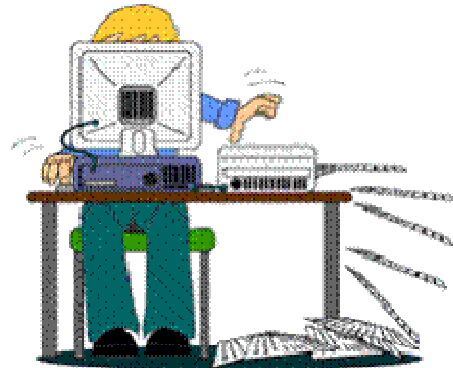


Media Watch

...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



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New thinking: Scroll down to [International](#) and
'Scan alternative to post mortem.'

Ontario

Home-care pioneer loses its way

TORONTO STAR | Online report – 14 May 2008 – Ontario was Canada's home-care trailblazer. In 1970, John Robarts became the first provincial premier to make it a publicly funded program. The early days were not easy. The government's financial support never matched its moral support. But the caregivers – who worked for the Victorian Order of Nurses, the Red Cross and local charities – were dedicated and frugal. The sector grew quietly for 27 years. In 1997, everything changed. Then-premier Mike Harris decided home care needed some market discipline. His government introduced a system called "managed competition" under which private companies were invited to bid for home-care contracts held by non-profit providers. Many agencies with deep roots in their communities were undercut by commercial chains. Patients lost the caregivers who had bathed them, dressed them and managed their medications for years. Arbitrary limits were set on the amount of care a patient could receive. Home-care workers were laid off and rehired, usually at a lower wage. Premier Dalton McGuinty pledged to end the turmoil. "If you require care, want it in your home and that care costs less than sending you to a hospital or nursing home, we will make sure you get it," he promised Ontarians in 2003. He said nothing about competitive bidding. <http://www.thestar.com/comment/article/425071>

[Back Issues of Media Watch](#)

Back issues of Media Watch are held on file for a limited time and available on request.

National & Other Provinces

Anti-euthanasia group campaigns against Canada assisted suicide Bill

LIFENEWS.COM | Online report – 3 June 2008 – A member of the Canadian parliament has announced his intent to propose a bill that would legalize assisted suicide in Canada. But one leading anti-euthanasia group isn't waiting for official introduction of a bill before asking pro-life advocates to start speaking out against it. The Euthanasia Prevention Coalition (EPC) has launched a letter-writing campaign asking people to contact their MPs and urge strong opposition to a potential bill from MP Francine Lalonde, a member of the Bloc Québécois party. The organization has written sample letters, but EPC director Alex Schadenberg encourages people to write their own to express their views. The letter says assisted suicide and euthanasia "directly threaten the lives of people with disabilities and other vulnerable people in our society."

<http://www.lifeneews.com/bio2466.html>

Winnipeg doctor resigns in battle to end ailing man's life

CANWEST NEWS SERVICE | Online report – 3 June 2008 – The doctor who made the decision to pull the plug on an ailing Orthodox Jewish man only to have the man's family fight that decision in court has resigned from Grace Hospital in Winnipeg. Dr. Anand Kumar resigned as a critical care specialist, saying that providing further care to 84-year-old Samuel Golubchuk is a grotesque "abomination." Parts of his resignation letter were read aloud by defence lawyers in court, in an attempt to persuade the judge to move Golubchuk's trial up by two months. Defence lawyer Gord McKinnon told the court Golubchuk's condition is beginning to deteriorate, and health officials are concerned that continuing to care for the man could put further stress on hospital staff and prompt more resignations. <http://www.canada.com/cityguides/winnipeg/info/story.html?id=99aa7632-5e19-4cee-addc-bfb7e82d679a>

How old does a child have to be before we respect their life and death decisions?

CBC Radio 1 | White Coat, Black Art ('Respect') – 2 June 2008 – Last month an 11-year-old Hamilton, Ontario, boy with leukemia said he didn't want to go through a second round of chemotherapy. His doctors said he would likely die in six months without it, but the boy's parents supported their son's decision. He was seized by the Children's Aid Society, however, and forced into treatment. How old does a child have to be before we respect their life and death decisions? Age *per se* is not the deciding factor in whether or not a child is permitted to consent or refuse chemotherapy; it depends on the child's ability to comprehend what's being offered in terms of treatment, and what's at stake in terms of the child's life.

