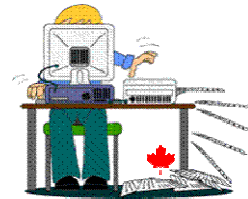


Media Watch...

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 illness experience: Scroll down to [Specialist Publications](#) and 'Families' perceptions of inpatient and home hospice care at end-of-life' (p.6), published in *Archives of Internal Medicine*.

U.S.A.

Pilot project lets patients choose end-of-life treatments

MASSACHUSETTS | WBUR News (Boston) – 11 November 2010 – The coming thing for patients near the end of life ... is a new official form that lets them discuss and document their choices for "life-sustaining treatments" – based on their own needs, their own preferences, and what is medically appropriate. Far more specific than a "Do Not Resuscitate" order, it asks: Would you want to be intubated? Put on a ventilator? How about dialysis? Do you want to be brought to the hospital, or remain at home? How about tube feedings? Anything else? The form is not for everyone – unlike the health-care proxy form that everyone over 18 should fill out to designate a backup medical decision-maker. But if you have a chronic, advancing illness with no hope of recovery, you can choose to talk about your

options with your clinician. Then together, and perhaps with your family as well, you convert that conversation into checks in boxes on the shocking pink form, called a MOLST, Medical Orders for Life-Sustaining Treatment.¹<http://commonhealth.wbur.org/2010/11/end-of-life-menu/>

Specialist Publications

Of particular interest:

'Shifting from shared to collaborative decision making: A change in thinking and doing' (p.8), published in the *Journal of Participatory Medicine*.

1. Medical Orders for Life-Sustaining Treatment: <http://www.molst-ma.org/>

Quotable Quotes

Caring should always take priority over curing for the most obvious of reasons: There is never any certainty that our illnesses can be cured or our death averted. Eventually they will, and must, triumph. Our victories over sickness and death are always temporary, but our need for support, for caring, in the face of them is always permanent. **Daniel Callahan (Co-Founder of The Hastings Center)**

Facing death: How far would you go to sustain the life of someone you love, or your own?

PBS | FRONTLINE – 10 November 2010 – When the moment comes, and you're confronted with the prospect of "pulling the plug," do you know how you'll respond? In 'Facing Death,' FRONTLINE gains access to The Mount Sinai Medical Center, one of New York's biggest hospitals, to take a closer measure of today's complicated end-of-life decisions. In this intimate, ground-breaking film, doctors, patients and families speak with remarkable candor about the increasingly difficult choices people are making at the end of life: when to remove a breathing tube in the ICU; when to continue treatment for patients with aggressive blood cancers; when to perform a surgery; and when to call for hospice. "What modern medicine is capable of doing is what 20 years ago was considered science fiction," Dr. David Muller, dean of medical education at Mount Sinai, tells FRONTLINE. "You can keep their lungs breathing and keep their heart beating and keep their blood pressure up and keep their blood flowing. ... That

suspended animation [can go] on forever. [So] the decisions at the end of life have become much more complicated for everyone involved."

<http://www.pbs.org/wgbh/pages/frontline/facing-death/>

Facing death: Chapters

1. The way we die
2. Extending life ... or prolonging death
3. The great uncertainty
4. Talking about the end of life
5. Modern medicine's trade offs

Also part of this report

1. Misconceptions about the end of life
2. Dying words
3. Illness as more than metaphor

N.B. 'Facing Death' will air in the U.S. on 23 November 2010. Check local listings. PBS station finder: <http://www.pbs.org/stationfinder/index.html>

From past issues of Media Watch: Representative sample of articles, reports, etc., on ICU in the context of care for patient's living with a life-threatening illness:

