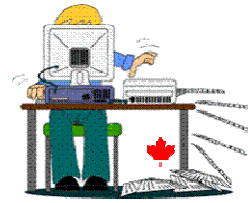


## Media Watch...

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.

## 27 September Edition | Issue #168



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

**Palliative care 24/7: Scroll down to [International](#) and 'End of life care for patients' (p.5) for a newspaper report on a U.K. regional initiative.**

## Canada

### Agencies moving forward with integration of hospice services

ONTARIO | *Northumberland View* – 23 September 2010 – The Board of Central East LHIN [Local Health Integration Network] issued a decision to support the facilitated integration of hospice services in Northumberland. Hospice and bereavement services, which are now being offered by Palliative Care Campbellford (PCC) and Hospice Northumberland Lakeshore (HNL), will be transferred to Community Care Northumberland (CCN). The plan contains a Service Delivery Model, which ensures that all services, currently delivered by PCC and HNL, will continue and access may even be expanded through the network of seven CCN offices in Northumberland. <http://www.northumberlandview.ca/index.php?module=news&func=display&sid=4444>

From Media Watch dated 29 July 2010:

- ONTARIO | *Northumberland News* – 21 July 2010 – **'Hospice integration will dissolve local organizations.'** In the face of ongoing funding challenges, local hospice services will be integrated into one county-wide body... <http://www.northumberlandnews.com/news/article/158674>

### Hospices needed province-wide: Doctor

NEW BRUNSWICK | CBC News – 22 September 2010 – New Brunswick's first residential hospice is set to open next month in Saint John, but health-care professionals ... say the need for such facilities is critical across the province. Pam Mansfield, president of the New Brunswick Hospice Palliative Care Association, said everyone has the right to die in a dignified and comfortable environment. Mansfield said funding hospices could save health care money. Patients who have a terminal illness do not qualify for nursing home care, so the only place for them is in hospital, where overcrowding is already an issue, she said. "If you look at how much it costs for a hospice bed, it's about \$300 a day compared to a hospital bed, which is about \$1,000 a day," Mansfield said. <http://www.cbc.ca/canada/new-brunswick/story/2010/09/22/nb-hospice-need-moncton.html>

Cont.

- MARITIMES | CBC Radio (Maritime Noon) – 22 September 2010 – **'Your experiences with palliative care.'** Palliative care can come in many different forms, and is more accessible in some locations than others. And, there's a solid argument to be made that such care would save our health system a lot of money. Dr. Fred Burge, Research Director at Dalhousie [University's Department of] Family Medicine, whose research focuses on end of life issues, Glenna Thornhill, a member of a team of seven nurses who deliver palliative care services in the home, and, Dr. Pam Mansfield, President of the New Brunswick Hospice Palliative Care Association, discussed the topic on this 'phone in program. <http://www.cbc.ca/maritimenoon/2010/09/your-experiences-with-palliative-care.html>

### Brain activity and the vegetative state

#### **A step forward for science – a step back for Britain's science sector**

ONTARIO | *The Independent* (U.K.) – 21 September 2010 – A leading neuroscientist who is about to leave Britain for a research post overseas revealed yesterday that he is on the brink of a breakthrough in communicating with people who inhabit the twilight zone between consciousness and unconsciousness, known as being in a vegetative state. Dr. Adrian Owen, of the Medical Research Council's Cognition & Brain Sciences Unit in Cambridge, said it was "inevitable" that "in the very near future" a means would be found of enabling people in a vegetative state to answer questions about their condition and express their needs. But Britain is unlikely to enjoy the kudos of the advance, because the scientists at the forefront of the research are moving to Canada to join a multi-million dollar programme. <http://www.independent.co.uk/news/science/a-step-forward-for-science-ndash-a-step-back-for-britains-science-sector-2084746.html>

From Media Watch dated 24 May 2010:

- *GLOBE & MAIL* | Online report – 17 May 2010 – **'Canada's \$200-million lure pulls in 19 big-name researchers.'** At the University of Western Ontario the appointment of neuroscientist Adrian Owen is creating an international stir. <http://www.theglobeandmail.com/news/politics/canadas-200-million-lure-pulls-in-19-big-name-researchers/article1572362/>

From Media Watch dated 2 February 2010:

