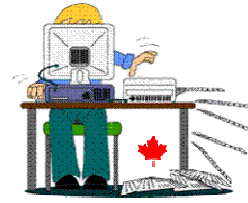


Media Watch...

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

The "nuanced discussion" of end of life care: Scroll down to [International](#) and 'What we missed in the Avastin debate' (p.6), an OpEd published in the U.K.'s *Guardian* newspaper.

Canada

Many struggle to provide care to aging seniors: Study

CTV NEWS | Online report – 26 August 2010 – While caring for an aging senior can be rewarding, many Canadian caregivers are struggling to cope with the stress, new research finds. Two new related studies from the Canadian Institute for Health Information [CIHI] found that one in six people – 16% – providing informal care to seniors is experiencing some kind of distress.^{1,2} Those caring for a senior with dementia are most at risk. The two CIHI studies looked at more than 130,000 seniors who received publicly-funded long-term home care in 2007-2008. Virtually all of these seniors (98%) also relied on an informal caregiver, such as a spouse, adult children or friends. <http://www.ctv.ca/CTVNews/Health/20100826/caregivers-seniors-100826/>

1. *Supporting Informal Caregivers – The Heart of Home Care*, CIHI, August 2010
http://secure.cihi.ca/cihiweb/products/Caregiver_Distress_AIB_2010_EN.pdf
2. *Caring for Seniors With Alzheimer's Disease and Other Forms of Dementia*, CIHI, August 2010
http://secure.cihi.ca/cihiweb/products/Dementia_AIB_2010_EN.pdf

N.B. Scroll down to [Worth Repeating](#) (p.11) and 'Paying kin for care' and 'Formalizing the formal.'



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.

Canadians brace for higher health costs: Poll

CBC NEWS | Online report – 23 August 2010 – Canadians are concerned their quality of health care will decline from the strain posed by aging baby boomers, a new poll suggests. The Canadian Medical Association [CMA] carried out the poll [conducted 8-21 June 2010 by Ipsos Reid] as part of its annual report card focused on access to health-care services.¹ "This year our report card shows young adult Canadians are bracing for increased health-care costs in the future," said CMA president Dr. Anne Doig. "We know that as people age, they require more health-care services and right now, there is a very real worry that unless it is significantly transformed, our health-care system will not be able to meet the needs of future generations," she said in a release. About 80% of those polled said they were concerned the quality of health care will decline from the strain on the system posed by the baby boomer generation. A similar number, 79%, were worried the health-care system will not be able to offer the same level of coverage as the baby boomers reach retirement age. <http://www.cbc.ca/health/story/2010/08/23/cma-health-care-boomers-poll.html>

Related journal extract

The federal government's abandonment of health

CANADIAN MEDICAL ASSOCIATION JOURNAL | Online editorial – 23 August 2010 – Provinces and territories are responsible for the day-to-day delivery of health services. However, under Canada's constitution, the federal government collects taxes for public services, including health care. The *Canadian Health Act* outlines the role of the federal government in health. The Act establishes the conditions and criteria for oversight of "extended health care services that the provinces and territories must fulfill to receive the full federal cash contribution under the Canada Health Transfer." On the basis of this framework, past federal leaders have established universal health systems and many key national institutions. In recent years, federal leaders have failed to enforce existing laws and set priorities for the country's health. http://www.cmaj.ca/cgi/rapidpdf/cmaj.101207v1?jkey=35c8a0f3f477be6f03f24505586a957789cc2cd9&keytype2=tf_ipsecsha

1. *10th Annual National Report Card on Health Care*, Canadian Medical Association, August 2010. http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/2010/report_card/2010-National-Report-Card_en.pdf

From Media Watch dated 9 August 2010:

- *TORONTO STAR* (Ontario) | Online report – 3 August 2010 – **'Doctors call for major health-care overhaul.'** The 72,000-member Canadian Medical Association called for major changes to Canada's health care system, which it criticizes as insufficient for meeting the needs of an aging population. <http://www.thestar.com/article/843623--doctors-call-for-major-health-care-overhaul>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *GLOBE & MAIL* | Online OpEd – Accessed 30 August 2010 – **'Judging the value of a life.'** The fact is that most people, whatever their condition, don't want to die. <http://www.theglobeandmail.com/news/opinions/judging-the-value-of-a-life/article1688283/>
- *ONTARIO | Brampton Guardian* – 26 August 2010 – **'Pastor centre of pro-life battle.'** The Euthanasia Prevention Coalition has launched a letter-writing campaign in a bid to stop what it says is the unjust treatment of a disabled patient at Brampton Civic Hospital. <http://www.bramptonguardian.com/news/article/866362>

Cont.

