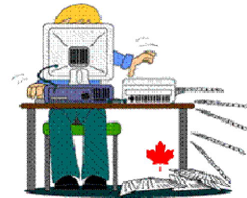
Media Watch... is distributed weekly to my colleagues who are active or have a special interest in **hospice**, **palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

29 November Edition | Issue #177



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Ethics survey: Scroll down to Specialist Publications and 'Does aggressive palliative care endanger physicians?' (p.8), published in *MedScape Today*.

Canada

Conversation with Balfour Mount

"How should we die?"

CBC RADIO | The Sunday Edition – 21 November 2010 – When we die. Under what circumstances we die. These are all variations on the inevitable. When a committee of Quebec's National Assembly began collecting studies on the question of Canada's laws on euthanasia and assisted suicide, many of the testimonies were deeply emotional, other parts philosophical. This question has preoccupied Balfour Mount since the early 1970s. He is a doctor. He is a cancer patient. And he is the man who, more than anyone else, invented the entire idea of "palliative care." Dr. Mount is heard in conversation about death and dying with the program's host Michael Enright.http://www.cbc.ca/thesundayedition/2010/11/november-21-2010.html

N.B. The conversation with Dr. Mount begins approximately 8 minutes into the first hour of the program.

Specialist Publications

Of particular interest:

'Preparing for the inevitable' (p.5), published in the *Canadian Medical Association Journal.*

From Media Watch dated 22 Match 2010:

- QUEBEC | [University of] *McGill Reporter* – 18 March 2010 – **'Curative vs. healing: Interview with Dr. Tom Hutchinson, Director, McGill Programs in Whole Person Care.'** In 1999, Dr. Balfour Mount, the father of Palliative Care in North America, and Dr. Abraham Fuks, then Dean of Medicine, instituted the McGill Programs in Whole Person Care with a simple goal: to establish research and educational programs that integrate the existential and physical aspects of illness as a way to better understand how to respond to suffering while enhancing the quality of patients' lives. http://publications.mcgill.ca/reporter/2010/03/with-dr-tom-hutchinson-director-mcgill-programs-in-whole-person-care/

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- QUEBEC | CBC News – 24 November 2010 – **'Don't overlook spirituality when debating euthanasia.'** As surely as we wrestle through the physical steps of death, particularly on an issue as fraught with emotion as euthanasia, so will we need to come to terms with the spiritual journey. http://www.cbc.ca/canada/story/2010/11/24/f-vp-dueck-euthanasia.html
- QUEBEC | CBC News – 22 November 2010 – **'Euthanasia: Should it be legalized?'** More than eight out of 10 Quebecers support the legalization of euthanasia. At least 83% of Quebecers polled earlier this month agree that euthanasia and physician-assisted suicide should be allowed in certain cases. http://www.cbc.ca/news/pointofview/2010/11/euthanasia-should-it-be-legalized.html
- BRITISH COLUMBIA | *Straight* – 18 November 2010 – **'Euthanasia: Whose death is it anyway?'** Canada's highest court ruled that euthanasia is illegal, but that won't stop some doctors from helping terminally ill patients die. http://www.straight.com/article-359128/vancouver/whose-death-it-anyway

U.S.A.

Palliative sedation

Lawsuit: Nation's largest hospice did not provide a young mother with a 'peaceful death'

CALIFORNIA | *Mercury News* (San Jose) – 19 November 2010 – The family of a young Los Gatos woman featured in a *Mercury News* story about the painful death she endured after suffering from cancer has sued the nation's largest for-profit hospice service, charging that it deprived the woman of a "peaceful death."[1] The lawsuit ... alleges that the hospice's failure to inform her that she could receive "palliative sedation" to relieve her suffering was "reckless" and "inexcusable." http://www.mercurynews.com/ci_16662327?IADID=Search-www.mercurynews.com-www.mercurynews.com

1. **'Life in a Year: Saying goodbye to the cycle of life,'** *Mercury News*, 25 December 2009. http://www.mercurynews.com/ci_14070282?IADID=Search-www.mercurynews.com-www.mercurynews.com

