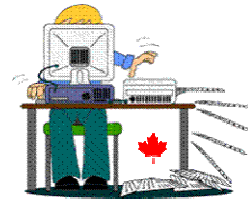


Media Watch...

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.

22 November Edition | Issue #176



Compilation of Media Watch 2008, 2009, 2010 ©

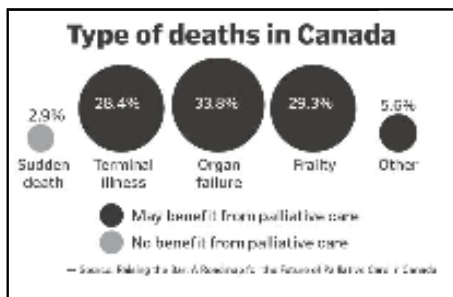
Compiled & Annotated by Barry R. Ashpole

Home deaths: Scroll down to [Specialist Publications](#) and 'Community care networks could help 200,000 more people die at home instead of hospital' (p.8), published in the *British Medical Journal*.

Canada

A crisis in dying

ALBERTA | *Calgary Herald* – 21 November 2010 – Thanks to medical advances, Canadians are living longer. At the same time many are experiencing longer periods of declining health ... there are those whose end-of-life experience is extended, perhaps too long, by the capabilities of technology. This is just one of the issues that is part of a new debate in Canada around end-of-



life care. In fact, a perfect storm is brewing on the horizon in Canada. Three factors are coming together that will create an unprecedented scenario in our society in a decade or so. At its centre swirl questions around how, when, where and at what cost Canadians will die. At the eye of the storm is physician-assisted suicide and euthanasia, a thorny issue that raises controversy and passion wherever it is broached, and is currently being debated in Quebec. Other factors compound the issue.

Many palliative care advocates say before we even consider physician-assisted suicide, Canadians have a long way to go to perfect our palliative care system. And Canada is a death-denying culture, in which discussions around death are avoided, and the natural effects of aging are fended off with Botox and a host of other strategies, so few Canadians, and fewer politicians, are interested in preparing for this storm. <http://www.calgaryherald.com/health/crisis+dying/3861830/story.html>

From Media Watch dated 14 June 2010:

- SENATE OF CANADA | Online posting – 8 June 2010 – '**Raising the Bar: A Roadmap for the Future of Palliative Care in Canada.**' Manitoba Liberal Senator Sharon Carstairs called upon federal, provincial and territorial governments, and community organizations and professional associations, to improve palliative care services for Canadians. In a report tabled in the Senate, Carstairs set out a vision and goals for improved palliative care services, making 17 recommendations to serve as a roadmap to governments and the community for realizing that vision. http://sen.parl.gc.ca/scarstairs/PalliativeCare/PalliativeCare_e.asp

Can doctors impose do not resuscitate orders? They can

CBC NEWS | Online editorial – 16 November 2010 – Patients and their families expect doctors to pull out all the stops to prolong life. Now, a growing number of physicians want the right to order a 'Do Not Resuscitate' or DNR on patients. It's part of a trend by doctors to deny treatments they consider medically futile. Medical futility is described as proposed therapy that should not be performed because available data have shown that it will not improve the patient's medical condition. It refers to the belief that in cases where there is no hope for improvement of an incapacitating condition, that no course of treatment is called for. Some experts say it's based on the Greek legend of trying to bail a well with a sieve. Doing that doesn't work no matter how hard you try. <http://www.cbc.ca/whitecoat/blog/2010/11/16/can-doctors-impose-do-not-resuscitate-orders-they-can/>

From Media Watch dated 25 October 2010:

- ONTARIO | *Toronto Star* – 25 October 2010 – **'Family, doctors battle over 'do not resuscitate' order.'** While his doctor initially agreed to respect Mr. Mann Kee Li's wishes, physicians unilaterally reversed the decision without consultation and imposed a "do not resuscitate" order, his family alleges. <http://www.thestar.com/news/article/880422--family-doctors-battle-over-do-not-resuscitate-order>