- QUEBEC | CBC News – 26 August 2010 – **'Euthanasia debate heats up in Quebec.'** A group of medical specialists is speaking out against euthanasia ahead of a Quebec-wide consultation on the controversial practice, warning that previous attempts at legislation elsewhere in the world have failed. <http://www.cbc.ca/canada/montreal/story/2010/08/26/quebec-euthanasia-debate.html>
- QUEBEC | *Montreal Gazette* – 26 August 2010 – **'No to euthanasia.'** The call for legalized euthanasia is fuelled by fear of having to endure a meaningless existence suffering intolerable pain. <http://www.montrealgazette.com/health/euthanasia/3444380/story.html>
- QUEBEC | *MONTREAL GAZETTE* (Letter) – 25 August 2010 – **'The concept of dignity is key.'** Patricia Crowe suggests that we stop talking about dignity, because she deems it far too elusive and personal a concept.¹ I must respectfully disagree [see sidebar (right)] In fact, Quebec's Select Committee on Dying with Dignity needs to talk about dignity more than anything else. Sadly, however, the notion of dying with dignity has largely been distorted to mean the right to euthanasia or assisted suicide. The ... committee's consultation document leaves little doubt that the right to assisted suicide defines the committee's primary focus of interest. <http://www.montrealgazette.com/opinion/letters/concept+dignity/3439457/story.html>
 1. QUEBEC | *MONTREAL GAZETTE* (OpEd) – 23 August 2010 – **'In seeking dignity for the dying, we might also find comfort.'** "Dying with dignity" seems to be the rallying cry of both sides of the euthanasia debate, and the title of a National Assembly committee that will hold public hearings next month. <http://www.montrealgazette.com/health/seeking+dignity+dying+might+find+comfort/3431064/story.html>

N.B. Noted in Media Watch dated 23 August 2010.

From Media Watch
dated 12 July 2010:

PALLIATIVE MEDICINE | Online article – 6 July 2010 – **'Learning from dying patients during their final days: Life reflections gleaned from dignity therapy.'** [The findings of this study] ... revealed that dignity therapy serves to provide a safe, therapeutic environment for patients to review the most meaningful aspects of their lives in such a manner that their core values become apparent. <http://pmj.sagepub.com/cgi/content/abstract/0269216310373164v1>

U.S.A.

'An invisible loss': Gays and lesbians find comfort hard to come by after partner's death

NEW MEXICO | *New Mexican* – 28 August 2010 – Tom Rotella ... remembers feeling alone after his partner's death in 1998. His own parents declined to come to the funeral. Although he is in a new, long-term relationship with Michael Lewallen ... Rotella still grieves his former partner 'significantly.' It's that kind of grief that a new support group, sponsored by Odyssey Hospice and RainbowVision, aims to help. <http://www.santafenewmexican.com/Local%20News/-An-invisible-loss->

Options for green burials on the rise

NEWSWEEK | Online article – 26 August 2010 – Today's funeral industry, which uses embalming (to prevent decay), and concrete vaults, was largely born out of the Civil War, when mothers wanted soldiers to be shipped back home. Steelmantown Cemetery's owner, Edward Bixby, who opened his green burial ground – the only one in New Jersey – to the public in 2007, says we are now resorting to green practices because of baby boomers. Bixby says he handles only about six burials a year and that most of his business involves pre-arranging funeral services. He predicts there will be a major uptick in green burials in the next decade as the baby boomers, who are more concerned about the environment than previous generations, begin to plan their funerals. <http://www.newsweek.com/2010/08/26/green-burial-options-increase.html>

Cont.