Mistakes and unavoidable problems kill an estimated 15,000 elderly U.S. patients every month in hospitals

REUTERS | Newswire report – 16 November 2010 – More than 13% of patients covered by Medicare, the government health insurance for the elderly, have some sort of so-called adverse event each month. These include mistakes such as surgical errors or sometimes unavoidable problems such as an infection spread in the hospital, or patients having their blood sugar fall to unusually low levels. The numbers ... were presented by the Office of Inspector General at the Health & Human Services Department.http://www.reuters.com/article/idUSTRE6AF5SM20101116?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3Areuters%2FhealthNews%28News%2FUS%2FHealthNews%29

Quotable Quotes

Surveys of patients with terminal illness find that their top priorities include, in addition to avoiding suffering, being with family, having the touch of others, being mentally aware, and not becoming a burden to others. Our system of technological medical care has utterly failed to meet these needs, and the cost of this failure is measured in far more than dollars. The hard question we face, then, is not how we can afford this system's expense. It is how we can build a health-care system that will actually help dying patients achieve what's most important to them at the end of their lives. **Atul Gawande**, *The New Yorker*

International

Five regrets of the dying

MALAYSIA | *The Star* (OpEd) – 28 November 2010 – For many years I worked in palliative care. My patients were those who had gone home to die. When questioned about any regrets they had or anything they would have done differently, common themes surfaced again and again. http://thestar.com.my/lifestyle/story.asp?file=/2010/11/28/lifefocus/7378316&sec=lifefocus

Deaths of terminally ill patients 'scrutinised'

U.K. | *Daily Telegraph* – 27 November 2010 – Ministers have been told that the Basingstoke and North Hampshire Foundation Trust and Medway NHS [National Health Service] Foundation Trust have both recorded high levels of deaths among terminally ill patients who have received palliative care. Hospital death rates have been under close scrutiny for a number of years after unusually high figures triggered investigations which found appalling standards of care at both Stafford and Basildon hospitals. http://www.telegraph.co.uk/health/healthnews/8162440/Deaths-of-terminally-ill-patients-scrutinised.html

MP urges NHS [National Health Service] to accept offer for end-of-life ward

U.K. | *The News* (Portsmouth) – 26 November 2010 – Private drugs companies could step in to help run an end-of-life care service at the Queen Alexandra Hospital in the wake of the closure of the G5 ward [for dying patients over 65]. Portsmouth North MP Penny Mordaunt has been in talks with two major pharmaceutical firms who have indicated they would be willing to invest money and provide nurses. It comes after Portsmouth Hospitals NHS Trust decided to close G5 ... and replace it with a mobile nurse team to work across the hospital. The trust said only 25% of over 65s needing end-of-life care were getting access to it on G5. But critics say this means that people are dying on general wards instead. http://www.portsmouth.co.uk/newshome/MP-urges-NHS-to-accept.6640456.jp

Death is not spoken of aloud

SLOVENIA | *Cafe Babel* – 25 November 2010 – Sociologists have noted the gradual disappearance of death from public life. "Death is not spoken of aloud, but discussions have moved into the private sphere," write Prof. Karmen Erjavec and Petra Thaler [Faculty of Social Sciences, University of Ljubljana] ... in their study of the representation of death in the media. According to health sociologist Dr. Majda Pahor ... Slovenes display a "modern" attitude to death, denying it and pushing it out of everyday life. "It's connected with the low level of reflection on life in general. If one thinks about life, one also thinks about death and the meaning of life in relation to death. Resistance to thinking, to curiosity and to asking questions is fairly widespread in Slovenia." The big transitions in life like birth and death are ritualised, says Pahor. "In some way, we have accepted that we cannot change anything. We just wait for it to pass." Are we Slovenes prepared for death when we realise it is close? According to Pahor, no research exists into how people die in Slovenia. Around 18,000 people die in Slovenia every year, 60-80% of them in hospital.http://www.cafebabel.co.uk/article/35724/death-hospice-slovenia-ljubljana-euthanasia-eu.html

