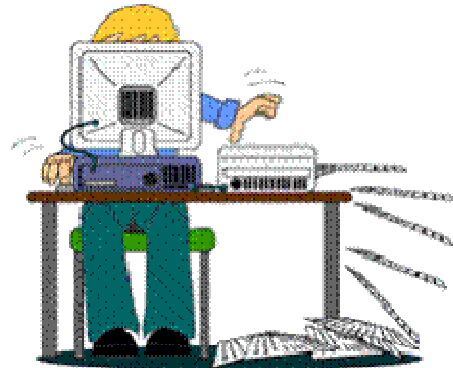


## Media Watch

...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 ©

30 June 2008 Edition | Issue #51

**Barriers to effective pain management: Scroll down to [U.S.A.](#) and 'Advocacy group sues (Washington) state over guidelines for pain medications.'**

## Canada: National

### **Margaret Somerville: The case against euthanasia**

*OTTAWA CITIZEN* | Online editorial – 27 June 2008 – There is a trend in western democracies ...of increasing activism to legalize euthanasia and physician-assisted suicide. Here in Canada we have seen a private member's bill introduced ...which would amend the Criminal Code to allow a physician to "aid a person to die with dignity" ...so understanding the arguments both for and against these interventions is of crucial importance. The difficulty of communicating the case against euthanasia and the ease of communicating the case for it ...is a serious danger ...if, as seems likely, we are headed into another debate about whether we should legalize euthanasia in Canada. So why is the case against euthanasia so hard to establish? When personal and societal values were consistent, widely shared and based on shared religion, the case against euthanasia was simple: God commanded "Thou shalt not kill." In a secular society based on intense individualism, the case for euthanasia is simple: Individuals have the right to choose the manner, time and place of their death. In contrast, in such societies the case against euthanasia is complex. It requires arguing that harm to the community trumps individual rights or preferences.

<http://www.canada.com/ottawacitizen/news/story.html?id=de02045d-51b1-4f4b-aa1a-157f3f79651b>

- LifeSiteNews.com: 'Canadian MP introduces Bill to legalize euthanasia again.'  
<http://www.lifesitenews.com/ldn/2008/jun/08062309.html>

## **Harvey Chochinov reappointed to Canadian Institutes of Health Research Governing Council**

EARTHTIMES.COM | Online report – 26 June 2008 – Tony Clement, Federal Minister of Health, announced the reappointment of Dr. Harvey Chochinov to the Canadian Institutes of Health Research (CIHR) Governing Council for a three-year term. With doctorates in both medicine and philosophy in community health sciences from the University of Manitoba, Dr. Chochinov continues to be a part of the University's community as a Professor of Psychiatry. He has made significant contributions to the field of medicine, establishing the Manitoba Palliative Care Research Unit at Cancer Care Manitoba, and pioneering the development of the Canadian Virtual Hospice, which he now Co-Chairs. [http://www.earthtimes.org/articles/show/minister-clement-reappoints-a-member\\_448337.shtml](http://www.earthtimes.org/articles/show/minister-clement-reappoints-a-member_448337.shtml)

## **Ontario establishes new College of Traditional Chinese Medicine**

MINISTRY OF HEALTH & LONG TERM CARE | Press release – 26 June 2008 – Ontario has appointed a transitional council to oversee the practises and services of traditional Chinese medicine practitioners and acupuncturists. The new College of Traditional Chinese Medicine will make traditional Chinese medicine and acupuncture services safer for Ontarians by ensuring that only regulated and qualified practitioners who are accountable to a regulatory body may deliver services. Traditional Chinese medicine is a holistic system of health care that originated in China. Ontario is the second province in Canada to regulate traditional Chinese medicine. <http://www.newswire.ca/en/releases/archive/June2008/26/c8162.html>

## **Man at centre of life support controversy dies**

GLOBE & MAIL | Canadian Press newswire report – 25 June 2008 – An elderly man at the centre of a court case over life and death has died of natural causes in a Winnipeg hospital. The family of Samuel Golubchuk, 84, had gotten a court order requiring doctors at Grace Hospital to keep him on life support. They said that to hasten his death would be a sin under Orthodox Jewish law. Since last November, hospital officials wanted to pull Mr. Golubchuk off life support, saying he had virtually no chance of improving. Three physicians resigned their privileges at the Grace Hospital over the case. A trial over the matter had been set to start in the fall. <http://www.theglobeandmail.com/servlet/story/RTGAM.20080625.wgolubchuk0625/BNStory/National/home>

