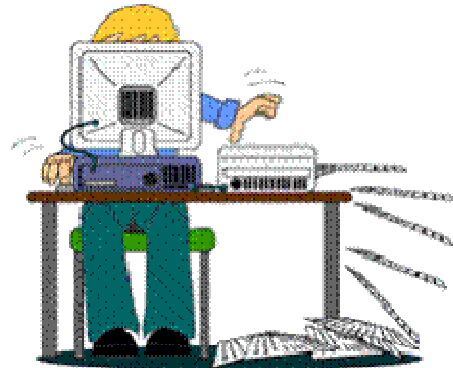


Media Watch

...is distributed weekly to colleagues active or with a special interest in palliative and end-of-life care – to help keep them abreast of current, emerging and related issues, and to inform discussion and encourage further inquiry. Following is an annotated listing of recent articles, reports, etc., with links to the original source.

Compiled & Annotated by Barry R. Ashpole



Compilation of Media Watch 2008 ©

12 May 2008 Edition | Issue #44

Being heard about life's end:
Scroll down to [U.S.A.](#) and 'At the end of life, a turn to 'slow medicine'

Ontario

Web-based report shows Ontarians receiving faster and safer cancer services

CANCER CARE ONTARIO | Press release – 8 May 2008 – Results of the 2008 Cancer System Quality Index show that key cancer services in Ontario are more accessible, timely and safe, while additional effort is needed to raise screening rates and address the needs of Aboriginals and other underserved communities. Ontarians need to take steps to reduce their risk of cancer including alcohol consumption, sun exposure and smoking. The Index was launched in 2005 by the Cancer Quality Council of Ontario, in partnership with Cancer Care Ontario. Now in its fourth year, the Index presents a rolling snapshot of activity in 32 key indicators that cover the spectrum of cancer services, from prevention through to end-of-life care.

<http://www.newswire.ca/en/releases/archive/May2008/08/c6305.html>

National & Other Provinces

A malady with no treatment?

NATIONAL POST | Online report – 12 May 2008 – When a judge in Hamilton ordered a young cancer patient to undergo chemotherapy last week, she triggered a bitter confrontation between the child's parents and hospital staff. By the end of it, the irate father was reportedly in handcuffs, and the Children's Aid Society, which requested the court order, criticized as draconian. The dispute underlined a rare but emotional scenario confronted by child welfare authorities across the country: parents who clash with doctors over whether their children, often deathly ill, should receive medical treatment. <http://www.nationalpost.com/story.html?id=508407>

Fixing health care: the power of an old idea

NOVA SCOTIA | *Chronicle-Herald* – 10 May 2008 – Here's a claim that should be more prominent in the health care debate: The system has tons of excess capacity that's not being used because it's badly managed. Not only can that be fixed and the system sustained, but the quality of care can actually be improved without costing more – in some instances, it might cost less. Further, this argument goes, the defenders of medicare are defending the wrong thing: Our present money-gobbling system, obsessed with doctors and hospitals, is radically different from the vision of the founders of public medicine. Tommy Douglas in Saskatchewan and Justice Emmett Hall, whose report laid the nationwide foundation for public health care, both envisaged prevention, home care and so on as central pillars. Defending the system as is, with its built-in rush to unsustainability, just encourages those who would privatize it. The main document underpinning this position is a book, *Prescription for Excellence: How Innovation is Saving Canada's Health Care System*, by Dr. Michael Rachlis, health policy analyst, specialist in community medicine, consultant to royal commissions, and part-time professor at the University of Toronto. <http://thechronicleherald.ca/Columnists/1055110.html>

U.S.A.

No embalming necessary: 'Green cemetery' rises

GEORGIA | *Atlanta Journal-Constitution* – 8 May 2008 – On his 66th birthday last May, Harry E. Echols learned he had esophageal cancer. The prognosis was grim enough that Echols decided against treatment that might only slow the inevitable. With the help of his sister, Janet Ferguson, the Atlanta man began putting his affairs in order and arranging his funeral. Echols never liked the idea of an embalmed body lying in a casket, a semblance of a former self, displayed for grieving family and friends. Cremation didn't appeal to him, either. Then Echols read an article about "green" cemeteries. In stretches of meadow and forest, remains are interred without formaldehyde, cement vault, even coffin (if that was the deceased's wish), ultimately becoming part of the soil. Tombs can be marked with medallions that fit in the palm of the hand; no granite slabs interrupt the landscape. To Echols, it sounded like a good way to start eternity. http://www.ajc.com/metro/content/metro/stories/2008/05/08/green_burial_0508.html