From Media Watch dated 15 March 2010:

- **SCIENCE & RELIGION** | Online article – 12 March 2010 – **'Do green graves change the way we mourn?'** That question assumes that mourning takes the same form for everyone. Yet, we now know that there is no single way to mourn. Research provides little support for the notion that there is a "right" or "wrong" way to respond to significant losses. There are only different ways. <http://www.scienceandreligiontoday.com/2010/03/12/do-green-graves-change-the-way-we-mourn-roxane-cohen-silver-answers/>

Religious views influence treatment offered by doctors

CALIFORNIA | *Los Angeles Times* – 25 August 2010 – When selecting a doctor, you might want to ask about his or her religious views. Why? The strength of a physician's feelings of faith can influence the types of treatment they offer to their patients. A study published ... in the *Journal of Medical Ethics* found that doctors with "stronger religious faith" were less likely to talk with patients about treatment options that could shorten their lives, such as prescribing powerful pain medicines.¹ <http://articles.latimes.com/2010/aug/25/news/la-heb-doctors-religion-20100825>

1. Scroll down to [Specialist Publications](#) and **'The role of doctors' religious faith and ethnicity in taking ethically controversial decisions during end-of-life care'** (p.9) for an abstract of (and link to) the study published in the *Journal of Medical Ethics*.

End-of-life care facilities see patient load jump to five-year high

WEST VIRGINIA | *Charleston Daily Mail* – 25 August 2010 – The organization that coordinates end-of-life care in West Virginia saw a larger increase in its patient load last year than it has in the past five years.¹ The center works to coordinate end-of-life care ... throughout the state. Last year alone, care teams ... saw 2,000 patients state-wide. Patients aren't actually treated at the center. <http://www.dailymail.com/News/statenews/201008241051>

Frank talk about care at life's end

NEW YORK TIMES | Online article – 23 August 2010 – Legislators have begun to recognize the medical, humanitarian and economic value of helping terminally ill patients and their families navigate treatment options as they approach the end of life. Last week, over the objections of New York State's medical society, Gov. David A. Paterson signed into law a bill – the New York Palliative Care Information Act¹ – requiring physicians who treat patients with a terminal illness or condition to offer them or their representatives information about prognosis and options for end-of-life care, including aggressive pain management and hospice care as well as the possibilities for further life-sustaining treatment. A similar provision in the original federal health care overhaul proposal, which would have reimbursed doctors for the time it takes to have such conversations, was withdrawn when it was erroneously labeled by conservatives as a "death panel" option.

Also last week, a study in the *New England Journal of Medicine* reported that among 151 patients with newly diagnosed metastatic lung cancer, those who received palliative care ... had a better quality of life, experienced less depression, were less likely to receive aggressive end-of-life care and lived nearly three months longer than those who received cancer treatment alone.² http://www.nytimes.com/2010/08/24/health/24brod.html?_r=1

[Specialist Publications](#)

Of particular interest:

'The shared decision-making continuum' (p.9) for a commentary on a transition from "autonomy-based" to "shared" decision-making in end of life care, published in the *Journal of the American Medical Association*.

Cont.

1. **'Palliative Care Information Act will allow for better end-of-life choices.'** The Act is designed to ensure that patients diagnosed with a terminal illness ... will have the opportunity to receive information and counselling ... 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>

N.B. Noted in Media Watch dated 9 August 2010.

2. **'Early palliative care for patients with metastatic non–small-cell lung cancer.'** Early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life, but longer survival. <http://www.nejm.org/doi/full/10.1056/NEJMoa1000678>

N.B. Noted in Media Watch dated 23 August 2010.

International

Hospice wins landmark victory in asbestos cancer case

U.K. | *The Guardian* – 29 August 2010 – Hospices that care for victims of a form of cancer caused by asbestos exposure hope to get help with treatment costs following a landmark court ruling. After a three-year legal battle the high court has ruled that a company that exposed a former worker, who later died of mesothelioma, to asbestos should pay for part of his hospice care. The ruling is a major boost to hospices, which rely for much of their funding on charitable donations. <http://www.guardian.co.uk/world/2010/aug/29/mesothelioma-hospice-landmark-victory>

Religion may influence doctors' end-of-life care

U.K. | BBC News – 25 August 2010 – Doctors with religious beliefs are less likely to take decisions which could hasten the death of those who are terminally ill, a study suggests [see sidebar (right)]. The survey of nearly 4,000 doctors found those with a strong faith were also less likely to discuss end-of-life treatment options with their patient. Doctors and campaigners described the findings as "concerning." The General Medical Council [GMC], which regulates the profession, says that while doctors should start from the assumption that life should be prolonged, this should not be at any cost. While it is illegal to give drugs with the deliberate intention of ending someone's life, doctors may administer morphine or other medication to relieve pain or distress which may have the effect of shortening life – so-called deep sedation. The GMC also advises that discussions surrounding end-of-life care, including issues such as tube-feeding, hydration and resuscitation, which can all cause avoidable distress, be started with

those who are terminally ill well in advance of their dying days. Those who described themselves as very or extremely non-religious were about 40% more likely to sedate than religious doctors. <http://www.bbc.co.uk/news/health-11083891>

Extract from the findings of the London University study:

Independently of speciality, doctors who described themselves as non-religious were more likely than others to report having given continuous deep sedation until death, having taken decisions they expected or partly intended to end life, and to have discussed these decisions with patients judged to have the capacity to participate in discussions.