**N.B.** Scroll down to [U.S.A.](#) and 'End of life issues from a Jewish perspective.'

- Jewish Telegraphic Agency: 'Catalyst of right-to-life debate dies.' <http://www.jta.org/cgi-bin/iowa/breaking/109211.html>
- *Toronto Star*: 'Hard choices in sustaining a human life.' <http://www.thestar.com/comment/article/450921>
- *Winnipeg Free Press*: 'System failed Golubchuck: MD.' <http://www.winnipegfreepress.com/breakingnews/story/4191529p-4782322c.html>

### **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.

## Canada: The Provinces

### **What are the signs that there really is life after grief?**

QUEBEC | *Montreal Gazette* – 30 June 2008 – Is there life after grief? It seems so; not the life that you had but better than the alternative – mostly. It's more like waking from a nightmare, still shuddering from the night terrors but able to get up and start your day again. So what are the signs that there really is life after grief? Mostly they have to do with what is continually on your mind. For a long time after my wife's death I could think and talk of little else. Grieving people usually want to tell the sad story over and over again, trying, and sometimes exhausting, the patience of friends and acquaintances. This is therapy for the storyteller. But it's not a barrel of laughs for those on the receiving end. Spending a lot of time with sad people is not a lot of fun. This may lead to social isolation, especially as you are no longer one of a couple.

<http://www.canada.com/montrealgazette/news/arts/story.html?id=ffff1d5e-4d12-4772-bec9-6fd6b90b0d85>

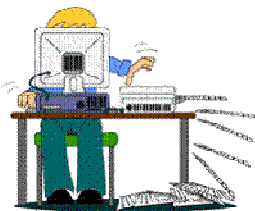
### **Tories expand respite care**

NOVA SCOTIA | *Chronicle Herald* – 26 June 2008 – Family caregivers will be able to take more breaks from their duties. The province's health minister, Chris d'Entremont, said as of 24 June the amount of respite care available in long-term care facilities increased to 60 days from 28 days. Mr. d'Entremont said right now the beds designated specifically for respite care are only used about 40% of the time. He said he hopes the change will increase the usage by up to 85%, with the other time available for case-by-case emergencies. He said extending the number of days available gives the caregivers more time to take vacation and attend to personal and work matters. <http://thechronicleherald.ca/NovaScotia/1064116.html>

## U.S.A.

### **American Medical Association: Palliative sedation for terminally ill**

AMERICAN MEDICAL ASSOCIATION | AMedNews.com – 30 June 2008 – When all else fails to control patients' pain at the end of life, it is appropriate for physicians to sedate such patients to unconsciousness, according to new ethical policy adopted at the American Medical Association (AMA). The rarely employed practice of palliative or terminal sedation is sometimes perceived as speeding the dying process, leading critics to dub it a form of physician-assisted suicide. But evidence of such a hastening effect is lacking, according to a Council on Ethical & Judicial Affairs report adopted by the AMA's House of Delegates. The seldom-used technique is deemed ethical because the aim is to relieve intractable symptoms, not hasten death. <http://www.ama-assn.org/amednews/2008/07/07/prsi0707.htm>



### 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.

## **Color-coded wristbands could prevent hospital errors**

WISCONSIN | *Wausau Daily Herald* – 30 June 2008 – Officials at the Wisconsin Hospital Association are asking members to adopt uniform standards to avoid serious medical errors. White or clear wrist bands would be used for patient identification; purple would be used to indicate a person's wishes not to be resuscitated; red would signify an allergy; and yellow would denote a person's risk for falling. Fourteen states have adopted standardized color-coding alerts. <http://www.wausaudailyherald.com/apps/pbcs.dll/article?AID=/20080630/WDH0101/806300438/1981/WDHsports>

