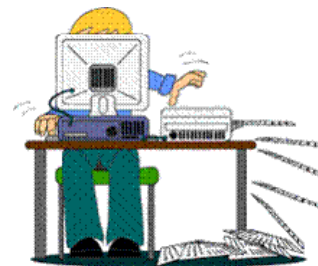


Media Watch

...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

28 July 2008 Edition | Issue #55



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Compiled & Annotated by Barry R. Ashpole

The heart of hospice palliative care: Scroll down to **U.S.A.** and 'Ensuring final chapter is enacted with the greatest skill and compassion possible.'

Canada: National

Bill C-562 – What is Francine Lalonde thinking?

EUTHANASIA PREVENTION COALITION NEWSLETTER | Editorial – July 2008 – I like to think that activists who promote the legalization of euthanasia and assisted suicide are people who have the best of intentions but view life in a different way than I do. When I attended the World Federation of Right to Die Societies bi-annual conference in Toronto (2006), I experienced a very different reality. Many of the people present were directly involved in skirting the law by causing the death of people. The concern I have for vulnerable people was simply negated and all effective opposition to their ideology was attacked as religious dogmatism. When I read Bill C-562 I feel the same type of unrest in my heart as I felt when I attended the Right to Die conference.
[http://www.euthanasiaprevention.on.ca/Newsletters/Newsletter88\(SpecialEdition2008\)RGB.pdf](http://www.euthanasiaprevention.on.ca/Newsletters/Newsletter88(SpecialEdition2008)RGB.pdf)

N.B. Scroll down to **International** and 'Czech euthanasia bill contradicts international accords' for additional reports on the issue of legalizing assisted suicide or euthanasia.



Quotable Quotes

After the game, the king and the pawn go into the same box.
Italian proverb

Canada: The Provinces

Roadside memorials dealt with in various ways

SASKATCHEWAN | *Prince Albert Daily Herald* – 24 July 2008 – While Prince Albert city council mulls over a proposed policy on roadside memorials, other jurisdictions already have policy guidelines in place for dealing with the issue. At the provincial level, Saskatchewan Highways & Infrastructure takes a somewhat laid-back approach. "Once they're erected, they're the responsibility of the people who put them up," said spokesman Doug Wakabayashi. "We recognize that the erection of commemorative markers can assist in the grieving process."
<http://www.paheald.sk.ca/index.cfm?sid=155979&sc=4>

- U.K. (*Guardian*): **'Time to rethink roadside shrines.'**
<http://www.guardian.co.uk/commentisfree/2008/jul/18/knifecrime>
- U.S. (*Buffalo News*, NY): **'Finding ways to grieve out loud.'**
<http://www.buffalonews.com/home/story/401446.html>
- U.S. (*Charleston Daily Mail*, WV): **'State wants to sell roadside memorials for \$200.'**
<http://www.dailymail.com/News/statenews/200807240223>

Nursing home sector needs basic reform not more money

ONTARIO | *Toronto Star* (Editorial) – 22 July 2008 – Personally, I'm quite relieved the Ontario ombudsman won't be able to investigate the many individual complaints about quality of care in the province's nursing homes. His mandate does not allow this. And that's a good thing. What we do not need is another *exposé* of horror stories in nursing homes. We already know that in many – perhaps most – cases, care provided is below any reasonable minimum standard. Just ask anyone who lives, has a relative or knows someone in one of these places. Or look at newspaper archives to see what the *Toronto Star* and other media have unearthed over the past decade or so. It isn't a happy story. What we do not need are more micro-level case investigations. What is desperately required is a structural analysis of a system that fundamentally does not work.
<http://www.thestar.com/comment/article/464656>

- *Free Press* (London, ON): **'Nursing homes need more staff, expert says.'**
<http://fpress.ca/newsstand/News/Local/2008/07/23/6240046.html>
- *Star* (Toronto, ON): **'Funding nursing homes properly.'**
<http://www.thestar.com/comment/article/466288>

Of related interest:

- Canadian Press: **'Interest group pushes for accountability (*vis-a-vis* Ontario hospitals).'**
<http://www.theglobeandmail.com/servlet/story/RTGAM.20080721.whospitals21/BNSStory/National/home>

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.