<http://www.cbc.ca/whitecoat/2008/06/respect.html>

Quotable Quotes

Palliative care is what you give someone when every other solution has failed, and we are just waiting for death. 'A better way to treat addicts,' by Tony Clement.

Canada's Federal Minister of Health goes on to state: *In purely medical terms, it is unethical to offer palliative care when treatment could help.*

The National Post (30 May 2008)

http://www.nationalpost.com/todays_paper/story.html?id=550922

Compassionate Care Benefit

CANWEST NEWS SERVICE | Online report – 25 May 2008 – Conservative MP Gordon Brown (Leeds-Greenville) introduced a private member's bill in the House of Commons that would allow parents of seriously ill children to collect up to 52 weeks of Employment Insurance benefits. The existing compassionate leave program allows caregivers to receive up to six weeks of benefits on condition they provide a doctor's certificate that their loved one is not expected to live beyond six months. Created by the former Liberal government and broadened slightly by the Conservatives, the program has long been criticized for not being generous enough to help most people coping with the stress of looking after a dying loved one. They point to the relatively poor uptake since it was introduced in 2004 as evidence it needs reforming. Though the number of claimants has risen slowly since 2004, the government has already reduced its forecast spending on the program for this fiscal year, based on partial figures of what the actual uptake was in the year that ended 1 April. <http://www.canada.com/ottawacitizen/news/story.html?id=d4658625-eddd-4c51-81e9-5bcca04a8abb>

Information:

- **'Employment Insurance (EI) Compassionate Care Benefit.'**
http://www.hrsdc.gc.ca/en/ei/types/compassionate_care.shtml
- **'Ontario's Family Medical Leave.'**
http://www.labour.gov.on.ca/english/es/fml_index.html

U.S. perspective:

- *Boston Globe* (MA): **'...it's time to legally recognize the bond of friendship.'**
http://www.boston.com/bostonglobe/ideas/articles/2008/06/08/i_now_pronounce_you_friend_and_friend/
- *Buffalo News* (NY): **'Family leave bill too costly.'**
<http://www.buffalonews.com/149/story/363769.html>

U.S.A.

'Terminal sedation' gaining popularity in CA

AMERICAN FAMILY NEWS NETWORK | Online report – 6 June 2008 – Dr. David Stevens, the chief executive of the Christian Medical and Dental Associations, says he and his colleagues are very concerned about the "terminal sedation" bill that he calls another assisted suicide measure, which narrowly passed through the Assembly chamber of the California legislature last week. The bill, according to Dr. Stevens, mandates that physicians and other health care providers must legally notify patients who have been diagnosed with a terminal illness of less than a year's survival so that they can choose to be starved to death ("terminally sedated") along with other end-of-life options. "This sends a really bad message to patients, telling them that their life is not worth living and suggesting a form of suicide that the physician will help them do," Stevens contends. <http://www.onenewsnow.com/Culture/Default.aspx?id=130614>

Was Something Missed or Overlooked?

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.

End-of-life care study: Disparity between values and actions

NEW YORK STATE | *Queens Courier* – 4 June 2008 – Nearly nine of 10 upstate New Yorkers surveyed said it is important to have someone close to them making medical care decisions on their behalf if they were to have an irreversible terminal condition and were unable to communicate or make decisions. Yet, only 42 percent have designated a “health care proxy” to ensure their wishes are actually carried out. These major findings are part of the most comprehensive survey on advance care planning values and actions ever done in upstate New York. The survey used a random sample of 2,000 adults, 18 and older, who reside in 39 upstate New York counties. Released recently by Excellus BlueCross BlueShield, the survey is located in the fact sheet section of the ‘Policy and Research’ page at www.excellusbcbs.com.
<http://www.queenscourier.com/articles/2008/06/04/seniors/news09.txt>

- *Press-Enterprise* (CA): ‘**Research, planning can increase long-term care options.**’ http://www.pe.com/localnews/inland/stories/PE_News_Local_S_qualitycare08.e98d52.html

