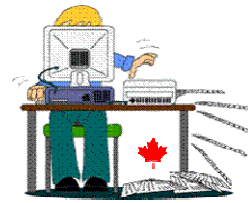


## Media Watch...

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.

## 4 October Edition | Issue #169



Compilation of Media Watch 2008, 2009, 2010 ©

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

**Legislating end of life care: Scroll down to [International](#) and 'Bridging the care gap' (p.6) for a report on the status of Scotland's action plan *Living & Dying Well*.**

## Canada

### Parliamentary Committee on Palliative & Compassionate Care

#### **Palliative care needs fed funding, MP told**

ONTARIO | *Recorder & Times* (Brockville) – 1 October 2010 – The federal government should provide leadership and cash for palliative and compassionate care services across Canada, a consultation meeting held by Leeds-Grenville MP Gord Brown was told. A guest panel of speakers from regional and national health-care organizations peppered Brown with suggestions while two local health-care professionals lauded the success of regional palliative care programs, but lamented the lack of consistent programming from region to region. After the meeting, Brown told the *Recorder & Times* he will assemble information from the presentations to be considered in the committee report expected by the end of the year. Brown said he isn't worried about creating unrealistic expectations. <http://recorder.ca/ArticleDisplay.aspx?e=2781112>

**N.B.** Committee website: <http://www.pcpc-cpspsc.ca/>

Of related interest:

- QUEBEC | *Montreal Gazette* – 1 October 2010 – '**Cracks in long-term care are widening.**' Provincial Ombudsman Raymonde Saint-Germain noted continuing problems in senior care in her annual report. Saint-Germain also found shortcomings in Quebec's palliative care policy. <http://www.montrealgazette.com/health/Cracks+long+term+care+widening/3607176/story.html>

### **Media Watch's Reach & Frequency**

In response to a number of inquiries: Media Watch, in its fourth year of publication, is currently distributed by e-mail to 850+ academics and researchers; administrators, educators and policy makers in health care and social services; frontline health care providers; and, government policy makers, including selected legislators. The weekly report is posted on several websites serving the hospice and palliative care communities (see p.9 for listing).

Media Watch is international in its scope and reach: approximately 30-35% of recipients reside in Canada; 15-20% in the U.S.; 25-30% in the U.K., and Eastern & Western Europe; and, 10-15% in Asia, including Australia & New Zealand.

## End-of-life care in First Nations communities

### **Peguis case study for palliative care study**

MANITOBA | *Winnipeg Free Press* – 29 September 2010 – The Peguis First Nation in Manitoba will be one of four communities participating in a study dedicated to improving palliative care services in First Nation communities. A research team based at Lakehead University in Thunder Bay ... has been awarded a five-year, \$1.825-million grant dedicated to the study, which may "offer us the chance to improve and make services more accessible for aboriginal people in First Nations communities," according to Dr. Kevin Brazil, Director of St. Joseph's Health System's Research Network and one of the two principal investigators assigned to the study. "The importance of this funding is that it acknowledges the need for end-of-life care and services in the First Nations communities," Brazil said. <http://www.winnipegfreepress.com/breakingnews/Peguis-case-study-for-palliative-care-study--104005819.html>

Of related interest:

- *SOCIAL SCIENCE & MEDICINE* | Online article – 29 September 2010 – **'Aboriginal peoples, health and healing approaches: The effects of age and place on health.'** The results [of this study] demonstrate that older Aboriginal people face unique challenges – e.g., loss of traditional approaches to healing, geographic isolation, identity politics, constitutional and legal divisions within the Aboriginal community - with respect to their health and access to health services. [Link unavailable at time of distributing Media Watch.](#)

From Media Watch dated 20 April 2009:

- *CANADIAN FAMILY PHYSICIAN*, 2009;55(4):394-395. **'Palliative care of First Nations people.'** The authors sought to understand cross-cultural hospital-based end-of-life care from the perspective of bereaved First Nations ... family members (who) described palliative care as a community and extended family experience. <http://www.cfp.ca/cgi/reprint/55/4/394>
- *CANADIAN FAMILY PHYSICIAN*, 2009;55(4):443-444. **'When family doctors and aboriginal patients meet.'** How ... can physicians develop meaningful and therapeutic relationships with aboriginal patients? <http://www.cfp.ca/cgi/reprint/55/4/443>