- *NEW YORK DAILY NEWS* | Online report – 4 February 2010 – **'Patients in a vegetative state have the ability to think and communicate, new research shows.'** Using hi-tech MRIs that measure brain activity researchers found that patients who are in a persistent vegetative state seem to be able to understand what people are saying to them and can also respond to easy "yes" or "no" questions.<sup>1</sup> [http://www.nydailynews.com/lifestyle/health/2010/02/04/2010-02-04\\_patients\\_in\\_a\\_vegetative\\_state\\_have\\_the\\_ability\\_to\\_think\\_and\\_communicate\\_new\\_res.html](http://www.nydailynews.com/lifestyle/health/2010/02/04/2010-02-04_patients_in_a_vegetative_state_have_the_ability_to_think_and_communicate_new_res.html)
1. *NEW ENGLAND JOURNAL OF MEDICINE* | Online article – 3 February 2010 – **'Wilful modulation of brain activity in disorders of consciousness.'** The results of this study show that a small proportion of patients in a vegetative or minimally conscious state have brain activation reflecting some awareness and cognition. <http://content.nejm.org/cgi/reprint/NEJMoa0905370v1.pdf>

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

Representative sample of recent news media coverage:

- *NATIONAL POST* | Online OpEd – 26 September 2010 – **'With euthanasia, 'choice' is a lie.'** When not used as mere buzz words, autonomy and choice are truly signs of the rational spark that differentiates us from our pet birds and rabbits. Yet though autonomous, no man is an island. As part of the universal human family, both the way we choose to live and the way we die does have an impact on others. <http://life.nationalpost.com/2010/09/26/opinion-euthanasia-advocates-naive-to-think-choice-is-real/>
- CBC NEWS | Online report – 24 September 2010 – **'Assisted suicide ad banned in Canada.'** An Australian-based organization that promotes assisted suicide is considering legal action after Canadian regulators refused to allow one of its advertisements to be broadcast in Canada. <http://www.cbc.ca/canada/story/2010/09/24/exit-international-ad.html>

## U.S.A.

### **O'Donnell revives Palin's 'death panel' claim on health reform**

WASHINGTON DC | *The Hill* – 18 September 2010 – Christine O'Donnell, the Tea-Party Republican vying to fill Joe Biden's Senate seat in Delaware, jumped head-first into the thorny healthcare debate this week, accusing Democratic policy-makers of wanting to snuff out the old and infirm because they're expensive to treat. They even want unelected panels of bureaucrats to decide who gets what life-saving medical care and who is just too old or it's too expensive to be worth saving." The final reference is to a Democratic proposal to provide Medicare and Medicaid reimbursements to physicians who conduct voluntary consultations with patients about end-of-life care. The proposal, which the House passed last year as part of its reform bill, stirred a great deal of debate after Sarah Palin claimed it would encourage the creation of "death panels," and [Iowa Republican] Sen. Charles Grassley ... said it would empower the government to "pull the plug on grandma." The issue has clear cost repercussions: Medicare last year paid roughly \$55 billion to treat seniors during the last two months of their lives. But cost is not the only issue. A study published ... in the *New England Journal of Medicine* found that end-of-life care was shown to extend the

lives of terminally ill lung-cancer patients by nearly three months.<sup>1</sup> Moreover, the researchers discovered that those patients were happier and experienced less pain in their final weeks. The report, said Diane E. Meier ... of the Center to Advance Palliative Care at Mount Sinai School of Medicine, "shows that palliative care is the opposite of all that rhetoric about 'death panels.'" <http://thehill.com/blogs/healthwatch/health-reform-implementation/119545-odonnell-revives-palins-death-panel-claim>

#### **Palliative care – a shifting paradigm**

*NEW ENGLAND JOURNAL OF MEDICINE* | Online article – 18 August 2010 – Despite the increasing availability of palliative care services in U.S. hospitals and the body of evidence showing the great distress to patients caused by symptoms of the illness, the burdens on family caregivers, and the overuse of costly, ineffective therapies during advanced chronic illness, the use of palliative care services by physicians for their patients remains low. <http://www.nejm.org/doi/full/10.1056/NEJMe1004139>

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

1. *NEW ENGLAND JOURNAL OF MEDICINE* | Online article – 18 August 2010 – **'Early palliative care for patients with metastatic non-small-cell lung cancer.'** 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.