Medicare: New rights for hospice patients

TEXAS | *Austin American Statesmen* – 4 June 2008 – For the first time in a quarter-century, Medicare hospice patients would get new rights about their end-of-life care under a proposed rule scheduled to be published Thursday. Under the rule, which would take effect 2 December, Medicare hospice patients would have greater rights to effective pain management, the right to refuse treatment, and the right to choose their own physicians. Patients also would be entitled to participate in their treatment plan. Although many hospices allow patients to participate in their treatment decisions, this is the first time Medicare has explicitly outlined those rights as part of its regulations. http://www.statesman.com/blogs/content/shared-blogs/washington/medicare_monitor/entries/2008/06/04/new_rights_for_hospice_patient.html

Heart failure patients overestimate their life expectancy

WWW.HEARTMED.COM | Online report – 3 June 2008 – A new study has shown that patients with heart failure (HF) substantially overestimate their own life expectancy compared with HF-model-based predictions for survival. Dr Larry A Allen, Duke Clinical Research Institute, Durham, NC, and colleagues report their findings in the *Journal of the American Medical Association*. The study is one of the first to focus specifically on patient perception of life expectancy in heart failure, say Allen *et al.* Of the 122 patients studied, the majority (63%) overestimated their life expectancy by a median of 40%. Those most likely to overpredict survival were younger and had more severe HF and less depression. The reasons for this discordance are unknown, say the researchers, but may simply be the result of hope or inadequate communication between clinicians and their patients about prognosis. In an accompanying editorial, Dr Clyde W Yancy, Baylor University Medical Center, Dallas, TX, says the study is “provocative . . . [and] indicates a need to seek better ways to convey difficult information and to have a more completely informed patient population.” <http://www.theheart.org/article/872013.do>

- *Sun-Sentinel* (Florida): ‘**Quality of life predicts cancer survival.**’ http://www.sun-sentinel.com/features/health/sfl-fljpscancer0603jibsjun05_0_7364532.story

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. Alternatively, copy and paste the URL into the address bar of your browser.

International

Threat of world AIDS pandemic among heterosexuals is over, report admits

U.K. | *Independent* – 8 June 2008 – A 25-year health campaign was misplaced outside the continent of Africa. But the disease still kills more than all wars and conflicts. A quarter of a century after the outbreak of AIDS, the World Health Organisation (WHO) has accepted that the threat of a global heterosexual pandemic has disappeared. In the first official admission that the universal prevention strategy promoted by the major AIDS organisations may have been misdirected, Kevin de Cock, the head of the WHO's Department of HIV/Aids, said there will be no generalised epidemic of AIDS in the heterosexual population outside Africa.

<http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/threat-of-world-aids-pandemic-among-heterosexuals-is-over-report-admits-842478.html>

Why we must not make the 'right to die' legal

U.K. | *Telegraph* – 8 June 2008 – Despite the theoretical attractions of creating a legal "right to die," we should think very carefully before we do so. If we change the law so it explicitly endorses euthanasia, we'll certainly make it easier for those who know they want to die to achieve their goal. But what about the thousands of others who aren't so sure? We'll never know how many would get pushed into taking the irrevocable option when they don't really want to ...the best reason for keeping the law as it is – its confusion and apparent hypocrisy notwithstanding.

<http://www.telegraph.co.uk/opinion/main.jhtml?xml=/opinion/2008/06/08/do0811.xml>

Junta de Andalucia looks out for the terminally ill

SPAIN | EuroWeeklyNews.com (online report) – 5 June 2008 – The Junta de Andalucia intends to be the first in Spain to give legal and medical aid to terminally ill patients who decide to put an end to treatments which are keeping them alive. This will give patients the option of being taken off a breathing apparatus and regulate palliative sedation. The patient's will is to be paramount to any other consideration. If the patient has no living will or cannot express his or her wishes, an ethical committee will decide upon the case. The aim is to prevent patients from undergoing procedures which can only serve to prolong their suffering when their condition can't be improved. The Junta intends for this law – 'Muerte Digna' (Dignified Death) – to be passed during the current mandate which lasts until 2012. <http://www.euroweeklynews.com/news/8484.html>

