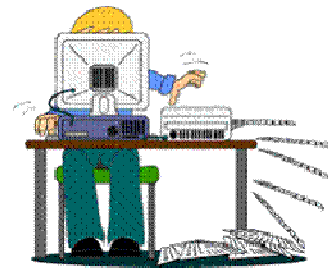


Media Watch

...is distributed weekly to colleagues active or with 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 inform discussion and encourage further inquiry. Following is an annotated listing of recent articles, reports, etc., with links to the original source

14 July 2008 Edition | Issue #53



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Compiled & Annotated by Barry R. Ashpole

**Palliative care is not just for the dying:
Scroll down to [U.S.A.](#) and 'Ways of pushing pain aside.'**

Canada: National

The ethics of witnessing suicides

GLOBE & MAIL | Editorial – 14 July 2008 – The storm over Russel Ogden's assisted-suicide research has been much in the news lately. The Kwantlen Polytechnic University sociology instructor wants to witness people killing themselves. Kwantlen withdrew its support for Mr. Ogden's proposed 'Observation & Documentation of a NuTech Deathing,' citing "unacceptable legal risks." 'NuTech Deathing' ...denotes suicide technologies considered quicker and less painful than the old standbys. A carbon monoxide asphyxiation rig called the CO Genie is among them. Mr. Ogden's situation is ...complicated. His research, which previously has resulted in disputes with two other universities, was approved by peers and by Kwantlen's research ethics board. At best, it is administrative incompetence that a contrary legal opinion came in three years late. At worst, the university is subverting the intellectual freedom of its researchers.

<http://www.theglobeandmail.com/servlet/story/LAC.20080714.LTAYLOR14/TPStory/National>

From Media Watch dated 07.07.08.

- *VANCOUVER SUN*: 'Academic freedom: Instructor wants to witness assisted suicide for his research.' <http://www.canada.com/vancouversun/story.html?id=8ccd8993-940c-476f-b03b-226112ce1044>

Links

Please alert this office if you encounter any difficulty. Every effort will be made to find an alternative means of access. Alternatively, copy/paste the URL into the address bar of your browser. All links are confirmed as being active before Media Watch is distributed; they often remain so, however, for a limited period of time.

Debate needed in Canada on who makes end-of-life decisions

EDMONTON JOURNAL | Online article – 11 July 2008 – Samuel Golubchuk was 84 when he was admitted to a Winnipeg hospital with pneumonia in October. In November, doctors decided Golubchuk, who had suffered brain damage, would not benefit from treatment, and began pushing to remove his ventilator and feeding tube. His children disagreed, and Justice Schulman of the Manitoba Court of Queen's Bench issued an injunction preventing the hospital from withdrawing care pending a trial scheduled for late 2008. In the ensuing months, critics suggested that Golubchuk's care was a waste of an ICU bed, and three doctors resigned rather than comply with the court's directive. Golubchuk died a natural death last month. The legal dispute between Golubchuk's children and the hospital was never resolved, which means that inevitably more conflicts will develop between doctors, who want final say over whether to provide medical treatment and the necessities of life, and patients, their families, and advocates; sooner or later another judge will be called upon to decide whether treatment should proceed. Left largely unaddressed is the issue of why any doctor or judge should be able to gain a say over the wishes of the family in deciding when to remove food and breathing assistance.

<http://www.canada.com/edmontonjournal/news/opinion/story.html?id=8d7408f9-095b-4802-8a54-83d6100573f7>

The case for legal euthanasia

OTTAWA CITIZEN | Online editorial – 11 July 2008 – In a recent *Citizen* article opposing assisted suicide, ethicist Margaret Somerville too harshly criticizes her teaching ability and, in passing, perhaps unfairly slams the media. Prof. Somerville teaches an ethics course at McGill; part of that course covers her arguments against euthanasia, which she regrets fail to convince her students. In an e-mail to them she apologized for ineffective teaching. After reading the reasons why Prof. Somerville opposes euthanasia ...Prof. Somerville's teaching is fine; it's her arguments that wobble. <http://www.canada.com/ottawacitizen/news/opinion/story.html?id=fe86fab2-8677-4222-a687-cffed39e997>

From Media Watch dated 06.30.08.