From Media Watch dated 6 September 2010:

- ONTARIO | *Toronto Star* – 4 September 2010 – **'Lawsuit could set precedent about end-of-life decisions.'** While [Joy] Wawrzyniak and her father had repeatedly requested he receive life-saving treatment in case of a medical emergency, doctors unilaterally overruled those wishes without consent or consultation a lawsuit claims. <http://www.thestar.com/news/gta/article/856741--lawsuit-could-set-precedent-about-end-of-life-decisions?bn=1>

From Media Watch dated 29 March 2010:

- *NATIONAL POST* | Online report – 29 March 2010 – **'Crisis in the ICU.'** The doctor for a dying Jewish man at the heart of an emotional court battle has spoken out about the case for the first time, calling for a public inquiry to help clear up the growing debate over who should decide the care of gravely ill patients.¹ <http://www.nationalpost.com/news/canada/story.html?id=2738063>
1. *American Journal of Bioethics*, 2010;10(3):50-53 **'The case of Samuel Golubchuk and the right to live.'** <http://www.informaworld.com/smpp/content-content=a919856613~db=all>

Private home care demand on rise

ONTARIO | *Hamilton Spectator* – 16 November 2010 – Patching together services from the CCAC [Community Care Access Centre], as well as private home health care agencies, is becoming more the norm as families struggle to help ailing family members stay in the home. The demand for home health care has been growing since the Ministry of Health & Long Term Care increased the cap on home care to 90 hours a month from 60 hours about a year and a half ago. While the new cap pushed up the demand for services provided by CCAC, funding to provide those services failed to keep pace. <http://www.thespec.com/news/local/article/276375--private-home-care-demand-on-rise>

Specialist Publications

Of particular interest:

'Exploring family caregivers' rationales for non-use of formal home health services when caring for a dying family member' (p.9), published in *Home Health Care Management & Practice*

Cont.

Of related interest:

- QUEBEC | *Montreal Gazette* – 18 November 2010 – **'Patients needing home care out of luck as waiting list grows.'** Home-care services are no longer available for new patients under the area served by the West Island Health & Social Services Centre – and the waiting list is growing day by day. <http://www.montrealgazette.com/health/Patients+needing+home+care+luck+waiting+list+grows/3846284/story.html>

From Media Watch dated 25 October 2010:

- ONTARIO | *St. Catharines Standard* – 18 October 2010 – **'Home-care agency tightens belt.'** New high-needs elderly patients admitted to hospital who require more than 60 hours of personal support upon returning home will be put on indefinite waiting lists. The cost-cutting move by CCAC is required, officials say, because funding for at-home care isn't keeping up with increasing demands <http://www.stcatharinesstandard.ca/ArticleDisplay.aspx?e=2804836>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ALBERTA | *Calgary Herald* (OpEd) – 21 November 2010 – **'A culture of life over death.'** There are ... arguments of compassion for euthanasia; those who have argued for it have used enticing one-liners for their campaigns like, "the right to die," or, "to die with dignity." But euthanasia cannot truly be compassionate, as the only way to show true compassion is by breeding a culture of life in our medical and palliative care practices. <http://www.calgaryherald.com/health/culture+life+over+death/3861804/story.html>

U.S.A.