Specialist Publications

Of particular interest:

'Talking about life-threatening illness' (p.6), published in *Journal of Palliative Medicine*

The availability of palliative and home-based care services remains uneven

U.N. AIDS REPORT ON THE GLOBAL AIDS EPIDEMIC 2010 | Extract (p.109) from online report – 24 November 2010 – Most countries (162 of 171) report they have "a policy or strategy to promote comprehensive HIV treatment, care and support." Access to these comprehensive services is far from complete, however. Because of a lack of clarity about what comprises comprehensive care and support, current national HIV policies or strategies may not address many central aspects of care and support. Only 44% of governments (and 35% of civil society responses) report that most people in need have access to home-based care services. As Uganda notes in its 2010 country report, inadequate political will and insufficient resourcing are significant challenges in increasing access to high-quality care and support services. While 73% of governments responding agree with the statement that the majority of people in need have access to palliative care and treatment of common HIV-related infections, only 57% of civil society respondents agree that that statement is true. http://www.unaids.org/documents/20101123_GlobalReport_em.pdf

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. (SCOTLAND) | *Edinburgh Evening News* – 29 November 2010 – **'Last minute push to progress suicide Bill.'** Independent Lothians MSP [Member of the Scottish Parliament] Margo MacDonald has issued an eleventh-hour appeal to MSPs to allow her Bill to legalise assisted suicide to pass a key parliamentary hurdle. She urged Holyrood politicians to recognise public support for her proposal and let the legislation progress to the next stage of scrutiny and debate rather than vote it down. http://edinburghnews.scotsman.com/edinburgh/Last-minute-push-to-progress.6643394.jp

- RADIO NETHERLANDS | Online report – 28 November 2010 – **'Ten years on: Who will follow the Dutch example on euthanasia?'** Today [28 November] it is ten years since the Netherlands passed a law legalising euthanasia. This made the Netherlands the first country in the world to establish legal guidelines for ending a human life. But why has almost no other country followed the Dutch example? http://www.rnw.nl/africa/article/ten-years-who-will-follow-dutch-example-euthanasia

- U.K. | *The Guardian* – 28 November – **'Assisted suicide law to be reviewed by Lords.'** Lord Falconer, the former Lord Chancellor, is to chair a commission that will question whether or not relatives should be able to apply to a judge for permission to assist a loved one to commit suicide. http://www.guardian.co.uk/society/2010/nov/28/assisted-dying-falconer-commission

- INDIA | *Gulf News* – 26 November 2010 – **'Freedom, at the mercy of the government.'** In India, which has no law yet for euthanasia, debate rages on the moral and legal implications of the act. Even as experts say the argument for euthanasia is about 'death with dignity,' the Law Commission of India seeks the legalisation of mercy killing in some special cases and for the terminally ill. http://gulfnews.com/news/world/india/freedom-at-the-mercy-of-the-government-1.717001

- SOUTH AUSTRALIA | ABC News – 24 November 2010 – **'Another euthanasia bill rejected...'** Another attempt to legalise voluntary euthanasia ... has been rejected by [the] State Parliament's Upper House. There were several hours of debate in the Legislative Council, but the private member's bill was lost on the voices after its sponsor, the Greens MP Mark Parnell, conceded it lacked enough support to pass. It was the third voluntary euthanasia bill defeated in the SA Parliament since 2003. http://www.abc.net.au/news/stories/2010/11/25/3075797.htm?section=justin

- GERMANY | *Deustche Welle* – 23 November 2010 – **'German widower goes to court over assisted suicide.'** A 67-year-old widower has sued Germany in the European Court of Human Rights to overturn a ban on active assisted suicide. The man took his paraplegic wife to Switzerland because she wanted to end her life. http://www.dw-world.de/dw/article/0,,6257217,00.html