## **End-of-life care gets emphasis in New Yale University curriculum**

CONNECTICUT | HealthNewsDigest.com – 27 June 2008 – What is a good death and how can the health care team provide the best care for patients near the end of life? There are no easy answers, but beginning this fall Yale University students will grapple with these issues under a blended learning curriculum designed to address the physical, emotional, cultural and spiritual needs that occur at the end of life. The Yale School of Medicine has received funding through the Connecticut Cancer Partnership and the state's Department of Public Health to improve and enhance the palliative and end-of-life care curriculum for students. The Yale School of Medicine has worked with the Schools of Nursing and Divinity, Yale Religious Ministries, and the Palliative Care Services of Yale-New Haven Hospital to develop an interdisciplinary program that will focus on symptom management, culture and spirituality, and the importance of a multi-disciplinary team approach to patient care. [http://www.healthnewsdigest.com/news/Education\\_390/End-of-Life\\_Care\\_Gets\\_Emphasis\\_in\\_New\\_Yale\\_Curriculum.shtml](http://www.healthnewsdigest.com/news/Education_390/End-of-Life_Care_Gets_Emphasis_in_New_Yale_Curriculum.shtml)

## **End of life issues from a Jewish perspective**

*THE JEWISH PRESS* | Online report – 26 June 2008 – In response to the increasing frequency of Orthodox patients facing end of life issues in hospital, the Columbia Center for Bioethics organized an innovative one-day symposium focused on Jewish/Halachic issues in end-of-life care. Topics included treating terminally ill patients, medical futility, euthanasia, brain death, cardiac death, organ donation, pain management, palliative care, and advance directives. The aim of the symposium was to develop guidelines for healthcare professionals that advance understanding and respectful care for patients in the Orthodox Jewish community. [http://www.jewishpress.com/displaycontent\\_new.cfm?contentid=33511&contentname=End%20Of%20Life%20Issues%20From%20A%20Jewish%20Perspective&sectionid=17&mode=a&recnum=0](http://www.jewishpress.com/displaycontent_new.cfm?contentid=33511&contentname=End%20Of%20Life%20Issues%20From%20A%20Jewish%20Perspective&sectionid=17&mode=a&recnum=0)

## **Sponsors of California Bill promoting euthanasia remove objectionable parts**

CALIFORNIA | LifeNews.com – 26 June 2008 – The California legislators sponsoring a bill that would have promoted euthanasia have removed the objectionable parts that prompted opposition from pro-life groups. Assemblywoman Patty Berg apparently decided the rest of her bill, dealing with hospice care, was too important to be defeated. "They removed starvation and dehydration as a medical option," Bill May of Catholics for a Common Good explained. "They (also) removed mention of rarely used palliative sedation that renders a patient unconscious." May credited the success of stopping assisted suicide and euthanasia in the California legislature ...to the number of calls and emails from concerned citizens. <http://www.lifenews.com/bio2500.html>

- *Mercury News* (Silicone Valley, CA): 'At least let dying patients know what their options are.' [http://www.mercurynews.com/opinion/ci\\_9681307](http://www.mercurynews.com/opinion/ci_9681307)
- *Daily Evergreen* (Pullman, WA): 'Preying on the ill denies them dignity.' <http://www.dailyevergreen.com/story/25784>
- *Times* (El Paso, TX): 'Euthanasia is not a good death.' [http://www.elpasotimes.com/opinion/ci\\_9730723](http://www.elpasotimes.com/opinion/ci_9730723)

## Consciously dying

*MINNESOTA WOMEN'S PRESS* | Online feature – 25 June 2008 – Our culture treats birth as a joyous event. A woman who creates her birth plan has a myriad of options. She gets to choose who is present at the birth, and how and where she gives birth, creating a sacred, self-directed event. We've come a long way in choosing to honor that part of the circle of life. Those involved in the conscious dying movement think we ought to treat death the same way. Jean Madsen, a hospice nurse and death educator, sees our society moving toward a more conscious model for death. "Just like a birth plan, I see ...more people wanting to make decisions about how they want to die, who they want with them and how they want their body to be attended to after death."  
<http://www.womenspress.com/main.asp?SectionID=1&SubSectionID=1&ArticleID=3090&TM=53280.41>

- *News & Sun* (Green Valley, AZ): '**Final Exit Network: Facing reality about death and dying.**'  
<http://www.gvnews.com/articles/2008/06/24/news/news06.txt>

