010 – Family members of intensive care patients are likely to be more optimistic about their loved ones' chances of survival, regardless of how a physician presents a grim prognosis. That was the conclusion of a study that sought to identify the best way for doctors to communicate with families of the more than 5 million patients admitted to intensive care units in the U.S. annually.[1] Instead, researchers found that the method of communication mattered little in trying to align family members' opinions with physicians. Such innate differences of opinion can have serious consequences, said Douglas B. White, MD, associate professor of critical care medicine and director of the Program on Ethics & Decision Making in Critical Illness at the University of Pittsburgh School of Medicine. "The most important is that it likely will lead to families requesting ongoing life-sustaining treatment, when a palliative pathway might be more appropriate," said Dr. White, one of the study's authors. "The other thing that could come up is conflict between doctors and families." http://www.ama-assn.org/amednews/2010/08/02/prsb0802.htm

1. *AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE MEDICINE* | Online article – 10 June 2010 – **'A randomized trial of two methods to disclose prognosis to surrogate decision makers in ICUs.'** http://ajrccm.atsjournals.org/cgi/content/abstract/201002-0262OCv1

**Variations in the quality and costs of end-of-life care, preferences and palliative outcomes for cancer patients by place of death**

*BMC CANCER* | Online article – 2 August 2010 – Emerging trends and new policies suggest that more cancer patients might die at home in the future. However, not all have equal chances of achieving this. Furthermore, there is lack of evidence to support that those who die at home experience better care and a better death than those who die as inpatients. The QUALYCARE study aims to examine variations in the quality and costs of end-of-life care, preferences and palliative outcomes associated with dying at home or in an institution for cancer patients. http://www.biomedcentral.com/content/pdf/1471-2407-10-400.pdf

### Media Watch: Editorial Practice

Each listing in Media Watch represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy tool or change document.

### Distribution

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

### Links to Sources

**1.** Links are checked and confirmed as active before each edition of Media Watch is distributed.
**2.** Links often remain active, however, for only a limited period of time.
**3.** Access to a complete article, in some cases, may require a subscription or one-time charge.
**4.** If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
**5.** Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

### Something Missed or Overlooked?

If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

**Systematic review of psychosocial interventions for family carers of palliative care patients**

*BMC PALLIATIVE CARE* | Online article – 5 August 2010 – A systematic review of interventions for family carers of cancer and palliative care patients conducted at the start of this millennium demonstrated that there was a dearth of rigorous inquiry on this topic and consequently limited knowledge regarding the types of interventions likely to be effective in meeting the complex needs of family carers. The authors identified a slight increase in the quality and quantity of psychosocial interventions conducted for family carers in the last decade. More rigorous intervention research is required in order to meet the supportive care needs of family carers of palliative care patients. http://www.biomedcentral.com/content/pdf/1472-684x-9-17.pdf

**The vegetative state**

*BRITISH MEDICAL JOURNAL* | Online article – 2 August 2010 – Current clinical methods of diagnosis [of the vegetative state] are limited in scope, evidenced by a high rate ... of misdiagnosis (that is, patients who are aware are considered to be unconscious). The main causes of misdiagnosis are associated with a patient's disability (such as blindness), confusion in terminology, and lack of experience of this relatively rare condition. Furthermore, standard behavioural assessments cannot distinguish an aware (that is, minimally conscious) but completely immobile patient from a non-aware patient (one with vegetative state). In such behaviourally non-responsive patients, functional neuroimaging methods ... can detect residual cognition and awareness and can even establish two way communication, without requiring any behavioural output from patients. http://www.bmj.com/cgi/content/extract/341/aug02_1/c3765

From Media Watch dated 28 June 2010:

- *JOURNAL OF LAW, MEDICINE & ETHICS*, 2010;38(2):374-385. **'Diagnosing consciousness: Neuroimaging, law and the vegetative state.'** The authors discuss broader scientific, ethical, and legal issues associated with the advent of neuroimaging for disorders of consciousness.http://www3.interscience.wiley.com/journal/123550228/abstract?CRETRY=1&SRETRY=0

From Media Watch dated 3 August 2009::

- *JOURNAL OF MEDICAL ETHICS*, 2009;35(8):508-511. **'Functional neuro-imaging and withdrawal of lifesustaining treatment from vegetative patients.'** Recent studies using functional magnetic resonance imaging ... have raised the possibility that such patients retain some degree of consciousness.http://jme.bmj.com/cgi/content/short/35/8/508?rss=1

**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/search/?tag=Media+Watch

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

European Association for Palliative Care (EAPC)

### Sedation in palliative medicine: Guidelines for the use of sedation in palliative care

*DER SCHMERZ* | Online article – 28 July 2010 – EAPC considers sedation to be an important and necessary therapy option in the care of selected palliative care patients with otherwise refractory distress. Prudent application of this approach requires due caution and good clinical practice. Inattention to potential risks and problematic practices can lead to harmful and unethical practice which may undermine the credibility and reputation of the responsible clinicians and institutions as well as the discipline of palliative medicine more generally. Procedural guidelines are helpful to educate medical providers, set standards for best practice, promote optimal care and convey the important message to staff, patients and families that palliative sedation is an accepted, ethical practice when used in appropriate situations. EAPC aims to facilitate the development of such guidelines by presenting a 10-point framework that is based on the pre-existing guidelines and literature and extensive peer review. Original abstract in German: http://www.springerlink.com/content/c577583467274p85/?p=4f0042915adc4f43964c02743f6402f9&pi=4. Abstract in English: http://www.ncbi.nlm.nih.gov/pubmed/20661593