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

Preparing for the inevitable

CANADIAN MEDICAL ASSOCIATION JOURNAL | Online article – 22 November 2010 – The human body is not made to last. Sure, some bodies are heartier than others. Some last for more than a century – not many, but a few. Others are far less fortunate, born with disease or genetic defect, their final breaths occurring not long after their first. Some bodies expire suddenly, victims of fires, head-on collisions, massive heart attacks or any number of other calamities that steal life without warning. But the bodies of those fortunate enough to live lives free of premature catastrophe, be it internal or external, follow a more predictable journey. They start out weak and helpless, grow stronger over the course of three decades or so, and then begin a long, slow decline that accelerates near the end of life and culminates, always, in death. Advances in medicine and health education have extended this journey, but no matter how long the road, the mileposts remain the same. The start of this journey is always cause for celebration. The long middle is filled with work and hobbies and the raising of children. The last part of the journey is something that people, in general, don't like to think about. That's unfortunate, according to those who provide care for people during their final years, because ignoring the inevitable only makes the inevitable worse."An unplanned death is a poor-quality death," says Dr. Daren Heyland, a professor of medicine and epidemiology at Queen's University in Kingston, Ontario, who recently published a survey of Canadians' opinions on priority areas for improving end-of-life care.[1] http://www.cmaj.ca/earlyreleases/22nov10-preparing-for-the-inevitable.dtl

1. *CANADIAN MEDICAL ASSOCIATION JOURNAL* | Online article – 4 October 2010 – **'Defining priorities for improving end-of-life care in Canada.'** Psychological interventions, spiritual support, better planning of care, improvements in the nature of physicians' relationships with patients and with patients' families, and enhancement of specific aspects of communication and decision-making could help dying patients and their families realize their right to high-quality care at the end of patients' lives. http://www.cmaj.ca/embargo/cmaj100131.pdf

   N.B. Noted in Media Watch dated 11 October 2010.

eHealth in palliative care

Singing in the rain

eHEALTH INSIDER (U.K.) | Online report – 24 November 2010 – According to speakers at the BCS [British Computer Society] Health Scotland conference ... major projects are being rolled out here successfully – if slowly - with buy in from both patients and clinicians. The Emergency Palliative Care Summary (EPCS), for example, has been rolled out across the country and is accessed more than 200,000 times a month by those providing out-of-hours care. An as yet unpublished study has reportedly found that clinical decisions are more timely, accurate and patient-centric when they are taken using the EPCS. http://www.e-health-insider.com/comment_and_analysis/660/singing_in_the_rain

Intensivists managing end-of-life care: Dwarfs without giants' shoulders to stand upon

INTENSIVE CARE MEDICINE, 2010;36(12):1985-1987. In the past few decades, medicine ... has achieved great results. The introduction of intensive care supports caused a biological revolution: not only have previously unknown clinical conditions (brain death, vegetative state) appeared, but above all manipulating the process of dying has become possible: for the first time in the history of mankind, failing breathing can be supported, and a stopping heart can be restarted. This possibility of intervention calls for responsibility, as interfering in the process of dying is not always in the interest of the dying patient. Indeed, this ability is so new and revolutionary that our society is still trying to understand the extent and the meaning of what is happening, also in order to regulate it. http://www.springerlink.com/content/5m78036677138750/fulltext.pdf

Palliative Care Research Cooperative

A strategy to advance the evidence base in palliative medicine

JOURNAL OF PALLIATIVE MEDICINE | Online article – 24 November 2010 – Palliative medicine has made rapid progress in establishing its scientific and clinical legitimacy, yet the evidence base to support clinical practice remains deficient in both the quantity and quality of published studies. Historically, the conduct of research in palliative care populations has been impeded by multiple barriers including health care system fragmentation, small number and size of potential sites for recruitment, vulnerability of the population, perceptions of inappropriateness, ethical concerns, and gate-keeping. A group of experienced investigators with backgrounds in palliative care research convened to consider developing a research cooperative group as a mechanism for generating high-quality evidence on prioritized, clinically relevant topics in palliative care. http://www.liebertonline.com/doi/pdf/10.1089/jpm.2010.0261