- *CRITICAL CARE MEDICINE*, 2010;38(8):1623-1629. '**A history of resolving conflicts over end-of-life care in intensive care units in the U.S.**' Conflict ... is relatively rare because most families and physicians agree about how patients should be treated. Nevertheless, conflict still exists over some patients whose families insist on care that physicians consider inappropriate and hence inadvisable, and over other patients whose families object to care that physicians prefer to provide. http://journals.lww.com/ccmjjournal/Abstract/2010/08000/A_history_of_resolving_conflicts_over_end_of_life.1.aspx
- *CRITICAL CARE MEDICINE* | Online article – 18 June 2010 – '**Models for structuring a clinical initiative to enhance palliative care in the intensive care unit.**' There are two main models for ICU-palliative care integration: 1) the "consultative model," which focuses on increasing the involvement and effectiveness of palliative care consultants in the care of intensive care unit patients and their families, particularly those patients identified as at highest risk for poor outcomes; and, 2) the "integrative model," which seeks to embed palliative care principles and interventions into daily practice by the intensive care team for all patients and families facing critical illness. http://journals.lww.com/ccmjjournal/Abstract/publishahead/Models_for_structuring_a_clinical_initiative_to.98673.aspx
- *PHILADELPHIA INQUIRER* | Pennsylvania (U.S.A.) – 17 October 2010 – '**Finding more balance in decision making at the end of life.**' About 2.4 million Americans die every year, an estimated 400,000 in an intensive care unit. Most Americans don't want an ICU death, but many start down a path of aggressive medicine that takes them there. Some doctors say they themselves are partly to blame. http://www.philly.com/inquirer/front_page/20101017_Medical_challenge_Finding_more_balance_in_decision_making_at_the_end_of_life.html

New model for elderly home care effective

UNITED PRESS INTERNATIONAL | Newswire report – 8 November 2010 – A model of home-based care for low-income older adults has been found effective, efficient and less expensive than traditional care. The home-based care model, developed by the Indiana University School of Medicine and the Regenstrief Institute, both in Indianapolis, involves two teams. A support team, consisting of a nurse practitioner and a social worker, meets with each patient at his or her home and conducts an initial comprehensive geriatric assessment from the medicine cabinet to the kitchen cabinet. Based on the findings of this team, a larger team involving a geriatrician, pharmacist, physical therapist, mental health social worker and community-based services liaison develops an individualized care plan. http://www.upi.com/Health_News/2010/11/08/New-model-for-elderly-home-care-effective/UPI-29681289199101/

Of related interest:

- HOME CARE ALLIANCE | Press release – 10 November 2010 – **'New Medicare final rule cuts home care.'** Home care agencies and organizations across the country knew that nearly \$40 billion in cuts to Medicare home health services over the next decade were going to be included in the Affordable Care Act, but the home health industry did not expect an additional \$960 million reduction in 2011 alone. <http://www.pr.com/press-release/275635>
- HARRIS POLL NATIONAL QUORUM | Press release – 9 November 2010 – **'Majority of Americans agree 'there's no place like home' for care of elderly family members.'** According to a national telephone poll ... 74% of Americans would prefer having a terminally ill family member taken care of at home with the care of a trained health aide, rather than in a traditional nursing home or other care facility. <http://www.prnewswire.com/news-releases/majority-of-americans-agree-theres-no-place-like-home-for-care-of-elderly-family-members-106949588.html>