### **Hospice will ask for [tax] decision deferral**

ONTARIO | *Northern Life* (Sudbury) – 28 September 2010 – A plea ... by Maison Vale Inco Hospice... regarding ... back taxes prompted city councillors to send staff to examine options to help the hospice. The[ir] report offers three possible solutions. Option A ... would see the city provide ... a grant of \$56,563. This would cover the back taxes for the past three years, but would do nothing to help with upcoming years. Option B would rebate ... [the] Hospice 100% of the past taxes under the charities provision of the Municipal Act. Option C would see the council defer the request to the 2011 budget process. <http://www.northernlife.ca/news/localNews/2010/09/hospice-280910.aspx>

From Media Watch dated 20 September 2010:

- ONTARIO | *Sudbury Star* – 16 September 2010 – **'Hospice looking for exemption.'** Vale Inco Hospice has asked city council to erase its property tax bill ... and help lobby the province to make hospices in Ontario tax exempt. <http://www.thesudburystar.com/ArticleDisplay.aspx?e=2759958>

#### Population Trends

New data from Statistics Canada show that Canada's population continues to age. The median age of the population was 39.7 years on 1 July up 0.2 years compared with the same date in 2009. The proportion of Canadians aged 65 and over, at 14.1% also increased compared with a year earlier (13.9%).

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CANADA.COM | Online report – 30 September 2010 – '**Justice minister rebuffs study of assisted suicide laws.**' Canada's justice minister has no intention of considering changes to federal laws against assisted suicide and euthanasia. At a time when Quebec is conducting public hearings on the issue, Rob Nicholson said the Criminal Code ban will remain in place. "We have no plans to get into that area, we are satisfied with the law as it is," Nicholson told *Postmedia News*. <http://communities.canada.com/shareit/blogs/politics/archive/2010/09/30/justice-minister-rebuffs-study-of-assisted-suicide-laws.aspx>
- QUEBEC | *Montreal Gazette* – 29 September 2010 – '**Doctors group opposes assisted suicide.**' The ... province's nurses and Quebec's federation of general practitioners ... urged a special committee of the National Assembly on dying with dignity to take a serious look at palliative care. <http://www.montrealgazette.com/news/Doctors+group+opposes+assisted+suicide/3595003/story.html>
- *GLOBE & MAIL* | Online report – 28 September 2010 – '**At least two Canadians have followed controversial doctor's advice on suicide.**' At least two Canadians have already died and five more have made preparations following the instructions of [Australian assisted suicide advocate] Philip Nitschke, according to the physician and an independent researcher familiar with the cases. <http://www.theglobeandmail.com/news/national/at-least-two-canadians-have-followed-controversial-doctors-advice-on-suicide/article1729506/>

**N.B.** Available is '**Assisted (or Facilitated) Death: The Debate in Canada,**' which summarizes notable developments (as reported in past issues of Media Watch) – highlighting also those in other countries – that inform discussion of the issue in Canada. Contact information at foot of p.13.

## U.S.A.

### How to handle family dynamics around a dying loved one

*HUFFINGTON POST* | Online article – 3 October 2010 – While there are times when the motivations of family members for asserting their particular point of view regarding the "well being" of a critically ill loved one are self-serving at best, more often the motivation is love. Yet, terrible things are done in the name of love and the dynamics of power and influence that can develop among family and loved ones can be shocking. All too often, tensions escalate as judgments and discord fester, while no one knows how to step forward and lance the family wound by talking honestly and respectfully about differences of opinion and differing styles of response to the situation. Frequently, childhood politics surface and you suddenly find yourself the seven-year-old kid who used to be bullied by her older sister. While everyone might sincerely believe that they all have the patient's best interest in mind, they may have diametrically opposed views about what that would look like and how it is to be accomplished. Unfortunately, all too often family members polarize against each other behind the scenes rather than uniting in support of the patient. [http://www.huffingtonpost.com/judith-johnson/guidelines-for-family-dyn\\_b\\_738819.html](http://www.huffingtonpost.com/judith-johnson/guidelines-for-family-dyn_b_738819.html)



### 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.

## Reconsider end-of-life spending

IOWA | *Des Moines Register* (OpEd) – 30 September 2010 – Cancer treatments can cost \$100,000 and may extend life only a few months. The Associated Press recently reported on a man with prostate cancer who opted for a \$93,000 drug, which adds an average of four months of life to those with incurable tumors. The 80-year-old from Boston said he never would have paid that much if he had to dig into his own pocket. But his insurer was covering it. The story is a testament to the need for Americans to reconsider how they think about medical spending for those who are critically ill. When it's you or a loved one diagnosed with cancer or another serious illness, you want to do everything to beat it. Even if the odds of doing so are small. For people with health insurance, cost may not be a significant factor in treatment decisions. But we all pay for the care decisions of others – in higher premiums for private insurance or tax dollars for Medicare. <http://www.desmoinesregister.com/article/20100930/OPINION03/9300332/1035/OPINION/Reconsider-end-of-life-spending>