N.B. Scroll down to [Specialist Publications](#) and **'The role of doctors' religious faith and ethnicity in taking ethically controversial decisions during end-of-life care'** (p.9) for an abstract of (and link to) the study published in the *Journal of Medical Ethics*.

- U.K. | *The Guardian* – 25 August 2010 – **'Atheist doctors 'more likely to hasten death.'** Study finds medics' faith affects care of terminally ill, as hospital clinicians admit 'ethically controversial' decisions. <http://www.guardian.co.uk/society/2010/aug/26/doctors-religious-beliefs-terminally-ill>

Report reveals 'good progress' on end of life care

U.K. | Department of Health – 25 August 2010 – End of life care is improving, but more needs to be done to ensure patients receive the best possible care in the setting of their choice, a report has found.¹ The second annual report on the government's End of Life Care Strategy highlights ... key areas of progress. These include the allocation of a £40 million grant for hospices; the launch of e-learning for health and social care staff; and the launch of the Dying Matters Coalition to raise public awareness. However, the report also highlighted variations in the provision of end of life care services across the country. Care services minister Paul Burstow commented: 'We need to ensure that the care people receive at the end of life is compassionate, appropriate, and gives people choices in where they die and how they are cared for. While there has been good progress made so far this year, the variation in progress across the country means the NHS [National Health Service] must redouble its efforts.' Mr. Burstow confirmed that more will be done to improve training in end of life care, promote best practice and ensure a high standard of care is available across the NHS. http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_118948

1. *End of Life Strategy: Second Annual Report*, Department of Health, August 2010
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalassets/dh_118955.pdf
- *BRITISH MEDICAL JOURNAL* | Online article – 27 August 2010 – '**Proportion of people dying in hospital is falling.**' For the third year running, the proportion of people in England who died in hospital has fallen, while the proportion dying at home continues to creep up, according to the annual report on the End of Life Care Strategy. <http://www.bmj.com/content/341/bmj.c4722.extract>
- *MEDICAL NEWS TODAY* | Online report – 27 August 2010 – '**Royal College of Nursing responds to end of life care strategy report...**' The ... College ... called for sustained investment to make 24-hour district nursing a reality in all areas, as they responded to the *Second Annual Report on the End of Life Care Strategy*. <http://www.medicalnewstoday.com/articles/199181.php>

The "nuanced discussion" of end-of-life care

What we missed in the Avastin debate

U.K. | *The Guardian* (OpEd) – 25 August 2010 – This week, the National Institute for Clinical Excellence (NICE) announced that it would not approve funding for Avastin – a cancer drug that can extend life by weeks or months. During the slow August news cycle, the decision set off a predictable firestorm. NICE was vilified, patient groups protested, and the government distanced itself from the story. As is so often the case, the decision about whether or not to fund Avastin appeared as a choice between saving money and extending life. After 24 hours of heated debate, the story dropped off the radar. That's unfortunate, because it didn't allow us to have the kind of nuanced discussion that could offer answers for how to address these kinds of challenges. The debate over Avastin oversimplified treating patients with a terminal illness, and seemed to suggest that having a good outcome boiled down to receiving a specific medication. However, new research suggests that there may be a better solution if we're willing to have an honest discussion about terminal illness and palliative care. [A] ... paper by Jennifer Temel and colleagues ... in the *New England Journal of Medicine*, explores the impact of introducing, in addition to traditional cancer treatments ..., palliative care in the early stages after a patient is diagnosed with terminal cancer.¹ <http://www.guardian.co.uk/commentisfree/2010/aug/25/avastin-cancer-drugs-palliative-care>

1. '**Early palliative care for patients with metastatic non-small-cell lung cancer.**' Early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life, but longer survival. <http://www.nejm.org/doi/full/10.1056/NEJMoa1000678>

N.B. Noted in Media Watch dated 23 August 2010.