## Life and death: Helping families on big questions

*NEW YORK TIMES* | Online editorial – 25 June 2008 – In hospitals, medical-ethics teams are increasingly the arbiters of agonizing health decisions: helping parents and doctors plan care for a dying child, mediating among family members who disagree about removing a parent from life support, or steering patients in denial about a terminal illness toward end-of-life care. But as the number of hospitals with ethics consulting services has grown in recent years, so have questions about how qualified some of these professionals are to render life-and-death advice. "Hospitals would never permit staff to engage in medical procedures for which they are untutored, untrained and unsupervised, but there are less-than-qualified persons intervening in serious ways in the lives of patients and families" on medical ethical issues, says Nancy Dubler, director of the bioethics program at Montefiore Medical Center in the Bronx, NY.  
[http://online.wsj.com/public/article/SB121435204279801691-yR6HsRKxn09Ooma\\_KA5r4AO7ANY\\_20080724.html?mod=tff\\_main\\_tff\\_top](http://online.wsj.com/public/article/SB121435204279801691-yR6HsRKxn09Ooma_KA5r4AO7ANY_20080724.html?mod=tff_main_tff_top)

- American Medical Association: '**An ethics consult can help build consensus.**' <http://www.ama-assn.org/amednews/2008/07/07/prca0707.htm>

## Advocacy group sues state over guidelines for pain medications

WASHINGTON | Associated Press newswire report – 24 June 2008 – A pain treatment advocacy group filed suit ...in federal court challenging restrictions Washington state officials have put on prescription pain medication. The non-profit Pain Relief Network says that the guidelines for prescribing narcotics, written by the state Department of Health and published in March 2007, have influenced pain treatment across the country and have made doctors afraid to give opiate prescriptions. [http://seattlepi.nwsource.com/local/368462\\_pain26.html](http://seattlepi.nwsource.com/local/368462_pain26.html)

- University of Michigan: '**New web site offers information for pain sufferers.**'  
<http://www.newsroom.msu.edu/site/indexer/3425/content.htm>

## 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.

## It's your life: Who will speak for you?

TEXAS | *Star-Telegram* – 24 June 2008 – When seniors are asked to rank their quality-of-life concerns, listing first those most important to their happiness and well being, at or near the top of most lists is the desire to make sure their wishes are respected with regard to medical crises and end-of-life issues. To help us have as much control as possible over how the last years of our lives will be lived out, the American Bar Association's Commission on Law and Aging was formed in 1978 to, among other things, explore legal issues involving long-term care, healthcare decision making and individual rights. Commission members include lawyers, judges, doctors, professors, aging network leaders and advocates for older adults. As part of their work, the commission published a *Consumer's Tool Kit for Health Care Advance Planning* that includes 10 tools to help seniors plan for their futures. <http://www.star-telegram.com/775/story/719812.html>

- For a copy of the **Consumer's Tool Kit for Health Care Advance Planning**: [www.abanet.org/aging](http://www.abanet.org/aging).
- Examiner.com: 'Do us a favor, don't make us guess.' <http://www.examiner.com/x-322-Health-Care-Examiner~y2008m6d9-Comfort-and-Control-Its-an-easy-fix>
- *Times Union* (Jacksonville, FLA): 'Terminal illness: Give it to us straight, doc.' [http://www.jacksonville.com/tu-online/stories/062508/opi\\_294832209.shtml](http://www.jacksonville.com/tu-online/stories/062508/opi_294832209.shtml)

## You matter to the last moment of your life...

WASHINGTON | *WenatcheeWorld.com* – 23 June 2008 – ...the time to learn about hospice is before illness strikes and to know what to expect. When someone has a terminal illness, his or her loved ones feel pain, too. For this reason, hospice treats patients and families as a unit. Hospice is not just for the elderly, it is for anyone of any age who has a terminal illness. Most people do not want to die in pain in hospitals, hooked up to machines and cut off from their family and friends and everything that is familiar. They would prefer to be at home ... alert and relatively free of pain ... among the people and things they love. Hospice is dedicated to making this happen. <http://wenatchee-world.com/apps/pbcs.dll/article?AID=/20080623/NEWS04/369276634/-1/BIZ01>

## Thought-provoking exhibit reflects on American funeral customs

PRNEWswire | Online news release – June 19 2008 – From the cross-country funeral procession for Abraham Lincoln to the national outpouring of grief for Elvis Presley, America has a rich history of mourning the dead. *Reflections: The American Funeral* explores these traditions, beginning with Native American burial mounds and ending with the diverse rituals practiced across the country today. A special international section showcases the spectrum of practices from the ancient Egyptians to modern burials for kings, popes and princesses. "We created this mobile experience to communicate the valuable role of funeral professionals and their commitment to provide for the needs of the families during times of sorrow," says Harry Kurtz. "There are intriguing stories of funeral practices throughout the centuries and this exhibit will educate people on those stories and enable them to connect to the universal human experience of death." <http://www.earthtimes.org/articles/show/thought-provoking-exhibit-reflects-on-american-funeral-customs,440809.shtml>