A good death: Exit strategies

HARPERS MAGAZINE, 2010;November:36-52. If we could only "understand" death (which is to say, if a virgin could only comprehend sexual experience), then death's tyranny upon our thoughts might weaken. And so we formulate from our experience, as did my grandfather, who was once burglarized by a black man and therefore had the black race all figured out. Two elderly women have passed away in my neighbor's arms, and she, because both died in terror, conceptualizes death as a process that necessarily involves fear. Thanks to these cautionary examples, I will not presume to tell you what death is. Let me content myself with this: There must be better or worse ways to die. It seems both rational and possible to minimize the likelihood of an unpleasant end. <http://www.harpers.org/archive/2010/11/0083180>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *WALL STREET JOURNAL* | Online report – 11 November 2010 – **'What doctors think about assisted suicide...'** A plurality of respondents [to a WebMD's survey] – 46% – were in favor of physician-assisted suicide in some cases. But 41% were opposed (the rest said "it depends") and responses ranged from "I'd want it for me when the need arises" to "assisted suicide is murder." A majority of respondents (55%) said they wouldn't halt life-sustaining therapy if they thought it was premature, even if the family demanded it. <http://blogs.wsj.com/health/2010/11/11/what-doctors-think-about-assisted-suicide-romance-with-patients-and-organ-selling/>
- MINNESOTA | 12 Fox News – 9 November 2010 – **'Judge rules assisted suicide case not protected.'** A ... judge has rejected a request to dismiss charges against a former nurse accused of aiding in the suicides of two people he met in online chat rooms. A Rice County district judge rejected a handful of defense requests including an argument that William Melchert-Dinkel is protected by free speech rights. <http://www.keyc.tv/node/43802>

International

People 'denied' die at home wish

U.K. | BBC News – 14 November 2010 – Too many people are dying in hospitals and care homes, and not at home the way they want to, says a report from Demos.¹ Of the 500,000 people who die each year in the U.K., the think tank found only 18% die at home, yet 60% of people surveyed would like to. Investing in community-based end of life care would also save the National Health Service money in the long term, the report says. The Department of Health is reviewing funding for England. <http://www.bbc.co.uk/news/health-11742166>

- U.K. | *The Guardian* – 14 November 2010 – **'Why we need a debate on the British way of death.'** On the eve of his major report¹ on the British way of death, Charles Leadbeater recalls the contrasting ends of his parents and argues for a caring approach that gives us control of our last days. <http://www.guardian.co.uk/society/2010/nov/14/nhs-death-hospices>
- 1. **"To allow people the deaths they want, end of life care must be radically transformed..."**
Demos 2010. http://www.demos.co.uk/files/Dying_for_change_-_web_-_final_1_.pdf?1289561872

Hospice friendly hospitals programme¹

IRISH TIMES | Online report – 12 November 2010 – Our humanity is reflected in how we care for the dying. At a time of often tottering health and social services, there have been some positive developments in how we treat people in their final days and succour their families in the aftermath of bereavement. Acute and community hospitals have embraced the second phase of the Hospice Friendly Hospitals Programme, an Irish Hospice Foundation venture which is driving change in how we deal with dying and death. Twenty-three acute hospitals have signed on to develop end-of-life care plans. Each acute hospital has also set up a core group of clinical, administrative and support services staff, as well as a public interest

representative, to advance its programme. Senior acute hospital personnel exchange information and promote the best in end-of-life care and a community hospital network has been established in the greater Dublin area. <http://www.irishtimes.com/newspaper/opinion/2010/1112/1224283150757.html>

Specialist Publications

Of particular interest:

'Changing the dying culture' (p.7), published in *Irish Medical Times*.

1. Hospice Friendly Hospitals Programme, Irish Hospice Foundation: <http://www.hospicefriendlyhospitals.net/>

End of life care in long term neurological conditions

U.K. | National End of Life Care Programme – 11 November 2010 – *End of life care in long term neurological conditions: A framework for implementation ...* suggests that there is often little discussion about end of life provision for people with long term neurological conditions.¹ The report highlights the importance of advance planning to allow early discussions about important issues, such as whether the person would want potentially life prolonging treatment and where they would prefer to be cared for and die. <http://www.mstrust.org.uk/news/article.jsp?id=4323>

1. *End of life care in long term neurological conditions*, National End of Life Care Programme, November 2010. <http://www.endoflifecareforadults.nhs.uk/publications/end-of-life-care-in-long-term-neurological-conditions-a-framework>