Cont.

From Media Watch dated 15 March 2010:

- U.K. | *The Independent* – 15 March 2010 – **'Scandal of cancer drugs kept from dying victims.'** Thousands of cancer patients are being denied access to costly drugs by the National Institute for Clinical Excellence (NICE) ... a year after ministers ordered the institute to relax its spending criteria for patients close to the end of their lives, campaigners claim. <http://www.independent.co.uk/life-style/health-and-families/health-news/scandal-of-cancer-drugs-kept-from-dying-victims-1921426.html>

Health Ministry produces National Palliative Care Policy draft

AFRICA (Swaziland) | *Times* – 24 August 2010 – In an effort to improve the quality of life of patients and their families facing problems associated with life-threatening illnesses, the Ministry of Health has produced a draft National Palliative Care Policy. According to the National Strategic Framework [2009-2014], even in the health facilities, provision of palliative care is compromised by a lack of guidelines. <http://www.times.co.sz/index.php?news=20005>

Is there any 'frightening' disease palliative care can't deal with?

AUSTRALIA | *The Record* – 24 August 2010 – Motor Neuron Disease (MND), otherwise known as Lou Gehrig's disease [or amyotrophic lateral sclerosis (ALS)] ... is often more frightening than cancer for those who have it and their loved ones. Yet the severity of such diseases were the very reason palliative care was developed. MND, a progressive neurological disease, affects approximately 1400 people in Australia ... and thousands more ... live daily with its impact. http://www.therecord.com.au/site/index.php?option=com_content&task=view&id=1929&Itemid=30

From Media Watch dated 7 June 2010:

- *AMYOTROPHIC LATERAL SCLEROSIS* | Online article – 17 March 2010 – **'Meaning in life in patients with amyotrophic lateral sclerosis.'** The aim of this study was to investigate MiL ['meaning in life'] in patients with amyotrophic lateral sclerosis (ALS) and compare the findings with a representative sample of the German population. Compared to the general population, ALS patients list more meaning-relevant areas, are more likely to list partner, and less likely to list health. <http://informahealthcare.com/doi/abs/10.3109/17482961003692604>

Of related interest:

- AUSTRALIA (TASMANIA) | Ministry of Health – 27 August 2010 – **'Improving palliative care for Tasmanians who have dementia.'** The Minister for Health, Michelle O'Byrne, launched a research project aimed at improving the way palliative care services are delivered to Tasmanians who have dementia. 'Community of Practice in Dementia' is a joint project between the Wicking Dementia Research & Education Centre, Alzheimer's Australia and Curtin University's Health & Innovation Research Institute in Western Australia. <http://www.media.tas.gov.au/release.php?id=30263>

New ad campaign promotes palliative care

SWITZERLAND | World Radio Switzerland – 24 August 2010 – If you become terminally ill, what's the best way to spend your last days? A painful course of treatment that might prolong your life a little, or something that offers some comfort in the final months. Not a question many people want to think about unless they have to. A new advertising campaign is trying to get Zurich's citizens to do just that. <http://worldradio.ch/wrs/news/switzerland/new-ad-campaign-promotes-palliative-care.shtml?20479>

Quotable Quotes

How people die remains in the memory of those who live. **Dame Cicely Saunders (1918-2005)**

Parkinson's care service 'is a first'

U.K. | *Scarborough Evening News* – 24 August 2010 – Scarborough health trust is working in partnership with St Catherine's Hospice to set up a dedicated Parkinson's palliative care service – thought to be the only one of its kind in the country. This means that patients will now be able to have access to the range of facilities and services available at the hospice ... tailored to the specific needs of Parkinson's patients. Dr Edward Jones ... said: "St Catherine's Hospice has extensive experience of providing palliative care services to people with advanced neurological diseases." Currently, though, it does not provide any services to patients whose primary problem is Parkinson's disease. <http://www.scarborougheveningnews.co.uk/news/Parkinson39s-care-service-39is-a.6490774.jp>

From Media Watch dated 10 August 2009:

- *CHRONIC ILLNESS*, 2009;5(1):46-55. '**Palliative care and Parkinson's disease: Managing the chronic-palliative interface.**' The author's analysis centers on palliation for Parkinson's disease because it illustrates the difficulties of managing the chronic-palliative interface, and it also demonstrates how care is situated in an evolving network of professional and non-professional actors. <http://chi.sagepub.com/cgi/content/abstract/5/1/46>