Education on Palliative & End-of-Life Care for Veterans Project

Veterans: Traumas resurface at end-of-life

UNITED PRESS INTERNATIONAL | Newswire report – 19 November 2010 – U.S. researchers have tailored a program to help veterans whose traumas resurface at end-of-life. Dr. Joshua Hauser of Northwestern University Feinberg School of Medicine in Chicago and Dr. Amos Bailey of the University of Alabama at Birmingham have developed a program they say is tailored to meet veterans' end-of-life needs. "Many veterans, at the end of their lives, struggle with issues related to a traumatic event they had during their time in service," Bailey says in a statement. "They may have had a physical or emotional disability related to their time in service." In addition to dealing with battle experiences, the new program – Education on Palliative & End-of-Life Care for Veterans Project – addresses sexual trauma and substance abuse during service, as well as how the particular war in which a veteran served affects both emotional and physical care, and other issues. "Because these war memories come up more frequently near the end of life, palliative care providers need to be alert for these issues," Hauser says. "We want to show healthcare professionals how someone's individual war memories come up and how those can be talked about." http://www.upi.com/Health_News/2010/11/19/Veterans-Traumas-resurface-at-end-of-life/UPI-56741290146176/

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/>

Wide disparities are found in end-stage cancer treatment

WASHINGTON POST | Online report – 17 November 2010 – The proportion of cancer patients who die in the hospital and who get hospice care varies widely from region to region and hospital to hospital across the country, according to a new report.¹

Researchers found that one-third of patients spent their last days in hospitals and intensive-care units. But there was a big range. At one end was Manhattan, where 46.7% died in the hospital. In contrast, only 7% of cancer patients died in the hospital in Mason City, Iowa. While chemotherapy and other aggressive procedures can prolong life and enable some cancer patients to return home and to work, studies have shown that these treatments have little or no value for frail elderly patients and those with advanced cancer. But 6% of patients

received chemotherapy in their last two weeks of life, and the rate was much higher – more than 10% – in some places. Similarly, more than 18% of cancer patients were placed on a feeding tube or received CPR in their last two weeks of life in Manhattan, compared with fewer than 4% in Minneapolis. Use of hospice care also varied a lot. <http://www.washingtonpost.com/wp-dyn/content/article/2010/11/16/AR2010111607032.html>

In at least 50 academic medical centers, fewer than half of patients with a poor prognosis receive hospice services. And in some hospitals, patients were referred to hospice care so close to the day they died that it was unlikely to have provided much benefit.

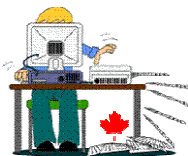
1. *Quality of End-of-Life Cancer Care for Medicare Beneficiaries: Regional and Hospital-Specific Analyses*, The Dartmouth Atlas Project, Dartmouth Institute for Health Policy & Clinical Practice, November 2010. http://www.dartmouthatlas.org/downloads/reports/Cancer_report_11_16_10.pdf

From Media Watch dated 1 November 2010:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 27 October 2010 – '**Geographic access to hospice in the U.S.**' As of 2008, 88% of the population lived in communities within 30 minutes and 98% lived in communities within 60 minutes of a hospice. Mean time to the nearest hospice was 15 minutes. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0209>

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>



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.

Editorial

End-of-life care with compassion, cost savings

WASHINGTON (STATE) | *Spokesman-Review* – 17 November 2010 – It's not often that compassion and cost-cutting go hand in hand, so it's unsurprising that this has become a popular trend. Nearly 30 years ago, four of every five dollars for government-paid long-term care in Washington State went to nursing facilities. Now, about two-thirds of those dollars go to people who remain in their homes. Still, there is room for improvement. And when you consider that one-third of all U.S. health care spending is directed toward the last year of life, it's clear that there are huge opportunities for saving money. Dr. Jonathan Bergman of UCLA recently conducted a study of the issue and told Reuters, "We might be able to do a better job with end-of-life care and cut costs not by rationing care but by making it more rational and treating each patient based on their original goals." Please note that he is not talking about rationing care, which has become a political hot potato, but about respecting the wishes of patients. As long as patients make their desires known and health care providers abide by them, this aspect of health care spending can be reined in. That's why our system should encourage advanced-care directives by paying doctors who take the time to assist families with thoughtful discussions about end-of-life care. Currently, it only rewards testing and treatment. Hospice is an encouraging avenue, but Bergman found that one-quarter of hospice patients are there for less than a week. To reap the full benefits, patients need to enrol sooner. Such care typically lasts a maximum of six months and enrollees opt for less intensive care. <http://www.spokesman.com/stories/2010/nov/17/editorial-end-of-life-care-with-compassion-cost/>