The sleep of death

CALIFORNIA CATHOLIC DAILY | Online report – 7 May 2008 – A bill that critics say would permit euthanasia in some circumstances passed the state assembly's judiciary committee last week and may come up before the full Assembly this week. AB 2747 would mandate that, following a diagnosis that a patient is terminally ill or has less than one year to live, a "health care provider shall, upon the patient's request, provide the patient with comprehensive information and counseling regarding legal end-of-life care options." Critics of the bill say it opens the door to physician-assisted suicide by allowing doctors to use "palliative sedation." The bill defines palliative sedation as "the use of sedative medications to relieve extreme suffering by making the patient unaware and unconscious." Though, sometimes, says the bill, palliative sedation "involves the withholding of artificial food and hydration," a patient's death "is caused by his or her disease processes and his or her complications, and not from palliative sedation." <http://www.calcatholic.com/news/newsArticle.aspx?id=b63a903b-1ccd-41ac-ad1f-a7a4ac1fad1c>

Links

Links are active often for only a limited period of time. Please alert this office if you encounter any difficulty and every effort will be made to find an alternative means of access.

Fascination with final words has no end

BALTIMORE | *Sun* – 6 May 2008 – What is the fascination with last words? After a lifetime of chatter, gossip, banal observations, witty proclamations, blessings, curses and comments on the weather, why do we insist on catching a person's closing syllables? Michael C. Kearl, a sociology professor at Trinity University who has amassed a stunning collection of material about the culture of dying, thinks we're looking for reassurances about death, reasons to live, hope for our personal legacies and rousing, inspiring all-American endings. "People need the belief that the conclusion of their existence is a consummation as opposed to a mere cessation," he says. "There's something about a good ending, right? A piece of music can be only so-so, but, boy, if it's got the big bang at the end, you remember it."

<http://www.baltimoresun.com/entertainment/bal-te.to.lastwords06may06.0.7308215.story>

Doctor calls spirituality key to dying patient's quality of life

CALIFORNIA | Catholic News Service (Online report) – 6 May 2008 – Medicine shrinks from caring for the spiritual needs of dying patients, even though spirituality is what most people yearn for most at the end of life, Franciscan Brother Daniel Sulmasy, a physician and philosopher, told an audience at the University of San Francisco 28 April. Doctors tend to ignore spiritual care or back away from it out of fear of inadequacy or invading patients' privacy, Brother Sulmasy said. Often they think they are helping, but under serve patients by turning spiritual questions into technical problems, he said. <http://www.catholicnews.com/data/stories/cns/0802494.htm>

Pain relief efforts target children

CLEVELAND | *The Plain Dealer* – 6 May 2008 – Pediatric pain. It's one of the more undertreated areas in medicine, according to Gary Walco, director of the David Center for Pain & Palliative Care at Hackensack University Medical Center in New Jersey, where Nicole is an outpatient. Whether you are talking about the pain experienced by children during routine immunizations or pain resulting from a chronic disease, much more needs to be done to alleviate their suffering, he says. <http://www.cleveland.com/living/plaindealer/index.ssf?/base/living-0/1210062652307540.xml&coll=2>

At the end of life, a turn to "slow medicine"

WASHINGTON | *Seattle Times* – 6 May 2008 – Slow medicine encourages physicians to put on the brakes when considering care that may have high risks and limited rewards for the elderly, and it educates patients and families how to push back against emergency-room trips and hospitalizations designed for those with treatable illnesses, not the inevitable erosion of advanced age. Slow medicine, which shares with hospice care the goal of comfort rather than cure, is increasingly available in nursing homes, but for those living at home or in assisted living, a medical scare usually prompts a call to 911, with little opportunity to choose otherwise.

http://seattletimes.nwsourc.com/html/health/2004394499_slowmed06.html Original *New York Times* article 'For the elderly, being heard about life's end.'
<http://www.nytimes.com/2008/05/05/health/05slow.html?bl&ex=1210132800&en=3b700b6adb6c62e5&ei=5087%0A#>

Test your knowledge of mourning

WASHINGTON | *Seattlepi.com* (Online column) – 6 May 2008 – The death of someone you love can be one of the greatest and most painful losses you experience in your life. Grief and bereavement are natural, healthy responses to feelings of loss. This quiz will test your knowledge of some of the aspects of mourning.