- *Ottawa Citizen*: 'Margaret Somerville: The case against euthanasia.'
<http://www.canada.com/ottawacitizen/news/story.html?id=de02045d-51b1-4f4b-aa1a-157f3f9651b>

Health ministers should lead, not micromanage

GLOBE & MAIL | Editorial – 10 July 2008 – Canada's two longest-serving health ministers have stepped down. Quebec's Philippe Couillard and Ontario's George Smitherman served for about five years each ...overseeing health budgets of \$23.8-billion and \$40.4-billion respectively. But can anyone outside a tiny circle of policy wonks identify a single lasting accomplishment of Dr. Couillard or Mr. Smitherman? Did delivery of health care improve markedly – or at all – during their tenures? Did either of these provinces show leadership in making medicare – our publicly funded health insurance program – more efficient or sustainable? Did either man leave a legacy? While this seems harsh, it is not a knock on them personally. Rather, it speaks to the failure of the political process. In Canada, we talk ceaselessly about health care. But we never ask one of the most important questions of all: What is the role of a health minister?

<http://www.theglobeandmail.com/servlet/story/LAC.20080710.LPICARD10/TPStory/TPEntertainment/Ontario/>

- *Globe & Mail* (Letter to the Editor): 'A Smitherman defence.'
<http://www.theglobeandmail.com/servlet/story/LAC.20080712.LETTERS12-13/TPStory/TPComment/Ontario/>

Health Canada warns a morphine med may contain excess drug, shouldn't be used

CANADIAN PRESS | Newswire report – 9 July 2008 – Health Canada is warning against the use of some dosages of the prescription drug ratio-Morphine SR, saying the pills may contain more morphine than the label indicates. The department warns that people who use the pills could be at risk of an accidental overdose. The dosages covered by the warning are the 15 mg, 30 mg and 60 mg formats. Health Canada says tablets that are noticeably thicker than the regular pills and which may contain more morphine than the label strength have been found on the Canadian market. Ratiopharm is recalling the affected lots after two separate complaints were received by the U.S. manufacturer, KV Pharmaceutical, but so far no adverse reactions have been reported in Canada. <http://canadianpress.google.com/article/ALeqM5zjIK3x3osnGbdJkKvTNCO-DWdqQ>

Canada: The Provinces

Saskatchewan senior care services under review

REGINA LEADER POST | Online report – 10 July 2008 – The provincial ministry of health is reviewing the demand for senior care services and the delivery model of those services in anticipation of the demands the province's aging population will place on the health-care system. <http://www.canada.com/reginaleaderpost/news/story.html?id=292897d4-0969-4dd4-9efb-2bf0bba3fb7f>

- Fox Business: **'SaskTel and Alcatel-Lucent launch LifeStat Remote Monitoring and Health Management enabling effective management of chronic illnesses.'** <http://www.foxbusiness.com/story/sasktel-alcatel-lucent-launch-lifestatm-remote-monitoring-health-management/>

The hard reality of (Ontario's) long-term care homes

ONTARIO | *Sudbury Times* (Letter to the Editor) – 9 July 2008 – From January to June 2007, with 603 long-term care (LTC) facilities operating in the province and obligated to report, 505 LTC homes did report and 98 LTC homes did not report. One in six homes did not report on how public monies were spent or had to be excluded from the reporting (process) because of "poor data quality." This information was obtained only after a Freedom of Information request. Minimum staff standards were abolished by the Mike Harris Conservative government in 1995. Since then, employees have and will continue to falsify documentation and nursing home operators are aware of this. To provide the most intimate care in a humane way, with no minimum staffing standards, is impossible and unrealistic ...all front-line employees hope the provincial government will implement standards, accountability, openness, transparency and urgently address staffing shortages. <http://www.thesudburystar.com/ArticleDisplay.aspx?e=1106646>