[U.S.A.](#)

Dying Wish documents death of Dr. Michael Miller with conscious choice to stop eating and drinking

AMERICAN CHRONICLE | Online report – 28 July 2008 – A single phone call to a radio station led to the making of the powerful documentary, *Dying Wish*. Dr. Michael Miller phoned the news editor of Boulder, Colorado, radio station KGNU-88.5 and told him that he had cancer, he wanted to stop eating and drinking tomorrow and he wanted someone to make a documentary about the experience. The news editor asked documentarian Karen van Vuuren to return Michael's call. With a wealth of experience in end-of-life issues, Karen, a former broadcast journalist, produced the radio documentary *The Practice of Living and Dying*, which aired on National Public Radio. She is the founder and executive director of Natural Transitions Funeral Guidance, a non-profit organization that educates and supports families to conduct home funerals.

<http://www.americanchronicle.com/articles/69683>

Prof whose 'last lecture' became a sensation dies

ASSOCIATED PRESS | Newswire report – 25 July – Randy Pausch, the Carnegie Mellon University computer scientist whose "last lecture" about facing terminal cancer became an Internet sensation and a best-selling book, has died. He was 47.

http://ap.google.com/article/ALeqM5iVMbTmjBpuVU_AtNaGBjoMltC7LgD924VKDG4

From Media Watch dated 04.21.08.

- Randy Pausch's "last lecture": http://machinist.salon.com/blog/2008/04/09/randy_pausch/

Ethics and quality of life in the elderly

AMERICAN GERIATRIC SOCIETY (2008 Conference) | Online report – 23 July 2008 – There are three topics of particular interest. At the website below, scroll down to 'Dementia and informed consent,' 'When do family members believe that a referral to hospice occurred too late?' and 'Advance care planning: Should it be broadened?' <http://www.medscape.com/viewarticle/577607>

Ensuring final chapter is enacted with the greatest skill and compassion possible

INDIANA UNIVERSITY | Press release – 23 July 2008 – Although a growing body of research supports a link between effective communication and patient, family and physician satisfaction, doctors, including oncologists and other specialists who frequently care for terminal patients, do not routinely receive training in end-of-life conversations during medical school, residency training, or after they start to practice medicine. A study published in the *Journal of Psychosocial Oncology* measures changes in physician's attitudes and knowledge after training in end-of-life communication. <http://newsinfo.iu.edu/news/page/normal/8558.html>

- *HemOncToday*: 'The end-of-life discussion: How do you say it?' <http://www.hemonctoday.com/article.aspx?rid=29896>
- Tennessee (*Jackson Sun*): 'End of life issues should be brought up by doctors.' <http://www.knoxnews.com/news/2008/jul/21/end-of-life-issues-should-be-brought-up-by/>

From Media Watch dated 07.21.08.

- California (Sacramento): 'A delicate talk with the dying.' <http://www.sacbee.com/107/story/1075015.html>

Pilot initiative promoting new advance directives

CALIFORNIA | *Ventura County Star* – 21 July 2008 – A pilot program aims to help area residents work with doctors to complete advance directives as part of a system called 'Physicians' Orders for Life Sustaining Treatment.' Six regions in California are piloting the system under which physicians complete the forms with patients, specifying their wishes regarding cardiopulmonary resuscitation, medical intervention, antibiotics or feeding tubes. Supporters are working to make the system the standard for advance directives, especially for people with illnesses that could lead to death within a year. <http://www.venturacountystar.com/news/2008/jul/19/pilot-program-in-county-focuses-on-advance/>

- Connecticut (*Post*): '**Where there is a (living) will, there's a way.**' http://www.connpost.com/ci_9756437?source=most_emailed
- Texas (*Star Telegram*): '**Easing life's exit with dignity.**' <http://www.star-telegram.com/242/story/774144.html>

The spiritual care role in a hospice setting

ITHICA, NY | *Journal* – 18 July 2008 – From the moment a person makes that first call to Hospicare & Palliative Care Services seeking care and support for themselves or a loved one, all members of the hospice team – doctors, nurses, social workers and chaplains – are intricately involved in the well-being of that patient and his or her family. This holistic approach provides the kind of support a family needs when someone is terminally ill; providing not only the very best medical care, but attending to often complex emotional and spiritual needs as well. <http://www.theithacajournal.com/apps/pbcs.dll/article?AID=/20080718/OPINION02/807180305>

- Washington (*Post*): '**Getting a patient's whole history.**' http://newsweek.washingtonpost.com/onfaith/guestvoices/2008/07/living_human_document.html

Caregiver stress: Mechanism behind mind-body connection discovered

Science Daily | Online report – 16 July 2008 – Scientists reveal how stress makes people more susceptible to illness. The immune system may be compromised, particularly for persons under long-term stress, such as caregivers to chronically ill family members. <http://www.sciencedaily.com/releases/2008/07/080715152325.htm>

Of related interest:

- NHS Choices: '**Weakened immunity of caregivers.**' <http://www.nhs.uk/news/2008/07/July/Pages/Weakenedimmunityofcaregivers.aspx>
- *Science Daily*: '**Mechanism found that weakens caregivers' immune status.**' <http://www.sciencedaily.com/releases/2003/07/030701223023.htm>

[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 remain active, however, for only a limited period of time.