Of related interest:

- REUTERS | Newswire report – 28 September 2010 – **'Costs spike when terminally ill leave hospice – study.'** The cost of care for terminally ill cancer patients who stopped hospice care was nearly five times higher than that for patients who stayed with it, according to a study.<sup>1</sup> Researchers at the Yale School of Public Health ... and Mount Sinai School of Medicine ... found patients who stopped hospice care were far more likely to end up needing emergency department care, stays in intensive care units, and hospitalization. <http://www.msnbc.msn.com/id/39407181/ns/health-cancer/>
- 1. *JOURNAL OF CLINICAL ONCOLOGY* | Online article – 23 September 2010 – **'Impact of hospice disenrollment on healthcare use and Medicare expenditures for patients with cancer.'** Hospice disenrollment is a marker for higher health care use and expenditures for care. Strategies to manage a patient's care and support family caregivers following hospice disenrollment may be beneficial and should be explored. <http://jco.ascopubs.org/content/early/2010/08/23/JCO.2009.26.1818.abstract?sid=f08b0894-c927-461e-91d8-b78de0d41f79>

**N.B.** Noted in Media Watch dated 27 September 2010.

## End of life coalition addresses the challenge of dying

*THE MISSOURINET* | Online report – 30 September 2010 – The End of Life Coalition will lobby legislators to change the current law so the physicians and guardians of mentally retarded patients can sign off on Do Not Resuscitate orders – not just the Department of Mental Health. Another issue the Coalition ... [will address is] ... the fact that Missouri has not adopted a surrogacy law, which would let patients choose a surrogate to make decisions for them should they become terminally ill, permanently unconsciousness, or become the victim of an ultimately fatal illness that imposes an inhumane burden. Whether violent criminals have rights on how to die, or not to die alone ... [is] ... another topic... Many states are implementing hospice care in prisons... Pilot programs have shown that violence levels decrease, hardened criminals can be tender and compassionate, and those who die in prisons can do so peacefully, even with their families by their side. <http://www.missourinet.com/2010/09/30/end-of-life-coalition-addresses-the-challenge-of-dying/>

Of related interest:

- KANSAS | *Hutchinson News* – 1 October 2010 – **'Kansas inmates volunteer to help hospice patients.'** Behind the prison wall they gathered like family around the dying man's hospital bed. Offering compassion, as well as an abundance of warmth and laughter, nine inmates inside the Hutchinson Correctional Facility's Central Unit were helping a hospice patient feel comfortable. [http://news.mywebpal.com/news\\_tool\\_v2.cfm?show=localnews&pnpID=348&NewsID=987426&CategoryID=20365&on=1](http://news.mywebpal.com/news_tool_v2.cfm?show=localnews&pnpID=348&NewsID=987426&CategoryID=20365&on=1)

**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 (contact information on p.13).

## Black patients less likely to get end-of-life care they request

*BLOOMSBURG BUSINESSWEEK* | Online report – 27 September 2010 – Black patients are less likely than whites to receive the type of end-of-life care they request, even though both groups have similar rates of end-of-life discussions with their doctors, says U.S. researchers.<sup>1</sup> "These findings raise the concern that black patients receive inferior end-of-life care, a possibility underscored by disparities between black patients and white patients in certain objective care measures, such as pain management," wrote Dr. Jennifer W. Mack, of the Dana-Farber Cancer Institute in Boston, and colleagues. "Despite similar rates of end-of-life discussions, white patients were more likely than black patients to prefer symptom-directed care over life-prolonging end-of-life care and to have DNR (do not resuscitate) order in place. White patients were also less likely to receive life-prolonging care in their last week of life" They also found that "although end-of-life discussions and communication goals assist white patients in receiving less burdensome life-prolonging care at the end of life, black patients tend to receive more aggressive care regardless of their preferences." <http://www.businessweek.com/lifestyle/content/healthday/643559.html>

1. *ARCHIVES OF INTERNAL MEDICINE*, 2010;170(17):1533-1540. '**Racial disparities in the outcomes of communication on medical care received near death.**' End-of-life [EOL] discussions and communication goals seem to assist white patients in receiving less life-prolonging EOL care... Black patients [however] tend to receive life-prolonging measures at the EOL even when they have DNR orders or state a preference for symptom-directed care. <http://archinte.ama-assn.org/cgi/content/abstract/170/17/1533>