From Media Watch dated 16 March 2009:

- *PALLIATIVE MEDICINE*, 2009;23(2):120-125. '**Palliative stage Parkinson's disease: Patient and family experiences of health-care services.**' Findings [of this study] support previous research that indicate palliative care needs are not being met in the current health-care model and that palliative care services should be multi-disciplinary, team-based in order to provide comprehensive support to both patients and families. <http://pmj.sagepub.com/cgi/content/abstract/23/2/120>

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

Systematic review of empirical studies

Predictors of complicated grief

DEATH STUDIES, 2010;34(8):673-698. A systematic review of the literature on predictors of complicated grief (CG) was undertaken with the aim of clarifying the current knowledge and to inform future planning and work in CG following bereavement. Predictors of CG prior to the death include previous loss, exposure to trauma, a previous psychiatric history, attachment style, and the relationship to the deceased. Factors associated with the death include violent death, the quality of the caregiving or dying experience, close kinship relationship to the deceased, marital closeness and dependency, and lack of preparation for the death. Perceived social support played a key role after death, along with cognitive appraisals and high distress at the time of the death. Inconsistent definitions of CG and measurement tools were noted in the earlier studies reviewed. <http://www.informaworld.com/smpp/content~db=all~content=a926029410>

A comparison of hospice in the U.S. and the U.K.: Implications for policy and practice

JOURNAL OF GERONTOLOGICAL NURSING | Online article – 23 August 2010 – The modern hospice movement in the U.S. was modeled on the specialized care for dying individuals that was championed by Dame Cicely Saunders, a social worker, nurse, and physician, in London in the 1960s. A collaboration between Saunders and [the late] Florence Wald, then at Yale University, led to the establishment of the first hospice in the U.S. in 1974. Despite similar foundations, the provision of hospice care differs in the U.S. and the U.K. with regard to financing and access. This article reviews these similarities and differences and discusses implications for U.S. hospice policy. <http://www.jognonline.com/reg/login.asp>

The role of doctors' religious faith and ethnicity in taking ethically controversial decisions during end-of-life care

JOURNAL OF MEDICAL ETHICS | Online article – 25 August 2010 – The prevalence of religious faith among doctors and its relationship with decision-making in end-of-life care is not well documented. The impact of ethnic differences on this is also poorly understood. This study compares ethnicity and religious faith in the medical and general U.K. populations, and reports on their associations with ethically controversial decisions taken when providing care to dying patients. Specialists in care of the elderly [i.e., survey participants] were somewhat more likely to be Hindu or Muslim than other doctors; palliative care specialists were somewhat more likely to be Christian, religious and 'white' than others. Ethnicity was largely unrelated to rates of reporting ethically controversial decisions. Independently of speciality, doctors who described themselves as non-religious were more likely than others to report having given continuous deep sedation until death, having taken decisions they expected or partly intended to end life, and to have discussed these decisions with patients judged to have the capacity to participate in discussions. Speciality was independently related to wide variations in the reporting of decisions taken with some intent to end life, with doctors in 'other hospital' specialities being almost 10 times as likely to report this when compared with palliative medicine specialists, regardless of religious faith. Greater acknowledgement of the relationship of doctors' values with clinical decision-making is advocated. http://jme.bmj.com/content/early/2010/07/22/jme.2010.036194.short?q=w_jme_ahead_tab

Of related interest:

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2010;304(8):903-904. **'The shared decision-making continuum.'** During the 20th century, medical decision making shifted from a paternalistic approach to an autonomy-based standard in the U.S. Now ... the pendulum is swinging back and the medical community and the public are increasingly embracing shared decision making. <http://jama.ama-assn.org/cgi/content/extract/304/8/903>
- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 30 August 2010 – **'Disability perspectives on health care planning and decision-making.'** This article reviews the literature addressing the significance of disability on health care decision-making, advance care planning, and end-of-life care. Special attention is provided to assessing the life values or preferences of persons with intellectual disability with limited decisional capacity. Recommendations are suggested for more inclusionary dialogue, research to better inform palliative care services, and new planning models for individuals with limited capacity. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0159>

[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>



A critical analysis of...