[International](#)

Elderly helped by home care packages

AUSTRALIA | www.6minutes.com.au – 25 July 2008 – Older people benefit from government-funded community aged care schemes because these help maintain their health and independence and delay admission to nursing homes, a major Australian study has shown. The study found that most people receiving care packages showed no deterioration in physical or mental health and some showed improvements in cognitive function and their social networks were maintained. The pioneering study also found that carers had high levels of stress, although this was not increased among those looking after people on aged care packages. The study authors said the findings suggested that routine assessment would help identify modifiable factors such as depression, dementia and physical disability associated with deteriorating health in elderly people in the community.

<http://www.6minutes.com.au/articles/z1/view.asp?id=200283>

Call for expansion of palliative care

IRELAND | IrishHealth.com – 24 July 2008 – People with conditions other than cancer should be able to access palliative care services, according to a new report. The report, from the HSE and Irish Hospice Foundation, notes that in 2006 deaths from chronic lung disease, dementia and heart failure were greater in number than deaths from cancer by over 20%. People with these life-limiting conditions often die without access to palliative care services. The report found that access to specialist palliative care services for life-limiting disease other than cancer was variable, with no service in some areas and care provided on a case-by-case basis in other areas. <http://www.irishhealth.com/?level=4&id=13941>

Don't dig yourself into a hole over funeral plans

U.K. | *Telegraph* – 24 July 2008 – It is not just the cost of living that is rising. The cost of dying – specifically the cost of a complete funeral – is outstripping inflation too, often leaving bereaved relatives facing unforeseen bills. In the last two decades, the cost of the average funeral has risen sharply. Figures from Mintel's Funeral Business Reports show that in 1988 it was just £716. By 1997 it had risen to £1,284. By 2006 the average funeral cost £2,311, around £1,000 more than if those costs had kept pace with inflation. Funerals are big business. Mintel estimated the industry was worth £1.3Billion in 2006, a 10% rise on the previous year. It is expected to continue to grow due to both the increasing costs of a funeral and the rising number of pensioners in the UK.

<http://www.telegraph.co.uk/money/main.jhtml?xml=/money/2008/07/24/ymfuneral124.xml>

[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.

[Back Issues of Media Watch](#)

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

Czech euthanasia bill contradicts international accords

CZECH REPUBLIC | ČeskáNoviny.cz – 22 July 2008 – Minister Džamila Stehliková says a bill before the Czech Senate on legalizing euthanasia contradicts international conventions on human rights and is in conflict with people's fundamental right to live. Stehliková told journalists that a wider public and expert discussion prior to the submission of the bill was lacking.
http://www.ceskenoviny.cz/news/index_view.php?id=324353

During the past week or so:

- Australia: **'Death workshops borderline, says euthanasia campaigner.'**
<http://www.news.com.au/couriermail/story/0,23739,24061001-3102,00.html>
- Italy: **'Neurologist calls withholding hydration from patients in vegetative state "euthanasia by omission."'** <http://www.lifesitenews.com/ldn/2008/jul/08072404.html>
- South Africa: **'White docs opt for euthanasia.'**
http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_2363778,00.html
- U.K. (Scotland): **'Macdonald claims most Scots support (proposed) assisted suicide law.'**
<http://news.scotsman.com/politics/MacDonald-claims-most-Scots-support.4310941.jp>
- U.S. (Washington): **'Death with dignity initiative on (State) ballot.'**
http://seattletimes.nwsourc.com/html/localnews/2008072072_dige25m.html
- U.S. (Washington): **'Providing an end-of-life path that rejects pain or poison.'**
http://seattletimes.nwsourc.com/html/opinion/2008065654_deathop22.html

Care must go beyond trying to prolong life

U.K. (Scotland) | *Scotsman* – 22 July 2008 – Palliative care is the Cinderella of the health care system. For understandable and commendable reasons, modern hi-tech medicine has focused on curing disease, virtually regardless of cost. But sometimes this well-intentioned effort ignores the needs of the terminally ill and their families in the final stages of life.
<http://news.scotsman.com/opinion/Care-must-go--beyond.4306781.jp>