Of related interest:

- *JOURNAL OF HEALTH COMMUNICATION*, 2010;15(S2):159-171. '**Uncertainty about advance care planning treatment preferences among diverse older adults.**' The complexities associated with advance treatment decisions may result in decisional uncertainty and poorly informed choices, particularly among vulnerable populations such as minorities and patients with limited health literacy. <http://www.informaworld.com/smpp/content-content=a926948606~db=all~jumtype=rss>

## International

### Australian-Japanese initiative

#### **Caring and sharing with Japanese**

AUSTRALIA | *Heidelberg Leader* – 4 October 2010 – Banksia Palliative Care [BPC] may be the only organisation of its type in the northern suburbs, but it has forged a valuable link with a similar group in Japan. And it's a link that has been recognised by the Department of Foreign Affairs and Trade with a \$36,000 grant. The grant will help BPC executive officer Julie Paul run training sessions in Nara and Osaka for one week, in partnership with the Japanese Educational Clinical Cardiology Society. It will also allow a number of staff to be sent to Japan to provide palliative care through the BPC's sister organisation Pallium, in Tokyo. Ms. Paul said although palliative care was still forcing its way into the mainstream in Australia, it was still trying to get a foothold in Japan. <http://heidelberg-leader.whereilive.com.au/news/story/caring-and-sharing-with-japanese/>

Of related interest:

- UGANDA | *The New Vision* – 29 September 2010 – '**Uganda gets \$600m for health care.**' The Japanese government has approved a grant of over \$600m for the provision of palliative care to people living with HIV/AIDS and cancer and for infrastructural development in health facilities. <http://www.newvision.co.ug/D/8/16/733541>

## Legislating end of life care

### **Bridging the care gap**

U.K. (SCOTLAND) | *The Herald* – 4 October 2010 – Improving palliative care for people like Stevie [McGowan] is a Government priority. Two years ago, the Government published *Living & Dying Well*, an action plan requiring health boards to ensure all those with an incurable illness are identified and given a care plan covering their emotional, spiritual and physical needs. The aim is to ensure that those with non-malignant diseases get the same care as those with cancer. It came after a study by Audit Scotland revealed that most palliative care services were tilted towards cancer patients. Mark Hazelwood, director of the Scottish Partnership for Palliative Care, the umbrella body for organisations involved in palliative care, says that a "huge" amount of work has been done by health boards and voluntary organisations since the action plan was published, and adds that progress will continue. Yet some feel more could be done. In advance of World Hospice & Palliative Care Day ... the Palliative Care

(Scotland) Bill, a private member's bill sponsored by the Scottish National Party's Gil Paterson, will go through its first committee stage in the Scottish Parliament, the finance committee, before going forward for detailed scrutiny. It aims to put *Living & Dying Well* on a statutory footing by giving health boards a legal duty to provide palliative care to all patients and requiring the Government to report annually on the provision of that care. Mr. Paterson says: "We need a cultural change in the health service, in education and training."  
<http://www.heraldsotland.com/life-style/real-lives/bridging-the-care-gap-1.1059011>



**9 October 2010**

<http://www.worldday.org/>

### **Motion calls for more attention to end-of-life care in communities**

*IRISH TIMES* | Online report – 30 September 2010 – Our society does not pay sufficient attention to the welfare and good of those receiving end-of-life care, said Ronan Mullen. "Implicit sometimes in our thinking on this issue is the view that policy focus should centre on those with the majority of their lives ahead of them; that dying is a taboo subject better skirted around for the sake of avoiding awkwardness and offence; and, that as people gradually lose memory, consciousness, bodily control and even hope, they also lose their dignity," he said. Mr. Mullen was speaking in the debate on a Private Members Motion ... asking the House to call on the Government to allow people to die in their homes rather than in hospital, where that was their choice. The motion also urged the allocation of resources to enable more people access comprehensive hospice services in their community and the ensuring national guidelines were operational in all acute and community hospitals to address all key end-of-life care issues.  
<http://www.irishtimes.com/newspaper/ireland/2010/0930/1224279989394.html>