From Media Watch dated 18 October 2010:

- REUTERS HEALTH | Online report – 14 October 2010 – **'End-of-life care costs continue to climb upward.'** Health care costs at the end of life show no signs of levelling off, according to new research from the U.S. and Canada published in the *Archives of Internal Medicine*.¹ <http://www.reuters.com/article/idUSTRE69C3KY20101014>
- 1. ARCHIVES OF INTERNAL MEDICINE | Online article – 11 October 2010 – **'Hospice use and high-intensity care in men dying of prostate cancer.'** The authors sought to characterize hospice use by men dying of prostate cancer and to compare the use of high-intensity care between those who did or did not enrol in hospice. <http://archinte.ama-assn.org/cgi/content/short/archintermed.2010.394>

Physician-patient communication

Both MDs, patients in favor of kindly care

MASSACHUSETTS | *Boston Globe* – 16 November 2010 – A compassionate caregiver who focuses on good communication and providing emotional support can make the difference between life and death for a hospitalized patient, the majority of doctors and patients said in a national survey. Doctors and patients agreed on the importance of most but not all components of compassionate care, which include showing respect, listening attentively, giving information in a way that is understandable, involving the patient in medical decisions, and treating the patient as a person and not a disease. But patients see a gap between the compassionate care they believe they should get and the care they say they received. While 91% of

patients believed doctors should listen attentively, only 67% said that is what happened when they were in the hospital. http://www.boston.com/news/local/massachusetts/articles/2010/11/16/survey_shows_doctors_as_well_as_patients_see_value_in_compassionate_care/

Specialist Publications

Of particular interest:

'Respect and care for the older person' (p.10) for a commentary on the U.K.'s National Confidential Enquiry into Patient Outcomes, published in *The Lancet*.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CATHOLIC NEWS SERVICE | Online report – 18 November 2010 – **'Bishops to prepare assisted suicide document for vote next June.'** By a nearly unanimous vote, the U.S. bishops agreed to the preparation of a brief policy statement on assisted suicide, which they will debate and vote on at their spring assembly in June. <http://www.catholicreview.org/subpages/storyworldnew-new.aspx?action=9108>

International

100-year-old John Taylor Hospice

Staff at hospice fear for future

U.K. | *This is Sutton Coldfield* – 19 November 2010 – Campaigners say the future of services at a historic local hospice looks uncertain unless health chiefs back a staff bid to run the organisation independently. Residents fear the 100-year-old John Taylor Hospice in Erdington could be sold to the private sector or merged with another service provider when a change to health services sees it leave direct NHS [National Health Service] control. The Hospice currently comes under the control of Birmingham East and North NHS Primary Care Trust but earlier this year staff were told that, due to a change in policy instigated by the previous government, this would not be the case from next year. <http://www.thisissuttoncoldfield.co.uk/news/Staff-hospice-fear-future/article-2912363-detail/article.html>

Bereavement 'raises risk of dangerous heart changes'

AUSTRALIA | BBC News (U.K.) – 15 November 2010 – Recently-bereaved people have heart rhythm changes which may make some of them more vulnerable to health problems, say researchers. The University of Sydney study, released at a U.S. heart conference, monitored the hearts of 78 bereaved spouses and parents. They beat faster on average than unaffected volunteers, with more common periods of very rapid heart rates. A U.K. specialist recommended check-ups for those with existing heart problems. It is known that the trauma of bereavement can mean an increased risk of heart attacks and strokes in the months immediately following the death of a close relative. <http://www.bbc.co.uk/news/health-11709223>

N.B. 'Prospective study of early bereavement on psychological and behavioural cardiac risk factors' presents the early findings of the University of Sydney study, published in the *Internal Medicine Journal*, 2009;39(6): 370-378. <http://onlinelibrary.wiley.com/doi/10.1111/j.1445-5994.2008.01879.x/pdf>