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

Representative sample of recent news media coverage:

- NORTH CAROLINA | *Charlotte Observer* – 21 September 2010 – **'Assisted suicide plan shelved.'** An internationally known right-to-die advocate says he's calling off plans to open a center for assisted suicide in Gastonia. <http://www.charlotteobserver.com/2010/09/21/1707013/assisted-suicide-plan-shelved.html>

#### **Specialist Publications**

Of particular interest:

**'Impact of hospice disenrollment on health-care use and Medicare expenditures for patients with cancer,'** (p.7) published in the *Journal of Clinical Oncology*.

## International

### **Doctors, carers call for boost in palliative care**

AUSTRALIA | *The Age* – 25 September 2010 – President of the Australian Medical Association's Victorian branch, Dr Harry Hemley, said not enough people were getting access to palliative care. The call was backed by ... Palliative Care Victoria, which said the Victorian government needed to invest an extra \$8.6 million each year to address existing gaps and growing demand. Chief executive of the group, Odette Waanders, said \$4.2 million was needed to improve services in country areas, and \$4.4 million was required to meet increasing demand of at least 4.6% each year. <http://www.theage.com.au/victoria/doctors-carers-call-for-boost-in-palliative-care-20100924-15qo8.html>

### **Finland guarantees pain management for dying patients**

FINLAND | Agence France-Presse – 23 September 2010 – The Finnish government released ... new guidelines intended to improve the care and rights of the dying, which many in the country criticise as being substandard and insufficient. The guidelines state that a dying patient's own wishes must be at the forefront of any treatment plan, regardless of whether they are in private or public care. Finnish experts have lambasted the country's public health care system for falling short of minimum requirements for terminal care set out by the European Association of Palliative Care.<sup>1</sup><http://www.google.com/hostednews/afp/article/ALeqM5g8zlgdeTXs9nph06VR5cuiVCIKHA>

1. *White Paper on standards and norms for hospice and palliative care in Europe*, European Association of Palliative Care (published in the *European Journal of Palliative Care*)  
[http://eapc.captise.nl/LinkClick.aspx?fileticket=uW\\_JGKKvpZI%3d&tabid=167](http://eapc.captise.nl/LinkClick.aspx?fileticket=uW_JGKKvpZI%3d&tabid=167)

### **Many carers 'have bad debt worries'**

U.K. | *London Evening Standard* – 23 September 2010 – More than a third of carers claim their financial situation is so dire they do not want to wake up in the morning, research indicates. Around 59% of carers said they gave up paid work to look after a sick or disabled relative, while more than half of those who still work earn less than £10,000. Six out of 10 carers said they spent all their savings supporting the person they care for, according to the Princess Royal Trust for Carers.<sup>1</sup> Nearly two-thirds of carers borrowed money from family and friends to meet their day-to-day living costs, while 10% took out high interest loans. Nine out of 10 carers say they are worse off financially as a result of their caring, 39% fear they will lose their home and 37% said their financial situation is so bad, they do not want to wake up in the morning. The research found that the added financial pressure caused 45% of carers to want to run away from their role, while the same proportion said they were

depressed and could not cope and 28% were suffering from stress.

<http://www.thisislondon.co.uk/standard/article-23881146-many-carers-have-bad-debt-worries.do>

1. *Broke and broken: Carers battle poverty and depression*, Princess Royal Trust for Carers, September 2010.  
<http://www.carers.org/press-release/broke-and-broken-carers-battle-poverty-and-depression>

#### **Specialist Publications**

Of particular interest:

**'Young caregivers in the end-of-life setting: A population-based profile of an emerging group'** (p.8) published in the *Journal of Palliative Medicine*.

## **Africa Palliative Care Association calls on African governments to re-consider regulating their national policies [on palliative care medications]**

NAMIBIAN BROADCASTING CORPORATION | Online report – 21 September 2010 – The Africa Palliative Care Association is calling on African governments to re-consider regulating their national policies on palliative care medications, which are currently supplied in lower volumes and thus derailing the successful delivery of such medication to those in need. Morphine is one such narcotic pain reliever used to treat moderate to severe pain among patients with life-threatening illnesses, but used in a controlled manner due to its side effects. Dr. Faith Mwangi-Powell says as the number of patients in need of palliative care increases, more such drugs are needed. <http://www.nbc.com/na/article.php?id=3358>