### **"Small triumph of humanity"**

### **Real care does not reside in the building or its facilities, but rather in the spirit of the people within**

*IRISH TIMES* | Online OpEd – 28 September 2010 – Real care does not reside in the building or its facilities ... but rather in the spirit of the people within. Laughter seems to be a huge part of this: a shared sense of humour that engages with the elderly rather than excludes them. Time too is hugely important: the time to sit and talk, to listen. The ability to engage with each person as an individual rather than as a unit. Above all, tenderness. Time and time again, one glanced down a corridor or through an open door to see a gentle hand on a shoulder, a supporting arm, an easy hug. <http://www.irishtimes.com/newspaper/opinion/2010/0928/1224279827517.html>

## Thinking "outside the box"

### **Singapore charity uses happy coffins to celebrate life**

SINGAPORE | Agence France-Presse – 28 September 2010 – A Singapore charity ... announced the winners of an international art competition to design "happy coffins" to encourage the elderly and dying to celebrate life. Six winning designs out of 733 entries from 37 countries were made into personalised coffins in cooperation with a local funeral home. The first prize of \$3,000 went to a 27-year-old Belgian woman, Ines van Gucht, whose design showed a furry black creature whom she described as a friend that would take care of her after her death. Under the slogan "My Life, My Coffin" the [Lien] foundation said it wanted to encourage people to think "out of the box" about taboos surrounding death. <http://www.mysin Chew.com/node/45599>

## "Closed for mourning"

### **Not depressed, just sad, lonely or unhappy**

U.K. | BBC News Magazine – 28 September 2010 – Grief is desperately upsetting: it hurts you for ages, and the loss of someone you love is emotionally painful, and can be enduringly so. But why not call it by its proper name: bereavement: grief: loss? One reason may be that we are losing old rituals which human beings have practised for eons. When I was a young woman in France in the 1960s, you would come across a shop with its blinds drawn, and a notice saying: "Ferme pour deuil": closed for mourning. It is still seen in France, and is also a usual response in Italy. Mourning symbols were widespread in all cultures – widows' weeds, black armbands – and the community was expected to respect those who mourn. Outward signs of mourning have declined, if not been abolished in more secular societies now: but our sense of sadness and loss endure, and instead of this being called mourning, it is called "trauma." It might be a start to revive or recapture some of the wider, non-medical vocabulary for the gamut of human experience.

Depression may also be melancholy: it may be discouragement, disappointment, abandonment, sadness, sorrow, mourning, rejection, regret, anxiety, grief, obsession, introspection, loss, separation, loneliness, isolation, alienation, guilt, loss of hope, temperamental woe and simple, pure, unhappiness. <http://www.bbc.co.uk/news/magazine-11431720>

From Media Watch dated 16 August 2010:

- *NEW YORK TIMES* | Online OpEd – 14 August 2010 – 'Good grief.' A startling suggestion is buried in the fine print describing proposed changes for the fifth edition of the *Diagnostic & Statistical Manual of Mental Disorders ...* the book that will set the new boundary between mental disorder and normality. [http://www.nytimes.com/2010/08/15/opinion/15frances.html?\\_r=1](http://www.nytimes.com/2010/08/15/opinion/15frances.html?_r=1)

### **The wish list of a dying mother: Cancer sufferer leaves husband the 100 things he must do with their two sons ...and tells him to "find another women."**