Public consultation

Good death: Time to think

U.K. | Public Health Intelligence North East – 15 November 2010 – Details from the U.K.'s first ever regional public consultation on death and dying have been published. The three-month survey was designed to improve end of life care and support by encouraging people to talk about a 'good death.' Professor Edwin Pugh, consultant in end of life care for NHS [National Health Service] North East, said: "The results of the consultation showed that very few people see death as an inevitable part of life. Almost one in five of us are uncomfortable talking about death and there are a wide variety of reasons for this. People told us that the subject is too upsetting, that they were too busy to think about it or that they hadn't decided what they want." A charter for a good death being developed in the North East is the first of its kind in the U.K. It sets out proposals for the kind of care and support which people who are dying, their families and carers, can expect to receive. <http://www.agooddeath.co.uk/>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- SPAIN | *The Reader* – 20 November 2010 – **'Spanish law will allow patients to 'die with dignity.'** Spain's government has confirmed new legislation allowing terminally-ill patients to die with dignity, but stresses that it is 'not in the region [of] euthanasia.' Euthanasia is when someone's ill and, for whatever reason, they want to die, stresses minister of the interior, Alfredo Pérez Rubalcaba. But this new law allows people who are definitely going to die to do so without any pain. <http://thereader.es/en/spain-news-stories/5223-Spanish-law-will-allow-patients-to-die-with-dignity.html> "
- AUSTRALIA | ABC News – 18 November 2010 – **'Stanhope urges MPs to support euthanasia bill.'** Debate over a bill to restore the ACT's power to make voluntary euthanasia laws has stalled in the Senate. In 1997 the Federal Parliament banned the ACT [Australian Capital territory] and the Northern Territory from debating euthanasia laws. The bill, which was proposed by Greens Leader Bob Brown, was set for debate today but the Coalition and Family First Senator Steve Fielding joined forces to block debate. <http://www.abc.net.au/news/stories/2010/11/18/3070478.htm>
- U.K. (SCOTLAND) | *Scotsman* – 18 November 2010 – **'Parliament is told to reject Margo's assisted death Bill.'** Margo MacDonald's bid to legalise assisted suicide should be thrown out by the Scottish Parliament, a committee of MSPs urged. The six-strong, cross-party committee appointed to examine the independent Lothians MSP's proposals decided by a majority of five to one that they could not recommend approval of the principles of her End of Life Assistance Bill. <http://news.scotsman.com/health/Parliament-is-told-to-reject.6630864.jp>
- AUSTRALIA | *Sydney Morning Herald* – 17 November 2010 – **'Euthanasia could be forced on patients: MP.'** Legalised euthanasia could lead to patients being forced into assisted suicide for financial reasons, a Labor senator has told parliament. <http://news.smh.com.au/breaking-news-national/euthanasia-could-be-forced-on-patients-mp-20101117-17x10.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.

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

Supporting the volunteer career of male hospice-palliative care volunteers

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article - 17 November 2010 – The author invited men to discuss their volunteer careers with hospice-palliative care (HPC) to better understand how to recruit and train, retain and support, and then successfully end their volunteer experience. They described a complex interplay of individual characteristics with the unique roles available to HPC volunteers. The men's recruitment experiences coalesced around both individually based and organizationally based themes. Results pertaining to retention revealed the interchange between their personalities, the perks and pitfalls of the unique experiences of an HPC volunteer, and the value of the organization's support for these volunteers. <http://ajh.sagepub.com/content/early/2010/11/17/1049909110389322.abstract>

Community care networks could help 200,000 more people die at home instead of hospital