### **Palliative care 24/7**

#### **End of life care extended for patients**

U.K. | *Reading Post* (Berkshire) – 21 September 2010 – End of life care for patients in Reading has been extended to provide help and support 24 hours a day. NHS [National Health Service] Berkshire West will offer the service overnight for people who are at the end of their lives but wish to stay at home. There will be support and advice on controlling symptoms such as pain, sickness, breathlessness and anxiety. The service extended its hours in March to 11 p.m. until 7 a.m. and operates seven days a week, covering the whole of the NHS Berkshire West catchment area. [http://www.getreading.co.uk/news/s/2078712\\_end\\_of\\_life\\_care\\_extended\\_for\\_patients](http://www.getreading.co.uk/news/s/2078712_end_of_life_care_extended_for_patients)

From Media Watch dated 19 July 2010:

- U.K. | Macmillan Cancer Support – 9 July 2010 – **'Huge discrepancies in end of life care highlighted.'** Nearly half of Primary Care Trusts (PCTs) in England are not providing 24/7 community nursing to all patients at the end of their life, this despite [the National Health Service] Department of Health's End of Life Strategy for England calling on PCTs and local authorities to make access to community nursing at any time of the day or night available to all end of life patients. [http://www.macmillan.org.uk/Aboutus/News/Latest\\_News/Hugediscrepanciesinendoflifecarehighlighted.aspx](http://www.macmillan.org.uk/Aboutus/News/Latest_News/Hugediscrepanciesinendoflifecarehighlighted.aspx)

**N.B.** Department of Health's End of Life Strategy for England website: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086277](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277)

#### **Meeting your maker with a green conscience**

*NEW ZEALAND HERALD* | Online report – 18 September 2010 – The Canterbury Cremation Society has started to recycle artificial hip and knee joints and replacements that are not destroyed by the ... cremation process. Its first batch of metal joints was melted down and recycled by a metal scrap merchant in August this year. General manager Barbara Terry is very proud of her environmentally friendly recycling system. "We hope the rest of the crematoriums around the country see the benefits of recycling and have the courage to follow suit," she said. Artificial implants are left behind in three to four cremations a week at the society's crematoriums. [http://www.nzherald.co.nz/business/news/article.cfm?c\\_id=3&objectid=10674310](http://www.nzherald.co.nz/business/news/article.cfm?c_id=3&objectid=10674310)

#### **Body exhibition is ruled illegal**

FRANCE | *Connexion* – 17 September 2010 – France has banned the controversial *Our Body, à Corps Ouvert* exhibition that displays human bodies stripped of their skin [the first country to do so]. The appeal court ... confirmed the ban, saying that the display of bodies for commercial ends was against the Civil Code, which states that human remains should be treated with "respect, dignity and decency." <http://www.connexionfrance.com/Our-Body-appeal-court-ban-france-corpse-Corps-Ouvert-12072-view-article.html>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA | *Sydney Morning Herald* – 26 September 2010 – **'Euthanasia laws 'almost impossible': Gillard.'** Prime Minister Julia Gillard says the technicalities of legalising euthanasia seem "almost impossible," but she is still open to debating the issue. Ms. Gillard has promised Labor MPs a conscience vote on the issue, but said today she had some in-principle reservations. <http://www.smh.com.au/nsw/euthanasia-laws-almost-impossible-gillard-20100926-15rzc.html>
- AUSTRALIA (NORTHERN TERRITORY) | ABC News – 24 September 2010 – **'The euthanasia lottery.'** The Greens' plan to introduce a private members bill to Parliament, to allow the Northern Territory Government to reintroduce controversial euthanasia legislation, has reignited public debate about the 'right to die.' <http://www.abc.net.au/unleashed/stories/s3020746.htm>
- AUSTRALIA | *Sydney Morning Herald* – 23 September 2010 – **'Gillard will wait to see euthanasia bill.'** Prime Minister Julia Gillard will keep private her view on a bid to let the territories legalise euthanasia until she sees the detail. Under commonwealth law, the federal government can overturn any bid by the Northern Territory or the ACT [Australian Capital Territory] to give terminally-ill people the right to die. <http://news.smh.com.au/breaking-news-national/gillard-will-wait-to-see-euthanasia-bill-20100923-15o7i.html>
- AUSTRALIA (WESTERN AUSTRALIA) | ABC News – 23 September 2010 – **'Chapple's voluntary euthanasia bill defeated.'** A bid to legalise voluntary euthanasia ... has been defeated. MPs were granted a conscience vote on the legislation. Greens MP Robin Chapple introduced the ... bill, which would allow West Australians over the age of 21 with a terminal illness and who are sound of mind to ask a doctor to end their life. <http://www.abc.net.au/news/stories/2010/09/23/3019562.htm>
- AUSTRALIA (VICTORIA) | ABC News – 22 September 2010 – **'Euthanasia back in the spotlight in Victoria.'** A [State] government minister is demanding to call on for fresh discussions in the Parliament regarding the issue of euthanasia, which is sometime after the state election takes place in the month of November. <http://www.abc.net.au/news/stories/2010/09/22/3018354.htm?section=justin>
- AUSTRALIA (WESTERN AUSTRALIA) | ABC News – 21 September 2010 – **'Minister's admission in euthanasia debate.'** [State] Health Minister Kim Hames has admitted he has administered pain relief to a terminally ill patient with the knowledge it could shorten the patient's life. Dr. Hames was speaking on ABC radio as a private members bill on voluntary euthanasia is debated in the Upper House. <http://www.abc.net.au/news/stories/2010/09/22/3018851.htm?section=justin>
- U.K. (SCOTLAND) | Christian Institute – 22 September 2010 – **'MSP [Member of the Scottish Parliament] drops disabled clause from assisted suicide bill.'** A proposal [i.e., a clause in the End of Life Assistance (Scotland) Bill] to allow disabled people ... to kill themselves is set to be dropped following pressure from disability campaigners. The clause ... [stated that] ... a person would be eligible for an assisted suicide if they were "permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable." <http://www.christian.org.uk/news/msp-drops-disabled-clause-from-assisted-suicide-bill/>