Hospice funding gap

U.K. (WALES) | ITV News – 11 November 2010 – A Welsh hospice has been forced to halve the number of its in-patient beds and cut jobs in order to remain open. It costs over £4,000 a day to run St. Kentigern's in St. Asaph. Over 80% of that funding comes from donations. But the number of donations has significantly decreased and the Welsh Assembly Government says it can't make up the short fall. <http://www.itv.com/wales/ruby-hooson-interview96593/>

Rising dementia toll means it causes one in six deaths

U.K. | *Daily Mail* – 10 November 2010 – One in six deaths is caused by dementia, according to a report which highlights the growing toll of the illness.¹ Analysis of death certificates between 2001 and 2009 reveals that conditions such as Alzheimer's disease account for 15% of deaths in England. Two-thirds of victims died in nursing or residential care homes and a third in hospital. <http://www.dailymail.co.uk/health/article-1328196/Death-certificate-study-finds-dementia-ends-lives.html>

1. *Death from Alzheimer's disease, dementia and senility*, National End-of-Life-Care Intelligence Network, November 2010. <http://www.endoflifecare-intelligence.org.uk/news/default.aspx>

From Media Watch dated 8 November 2010:

- *JOURNAL OF ALZHEIMER'S DISEASE*, 2011;22(1):37-55. **'Dying with dementia: What we know after more than a decade of research.'** Although recent studies indicate encouraging trends of improved palliative care, little evidence supports effectiveness of specific treatments. <http://iospress.metapress.com/content/454w7g4vx7q48453/?p=0db5b21f4bff4a30a3177cc1c73a5c3f&pi=2>

Role model?

70% of us want to "kick the bucket" like Jack Duckworth

U.K. | Dying Matters Coalition opinion poll – 8 November 2010 – Around 70% of us would prefer to die in our own homes just like *Coronation Street* stalwart Jack Duckworth. Eve Richardson, Chief Executive ... said: "Jack Duckworth's death is a great example to us all of how to plan for and make sure people can die in the way they would wish. After more than 30 years 'on the Street,' Jack Duckworth is a true hero to fans and the way he has faced his own death is fittingly inspirational. Like many of us, Jack initially tried to avoid talking about the fact he was dying but he came to realise that, without good communication, dying can be a lonely, stressful experience but that by being open about dying he could have the death he wanted, where he wanted." <http://www.dyingmatters.org.uk/news/63>

N.B. *Coronation Street* is the longest running and most watched British soap opera, first broadcast on 9 December 1960.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | Angus Reid public opinion poll – 11 November 2010 – **'Two thirds of Britons are willing to legalise euthanasia.'** Support for the legalisation of euthanasia remains high in Britain, and many people believe that parents who assist a terminally ill son or daughter to die should not face prosecution. <http://www.angus-reid.com/polls/43500/two-thirds-of-britons-are-willing-to-legalise-euthanasia/>

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

Families' perceptions of inpatient and home hospice care at end-of-life

ARCHIVES OF INTERNAL MEDICINE, 2010;170(20):1856-1857. Over the past 10 years, studies of end-of-life care in hospitals and long-term care facilities have described a variety of problems. So it is not surprising that many patients say that they would prefer to die at home rather than in a hospital. Indeed, one national study of end-of-life care found that home hospice care produced higher family ratings of care compared with inpatient care. However, the landscape of inpatient care is changing rapidly, and many hospitals have created palliative care consulting services and specialized inpatient palliative care units. It is important to determine whether inpatient palliative care offers a high-quality alternative to home hospice care because a death at home is not possible for all patients. <http://archinte.ama-assn.org/cgi/content/extract/170/20/1856>

From Media Watch dated 18 October 2010:

- *EUROPEAN JOURNAL OF CANCER CARE* | Online article – 5 October 2010 – **'Perceptions of terminally ill patients and family members regarding home and hospice as places of care at the end of life.'** To enable demand-based palliative care, it is important to know the perceptions of terminally ill patients and their family members regarding home and hospice as places of care at the end of life. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2354.2010.01228.x/full>

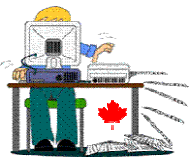
N.B. Scroll down to **'Comparison of home health and hospice care agencies by organizational characteristics and services provided: U.S., 2007'** (p.9), a National Health Statistics Report published by the U.S. Department of Health & Human Services.