- Canadian Press: **'We've got to do a better job for Ontario's nursing home residents: Premier.'** <http://bugleobserver.canadaeast.com/article/348263>
- Canadian Press: **'Opposition, unions call on Ontario to improve nursing home conditions.'** http://toronto.ctv.ca/servlet/an/local/CTVNews/20080708/nursing_homes_080708/20080708/?hub=TorontoNewHome
- *Dundas Star*: **'Inspection reports one piece of long-term care puzzle.'** <http://www.dundasstarnews.com/news/article/135727>

Back Issues of Media Watch

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

U.S.A.

Pervasive use of narcotic painkillers has expert panel debating how and why

NEVADA | *Las Vegas Sun* – 13 July 2008 – Experts blame Nevada's skyrocketing rate of prescription narcotic use on hurried doctors who don't adequately examine the patient's history and source of pain, leading to inadequate treatment and the risk of addiction. Some doctors are quick to prescribe the drugs to increase their patient volume at a time when they are being squeezed by low insurance reimbursements, the experts speculated. Narcotic painkillers are often effective but not a cure-all, they said last week in a *Sun* roundtable conversation. <http://www.lasvegassun.com/news/2008/jul/13/trying-script-solution/>

From Media Watch dated 07.07.08.

- *Las Vegas Sun: 'Many Nevadans crave painkillers, and some doctors oblige.'* <http://www.lasvegassun.com/news/2008/jul/06/painful-truth-about-painkillers/>

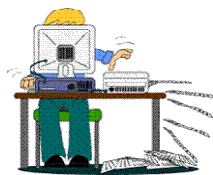
Professor's version of Chinese caregiver's program could save billions

KENTUCKY | *Business Lexington* – 11 July 2008 – Dennis Dedrick, a professor of sociology at Georgetown College ...is proposing the U.S. adopt an amended version of a volunteer caregivers program, following a Chinese model. The hours volunteers donate in the program are tracked and recorded for each volunteer, and reported to an organization, like the Red Cross. The program would not require government sponsorship or involve a monetary exchange among participants. The hours could be redeemed when the individual who volunteered the hours needs care, or the accumulated hours can be given to others by the volunteer ...if not needed in their lifetime. Dedrick thinks, "the idea of donating time to persons in need in order to get the same amount of time back could be adopted in the U.S., perhaps as a supplement to Social Security and Medicare. http://www.bizlex.com/Articles-c-2008-07-10-78177.113117_Professors_version_of_Chinese_caregivers_program_could_save_billions.html

From Media Watch dated 08.29.07.

United Press International: **'China may have too few family caregivers.'** <http://www.sciencedaily.com/upi/index.php?feed=Science&article=UPI-1-20070828-14250000-bc-china-caregiverlack.xml>

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 workshops for frontline care providers.

Medical Orders for Life Sustaining Treatment law supports patients' wishes

NEW YORK | 13WHAM-TV – 10 July 2008 – A new state law amends public health laws by allowing emergency responders to follow orders signed by patients and their doctors. Doctors who care for the sick and dying say the new law, Medical Orders For Life Sustaining Treatment (MOLST), will bring peace to those in their final days and their families. Without it, emergency responders were required to give life-sustaining treatment. Families can now fill out a bright pink MOLST form and post for paramedics to alert them to orders such as living wills and do not resuscitate and do not intubate. Once the patient has signed this form, their wishes can be followed.



http://www.13wham.com/news/local/story.aspx?content_id=3fc4174c-3230-49c3-8bdf-7b3a5f23f5ef

- Excellus BlueCross BlueShield press release (with detailed information on MOLST): <http://readme.readmedia.com/news/show/Gov-Paterson-Signs-End-of-Life-Program-into-Law/234113>
- New York State Department of Health – FAQs about MOLST: http://www.health.state.ny.us/professionals/patients/patient_rights/molst/frequently_asked_questions.htm