- *Jewish Ledger*: 'Burial societies making a comeback.' <http://www.jewishledger.com/articles/2008/06/18/news/news04.txt>

## [Back Issues of Media Watch](#)

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

## International

### **Sick and elderly to get right to die at home**

U.K. | *Daily Telegraph* – 30 June 2008 – Elderly people and the terminally ill will get the right to choose to die at home instead of in hospital under new National Health Service (NHS) reforms. Lord Darzi, the health minister who has run a year-long review of the health service, will pledge to set hospital managers free to listen to the wishes of old and sick patients about where they spend their final days. The review has been commissioned by Gordon Brown, who today promises it will deliver "a more personalised NHS capable of giving us real control and real choices over our care and our lives". <http://www.telegraph.co.uk/news/newstoppers/politics/health/2218404/Darzi-NHS-review-Sick-and-elderly-to-get-right-to-die-at-home.html>

### **Germany debates giving sick patients more control over care**

GERMANY | Dw-World.de – 26 June 2008 – Two out of three Germans want to decide for themselves whether to undergo emergency medical treatments. A bill introduced in Germany's lower house of parliament sets legal guidelines for making what are often referred to as living wills or advance health care directives. These documents allow them to choose the type of medical treatment they would receive in case of a serious illness. For example, a patient could decide how long he wants to be kept on artificial life support. <http://www.dw-world.de/dw/article/0,2144,3442147,00.html>

### **Royal College of Nursing puts patient dignity back at heart of nursing**

U.K. | *Medical News Today* – 26 June 2008 – Every National Health Services (NHS) patient should have a guaranteed right to dignified care, according to the Royal College of Nursing (RCN). As the NHS prepares to celebrate its sixtieth birthday, the RCN is today calling on the government to enshrine the right to dignified, compassionate care in an NHS Constitution. The call comes as the RCN launches a national campaign to champion patient dignity by giving nurses the practical tools to ensure compassionate care and challenge poor practice where it exists. <http://www.medicalnewstoday.com/articles/112723.php>

### **Would assisted dying damage patient care?**

U.K. | PulseToday.co.uk (online article) – 24 June 2008 – Legalising assisted dying would weaken the commitment to palliative care, and blur the boundaries between easing terminal symptoms and hastening death, argues Dr Idris Baker. Dr Colin Lennon, however, disagrees. He argues that allowing physician-assisted dying for patients who are suffering unbearably would engage doctors in the care of the terminally ill and, as a consequence, improve care standards <http://www.pulsetoday.co.uk/story.asp?sectioncode=20&storycode=4119720&c=2>

- Australia: 'Battle looms over euthanasia bill.' <http://www.theage.com.au/national/battle-looms-over-euthanasia-bill-20080626-2xij.html>
- Cuba: 'Government takes stand against euthanasia.' <http://www.lifesitenews.com/ldn/2008/jun/08060307.html>
- U.K: 'Ex-minister backs assisted death.' <http://news.bbc.co.uk/2/hi/health/7465920.stm>

## Events

CHPCA events webpage: [http://www.chpca.net/events/calendar\\_of-events.htm](http://www.chpca.net/events/calendar_of-events.htm)

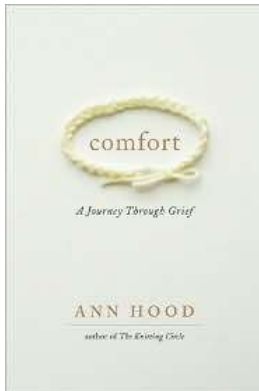
## Journal Articles of Interest

### **Decision-making about artificial feeding in end-of-life care: literature review**

*JOURNAL OF ADVANCED NURSING*, 2008;63(1):2-14,13. This paper is a report of a review of nurses' roles and their perceptions of these roles in decision-making processes surrounding artificial food and fluid administration in adult patients. Of all caregivers, nurses have the closest and most trusting relationship with severely ill patients and their families during the entire end-of-life care process. As a result, nurses become closely involved in complex ethical decision-making processes concerning artificial administration of food or fluids for these patients. Because of their unique position, they often initiate decision-making processes, function as patient advocates, and provide guidance, information and support to patients and families. Although nurses considered their role to be very valuable, they felt that their role was not always defined clearly or appreciated. Given their knowledge and practice skills, nurses are in a prime position to contribute valuably to decision-making processes. Nevertheless, they remain sidelined. For nurses to receive sufficient recognition, their decision-making tasks and responsibilities need to be clarified and made manifest to other participants. **N.B.** Link unavailable.