U.K. | *Daily Mail* – 1 October 2010 – Diagnosed with terminal cancer, Kate Greene had to come to terms with the fact she would not see her young sons grow up. But, determined to be an ongoing presence in their lives, she drew up a "mummy's manual" of more than 100 instructions, hopes and ambitions for her two boys to read after her death. Mrs. Green, who died at the age of 37 following a two-year battle with breast cancer, wanted Finn, four, and Reef, six, to visit a Welsh beach where she holidayed as a child, attend an international rugby match, and go to Switzerland, where her husband St. John proposed to her. <http://www.dailymail.co.uk/femail/article-1316482/Cancer-sufferer-leaves-husband-100-things-2-sons.html#ixzz117X6eYoP>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA (NEW SOUTH WALES) | *Sydney Morning Herald* – 4 October 2010 – **'Euthanasia billboard approved.'** A voluntary euthanasia campaign spearheaded by advocate Dr. Philip Nitschke has gained momentum after a billboard set for display in NSW was approved. <http://news.smh.com.au/breaking-news-national/euthanasia-billboard-approved-20101004-162x7.html>
  - *THE AUSTRALIAN* | Online OpEd – 2 October 2010 – **'Right-to-die polls no basis for radical change.'** Anyone who knows about sociological research techniques knows the most important thing is how many questions and what sort of questions ... to get some idea of the nuances of opinion, the true picture. <http://www.theaustralian.com.au/news/opinion/right-to-die-polls-no-basis-for-radical-change/story-e6frg6zo-1225932745264>
  - AUSTRALIA (QUEENSLAND) | *Brisbane Times* – 2 October 2010 – **'Bligh dodges euthanasia debate.'** Queensland Premier Anna Bligh has refused to outline her current views on euthanasia despite fresh political and community debate over the practice. [http://www.brisbanetimes.com.au/queensland/bligh-dodges-euthanasia-debate-20101001-160xq.html?from=brisbanetimes\\_sb](http://www.brisbanetimes.com.au/queensland/bligh-dodges-euthanasia-debate-20101001-160xq.html?from=brisbanetimes_sb)
  - *THE AUSTRALIAN* | Online report – 29 September 2010 – **'Euthanasia bill introduced to parliament.'** Australian Greens leader Bob Brown has kept his promise to introduce legislation to parliament allowing the NT [Northern Territory] and the ACT [Australian Capital Territory] to make laws around voluntary euthanasia. Under Senator Brown's bill, the two territories and Norfolk Island will have their rights to legislate around voluntary euthanasia reinstated. Senator Brown also reintroduced a bill to the upper house that would prevent the federal government overturning legislation passed in the ACT it doesn't agree with. <http://www.heraldsun.com.au/news/breaking-news/euthanasia-bill-introduced-to-parliament/story-e6frf7kf-1225931934638>
- N.B.** Under commonwealth law, the federal government can overturn any bid by the Northern Territory or the Australian Capital Territory to give terminally-ill people the right to die.
- AUSTRALIA | *Sydney Morning Herald* – 29 September 2010 – **'Look how we do it in Oregon, the ethics guardian tells Gillard.'** Barbara Glidewell has had hundreds of conversations with dying people who want to end their own life, or want the option to do so. And she wants the Prime Minister, Julia Gillard, to know it is entirely possible to formulate a law with appropriate safeguards. Associate Professor Glidewell is an ethics adviser and recently retired hospital ombudsman from Oregon where physician-aided death has been allowed for almost 13 years. She has overseen the consultation process for roughly half the physician-assisted deaths under Oregon's Death With Dignity Act. <http://www.smh.com.au/national/look-how-we-do-it-in-oregon-the-ethics-guardian-tells-gillard-20100928-15vv3.html>

From Media Watch dated 27 September 2010:

- 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. <http://news.smh.com.au/breaking-news-national/gillard-will-wait-to-see-euthanasia-bill-20100923-15o7i.html>
- U.K. | *The Guardian* – 3 October 2010 – **'Doctors and nurses launch campaign for right to help terminally ill to end their lives.'** New group will challenge medical bodies such as the BMA [British Medical Association] that oppose any change in the law on assisted suicide. <http://www.guardian.co.uk/society/2010/oct/03/right-to-die-assisted-suicide>

### [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/>

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

### **Where do nurses go for help? A qualitative study of coping with death and dying**

*INTERNATIONAL JOURNAL OF PALLIATIVE NURSING*, 2010;16(9):432-438. In order to cope with the stressful experience of caring for a dying patient, nurses need programmes that both help them develop coping strategies and prepare them for caring for dying patients as well as resources to help them cope with the experience once it has happened. Because little is known about the coping habits of nurses facing the death of a patient, research is needed that examines their coping responses to develop more effective resources. This research examines the resources that nurses use when coping with the death of a patient.

[http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=78636;article=IJPN\\_16\\_9\\_432\\_438](http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=78636;article=IJPN_16_9_432_438)

### **A review of an out-of-hours telephone support service for palliative care patients and their families**

*INTERNATIONAL JOURNAL OF PALLIATIVE NURSING*, 2010;16(9):445-450. This study reports an evaluation of an out-of-hours service operating in one primary care trust in north east England, and focuses on the use of a telephone support service, which backed up domiciliary visits by specialist palliative care nurses. Results revealed that staff, patients and carers appreciated being able to telephone the service. In addition carers felt particularly well supported by the service staff who proactively telephoned them on an agreed basis as part of the highly individualized telephone monitoring scheme. Such services support the call for the creation of a whole system approach for both palliative care patients and their carers. [http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=78647;article=IJPN\\_16\\_9\\_445\\_450](http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=78647;article=IJPN_16_9_445_450)

Of related interest:

- *CLINICAL NURSING RESEARCH* | Online article – 27 September 2010 – **'End-of-life caregiving trajectories.'** The unifying theme of end-of-life caregiving is "seeking normal" as family caregivers worked toward achieving a steady state, or sense of normal during their caregiving experiences. <http://cnr.sagepub.com/content/early/2010/09/25/1054773810384852.abstract>