Many not told spouse is terminally ill

TIME | Online report – 9 July 2008 – If your spouse were dying of cancer, would you want to know? For the vast majority of people, the answer is a resounding yes. But a new Swedish study suggests that many people are never given that information at all. Researchers at the Karolinska Institute in Stockholm surveyed nearly 700 Swedish men who lost their wives to breast, ovarian or colon cancer in 2000 or 2001. More than 40% of widowers surveyed said they were either never told their spouse's cancer was incurable, or weren't told until just before her death. About 85% of participants said they, or the next-of-kin, should be told immediately when a spouse's cancer is incurable, a proportion that includes 71% of the men who did not recall being told this information about their own wives. "Sweden is not unique in this lack of communication," says lead author Hanna Dahlstrand, an oncology resident at the Karolinska Institute. "It's likely the same in nearly all Western nations." The findings, published in the *Journal of Clinical Oncology*, suggest doctors need to do a better job at communicating the exact nature of an illness.

<http://www.time.com/time/health/article/0,8599,1821296,00.html>

- Abstract of original journal article: *Journal of Clinical Oncology*, 2008;26(20)3372-3379. <http://jco.ascopubs.org/cgi/content/short/26/20/3372?rss=1>
- *Jackson Sun* (Tennessee): 'End of life issues: How many doctors are informing patients?' <http://www.jacksonsun.com/apps/pbcs.dll/article?AID=/20080714/LIFESTYLE/807140301>



Quotable Quotes

How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong ...because someday in life you will have been all of these.

George Washington Carver (1864-1943)

Ways of pushing pain aside

NEW YORK | *New York Daily News* – 9 July 2008 – Palliative care is not just for the dying. Many people associate it with hospice and end-of-life care, but that is only one aspect. Palliative care holds tremendous benefits for anyone with a serious chronic disease like cancer, emphysema, heart disease, brain diseases like stroke or dementia, and diabetes. The elderly make up a large group of the people who can benefit from palliative care, but Dr. (Diane) Meier and her colleagues have many ways of helping young people, too. One of her most memorable patients was a 24-year-old woman with leukemia. Her symptoms caused her such intense physical and emotional distress that doctors worried she wouldn't be able to receive treatment. Meier helped the patient manage her pain so that she would have the strength to fight for a cure. "If we had waited to provide her with palliative care until she was dying she would have died in the treatment process." http://www.nydailynews.com/lifestyle/health/2008/07/09/2008-07-09_ways_of_pushing_pain_aside.html

Information for the terminally ill

CALIFORNIA | *The Trinity Journal* – 9 July – Two state Senate policy committees approved a bill that would require doctors to answer their terminally ill patients' questions about dying. The bill, which had effectively been stalled by religious and professional groups, gained new momentum when a series of last minute negotiations prompted the Catholic Church to drop its opposition. Once Catholic representatives and a group of oncologists were satisfied that the bill was not an endorsement of assisted suicide, Assembly Bill 2747 was approved in both the Senate Health Committee and the Senate Judiciary Committee. "This bill is about information, plain and simple," said Assemblywoman Patty Berg, D-Eureka, who has attempted in recent years to enact an Oregon-style Death with Dignity law in California. "This bill does not make anything legal that isn't legal now. But it does say that you can't keep a patient in the dark just because you're uncomfortable talking about dying." <http://www.trinityjournal.com/news/2008/0709/News/034.html>

- *Seattle Times*: 'Dying with Dignity foes lose effort to protect donors.' http://seattletimes.nwsourc.com/html/localnews/2008042512_webhumanlife09m.html

Congress must save hospice programs

WASHINGTON | *Seattle Post Intelligencer* – 9 July 2008 – Most of us fear – or try not to think about – dying. We want to remain connected to our families and loved ones, at home surrounded by familiar things. For 20,000 Washingtonians every year, hospice is an end-of-life care option that provides dying patients and their loved ones with comfort, compassion and dignity. But this kind of unique end-of-life care is now threatened, both in our state and across the country. This past April, the Bush administration proposed cutting approximately \$2.29 billion in payments to hospice providers – that's nearly \$35 million in Washington alone. This could result in hospice program closures and reduced patient access, as Medicare represents 80-85% of a hospice program's revenue. The Washington State Hospice & Palliative Care Organization has joined the more than 3,500 individual hospices nationwide urging Congress to step in and stop the administration's proposal. http://seattlepi.nwsourc.com/opinion/370173_hospice10.html

“How many of you expect to die?”