Scan alternative to a post mortem

U.K. | *Salford Advertiser* – 5 June 2008 – Salford's coroner is promoting a revolutionary replacement for the post mortem to help reduce the grief felt by mourning families who do not want their loved one to undergo intrusive examination. Instead of traditional surgical methods, coroner Jennifer Leeming is offering relatives the choice to electronically scan the deceased to determine the cause of death. The MRI scans cost £500, with subsequent scans costing £350.

http://www.salfordadvertiser.co.uk/news/s/1052708_scan_alternative_to_a_post_mortem

Mixed reaction to living wills laws

AUSTRALIAN BROADCASTING CORPORATION | Online report – 4 June 2008 – There has been a mixed reaction to new laws which will allow people to refuse medical treatment if they become terminally ill. The so-called living wills legislation, which allows people to specify how they wish to be treated in the event of terminal illness, passed the Australian Upper House of State Parliament. The Australian Christian Lobby says the legislation is flawed because it takes power away from doctors. <http://www.abc.net.au/news/stories/2008/06/04/2264452.htm>

Why the good old stiff upper lip is the best therapy of all

U.K. | *Daily Mail* – 3 June 2008 – Contrary to all the received wisdom of our times, researchers at the University of Buffalo want to bring back the stiff-upper-lip. They do not go so far as to say that counselling is bosh ...but, they ...show that, in times of stress, letting it all hang out may not be nearly as good for us as we have been told. They report in the *Journal of Consulting & Clinical Psychology* on interviews with 3,000 Americans over two years, following the 9/11 terrorist attacks on New York. Their conclusion? Most of those who did not keep talking about the horror fared better than those who did. <http://www.dailymail.co.uk/news/article-1023780/Why-good-old-stiff-upper-lip-best-therapy-all.html>

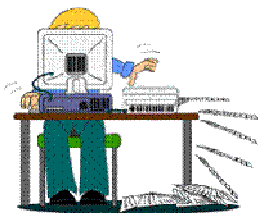
Expert calls for end to gaps in palliative care

CANCER RESEARCH U.K. | Online editorial – 2 June 2008 – Cancer survivors do not always receive the appropriate long-term care to help them cope with ongoing symptoms. Half of newly-diagnosed adult cancer patients can expect to live for at least five years or more, and this figure is increasing. But according to Marie Fallon, professor of palliative medicine at the University of Edinburgh, some continue to experience symptoms that need managing. These may include pain, sexual difficulties, depression and anxiety. The expert is concerned that there are gaps in palliative care – treatment aimed at alleviating symptoms – which has traditionally been aimed at patients who are nearing the end of their lives. This means that some patients are left with unmet needs. <http://info.cancerresearchuk.org/news/archive/newsarchive/2008/june/18619023>

Journal Articles of Interest

Waging peace in the war on cancer

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2008;299(21):2483. My dear friend Bonnie is dying of cancer, and living in peace. She is eagerly awaiting news about her grandchildren, not about her laboratory results. She is focused on the daily routines of her loved ones, not on a clinic schedule. She is planning for a child's birthday, not for a treatment regimen. She is living in joy of every day, not in fear of the next sign. She is pursuing what she loves, not the enemy in her bones. Bonnie is at peace, not at war. The metaphor "fight the war on cancer" may be appropriate for health systems to set their sights on a target, to focus their resources, to plan their research agenda, or to inspire their workforce to pursue a cure. The "war on cancer" may help organizations rally support, attract study participants, or raise awareness and funds. <http://jama.ama-assn.org/cgi/content/extract/299/21/2483>

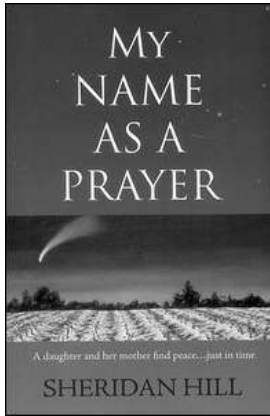


Barry R. Ashpole

My experience in palliative and end-of-life care dates from 1985. As a communications specialist, I have 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 have applied my experience and knowledge to education, developing and teaching on-line and in-class courses and workshops for frontline care providers.