BRITISH MEDICAL JOURNAL | Online report – 15 November 2010 – Developing support services in the community along the lines of Prime Minister David Cameron's "big society" could help 200,000 more people a year die where they would prefer to – at their home – rather than in hospital, a new report says.¹ Currently 290 000 people die in hospital every year in Britain, although two thirds of them – some 190 000 – would prefer to die at home. The report says that the main structures of the community care networks it proposes could cost as little as £500million (€590m; \$800m). <http://www.bmj.com/content/341/bmj.c6508.extract> -

From Media Watch dated 15 November 2010:

- U.K. | BBC News – 14 November 2010 – **'People 'denied' die at home wish.'** 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 <http://www.bbc.co.uk/news/health-11742166>
- 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

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>

Exploring family caregivers' rationales for non-use of formal home health services when caring for a dying family member

HOME HEALTH CARE MANAGEMENT & PRACTICE | Online article – 10 November 2010 – Drawing on interviews with ... bereaved individuals who provided care to a dying family member at home, the purpose of this article is to identify and explore motivations behind the "non-use" of home health services. In their accounts of not asking for help from formal providers, participants highlighted personal reasons, coping needs, and a lack of knowledge. In their accounts of refused help, they placed more emphasis on a perceived lack of need for help ... as well as ... perceptions of the quality and competence of formal services. Implications for health system policy and planning, and for home health nursing practice, training and education, particularly with reference to situations in which responsibility is left with families to ask for help from formal providers, are also discussed. <http://hhc.sagepub.com/content/early/2010/11/06/1084822310384920.abstract>

American Indian family caregivers' experiences with helping elders

JOURNAL OF CROSS-CULTURAL GERONTOLOGY | Online article – 10 November 2010 – In recent years, a vast literature has accumulated on the negative effects on family caregivers of providing care to elders, while relatively little research has explored caregiving as a positive experience. Only a handful of studies have examined any aspect of informal caregiving among American Indians. This study explores the negative and positive aspects of providing elder care among 19 northern plains American Indian family members. These caregivers described low levels of burden and high levels of reward, attributable to cultural attitudes toward elders and caregiving, collective care

provision, strong reciprocal relationships with elders, enjoyment of elders, and relatively low levels of care provision. Caregiving manifested as part of a complex exchange of assistance rather than a unidirectional provision of assistance from the family member to the elder. <http://www.springerlink.com/content/m656mn525453847q/>

That caregiving emerged as such an overwhelmingly positive experience in a community faced with poverty, alcohol disorders, trauma, and cultural traumatization is testimony to the important roles that elders often continue to play in these communities.

Of related interest:

- *CANADIAN JOURNAL OF OCCUPATIONAL THERAPY*, 2010;77(4):234-240. **'Holding on to normalcy and overshadowed needs: Family caregiving at end of life.'** The purpose of this analysis is to come to understand the nature of occupation as experienced by family caregivers of dying patients at a residential hospice. The themes "holding on to normalcy" and "overshadowed needs of caregivers" describe the complex and uncertain nature of family caregivers' occupation. <http://www.ingentaconnect.com/content/caot/cjot/2010/00000077/00000004/art00005>
- *MEDICINE, HEALTH CARE & PHILOSOPHY* | Online article – 5 October 2010 – **'Filial obligations to elderly parents: A duty to care?'** A continuing need for care for elderly, combined with looser family structures prompt the question what filial obligations are. Do adult children of elderly have a duty to care? <http://www.springerlink.com/content/31gm453171151377/>

The right to die in the minimally conscious state

JOURNAL OF MEDICAL ETHICS | Online article – 17 November 2010 – The right to die has for decades been recognised for persons in a vegetative state, but there remains controversy about ending life-sustaining medical treatment for persons in the minimally conscious state (MCS). The controversy is rooted in assumptions about the moral significance of consciousness, and the value of life for patients who are conscious and not terminally ill. This paper evaluates these assumptions in light of evidence that generates concerns about quality of life in the MCS. <http://jme.bmj.com/content/early/2010/11/16/jme.2010.038877.abstract>

Cont.