NEW YORK | *New York Times* – 8 July 2008 – Not long ago Dr. Joanne Lynn, a geriatrician who pulls no punches in her frequent critiques of America’s sorry system of end-of-life care, looked out from the dais of a Washington, DC., ballroom at a sea of middle-aged faces: health policymakers, legislative staff, advocates for the aged and for family caregivers – an audience of experts. “How many of you expect to die?” she asked. The audience fell silent, laughed nervously and only then, looking one to the other, slowly raised their hands. “Would you prefer to be old when it happens?” she then asked. This time the response was swift and sure, given the alternative. Then Dr. Lynn, who describes herself as an “old person in training,” offered three options to the room. Who would choose cancer as the way to go? Just a few. Chronic heart failure, or emphysema? A few more. “So all the rest of you are up for frailty and dementia?” Dr. Lynn asked.

<http://newoldage.blogs.nytimes.com/2008/07/08/how-many-of-you-expect-to-die/?hp>

- The Hastings Center: ‘**Joanne Lynn calls for reform in end-of-life care...**’
<http://www.thehastingscenter.org/aging-america-briefing-report.asp>

Taking sides on branding the right to die

WASHINGTON | Online commentary – 8 July 2008 – Former governor Booth Gardner’s death with dignity initiative has a branding problem. Supporters call Initiative 1000 “death with dignity.” Opponents call it “assisted suicide.” The ballot title, approved by the Attorney General and the local judge, calls it “aid in dying.” The local press has called it everything from the “right to die” to the “death initiative.” Now, in an effort to end the confusion, the Associated Press – style makers and trend setters that they are – have decided to side with the opponents and call it “assisted suicide.” <http://www.politickerwa.com/wallyedgewa/1612/taking-sides-branding-right-die>

- *The Oregonian*: ‘**Arguing over “aid in dying” or “assisted suicide.”**’
http://blog.oregonlive.com/mapesonpolitics/2008/07/is_it_aid_in_dying_or_assisted.html
- *The Columbian*: ‘**Anatomy of a Campaign: Washington’s Initiative 1000.**’
http://www.columbian.com/news/localNews/2008/07/07132008_Anatomy-of-a-campaign-Washingtons-Initiative-1000.cfm
- *The Columbian*: ‘**Death with dignity timeline.**’
http://www.columbian.com/news/localNews/2008/07/07132008_Death-with-dignity-timeline.cfm

International

Dying is everyone's business

AUSTRALIAN BROADCASTING CORPORATION | Online report – 14 July 2008 – We think we are a sophisticated society, yet are uncomfortable talking about an event that will affect us all and more than once in each lifetime. Despite all our advances in healthcare, there is still one area that defeats us all - death! An estimated 100,000 Australians die each year from illnesses that prematurely end their life. On average, another five people are involved with each of these people, as a family member, carer, neighbour or work colleague – a significant statistic of those people affected by death and loss at any one time. Despite these numbers, many people have little idea about where to go for help. We think we are a sophisticated society, yet are uncomfortable talking about an event that will affect us all and more than once in each lifetime.
<http://www.abc.net.au/news/stories/2008/07/14/2302751.htm>

First court case on euthanasia to be heard in Korea

SOUTH KOREA | English.Chosun.com – 11 July 2008 – A court dismissed a petition filed by the family of a comatose 75-year-old woman to let her die. The woman's children said their mother, who survives on life support, had the right to die with dignity so she would not have to continue living a meaningless life ...and asked for permission to remove the respirator and discontinue injections and feeding. But the Seoul Western District Court said that stopping treatment conflicted with the principle of the absolute value of life, and there was no way to confirm Kim's own will. <http://english.chosun.com/w21data/html/news/200807/200807110023.html>