### Palliative care in Scotland

NEWSNET SCOTLAND | Online report – 22 September – The Palliative Care (Scotland) Bill was introduced in the Scottish Parliament on 1 June 2010. The Bill seeks to give legislative effect to the Scottish Government's intentions in Living & Dying Well, a national action plan for palliative and end of life care in Scotland ... which aims "to ensure that good palliative and end of life care is available for all patients and families who need it in a consistent, comprehensive, appropriate manner across all care settings." <http://www.newsnetscotland.com/speakers/652-palliative-care>

### Corrections & Clarifications

**'Euthanasia is no solution to suffering,'** noted in Media Watch dated 6 September 2010 (p.6), was incorrectly attributed to the *Irish Times*. The letter was actually published in the *Irish Independent*.

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

### **Impact of hospice disenrollment on healthcare use and Medicare expenditures for patients with cancer**

*JOURNAL OF CLINICAL ONCOLOGY* | Online article – 23 September 2010 – Patients with cancer represent the largest diagnostic group of hospice users. Oncologists rely on hospice teams to provide care for patients who have completed disease-directed treatment and desire to remain at home. However, 11% to 15% of hospice users disenroll from hospice, and little is known about their health care use and Medicare expenditures. [In this study] patients with cancer who disenrolled from hospice were more likely to be hospitalized, more likely to be admitted to the emergency department or intensive care unit, and more likely to die in the hospital. Patients who disenrolled from hospice died a median of 24 days following disenrollment, suggesting that the reason for hospice disenrollment was not improved health. Hospice disenrollees incurred higher per-day Medicare expenditures than patients who remained with hospice until death. <http://jco.ascopubs.org/content/early/2010/08/23/JCO.2009.26.1818.abstract?sid=f08b0894-c927-461e-91d8-b78de0d41f79>

### What has family conflict got to do with it?

### **Perceived success in addressing end-of-life care needs of low-income elders and their families**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 14 September 2010 – The purpose of this study was to examine the predictors of perceived success in addressing the end-of-life care needs of low-income older adults and their family members. Perceived success is defined as the clinician's subjective assessment of the extent to which end-of-life care needs of the patient and family have been met by the interdisciplinary team. This study provides preliminary evidence of differential correlates and predictors of perceived success for addressing patient and family needs, highlighting the detrimental influence of family conflict. Future research is needed to better understand the kinds of assessment and intervention protocols that might prevent or ameliorate conflict and enhance structures

and process-of-care variables to facilitate more successful outcomes.