Prognosis

New guide can predict cancer patients' survival

BIOSCIENCE TECHNOLOGY | Online report – 9 November 2010 – University of Manchester scientists have helped develop a new way of predicting how long terminally ill cancer patients have to live. The research ... is based on blood tests, white cell blood count, pulse rate and patient symptoms and can predict survival at least as well as a doctor.¹ The scale could help families, carers and nurses make plans with cancer patients who are close to the end of their life. The study ... looked at 18 palliative care services, including hospices, hospital support teams and community service and more than 1,000 patients with advanced cancer who were no longer receiving treatment. <http://www.biosciencetechnology.com/News/Feeds/2010/11/sections-international-news-new-guide-can-predict-cancer-patients-survival/>

1. NATIONAL CANCER RESEARCH INSTITUTE (U.K.) | Online abstract – Accessed 11 November 2010 – **'The prognosis in palliative care study: PiPs.'** The aim of this [prognosis in palliative care] study [PiPs] was to develop and evaluate a prognostic model in palliative cancer patients. <http://www.ncri.org.uk/ncriconference/2010abstracts/abstracts/PP35.htm>



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.

End-of-life care for homeless

CANADIAN HEALTHCARE NETWORK | Online article – 9 November 2010 – It's a tough subject, even for people with stable housing and plenty of support: Where and how do they wish to be cared for as life draws to a close? But for homeless and marginalized people on the streets of Halifax, Nova Scotia, there's a good chance that, when their time comes, they may not have the opportunity to choose the kind of end-of-life care that they would prefer. Monica Flinn, RN, is part of a group that is working to change that. She works with the Mobile Outreach Street Health Program ... providing primary healthcare to people who are homeless, street-involved, or insecurely housed. <http://www.canadianhealthcarenetwork.ca/nurses/news/movers-shakers/monica-flinn-end-of-life-care-for-homeless-6956>

From Media Watch dated 26 July 2010:

- *ANNALS OF INTERNAL MEDICINE*, 2010;153(2):76-84. **'Effect of an end-of-life planning intervention on the completion of advance directives in homeless persons.'** Homeless persons can respond to an intervention to plan for end-of-life care and can express specific preferences for care or a surrogate decision maker, but additional studies are needed to assess the effect of these directives on subsequent care. <http://www.annals.org/content/153/2/76.abstract>

From Media Watch dated 6 April 2009:

- MISSOURI | *Kansas City Star* – 1 April 2009 – **'A last kindness to the homeless.'** She's known ... as the case manager of death. It's a title Jan Brown, the intensive case manager for the Kansas City Rescue Mission, is proud to hold. <http://www.kansascity.com/news/local/story/1119812.html>

Beginning palliative care earlier may improve outcomes

INTERNAL MEDICINE NEWS | Online report – 9 November 2010 – Oncologists and others who care for cancer patients can improve outcomes by integrating palliative care into standard treatment earlier – even as early as the time of diagnosis, Dr. Charles F. von Gunten said in a plenary session at the [recent] Chicago Supportive Oncology Conference. Doing so would require clinicians to expand their definition of palliative care far beyond the traditional boundaries of hospice, which begins only toward the end of life when other therapies are no longer working, said Dr. von Gunten of the University of California, San Diego, and provost at the Institute for Palliative Medicine at San Diego. He called on clinicians to rethink the traditional "either-or" approach to cancer treatment – in which care consists of either therapies aimed at reducing or curing the illness or care designed to ease suffering and improve the quality of life – and to adopt a "both-and" model instead that employs both standard therapies and palliative interventions simultaneously. <http://www.internalmedicineneeds.com/news/oncology-hematology/single-article/beginning-palliative-care-earlier-may-improve-outcomes/3239f27d9f.html>