From Media Watch dated 17 May 2010:

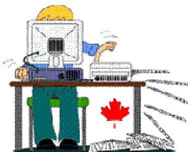
- [U.S.] NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Online posting – 11 May 2010 – **'Statement and commentary on palliative sedation therapy to promote greater understanding.'** For the limited number of imminently dying patients whose pain is intolerable and unresponsive to other palliative interventions, the ... [national organization] ... acknowledges palliative sedation can be a treatment option that should be considered by healthcare providers, patients, and families. http://www.nhpco.org/i4a/pages/index.cfm?pageid=5847

- *THE HASTINGS REPORT*, 2010;40(3):32-38. **'Rethinking guidelines for the use of palliative sedation.'** The use of continuous palliative sedation to unconsciousness rests on a consensus that leads quickly to controversy. Although there is consensus that it should be used only for terminally ill patients and even then reserved for cases in which severe symptoms persist despite efforts to find an alternative palliative treatment, authorities disagree about whether PSU [palliative sedation use] is appropriate for existential suffering and about how close to death the patient should be before PSU is introduced. http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=4661

"They do what they think is the best for me."

### Frail elderly patients' preferences for participation in their care during hospitalization

*PATIENT EDUCATION & COUNSELING*, 2010;80(2):233-240. Patient participation to frail elderly means information, not the wish to take part in decisions about their medical treatments. They view the hospital care system as an institution of power with which they cannot argue. Participation is complicated by barriers such as the numerous persons involved in their care who do not know them and their preferences, differing treatment strategies among doctors, fast patient turnover in hospitals, stressed personnel and linguistic problems due to doctors not always speaking the patient's own language. http://www.pec-journal.com/article/S0738-3991(09)00516-3/abstract



**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.

**Withholding and withdrawing life-sustaining medical treatment**

THOMSON REUTERS AUSTRALIA | Online article – 4 August 2010 – At common law, a competent adult can refuse life-sustaining medical treatment, either contemporaneously or through an advance directive which will operate at a later time when the adult's capacity is lost. Legislation in most Australian jurisdictions also provides for a competent adult to complete an advance directive that refuses life-sustaining medical treatment. At common law, a court exercising its *parens patriae* [parent of the nation] jurisdiction can consent to, or authorise, the withdrawal or withholding of life-sustaining medical treatment from an adult or child who lacks capacity if that is in the best interests of the person. A court may also declare that the withholding or withdrawal of treatment is lawful. Guardianship legislation in most jurisdictions allows a substitute decision-maker, in an appropriate case, to refuse life-sustaining medical treatment for an adult who lacks capacity. In terms of children, a parent may refuse life-sustaining medical treatment for his or her child if it is in the child's best interests. While a refusal of life-sustaining medical treatment by a competent child may be valid, this decision can be overturned by a court. At common law and generally under guardianship statutes, demand for futile treatment need not be complied with by doctors. http://eprints.qut.edu.au/33686/

**Assisted (or facilitated) death**

Representative sample of recent articles, etc:

- *CLINICAL MEDICINE* (Journal of the Royal College of Physicians), 2010;10(4):323-325. **'Assisted suicide and voluntary euthanasia: Role contradictions for physicians.'** The paper argues that the most common recent argument for ... assisted suicide or euthanasia ... in fact points to the involvement not of doctors but of legal agencies as decision makers plus technicians as agents. http://www.ingentaconnect.com/content/rcop/cm/2010/00000010/00000004/art00006

- *MEDICINE, HEALTH CARE & PHILOSOPHY* | Online article – 31 July 2010 – **'Euthanasia: Agreeing to disagree?'** This paper explores what is entailed by agreeing to disagree and shows that this is considerably more complicated than what is usually believed to be the case. http://www.springerlink.com/content/xp3q1458814v2026/?p=8e2b5749f87340e2892e82cac9e15680&pi=1

  **N.B.** This is one of several articles on the issue of assisted (or facilitated) death recently posted on the journal's website: http://www.springerlink.com/content/102960/?Content+Status=Accepted

## Worth Repeating

**Is there such a thing as a good death?**

*PALLIATIVE MEDICINE*, 2004;18(5):404-408. The idea of a 'good death' is one which has been central to the palliative care movement, but which in fact predates it. A number of recent articles have grappled with the concept. It is a subject which is difficult to quantify scientifically and this article explores the territory using a number of philosophical, theological, historical and literary sources. The changing meaning of the concept is traced through the pre-modern, modern and post-modern periods. In particular the influence on Western ideals about death of the two paradigmatic stories of the deaths of Socrates and Jesus are examined. It is argued that the dualistic thinking of Plato, which often underlies our thinking about death, is no longer adequate and the author offers the thinking of the Spanish philosopher Miguel de Unamuno [1864-1936] as an alternative way of approaching our attitudes to death. Although the article does not seek to give a definitive answer to the question it raises, it suggests that thinking about good death should be broadened to accept the struggle with which many people face their death. http://pmj.sagepub.com/content/18/5/404.short

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