http://seattlepi.nwsourc.com/brothers/360121_joyce507.html

End-of-Life care a pressing issue as baby boomers age

CALIFORNIA HEALTHCARE FOUNDATION | California Healthline (Online feature) – 5 May 2008 – A by-product of the boomer generation: The single largest batch of people living at the same time in this country's history will inevitably lead to the largest batch of people dying. We're still years from that demographic shift into old age and death, but baby boomers are increasingly confronted with mortality, dealing with aging and dying parents and in-laws. That confrontation is driving a change in the way our culture deals with the end of life. It's not a sea change, exactly, and not sudden, but it's unmistakable. "We're an aging society and people now are definitely more receptive to ideas about the end of life," said Margaret Clausen, executive director of the California Hospice & Palliative Care Association.

<http://www.californiahealthline.org/articles/2008/5/5/EndofLife-Care-a-Pressing-Issue-as-Baby-Boomers-Age.aspx?a=1>

International

End-stage dementia patients deserve same access to palliative care as people with cancer

AUSTRALIA | News-Med.Net (Online report) – 12 May 2008 – There is an urgent need to improve end-of-life care for older people in the final stages of dementia, according to an international review published in the May issue of *Journal of Clinical Nursing*. Clinicians and patient groups caring for patients with advanced dementia need to work together with specialist palliative care providers and health commissioners to develop, fund and evaluate appropriate cost-effective services that meet the needs of both patients and their families. <http://www.news-medical.net/?id=38273>

Debate rekindled over euthanasia

KOREA | *Times* – 11 May 2008 – A family has filed a petition to a court to allow their mother to die with dignity. The legal request for euthanasia is the first of its kind, and as the current law bans any form of assisted suicide, the move has rekindled the debate on the topic.

http://www.koreatimes.co.kr/www/news/nation/2008/05/117_23981.html

Canada finally poised to deliver on promise of affordable HIV/AIDS medicines to developing countries?

CANADA | Canadian HIV/AIDS Legal Network (Press release) – 7 May 2008 – The Canadian HIV/AIDS Legal Network welcomed today's announcement that Rwanda's government, after a competitive tendering process, has chosen to purchase a low-cost AIDS drug from Ontario-based generic pharmaceutical manufacturer Apotex, Inc. – meaning that Canada's Access to Medicines Regime should soon deliver for the first time on its promise of affordable medicines for developing countries. However, this represents the first success in four years since the law on exporting generic medicines was passed, confirming that the Regime must be simplified if Canada is to play an ongoing role in helping developing countries with access to AIDS treatment or other medicines they need. <http://www.cnw.ca/fr/releases/archive/May2008/07/c5839.html>

Attention

If you come across a media report, journal article, etc., relevant to palliative and end-of-life care not mentioned in this weekly summary of current news coverage, please alert this office so that it can be included in a future edition of Media Watch. Thank you.

Journal Articles of Interest

Transcultural nursing: Its importance in nursing practice

JOURNAL OF CULTURAL DIVERSITY | Online report – 6 May 2008 – Transcultural nursing is an essential aspect of healthcare today. The ever-increasing multicultural population in the United States poses a significant challenge to nurses providing individualized and holistic care to their patients. This requires nurses to recognize and appreciate cultural differences in healthcare values, beliefs, and customs. Nurses must acquire the necessary knowledge and skills in cultural competency. Culturally competent nursing care helps ensure patient satisfaction and positive outcomes. This article discusses changes that are important to transcultural nursing. It identifies factors that define transcultural nursing and analyzes methods to promote culturally competent nursing care. The need for transcultural nursing will continue to be an important aspect in health-care. Additional nursing research is needed to promote transcultural nursing.

http://www.redorbit.com/news/health/1372127/transcultural_nursing_its_importance_in_nursing_practice/

Regulating Palliative Care: The Case of Hospice

JOURNAL OF PAIN & SYMPTOM CONTROL | Online abstract – 3 April 2008 – This study is the first to demonstrate (in the U.S.) the substantial association between the regulation of hospices and the provision of a multidisciplinary range of services to patients and families. It provides valuable insights regarding the potential role of regulation in standardizing the quality of palliative care across the increasingly diverse palliative care programs developing outside of hospice.