## Books & Resources

### ***Comfort: A Journey Through Grief* – Wise, naked and unforgettable reflection on loss**



U.S. | *Tribune* (Salt Lake, UT) – 22 June 2008 – We've watched from afar ...as mothers of two nations, Myanmar and China, mourned the loss of thousands of children whose names and details never make it to us.

There's not enough broadcast time. Perhaps it's felt that we don't want to know the details. But detail in the death of a child is the only thing that matters if it's your child. It's why parents cling to left-behind clothes and toys, create shrines in the vacant space where a young voice sounded, burst into tears at any reminder of her or him. Advice books about grief flood self-help sections, and many, to be fair, prove useful. *Comfort: A Journey Through Grief* is something different – a sublimely written memoir, literary in every good way, about abandoning oneself to grief, then finding the thread of life again. Hood never loses control over the story that suffuses her, the sound of the words, the impact of images.

Instead, by crafting them to be true to her inner journey, she repeatedly

breaks your heart, precisely rendering and reflecting on the aftermath of instant loss.

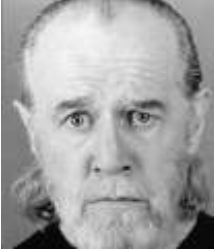
[http://www.sltrib.com/arts/ci\\_9658058](http://www.sltrib.com/arts/ci_9658058)

## Arts & Entertainment

### **Exhibition: *As I Was Dying***

AUSTRALIA | *Weekender* (Brisbane) – 26 June 2008 – Multi-award winning photojournalist Paolo Pellegrin will give Brisbane audiences a very intimate glimpse of life and death with his exhibition *As I Was Dying* at Brisbane Powerhouse 5-24 August. Pellegrin has documented many of the world's most dangerous places, from Darfur to Lebanon, and Haiti to Iraq. *As I Was Dying* captures humanity amidst the despair and suffering of war. Nine years in the making ...this haunting exhibition communicates the fragile space between life and death in a way that goes beyond words and culture and differences. [http://www.westender.com.au/stories.php?s\\_id=956](http://www.westender.com.au/stories.php?s_id=956)

## George Carlin (1937-2008) ...on death and dying



CANADA | *National Post* – 23 June 2008 – George Carlin was never afraid to poke fun at how our society deals with death, and in his stand-up routines he could also offer a candid view on his own sense of mortality. If this YouTube clip is any indication, "It would have been how George wanted it" will pose some interesting challenges for those seeking to honour his memory. How do you say "he's in a better place now" of a man who invented Frisbeetarianism, which he described as "the belief that when you die, your soul goes up on the roof and gets stuck"?

<http://network.nationalpost.com/np/blogs/theampersand/archive/2008/06/23/carlin-on-death-and-dying.aspx>

**Please be forewarned:** The content of this YouTube clip contains coarse language.

## Worth Repeating

### **By changing the way people die, we change the way people live**

U.S. | *Daily News* (Naples, FL) – 17 November 2007 – When asked, "How can you work in hospice care, it must be so sad?" a hospice nurse responded, "I love providing highly-skilled, professional nursing care because I can truly make a difference in someone's quality of life. I love that I can use my training as a nurse to bring comfort and dignity to my patients, and seeing the relief on their faces and on the faces of those who love them. I love being a part of a professional hospice team that works together to offer individualized, holistic care to families when it is critically needed. I love that I can offer practical solutions to some of life's most difficult challenges, while also providing dignity and humanity."

[http://www.naplesnews.com/news/2007/nov/17/guest\\_commentary\\_changing\\_way\\_people\\_die\\_we\\_change/](http://www.naplesnews.com/news/2007/nov/17/guest_commentary_changing_way_people_die_we_change/)

---

**Barry R. Ashpole**  
Beamsville, Ontario CANADA

'phone: 905.563.0044 / fax 905.563.0043  
e-mail: [barryashpole@bellnet.ca](mailto:barryashpole@bellnet.ca)