Changing the dying culture

IRISH MEDICAL TIMES | Online article – 11 November 2010 – Most of us believed we were good at death and dying. We had the huge funerals to prove it, and the easily stated 'sorry for your trouble.' Indeed, it was only when the Hospice Friendly Hospitals (HFH)¹ Programme emerged, and the preceding Lourdes Hospital pilot project, that it began to become clear that while our hospitals do some things well, there are many gaps in the way dying, death and bereavement is handled. There needed to be a large leap from the culture of curing, to also one of dealing well with the momentousness of death. As HFH development co-ordinators moved into hospitals in 2007 and as research began to come on stream, the immensity of the task became apparent. <http://www.imt.ie/features-opinion/2010/11/changing-the-dying-culture.html>

1. Hospice Friendly Hospitals Programme, Irish Hospice Foundation: <http://www.hospicefriendlyhospitals.net/>

Shifting from shared to collaborative decision making: A change in thinking and doing

JOURNAL OF PARTICIPATORY MEDICINE | Online article – 8 November 2010 – Despite its theoretical appeal, the concept of shared decision making in the clinical encounter has yet to translate into practice. In this article, the authors revisit this approach and suggest an alternative ... labeled "collaborative decision making," which may lead to more equitable and more favorable outcomes. They define collaborative decision making as a process of engagement in which health professionals and patients (and their loved ones) work together, often using information and communication technologies to understand clinical issues and determine the best course of action. <http://www.jopm.org/evidence/case-studies/2010/11/08/shifting-from-shared-to-collaborative-decision-making-a-change-in-thinking-and-doing-4/>

Of related interest:

- *CRITICAL CARE MEDICINE* | Online article – 4 November 2010 – '**Partial do-not-resuscitate orders: A hazard to patient safety and clinical outcomes?**' Discouraging partial do-not-resuscitate order may help promote more accurate and comprehensive advance care planning. http://journals.lww.com/ccmjournal/Abstract/publishahead/Partial_do_not_resuscitate_orders_A_hazard_to.98556.aspx

Portraits of music therapy in facilitating relationship completion at the end of life

MUSIC & MEDICINE | Online article – 5 November 2010 – This study investigated the experience of four dying persons and their significant relationships, as they engaged in music therapy sessions designed with the goal of facilitating relationship completion. Results indicate that life review, song dedications, and the creation of musical gifts were a core part of each participant's process. <http://mmd.sagepub.com/content/early/2010/11/05/1943862110388181.abstract>

From Media Watch dated 25 January 2010:

- *COCHRANE REVIEWS* | Online article – 20 January 2010 – '**Music therapy for end-of-life care.**' Music therapy ... aims to improve a person's quality of life by helping relieve symptoms, addressing psychological needs, offering support and comfort, facilitating communication, and meeting spiritual needs. Music therapists assist family and caregivers with coping, communication, and grief/bereavement. <http://www.cochrane.org/reviews/en/ab007169.html>

Media Watch Online

The weekly report can be accessed at several websites, among them:

Canada

Ontario | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network: <http://www.hnhbhpc.net/Resources/UsefulLinks/MediaWatch/tabid/97/Default.aspx>

Ontario | HPC Consultation Services: <http://www.hpconnection.ca/newsletter/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>

Comparison of home health and hospice care agencies by organizational characteristics and services provided: U.S., 2007