<http://www.ncbi.nlm.nih.gov/pubmed/18395400>

Books & Resources

The Dying Game: The curious history of Death

U.K. | *Daily Telegraph* – 11 May 2008 – Far from being the last taboo, death – especially where it involves other people – has become a universal preoccupation. We devour forensic thrillers in their millions, sit glued to autopsy dramas and queue for exhibitions of flayed corpses with their internal organs laid bare. This is not without justification. For aside from the obvious interest in contemplating our own eventual end, dead bodies have an enthralling story to tell, as Melanie King's encyclopaedic history of death amply demonstrates. A colourful and pungent *pot pourri* of facts, myths and anecdotes, *The Dying Game* recounts human attempts to defy, deter and defeat death and - when these efforts inevitably fail – the myriad fates that befall our bodies once life has fled. <http://www.telegraph.co.uk/arts/main.jhtml?xml=/arts/2008/05/11/bokin111.xml>

Canadian Virtual Hospice a welcome resource

CANADIAN VIRTUAL HOSPICE | Press release – 9 May 2008 – Each and every day, including throughout National Hospice Palliative Care Week, more than 1,000 people visit the Canadian Virtual Hospice for information about palliative care. "If you mention the words 'palliative care,' people think about dying," says Dr. Harvey Max Chochinov, Chair of the Canadian Virtual Hospice. "But, if you've spent any time in a palliative care setting, you soon realize that palliative care is all about living. Canadians who visit www.virtualhospice.ca are focused on helping their friends and family members achieve the best possible quality of life, right up until the end of life." The Canadian Virtual Hospice is an e-health pioneer, offering detailed health information and quick, online access to a team of expert health care providers. People who submit questions to the site's 'Ask a Professional' feature receive a confidential answer from one of the doctors or nurses with the site's health care team. <http://www.marketwire.com/mw/release.do?id=854481>

Arts & Entertainment

Hospice of Michigan conducts film contest to shine light on end-of-life issues

U.S. | The Earth Times (Online press release) – 8 May 2008 – Reunion, joy, grief, pain, loss and reconciliation – these are some of the things people face in their final months. To shine light on the closing scenes of life, Hospice of Michigan is conducting a film contest, A Fine Farewell, and inviting filmmakers to create a short five-minute film about end of life from their perspective.
<http://www.earthtimes.org/articles/show/a-fine-farewell-hospice-of,385547.shtml>

The Good Death

NETHERLANDS | Reuters (Online report) – 6 May 2008 – "I am not a monster. I'm also not a God. In the best case I'm an angel," muses a doctor in a Dutch play about euthanasia, before delivering a lethal injection to an old friend, a cancer patient. *The Good Death* is playing to packed houses across the Netherlands, which became the first country to legalise euthanasia in 2002 despite condemnation by the Roman Catholic Church. The play reflects the fact that far from becoming standard practice after legalisation, euthanasia – Greek for "good death" – remains an agonising decision for all involved. Official figures actually show a fall in euthanasia cases in recent years and a rise in the use of sedation for the terminally ill.
<http://uk.reuters.com/article/reutersEdge/idUKGRI72656320080507>

Events

Hospice Association of Ontario Annual Conference 10-13 September 2008

Program and registration information: <http://www.hospice.on.ca/conference/conference.html>

Canadian Hospice Palliative Care Conference 26-29 October 2008

Program and registration information: <http://conference.chpca.net/>

Worth Repeating

Families and patients referred too late to hospice experience more unmet needs

U.S. | National Hospice & Palliative Care Organization (Press release) – 28 June 2007 – Families who felt their dying loved ones were referred "too late" to hospice care reported more unmet needs and lower satisfaction with the quality of care provided at the end of life. One out of ten families indicated that hospice care was not provided soon enough according to research published in the *Journal of Pain & Symptom Management*. Inadequate symptom management, poor care coordination and insufficient emotional support were some of the problems associated with late referrals. "The better we can understand referral patterns and factors that influence hospice admissions, the more successful we will be at getting hospice care to patients and families at the optimal time," said Stephen Connor, one of the authors of the study.
<http://www.marketwire.com/mw/release.do?id=747139>. Original *Journal of Pain & Symptom Management* article: 'Timing of referral to hospice and quality of care: Length of stay and bereaved family members' perceptions of the timing of hospice referral.'
http://www.nhpco.org/files/public/JPSM/JPSM_Late-Referrals_2007.pdf

Barry R. Ashpole
Beamsville, Ontario CANADA

'phone: 905.563.0044 / fax 905.563.0043
e-mail: barryashpole@bellnet.ca