- U.K. (*Scotsman*): **'Costs of NHS 'pill culture' too high.'** <http://news.scotsman.com/health/Cancer-expert-cost-of-NHS.4306827.jp>
- U.K. (*Nursing Times*): **'Strategy for a life-affirming death.'**
(http://www.nursingtimes.net/primarycarenurses/Primary_care_blogs/2008/07/blog_strategy_for_a_lifaffirming_death.html)

Summary Care Record could hold 'end of life' plans

U.K. | *Health Insider* – 22 July 2008 – The Department of Health's End of Life Care Strategy recommends that all end of life care providers have access to Notation 3, a broadband system used by the U.K.'s National Health System (NHS), and the Summary Care Record (SCR). The strategy outlines the ways in which information technology could be used to enhance coordination for all adults approaching the end of their life and help achieve the other goals of the strategy which include improved community services and development of specialist palliative care outreach services. http://www.ehiprimarycare.com/news/3978/scr_could_hold_'end_of_life'_plans

- Department of Health End-of-Life Care Strategy website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

- NHS Choices (End-of-Life Section) website:
<http://www.nhs.uk/LiveWell/Endoflifecare/Pages/Endoflifecarehome.aspx>

Defining health care needs for chronic illness

AUSTRALIA | *Medical News Today* – 21 July 2008 – A research paper in the latest issue of *Medical Journal of Australia* provides the first insight into the prevalence and patterns of multimorbidity in Australia. About three in 10 people who saw a general practitioner (GP) in 2005, and one in four Australians have multimorbidity (two or more types of chronic conditions). The authors studied the multimorbidities of more than 9,000 patients who attended GPs between July and November 2005. <http://www.medicalnewstoday.com/articles/115606.php>

- Abstract of original journal article: *Medical Journal of Australia*, July 2008 'Estimating prevalence of common chronic morbidities in Australia.'
http://www.mja.com.au/public/issues/189_02_210708/kno10474_fm.html

Journal Articles of Interest

Ritual: The final expression of care

INTERNATIONAL JOURNAL OF NURSING PRACTICE, 2008;14(4):303-307. Hospice nurses know that all their patients will die. There are several potential benefits of including rituals and healing practices into the hospice care setting for staff. Evidence suggests that not only does it provide an outlet for hospice workers to express their grief, and reflect on their work in an accepting environment, it provides closure for their patient's passing (and) has also been shown to decrease the risk of burnout and compassion fatigue. This article discusses the important aspects of grief rituals and provides an illustrative example of one such ritual. **N.B.** Link unavailable.

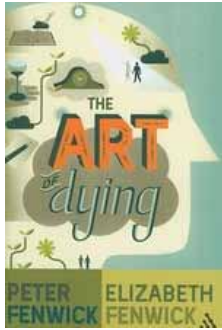
Sustaining hope when communicating with terminally ill patients and their families: a systematic review

PSYCHO-ONCOLOGY, 2008;(17)7:641-659. The aim of this systematic review was to examine studies that have investigated sustaining hope during prognostic and end-of-life issues discussions with terminally ill patients and their families. A comprehensive search of databases and hand searching, from 1985 to June 2006, identified 27 studies. This review suggests that the issues surrounding hope in this context are complex. Despite the lack of unanimity among researchers regarding the definition of hope, findings suggest that balancing hope with honesty is an important skill for health professionals. Patients and caregivers mostly preferred honest and accurate information, provided with empathy and understanding. Many different sources of hope were identified in this context in broad aspects of life, not just the medical situation. The authors conclude that health professionals need to recognize this spectrum of hope and appreciate that patients may simultaneously hope for 'cure' while acknowledging the terminal nature of their illness. They may help patients to cope with their terminal prognosis by exploring and fostering realistic forms of hope that are meaningful for the particular patient and their family. **N.B.** Link unavailable.