From Media Watch dated 9 March 2009:

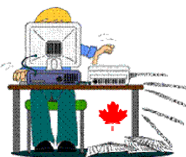
- *JOURNAL OF PALLIATIVE MEDICINE*, 2009;12(3):215-217 (Editorial). **'The culture of research in palliative care: 'You Probably Think This Song Is About You.''** "But is it right?" If my memory can be trusted, the question came after a presentation by Eduardo Bruera on the importance of research in palliative care. http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9662

Talking about life-threatening illness

JOURNAL OF PALLIATIVE MEDICINE, 2010;13(11):1396-1397. To face a terminal illness means to acknowledge that you are coming to the end of your life. You might experience many different, even contradicting, emotions such as anxiety, fear, uncertainty, denial, hope, withdrawal, or a combination of these. If you, as a relative or close friend, find out that a person you love is suffering from an incurable disease, a difficult time may lie ahead. Even if you, in your mind, accept eventual death, your heart might not be able to cope with this fact for some time. In such situations, the affected persons and those around them often seek to protect one another from what they consider a '"cruel reality." However, only if you and your loved one acknowledge that one of you is not far from the end of life's journey, can you walk together until the end. When you can do this, you will both realize that there are still many things for you to share and to give to each other. http://www.liebertonline.com/doi/pdf/10.1089/jpm.2010.9758

Of related interest:

- *JOURNAL OF CLINICAL ONCOLOGY* | Online article – 22 November 2010 – **'What oncologists believe they said and what patients believe they heard.'** In several key areas, information was either missing or had been explained, but was interpreted incorrectly by patients. Discussion of prognosis was a frequent omission, with patients and coders more likely to agree that oncologists had not discussed it. http://jco.ascopubs.org/content/early/2010/11/15/JCO.2010.30.0814.abstract



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.

As it is at the end so it is at the beginning: Legal challenges and new horizons for medicalised death and dying

MEDICAL LAW REVIEW, 2010;18(4):437-441. 2010 has been an eventful year in the life of the debate about assisted dying. In February, the Director of Public Prosecutions issued guidelines outlining the public policy factors that should be considered when determining whether to prosecute a person for assisting the suicide of another. In the same month, the Suicide Act 1961 was amended by the Coroners & Justice Act 2009, which reframed the offences relating to helping another person to end their life. Now, rather than 'aiding and abetting, counselling or procuring the suicide of another,' a defendant will be liable if she intentionally 'does an act capable of encouraging or assisting the suicide or attempted suicide of another person.' Soon after the General Medical Council published new guidance on medical decision-making at the end of life... Applicable explicitly within the existing legal framework, these guidelines locate the patient at the centre of end-of-life decision-making and operate according to presumptions in favour of prolonging life and that each individual patient has the capacity to decide for herself. At the back end of the year, virtually as this editorial was going to press, a new pressure' group was launched. Healthcare Professionals for Change supports the wider campaign aims of Dignity in Dying that favour greater patient choice at the end of life based on the conviction that people ought not have to suffer against their wishes and should therefore, within appropriate safeguards, be able to choose an assisted death. And throughout the year, news reports featuring assisted dying cases and debates have appeared regularly in the media. Against this backdrop of regulatory change, opinion shift, and intense media coverage, this special issue of Medical Law review presents several papers that explore a range of issues relating to death and dying.http://medlaw.oxfordjournals.org/content/18/4/437.full.pdf+html

N.B. Journal contents page: http://medlaw.oxfordjournals.org/content/current

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.

Ethics survey

Does aggressive palliative care endanger physicians?