- Ireland: 'Euthanasia trial would force an Irish debate.'
<http://www.timesonline.co.uk/tol/news/world/ireland/article4323148.ece>
- U.K. (Scotland): 'Macdonald calls for assisted suicide law.'
<http://news.scotsman.com/scotland/MacDonald--calls-for-.4283402.jp>

When grief goes beyond the blues

AUSTRALIA | Australian Broadcasting Corporation – 10 July 2008 – For most people the passage of time helps rebuild lives after losing a loved one, but for others it may takeover their lives and need specific treatment, say Australian researchers. Researchers from the Traumatic Stress Clinic at the University of New South Wales (UNSW) and Westmead Hospital are testing a new way to deliver cognitive behaviour therapy (CBT), a type of psychotherapy known to be effective for depression and anxiety. Study leader, Professor Richard Bryant from UNSW, says 'prolonged grief disorder,' which has recently been recognised as a significant clinical condition, requires a grief-specific form of CBT. "In recent years there has been new interest in the finding that losing a loved one by death can cause real mental health problems," says Bryant. <http://www.abc.net.au/science/articles/2008/07/10/2299919.htm?site=science&topic=latest>

Of related interest:

Scroll down to [Worth Repeating](#) and *The Loss of Sorrow: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*

It's never OK to attempt to kill your mother

NEW ZEALAND | Scoop.co.nz – 10 July 2008 – A lack of quality, palliative care cannot be used as a reason to kill people. The jury which convicted Ian Crutchley of attempting to end his mother's life, yet called for a compassionate sentence is an example of thoughtful people being placed in an intolerable position. They found from the evidence presented that an attempt had clearly been made on the life of an elderly, infirm and vulnerable woman, which is quite rightly, a criminal act. What is less clear is what should be done about it. The decision of Justice Patrick Keane to sentence Crutchley to six months' community detention and 150 hours of community work is a compassionate one. What it is not, is a rationale to justify killing those whose sufferings we cannot bear to witness. Justice Keane's decision might be used to illustrate that the need for well funded, quality palliative care for the terminally ill is upon us. <http://www.scoop.co.nz/stories/PO0807/S00156.htm>

[Was Something Missed or Overlooked?](#)

If you come across a media report, journal article, etc., relevant to hospice palliative care or end-of-life issues not mentioned in this edition of Media Watch, please alert this office so that it can be included in a future issue of the weekly report. Thank you.

National Patient Safety Agency issues warning on pain killers

U.K. | Nursinginpractice.com – 8 July 2008 – National Patient Safety Agency is issuing a Rapid Response Report to healthcare practitioners following concerns over incorrect and unsafe dosing of opioids ...pain killers such as morphine, methadone, oxycodone and fentanyl ...are used to relieve severe pain. Opioids are widely used across all sectors of the National Health Service. In the primary care setting alone – between 2001 to 2006 – there has been a 62% increase in opioid use in England. The Rapid Response Report requests that health practitioners follow new guidance when prescribing, dispensing or administering opioid medicines.

<http://www.nursinginpractice.com/default.asp?title=NPSAissueswarningonpainkillers&page=article.display&article.id=12207>

- *The Guardian*: 'Doctors are warned over drug deaths.'
<http://www.guardian.co.uk/society/2008/jul/06/health.nhs>
- *Medical News Today*: 'Pharmacists urged to implement new opioids guidance immediately.'
<http://www.medicalnewstoday.com/articles/114420.php>

Coffins are out, diamonds are ...forever

SWITZERLAND | Agence France-Presse – 6 July 2008 – At the end of their days, most people end up six feet under or up in flames, others get frozen or mummified. But some lucky ones are spending eternity as sparkling diamonds, thanks to a peculiar chemical transformation. For a fee, a company called Algodanza in the eastern Swiss canton of Graubunden offers a service to turn ashes into precious stones. Every month, it gets 40 to 50 commissions – some as far away as Japan. http://afp.google.com/article/ALeqM5j9TNjSFGosyMgYxeUQbS0_p56VBQ