[http://www.jpmsjournal.com/article/S0885-3924\(10\)00531-2/abstract](http://www.jpmsjournal.com/article/S0885-3924(10)00531-2/abstract)

### **Palliative care for the elderly – developing a curriculum for nursing and medical students**

*BMC GERIATRICS* | Online article – 20 September 2010 – Delivering palliative care to elderly, dying patients is a ... challenge. In Germany, this has been underlined by ... legislation implementing palliative care as compulsory in the medical curriculum. The authors ... created an interdisciplinary curriculum focussing on the palliative care needs of the elderly. <http://www.biomedcentral.com/content/pdf/1471-2318-10-66.pdf>

Of related interest:

- *JOURNAL OF GERIATRIC ONCOLOGY* | Online article – 14 September 2010 – **'Telling bad news to the elderly cancer patients: The role of family caregivers in the choice of non-disclosure.'** [In this study focused on patient communication] the choice of non-disclosure was independent from an explicit request of the patient and was associated with the caregiver's fears and needs. [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6KF4-511BPSV-1&\\_user=10&\\_coverDate=09%2F15%2F2010&\\_rdoc=1&\\_fmt=high&\\_orig=search&\\_origin=search&\\_sort=d&\\_docanchor=&\\_view=c&\\_searchStrId=1470406266&\\_rerunOrigin=scholar.google&\\_acct=C000050221&\\_version=1&\\_urlVersion=0&\\_userid=10&md5=4b6ec5be19c1be6c8788cd5029ba4ced&searchtype=a](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6KF4-511BPSV-1&_user=10&_coverDate=09%2F15%2F2010&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&_view=c&_searchStrId=1470406266&_rerunOrigin=scholar.google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=4b6ec5be19c1be6c8788cd5029ba4ced&searchtype=a)

## Young caregivers in the end-of-life setting: A population-based profile of an emerging group

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 September 2010 – Little is known about young caregivers of people with advanced life-limiting illness. Better understanding of the needs and characteristics of these young caregivers can inform development of palliative care and other support services. [In this population based-analysis] most active care was provided by older, close family members, but large numbers of young people (ages 15–29) also provided assistance to individuals with advanced life-limiting illness. Almost as many young males as females participate in active caregiving; most provide care while being employed, including 38% who work full-time. Over half of those engaged in hands-on care indicated the experience to be worse or much worse than expected, with young people more frequently reporting dissatisfaction thereof. Young caregivers also exhibited an increased perception of the need for assistance with grief. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0004>

## Report highlights communication skills gap in end of life care

[U.K.] NATIONAL END OF LIFE CARE PROGRAMME | Online report – 22 September 2010 – Health and social care staff find it difficult to talk to dying people and their families about end of life care and death, according to a report published today.<sup>1</sup> Many believe they would benefit from more communication skills training for the challenging demands of end of life conversations – such as breaking bad news and supporting families immediately after a bereavement. The report highlights the initial results of 12 pilots across England. Each site carried out a local training needs analysis of the communication skills training options for staff working with people at the end of life in a range of settings, matching these to the needs of the local workforce. <http://www.endoflifecareforadults.nhs.uk/news/all/report-highlights-communication-skills-gap-in-end-of-life-care>

1. *Talking Needs Action*. The pilot sites report their findings for end of life care communication skills. [http://www.endoflifecareforadults.nhs.uk/assets/downloads/Talking\\_Needs\\_Action\\_20100920.pdf](http://www.endoflifecareforadults.nhs.uk/assets/downloads/Talking_Needs_Action_20100920.pdf)

Of related interest:

- U.K. | *The Echo* (Essex) – 22 September – **'Cancer victim: Talk to me before it's too late.'** Doctors at Southend Hospital missed Catherine Watkins's pancreatic cancer more than 20 times so when she was eventually diagnosed, her condition had become terminal. [http://www.echo-news.co.uk/news/8404898.Cancer\\_victim\\_Talk\\_to\\_me\\_before\\_it\\_s\\_too\\_late/](http://www.echo-news.co.uk/news/8404898.Cancer_victim_Talk_to_me_before_it_s_too_late/)



WORLD  
HOSPICE &  
PALLIATIVE  
CARE DAY

9 October 2010

### 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/newslatter/inthenews.html>

Ontario | Mississauga Halton Palliative Care Network <http://www.mhpcn.ca/Physicians/resources.htm>  
(Scroll down to 'Newsletters/Media Updates')

#### 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/international-end-of-life-news-from-media-watch-n-188.htm?PHPSESSID=561dc9b3df8db43fdc64e1fccd24f800>