Of related interest:

- *MEDICAL DECISION MAKING* | Online article – 18 November 2010 – '**How long and how well: Oncologists' attitudes toward the relative value of life-prolonging v. quality of life-enhancing treatments.**' Cost-effectiveness thresholds for oncologists vary widely for life-prolonging chemotherapy compared to treatments that only enhance quality of life. This difference suggests that oncologists value length of survival more highly than quality of life when making chemotherapy decisions. <http://mdm.sagepub.com/content/early/2010/11/17/0272989X10385847.abstract>

U.K.'s National Confidential Enquiry into Patient Outcomes

Respect and care for the older person

THE LANCET | Online article – 20 November 2010 – The utopian image of older people as venerated members of society who have earned respect after a lifetime of work and accumulation of knowledge slipped even further from reality with the publication of the latest National Confidential Enquiry into Patient Outcomes (NCEPOD) report. The report, a review of the care received by elderly patients undergoing surgery ... adds to the battery of depressing statistics describing how some older people end their lives in the U.K. Recent media reports have told shocking stories of neglect of older people by their families or by carers in nursing homes. Now the NCEPOD document tells of how older patients who have undergone surgery are all too often left isolated, confused, cold, and in pain. The report presents data from people over 80 years old who died within 30 days of operations done between 1 April and 30 June 2008. The opening sentence, "this report makes depressing reading," sets the timbre of the report, which is littered with the words "disappointing," "unsatisfactory," and "inadequate." As the patients progress through their hospital stays, the report's dry data relentlessly details failures in care. Many patients were not adequately stabilised before surgery. Many had no record of a formal cognitive assessment – especially concerning given the need for informed consent. Many who were likely to have sensory impairment had no documentation of this. Details on the degree of frailty and nutritional status were not optimally recorded. The list of preoperative failures goes on. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)62115-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62115-0/fulltext)

Of related interest:

- *DEMOGRAPHY*, 2010;47(Suppl):S211-231. '**Disease prevalence, disease incidence, and mortality in the U.S. and in England.**' The authors find that both disease incidence and disease prevalence are higher among Americans in age groups 55-64 and 70-80, indicating that Americans suffer from higher past cumulative disease risk and experience higher immediate risk of new disease onset compared with the English. In contrast, age-specific mortality rates are similar in the two countries. <http://muse.jhu.edu/journals/demography/summary/v047/47.S.banks.html>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *BRITISH MEDICAL JOURNAL* | Online report – 18 November 2010 – '**Commission is set up to consider law on assisted dying.**' An independent commission headed by former Lord Chancellor Charles Falconer is to consider whether the law should be changed to allow assisted dying in England and Wales. The 12 person commission, which is expected to report in October 2011, will consider what system, if any, should exist to allow people to be helped to die, and whether any changes in the law should be introduced. <http://www.bmj.com/content/341/bmj.c6622.extract>
- *MEDICINE, HEALTH CARE & PHILOSOPHY*, 2010;13(4):351-353. '**Perspectives on assisted dying.**' Most of the papers in a themed section of this issue of the journal developed from presentations during a seminar held at the 2008 conference of the European Society of Philosophy. Editorial: <http://www.springerlink.com/content/273050176v38834k/> Journal contents page: <http://www.springerlink.com/content/1386-7423/13/4/>

Worth Repeating

The hard work of living in the face of death

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2006;32(3):266-274. This study examines, from the patient's perspective, the work of trying to live with advanced cancer at the same time as facing the immediacy of death. The findings are part of an exploratory qualitative study that examined the first-hand accounts of seven patients being cared for at an urban cancer research center who were living with advanced disease. [The] three sub-themes [that] emerged from ... [a series of in-depth, semi-structured interviews] ... reflected the hard work that these individuals undertook. These were orientating themselves to the disease and maintaining control, searching for and creating a system of support and safety, and struggling to find meaning and create a legacy. The findings confirm that living with advanced cancer in the face of death involves hard work on the part of the patient. <http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392406003812.pdf>

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