### 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/newletter/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/news.htm>

### Quotable Quotes

*When there's an elephant in the room introduce him.* **Randy Pausch (1960-2008)**

## Referral to palliative care

### **End-of-life care for hospitalized patients with lung cancer: Utilization of a palliative care service**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 29 September 2010 – High symptom burden and hospital mortality among patients with lung cancer argues for early palliative care intervention. [In this retrospective database review] patient characteristics and discharge dispositions in hospitalized patients with lung cancer receiving usual care were compared to those referred to a new palliative care service. In the first 3 years of a new palliative care initiative consults for lung cancer patients occurred late in the hospital stay or when death was imminent. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0057>

Of related interest:

- *EVIDENCE BASED NURSING*, 2010;13(4):105-106. **'U.S. survey finds higher availability of palliative care programs, palliative physicians and consultation teams and palliative outpatient services in National Cancer Institute centres compared to non-NCI centres.'** Over recent decades, the role of palliative care has evolved because of an increased understanding of the opportunities for palliative care and because of advances in the science of palliative care. It is because of the many opportunities afforded by palliative care that the National Cancer Institute has recommended the integration of palliative care as a part of the care of all people with cancer, from the time of diagnosis, and independent of outcome. <http://ebn.bmj.com/content/13/4/105.extract>
- *JOURNAL OF APPLIED RESEARCH IN INTELLECTUAL DISABILITIES* | Online article – 16 September 2010 – **'The role and timing of palliative care in supporting persons with intellectual disability and advanced dementia.'** Specialist palliative care staff recognized that person-centred care delivered in intellectual disability services was consistent with palliative approaches, but staff in intellectual disability services did not consider advanced dementia care as 'palliative care'. Both groups were unsure about the role of palliative care at early stage of dementia but appreciated specialist palliative care contributions in addressing pain and symptom management challenges. <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-3148.2010.00592.x/abstract>

### **Caring for the dying patient from an Orthodox Jewish perspective**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 27 September 2010 – Culturally competent medical care for the dying patient by families and health care professionals is a challenging task especially when religious values, practices, and beliefs influence treatment decisions for patients at the end of life. This article describes end-of-life guidelines for hospital health care professionals caring for Orthodox Jewish patients and their families. Religious perspectives on advance directives, comfort care and pain control, nutrition and hydration, do not resuscitate/do not intubate (DNR/DNI), and extubation are often unfamiliar to the American medical community. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0088>

### **The PEACE<sup>1</sup> Project review of clinical instruments for hospice and palliative care**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 27 September 2010 – The authors undertook a systematic review and evaluation of published patient-level instruments for potential application in hospice and palliative care clinical quality measurement. The search found 1427 publications, with 229 selected for full manuscript review. Manuscripts provided information on 129 instruments which were evaluated using a structured scoring guide for psychometric properties. Thirty-nine instruments scoring near or above the 75th percentile were recommended. Few instruments were available to measure cultural aspects of care, structure and process of care, and continuity of care. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0194>

1. Hospice Peace (Prepare, Embrace, Attend, Communicate, Empower) Project, The Carolinas Center for Medical Excellence: <http://www.thecarolinascenter.org/default.aspx?pageid=24>

## **Ethical decision making with end-of-life care: Palliative sedation and withholding or withdrawing life-sustaining treatments**

*MAYO CLINIC PROCEEDINGS*, 2010;85(10):949-954. In this review, the authors frame clinical scenarios in which PS [palliative sedation] may be considered, summarize the ethical underpinnings of the practice, and further differentiate PS from other forms of end-of-life care, including withholding and/or withdrawing life-sustaining therapy and physician-assisted suicide and euthanasia. <http://www.mayoclinicproceedings.com/content/85/10/949>

From Media Watch dated 20 September:

- *BMC PALLIATIVE CARE* | Online article – 13 September 2010 – '**European Association for Palliative (EAPC) Care framework for palliative sedation: An ethical discussion.**' The authors argue that the EAPC framework would have benefited from taking a clearer stand on the ethically controversial issues regarding intolerable suffering and refractory symptoms and regarding the relation between continuous deep palliative sedation at the end of life and euthanasia.<sup>1</sup> <http://www.biomedcentral.com/content/pdf/1472-684x-9-20.pdf>
- 1. '**Indications and conditions for palliative sedation,**' European Association for Palliative Care. <http://www.eapcnet.org/forum/default.asp?category=Indications%20and%20Conditions%20for%20Palliative%20Sedation>