## Liverpool Care Pathway

### **Patients benefit from quality targets**

*NURSING TIMES* (U.K.) | Online report – 21 September 2010 – There is evidence that attaching financial penalties to nursing quality targets improves patient care. Walsall Hospitals Trust ... has used commissioning for quality and innovation (CQUIN) indicators to increase the percentage of terminally ill patients who choose the way they die. The trust was set a CQUIN target to increase the number of patients on the Liverpool Care Pathway, where a decision is made not to resuscitate a patient and only provide supportive interventions to keep them comfortable and free of pain. Last year, only 15% of terminally ill patients ... were on the ... Pathway, which involves patients and families discussing end of life care with clinicians and nurses. This meant that during the final days of their life patients might still have endured interventions that were focused on trying to prolong life. After setting the target, staff systematically introduced the pathway for more patients. The trust reports that 53% of eligible patients are now on the pathway – more than treble the proportion last year. <http://www.nursingtimes.net/specialist-news/acute-care-news/patients-benefit-from-quality-targets/5019461.article>

Of related interest:

- *JOURNAL OF CARE SERVICES MANAGEMENT*, 2010;4(4):321-330. **'Economic appraisal of an end-of-life care training initiative for care homes with dementia patients.'** An education and training initiative was developed by Greater Manchester Strategic Health Authority for care staff in four care homes ... and one NHS [National Health Service] mental health ward. The aim was to improve the quality of end of life care received by older people with dementia, through the use of end of life care tools, such as the Gold Standards Framework and the Liverpool Care of the Dying Pathway. <http://www.ingentaconnect.com/content/maney/csm/2010/00000004/00000004/art00009>

**N.B.** National Gold Standards Framework website: <http://www.goldstandardsframework.nhs.uk/>;  
Liverpool Care Pathway website: <http://www.liv.ac.uk/mcp/il/liverpool-care-pathway/>.

### **Media Watch: Editorial Practice**

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

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### **Something Missed or Overlooked?**

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

## The emotional and economic costs of bereavement in health care settings

*PSYCHOLOGICA BELGICA*, 2010;50(1-2):69-88. This paper focuses on the emotional costs of grief and bereavement in health care providers, and on the economic costs of bereavement and bereavement care in health care settings. The authors summarise existing relevant research and offer an overview of the types of costs and cost information that would optimally be collected in research on bereavement in health care settings. They also propose an analytic framework that could be used to systematically consider the larger picture of bereavement in health care settings, how available evidence fits into this picture, and what evidence is needed to improve care. <http://www.ingentaconnect.com/content/acad/psyb/2010/0000050/F0020001/art00005>

## Worth Repeating

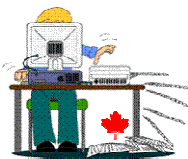
### Let's talk about sex: Risky business for cancer and palliative care clinicians

*ADVANCES IN CONTEMPORARY PALLIATIVE & SUPPORTIVE CARE*, 2007; 27(1):49-60. Few health professionals feel confident and comfortable when communicating with patients about the sexual and intimate changes that might occur after a diagnosis of cancer. Little research has focused on why health professionals find this type of patient communication so challenging. Drawing on data from a larger study examining issues of intimacy and sexuality from the perspectives of patients and health professionals in cancer and palliative care, this paper presents the health professional perspective. Results revealed that patient sexuality and intimacy was largely medicalised so that health professional discussions remained at the level of patient fertility, contraception, erectile or menopausal status. Many unchecked assumptions about patient sexuality were made by health professionals, based on the patient's age, diagnosis, culture, partnership and disease status. It was personally confronting and a 'risky' business to communicate

about issues of patient intimacy and sexuality after cancer, particularly when the clinical setting emphasised medicalised, health professional driven and problem-based communication. <http://www.atypon-link.com/EMP/doi/abs/10.5555/conu.2007.27.1.49>

#### Importance of sexual needs assessment in palliative care

*NURSING STANDARD*, 2010;24(52):35-39. Sexuality is a fundamental aspect of being human. Guidance states that to support and improve the lives of adults with life-limiting illness, health professionals must address care in the social, psychological, spiritual and physical domains, yet no mention is made of the sexual domain. Palliative care aims to be holistic yet evidence suggests that sexuality is often overlooked when assessing care needs. This literature review will identify the issues that prevent sexual needs assessment in palliative care. <http://nursingstandard.rcnpublishing.co.uk/resources/archive/GetArticleById.asp?ArticleId=7954>



#### 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.

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