NATIONAL HEALTH STATISTICS REPORT | U.S. Department of Health & Human Services – 9 November 2010 – In 2007, there were 14,500 home health and hospice care agencies in the U.S., an increase from 11,400 in 2000. Three-quarters of these agencies provided home health care only, 15% provided hospice care only, and 10% provided both home health and hospice care (mixed). The percentage of proprietary home health care only and hospice care only agencies increased during 1996–2007, whereas the percentage of proprietary mixed agencies remained relatively stable. The average number of home health care patients that home health care only and mixed agencies served decreased, while the average number of hospice care patients that hospice care only agencies served increased across years. Among mixed agencies, no significant changes were observed in the average number of hospice care patients being served. The percentage of home health care only agencies offering certain therapeutic and nonmedical services declined over the years. There was an increase in the proportion of hospice care only agencies' providing many core and noncore hospice care services during 1996–2007. Also during this time, the proportion of mixed agencies providing selected nonmedical services decreased.
<http://www.cdc.gov/nchs/data/nhsr/nhsr030.pdf>

From Media Watch dated 11 October 2010:

- NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Press release – 5 October 2010 – **'Record 1.56 million patients receive hospice care new report shows.'** An estimated 41.6% of all people who died in the U.S. last year were under the care of a hospice program (up from 38.8% in 2008, and 35% in 2007).
<http://www.prnewswire.com/news-releases/record-156-million-patients-receive-hospice-care-new-report-shows-104338438.html>

Media Watch: Editorial Practice

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

Distribution

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

Links to Sources

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

Something Missed or Overlooked?

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

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *JOURNAL OF MEDICAL ETHICS* | Online article – 11 November 2010 – '**Legal physician-assisted suicide in Oregon and The Netherlands: Evidence concerning the impact on patients in vulnerable groups – another perspective on Oregon's data.**' This critique focuses on the evidence about PAS [physician assisted suicide] in Oregon. It suggests that vulnerability to PAS cannot be categorised simply by reference to race, gender or other socioeconomic status and that the impetus to seek PAS derives from factors, including emotional state, reactions to loss, personality type and situation and possibly to PAS contagion, all factors that apply across the social spectrum. <http://jme.bmj.com/content/early/2010/11/10/jme.2010.037044.abstract>

Worth Repeating

Caring for the spirit: Lessons from working with the dying

MEDICAL JOURNAL OF AUSTRALIA, 2003;179(6):S11-S13. In the 1970s, the hospice movement, from which contemporary palliative care has emerged, established a model of care for dying people that encompassed physical, psychological, social and spiritual dimensions of need. Over the past 30 years, hospice and palliative care services have generated a rich store of accounts about the ways in which people face death. These make it plain that the imminence of death, together with the changed circumstances associated with illness, cause many people to reflect on questions such as: Who do I belong to? What's the purpose of my life? What can I hope for? Traditionally, questions like these received religious answers, and hospice care practitioners regarded attending to these questions as spiritual care. To do so, they drew at first upon religious resources, but soon began to develop a broader perspective in which spirituality was understood as "ultimate meaning." Concepts enunciated by Cicely Saunders – "openness, mind together with heart, and a deep concern for the freedom of each individual to make his or her own journey towards their ultimate goals" – were considered fundamental to hospice practice. The role of practitioners was to be companions on this journey, responding to

the dying person's spiritual quest rather than imposing their own views. They observed that people became aware of spiritual need in various ways: through trying to cope with their changed physical, emotional or social environment; through seeking to redefine their personal identity in changed circumstances; or as a result of their religious beliefs and practices.

https://www.mja.com.au/public/issues/179_06_150903/rum10297_fm-2.pdf

- Spiritual care is integral to palliative care, and palliative care experience in offering spiritual care can be a resource for the emerging healthcare interest in spirituality.
- Spirituality is best understood in terms of the web of relationships that gives coherence to our lives, uniquely identifying each person.
- In palliative care, responsibility for spiritual care is shared by the whole team, with leadership given by specialist practitioners such as pastoral care workers. The palliative care approach to spiritual care may, however, be transferred to other contexts and to individual practice.
- Spiritual care encourages and supports people in a quest for meaning and personal autonomy. It is offered, not imposed.

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