From Media Watch dated 9 August 2010:

- *DER SCHMERZ* | Online article – 28 July 2010 – '**Sedation in palliative medicine: Guidelines for the use of sedation in palliative care.**' European Association for Palliative Care considers sedation to be an important and necessary therapy option in the care of selected palliative care patients with otherwise refractory distress. <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.**' Although there is consensus that ... [palliative sedation use (PSU)] ... should be used only for terminally ill patients ... authorities disagree about whether PSU 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>

## **The spirit of palliative practice: A qualitative inquiry into the spiritual journey of palliative care physicians**

*PALLIATIVE & SUPPORTIVE CARE* | Online article – 28 September 2010 – Conceptualized as a separate entity from religion, spirituality was described by participants [in this qualitative descriptive study] as a notion relating to meaning, personal discovery, self-reflection, support, connectedness, and guidance. Spirituality and the delivery of care for the terminally ill appeared to be interrelated in a dynamic relationship where a physician's spiritual growth occurred as a result of patient interaction and that spiritual growth, in turn, was essential for providing compassionate care for the palliative patient. Spirituality also served as an influential force for physicians to engage in self-care practices. With spirituality as a pervasive force not only in the lives of palliative care patients, but also in those of healthcare providers, it may prove to be beneficial to use this information to guide future practice in training and education for palliative physicians in both the spiritual care of patients and in practitioner self care. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7909065&fulltextType=RA&fileId=S1478951510000271>

## **Journey of struggle: Kalothanasia and the hospice way of dying**

*PALLIATIVE & SUPPORTIVE CARE* |

Online article – 28 September 2010 – This concept [of a "good death"] encompasses elements originating in ancient societies, such as peasant societies, where death was prepared for and shared socially, with ethical and aesthetic elements originating from Ancient Greece. These Greek elements emerged from a "journey of struggle" and can be recognized in the current day as a journey to cope with illness. From this conceptualization emerged a category of "good death" (kalothanasia), adding to the expertise of advocates of the modern hospice movement, who seek to revive a process of dying that is socially ritualized. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7909086&fulltextType=RV&fileId=S1478951510000349>

### **End-of-life care in the oldest old**

*PALLIATIVE & SUPPORTIVE CARE* |

Online article – 27 September 2010 – Most of the elderly in this sample of the oldest old died at an institution and the relatives were mostly satisfied with the end-of-life care. The oldest old relatives estimated that the health steadily declined during the last year of life, and that there was a decline in performing of daily life activities. They also estimated that those dying in institutions had fewer social contacts than those dying in a hospital or at home. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7908377&fulltextType=RA&fileId=S1478951510000131>

From Media Watch 11 January 2010:

- *JOURNAL OF THE AMERICAN GERIATRICS SOCIETY*, 2010;58(1):1-11. 'The oldest old in the last year of life.' This study provides new data identifying high levels of physical and cognitive disability in very old people in the year before death. Findings have major policy and planning implications for end-of-life care for the oldest old. <http://www3.interscience.wiley.com/journal/123232560/abstract>

### **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**

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### **Links to Sources**

1. Links are checked and confirmed as active before each edition of Media Watch is distributed.
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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.

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

Representative sample of recent articles, etc:

- *SINGAPORE ACADEMY OF LAW JOURNAL*, 2010;22(1):379-412. '**Decriminalising physician-assisted suicide in Singapore.**' This article evaluates the primary reasons for and against the decriminalisation of physician-assisted suicide of terminally ill patients. It contends that the benefits of decriminalisation outweigh the harms, and sets out to formulate legislation for adoption in Singapore... <http://search.informit.com.au/documentSummary;dn=010230482834772;res=IELHSS>

## **Worth Repeating**

### **The level of and relation between hope, hopelessness and fatigue in patients and family members in palliative care**

*PALLIATIVE MEDICINE*, 2005;19(3):234-240. The aim of the study was to describe the level of and relation between hope, hopelessness and fatigue in patients and family members in palliative care. Participants completed the Herth Hope Index, Beck's Hopelessness Scale and rated their level of fatigue from none to severe. The level of hope proved to be significantly lower among the family members than among the patients. For the family members, correlations were found between hope and age, fatigue and hope, hopelessness and age, age and fatigue, and between hope and hopelessness. For the patients, correlations were found between age and hopelessness and between hopelessness and hope. Efforts to increase the experience of hope and decrease hopelessness and fatigue must include not only the patient but also the family members. <http://pmj.sagepub.com/content/19/3/234.abstract>

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