Books & Resources

My Name is Prayer



U.S. | *News-Review* (Roseburg, OR) – 29 May 2008 – *My Name is a Prayer* is an intimate, slice-of-life memoir about the author's mother, Troyanne Ross, the eccentric and humorous owner of a charm school in Charlotte, NC, who never relinquishes her dream of stardom – even on her deathbed. This is a book about spiritual healing written in the form of a memoir. The title may seem strange for a memoir, but Hill, a Southern author who writes family history books, explains the meaning at the end of the book: "I often think of the things my mother said when she was in between worlds, especially when she muttered, '...they're calling my name, my name as a prayer.'" The book is both sad and hilarious as Hill moves from discussing a quirky mother-daughter relationship and eventually moves on to more serious end-of-life issues. Hill says she "wanted to take the reader gently by the hand and draw them close to the emotional decisions that arise when a parent is in fragile health. When a parent becomes sick, your world turns upside down. When their illness continues for a period of months, the strain on the family is tremendous, but there can also be a time for emotional healing – a once-in-a-lifetime gift." <http://www.nrtoday.com/article/20080529/ENTERTAIN/193127617/1057>

Arts & Entertainment

Now available on DVD: *Grace is Gone*



Grace is Gone website:
<http://www.graceisgone-themovie.com/>

John Cusack's motivation for *Grace is Gone* grew out of something he did not see – flag-draped caskets returning from Iraq and Afghanistan. Pentagon policy bans media coverage of America's war dead as their remains are returned ...something Cusack describes as "one of the most shameful, disgraceful, cowardly political acts that I've seen in my lifetime." So, the actor started looking for a project that would illustrate "what happens when the coffins come home." *Grace is Gone*, an independent film in which Cusack plays a man whose wife, Grace, is killed in service in Iraq. Cusack's character, Stanley, delays telling his two daughters about their mother's death, instead taking them on a road trip while the former military man sorts out his complicated feelings about the war. While Cusack's motivation for taking the part is political, he insists the movie is not. "It's kind of a spiritual story about grief and hopefully a little bit of redemption." <http://www.cbsnews.com/stories/2006/06/09/entertainment/main1697116.shtml>

As a father nears death, a son grows no closer

NEW YORK TIMES | Online review – 6 June 2008 – A gentle tale gently told, *When Did You Last See Your Father?* is grown-up, civilized fare. If that sounds like a compliment, it is, even though the whole thing might have been improved with a bit of messiness, a little vulgarity to lighten its tastefulness and tact. This isn't a groundbreaking work; just a smartly played story, enlivened by drama and spiked with passion, the very thing that thinking audiences pine for, especially during the summer spectacle season when theaters are clogged with sticky kids' stuff and television reruns. <http://movies.nytimes.com/2008/06/06/movies/06fath.html?ref=arts>

Events

Hospice Association of Ontario Annual Conference 10-13 September 2008

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

World Hospice & Palliative Care Day 11 October 2008

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

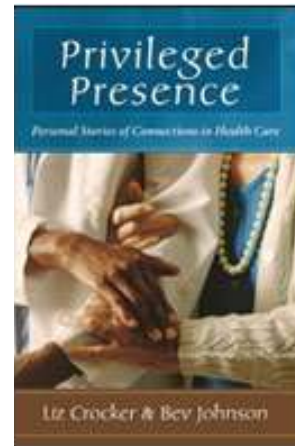
Canadian Hospice Palliative Care Conference 26-29 October 2008

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

Worth Repeating

Doctor to patients: Question my judgment

HALIFAX, NS | *Chronicle-Herald* – 11 October 2007 – Dr. Pat Croskerry wants patients to question his medical expertise. He welcomes any discussion about his treatment methods and says people should talk to their doctors more often. "Studies have shown that people just tend to fare a lot better if they're more engaged in what's going on," Dr. Croskerry said. Liz Crocker, who co-wrote a book about the importance of patients communicating well with their doctors, said that asking questions is essential for good health care. *Privileged Presence: Personal Stories of Connections in Health Care*, includes one story about a woman who was dropped by her primary care doctor the day before she was scheduled to start chemotherapy because he didn't like her many questions. <http://thechronicleherald.ca/Metro/951538.html>



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