Health promotion and 'empowerment' in the context of palliative family care-giving

NURSING INQUIRY, 2010;17(3):221-230. Traditionally viewed as in opposition to palliative care, newer ideas about 'health-promoting palliative care' increasingly infuse the practices and philosophies of healthcare professionals, often invoking ideals of empowerment and participation in care and decision-making. The general tendency is to assume that empowerment, participation, and self-care are universally beneficial for and welcomed by all individuals. But does this assumption hold for everyone, and do we fully understand the implications of health-promoting palliative care for family caregivers in particular? The authors draw on existing literature to highlight potential challenges arising from the application of 'family empowerment' strategies in palliative home-care nursing practice. In particular, there is a risk that empowerment may be operationalized as transferring technical and medical-care tasks to family caregivers at home. <http://www.ingentaconnect.com/content/bsc/nin/2010/00000017/00000003/art00005>

Hospice collects 'near real time' patient feedback

NURSING TIMES (U.K.) | Online report – 24 August 2010 – A hospice in Devon is to seek "near real time" feedback on care using state of the art technology. Torbay Care Trust will use the technology to help collect patients' and carers' views on end of life care at Rowcroft Hospice. A kiosk will be placed in the hospice and staff will be given hand held survey machines to seek anonymous views, as a result of the trust winning funding and equipment from patient advocacy organisation Picker Institute Europe. <http://www.nursingtimes.net/whats-new-in-nursing/management/hospice-collects-near-real-time-patient-feedback/5018357.article>

Of related interest:

- *NURSING TIMES* (U.K.) | Online report – 29 August 2010 – '**Developing a nurse led hospice outpatient clinic to improve palliative care services.**' A team of palliative care clinical nurse specialists at the Phyllis Tuckwell Hospice in Farnham, Surrey, set up a hospice based outpatient clinic to improve services for patients with cancer. This article examines how the team used clinical audit, a staff questionnaire and patient feedback to evaluate the service and make recommendations for the future development of the clinic. <http://www.nursingtimes.net/nursing-practice-clinical-research/clinical-subjects/palliative-care/developing-a-nurse-led-hospice-outpatient-clinic-to-improve-palliative-care-services/5018762.article>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *PALLIATIVE CARE PHARMACOTHERAPY*, 2010;24(3):263-270. '**Baxter v. Montana, libertarianism, and end-of-life: The ripe time for a paradigm shift.**' *Baxter v. Montana* ... is a recent decision from the Montana Supreme Court that provides new legal insight into the societal issue of aid in dying. Both rulings from the Montana courts support the position that licensed prescribers in Montana who provide aid in dying assistance to terminally ill patients have some immunity from criminal prosecution. Each side in the case argued what they believed to be the intents and purposes of the people of Montana. This case very subtly suggests a paradigm shift may be occurring in aid in dying policy. <http://informahealthcare.com/doi/abs/10.3109/15360288.2010.502214>

From Media Watch dated 15 March 2010:

- *THE HASTINGS REPORT*, 2010;40(2). '**Dying with dignity.**' On the last day of 2009, a divided Montana Supreme Court ruled that physicians in the Big Sky state can legally prescribe medications for terminally ill patients to use in ending their lives. Right-to-die activists would have preferred that the court find a constitutional right to assisted suicide. <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=4538>

Worth Repeating

Compensating family caregivers

Paying kin for care

JOURNAL OF AGING & SOCIAL POLICY, 1990;2(2):63-86. The idea of giving compensation to family members who care for health-impaired elderly relatives is viewed with ambivalence by policymakers. If pay were given to such caretakers, the relationship between state-level community care programs and families could change. This paper reports on a survey of home care agency administrators in Illinois, a state that contracts with agencies to provide direct services to elderly persons. Agency administrators ... tended to view paid family members as different and more difficult to train and supervise than other workers.
<http://www.informaworld.com/smpp/content~db=all~content=a904374266>

Formalizing the informal

CANADIAN JOURNAL OF ELDER LAW | Online article – 15 December 2008 – In both Canada and the U.S., family caregiving agreements are increasingly being used to formalize the responsibilities that family caregivers undertake when providing in-home assistance for their (typically) older relatives. Under such agreements, each party can be better off because of the bargain that these agreements represent. Older people who can no longer live on their own are able to secure reliable and sensitive caregiving services that forestall moving to a care facility, while family caregivers receive tangible recognition of their considerable caregiving efforts and attendant personal sacrifices.
<http://www.bcli.org/cjel/projects/formalizing-informal-family-care-agreements-canada-and-united-states>

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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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