MEDSCAPE TODAY | Online article – 24 November 2010 – Some doctors persist in the belief that aggressive palliative care that indirectly and accidentally ends a patient's life places them in a moral limbo and possible legal jeopardy. As one survey respondent put it: "There is a thin line between 'comfort care' and 'physician-assisted suicide.' Who draws the line?" In a ground-breaking article that appeared in the *Journal of the American Medical Association* (*JAMA*) a decade ago, attorney and medical ethicist Alan Meisel ... and his coauthors attempted to calm physicians' fears by citing the doctrine of "double effect" – the notion that "when an intervention is used for a legitimate medical purpose (e.g., pain relief) but has an unintended effect that would be illegitimate if intended (e.g., death of the patient), the physician is not morally responsible for the unintended effect."[1] Meisel went on to note that a series of Supreme Court decisions – followed by a variety of laws adopted by state legislatures to protect physicians who provide palliative care – should further calm doctors' fears. Still, he offered no guarantees, noting that "the physician who intends to relieve pain and suffering could face legal sanctions if it is difficult to prove this intent." In the decade since the Meisel article appeared, the difficulty of proving intent in some cases of aggressive palliative care has been counter-balanced by a competing force – the push by medical boards and state pain policies to ensure the adequate treatment of pain. Today, physicians who under-treat pain sometimes place themselves in greater legal jeopardy than those who treat pain aggressively, even to the point of hastening a patient's death. This is clearly good news for patients – and for the doctors who are dedicated to minimizing their suffering at the end of life. http://www.medscape.com/viewarticle/732894_2

1. *JAMA*, 2000;284(19):2495-250. **'Seven legal barriers to end-of-life care: Myths, realities, and grains of truth.'** http://jama.ama-assn.org/cgi/content/abstract/284/19/2495

Of related interest:

- *AMERICAN MEDICAL NEWS* | Online article – 24 November 2010 – **'Turning off heart devices near life's end stirs ethical, legal debates.'** Many physicians believe that deactivating heart devices is a form of physician-aided death, according to a survey published in the *Mayo Clinic Proceedings*.[1] http://www.ama-assn.org/amednews/2010/11/22/prsl1124.htm

  1. *MAYO CLINIC PROCEEDINGS*, 2010;85(11):981-990. **'Perspectives on withdrawing pacemaker and implantable cardioverter-defibrillator therapies at end of life: Results of a survey of medical and legal professionals and patients.'** http://www.mayoclinicproceedings.com/content/85/11/981.abstract

End-of-life care and your practice

PULSE (U.K.) | Online article – 23 November 2010 – In July, the GMC [General Medical Council] issued new guidance on end-of-life care and this covers several key principles that all GPs should be aware of and is a good reason to review practice processes regarding terminally ill patients. The guidance looks at advanced care planning, and how to deal with disputes and disagreements and capacity. In a busy practice the key to implementing GMC guidance is to be aware of the potential challenges and have a clear policy in place. This article looks at how practices can do this. http://www.pulsetoday.co.uk/story.asp?sectioncode=24&storycode=4127823&c=5

From Media Watch dated 28 June 2010:

- *BRITISH MEDICAL JOURNAL* | Online editorial – 22 June 2010 – **'General Medical Council guidance on end of life care.'** The recently published guidance from the General Medical Council on end of life care ... commands the attention of all doctors in the U.K. by emphasising that failure to comply will place registration at risk. http://www.bmj.com/cgi/content/extract/340/jun22_2/c3231

Worth Repeating

Lessons learned in the sandwich

AFFILIA (JOURNAL OF WOMEN & SOCIAL WORK), 2008;23(3):223-230. In this personal account of caring for an aging father until his death in her home, the author reflects on the personal and professional challenges of being a "sandwich-generation" professional social worker. Both the poignant rewards and stresses of caretaking are described, as are the conflict and confluence of professional and personal roles. The ironies of appearing competent in the professional role while feeling overwhelmed in one's personal life and the need for support from professional colleagues are elaborated on, with concluding comments concerning future challenges and lessons to be learned. http://aff.sagepub.com/content/23/3/223.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/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

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Barry R. Ashpole 'phone: 905.563.0044
Beamsville, Ontario CANADA e-mail: barryashpole@bellnet.ca