Journal Articles of Interest

Barriers to palliative care for children: Perceptions of pediatric health care providers

U.S. | Medscape.com – 8 July 2008 – This study surveyed physicians and nurses at one West Coast academic medical center in the U.S. to determine their perceived barriers to providing palliative care to children at the end of life. The authors drew on what are known barriers to palliative care from the adult literature, but one goal was to determine how these barriers might differ in pediatric care. The most commonly reported barrier to optimal end-of-life care was uncertainty about the prognosis of the child, considered significant ...in 54.6% of the sample. Family reluctance to accept (the patient's) condition, language barriers, and time constraints had almost always or frequently response rates of less than 45%. Of the remaining barriers, several had to do with issues that were systems-based ...including lack of palliative care consultation resources, insufficient support services for families, and insufficient knowledge of palliative care and pain management at end of life by staff. <http://www.medscape.com/viewarticle/576223>

- Abstract of original journal article: *Pediatrics*, 2008;121(2):282-288
<http://pediatrics.aappublications.org/cgi/content/abstract/121/2/282>

Resources:

- Canadian Network of Palliative Care for Children <http://www.pallpednet.ca/index.htm>
- Pediatric Palliative Care NET (Centre for Community Child Health, Vancouver, BC) <http://cnpcc.ca/>

Arts & Entertainment

When Did You Last See Your Father?

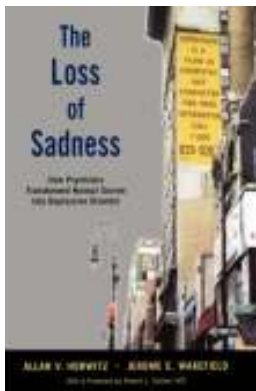


U.S. | KansasCity.com – 10 July 2008 – *When Did You Last See Your Father?* is based on a true story, but it still feels contrived. It treads the same ground as *Big Fish*, *The Barbarian Invasions* and any number of similar films in the “my father was a jerk, but I still love him” subgenre. Still, the impeccable cast helps set it apart. Colin Firth plays Blake Morrison, whose 1993 memoir is the basis of David Nicholls’ script. Blake is a successful writer but can’t be completely satisfied without the approval of his difficult father, Arthur (Jim Broadbent). Arthur isn’t a bad guy – he’s never been

abusive or neglectful – but he’s casually selfish in a way that hurts his family without his realizing it. When Arthur is diagnosed with a terminal illness, Blake goes to the family’s rural home ...he joins his mother (Juliet Stevenson) and sister (Claire Skinner) in caring for the old man in his final days. As he makes halting attempts at reconciliation, Blake recalls events of his childhood and teenage years that led to the rift with his father. <http://www.kansascity.com/710/story/699752.html>

Worth Repeating

The Loss of Sorrow: How Psychiatry Transformed Normal Sorrow into Depressive Disorder



LONDON, UK | *Daily Mail* – 4 December 2007 – Depression, it seems, has become an – epidemic. Or has it? A new book by two leading psychiatrists suggests that more of us are not depressed, rather that doctors are turning sadness – a normal human emotion – into a disease. Furthermore, they argue, sadness is not a 'bad' state that needs treating, but can actually be good for us. The authors – Allan Horwitz, professor of sociology at Rutgers University, and Jerome Wakefield, professor of social work at New York University – argue that while genuine depression undoubtedly needs medical attention, somehow every other sort of normal human gloom has been rolled up into the package marked 'depression.' They say sadness is a natural state of mind that has existed since time began and is of some use to humanity. It's not something that should be medicated away with a handful of Prozac. It may seem extraordinary to

think of sadness as a positive thing, but evolution may be the key – according to some experts, sadness helps us learn from our mistakes. It also invites sympathy and therefore help from others. So how has a normal response become a medical condition?

http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=499563&in_page_id=1774&in_a_source=

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