Resource:

- *Living With Hope* (University of Saskatchewan Research Study video):
<http://www.usask.ca/nursing/research/livingwithhope/video.htm>

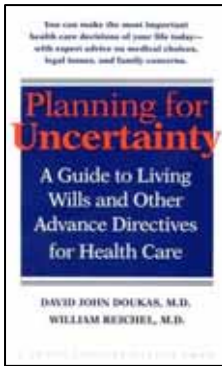
Books & Resources



The Art of Dying: A Journey to Elsewhere

U.K. | Online listing – July 2008 – *The Art of Dying* is a contemporary version of the medieval *Ars Moriendi*, a manual on how to achieve a good death. Peter Fenwick is an eminent neuropsychiatrist, academic and expert on disorders of the brain. His most compelling and provocative research has been into the end of life phenomena, including near-death experiences and deathbed visions of the dying person, as well as the experiences of hospice and palliative care workers and relatives of dying people. Fenwick believes that with serious engagement and through further investigation of these phenomena he can help change attitudes so that we in the West can face up to death, and embrace it as a significant and sacred part of life. We have become used to believing that we have to shield each other from the idea of death. Fear of death means we view it as something to be fought every step of the way. <http://www.eden.co.uk/shop/the-art-of-dying-1225365.html>

- *Toronto Star* (Ontario): ‘Living well is best revenge for death.’ <http://www.thestar.com/living/article/465915>



Planning for Uncertainty

U.S. | *Metapsychology* (Review) – 24 June 2008 – In *Planning for Uncertainty* the authors explain the consequences of the Patient Self-Determination Act. The implications of the act include numerous aspects of medical ethics. The first area to be elucidated is that of advance directives. The authors explain what they are and under what circumstances they would be particularly useful. The cases of Nancy Cruzan, Terri Schiavo and, to a lesser extent, Karen Quinlan are employed to illustrate the difficulties that may occur when even quite young people meet with some unforeseen and tragic accident. Living wills are explained. The appointment of a proxy (i.e., surrogate or substitute decision maker) and the importance of the choice of a proxy are gone into in detail. This leads to the topic of power of attorney and a discussion of a Values History as a means of elucidating an advance directive or living will (see footnote). http://metapsychology.mentalhelp.net/poc/view_doc.php?type=book&id=4310&cn=139

Resource:

- Sample Values History Form (University of New Mexico, School of Medicine) http://hsc.unm.edu/ethics/advidir/vhform_eng.shtml

Footnote:

In the classes I teach and the workshops I facilitate, I encourage health care professionals to document a personal “values history.” Invariably, this proves to be an invaluable exercise from both a personal and professional perspective. This opportunity for self-reflection can help put into perspective any discussion of how we – as individuals – define “quality of life,” and can also guide the decision making process.

BRA



Psychosocial Issues in Palliative Care (2nd Edition)

OXFORD UNIVERSITY PRESS (U.S.) | Online listing – July 2008 – Caring for patients with a terminal illness and their families requires the skills of many professionals working together as a team. It is often the psychosocial issues surrounding patients and families that cause professionals even greater difficulty than the physical symptoms. The issues of psychosocial assessment, treatment, care, and support of palliative care patients differs from the care of patients with early, treatable cancer – time is short and the emphasis different both from a patient and carer perspective. This new edition of a successful text examines current practice and provision of psychosocial support as applied to palliative care patients. It is a highly practical text, comprehensively reviewing the current literature and evidence in order to demonstrate good, and better, practice in psychosocial care. <http://www.oup.com/uk/catalogue/?ci=9780199216420>

New to this edition:

- Takes account of recent developments in the field of service provision.
- Includes new material on psychotherapeutic methods, and palliative care for patients with special difficulties.

Telling the truth about terminal disease

OXFORD UNIVERSITY PRESS (U.S.) | Online extract – June 2008 – In this online extract from *The Ethics of Surgical Practice: Cases, Dilemmas, and Resolutions*, the authors take a case study approach to discussing end of life issues and truth-telling. They acknowledge that for physicians, telling terminally ill patients the truth about their diagnosis and prognosis is probably the most painful of all responsibilities to fulfill. <http://blog.oup.com/2008/07/ethics-disease/>

Online resources for pain management health professionals

CANADA | Canadian Pain Society press release – 23 July 2008 – A new website, Advancing in Pain Management, provides healthcare professionals with an interest in pain management, access to a free, online, interactive resource. Dr. Roman Jovey, Immediate Past-President of the Canadian Pain Society, notes: "The problem of undertreated pain in Canada is huge and the training of currently practicing health care professionals has largely been inadequate." <http://www.newswire.ca/en/releases/archive/July2008/23/c6800.html>

- Advancing in Pain Management website: www.advancingin.com

Of related interest:

- Medscape.com: ' **Optimizing pain control with Fentanyl patches.**' <http://www.medscape.com/viewarticle/576398>

Arts & Entertainment

***Just Buried* pokes fun at death**

CANADA | *Chronicle Herald* (Halifax, NS) – 25 July 2008 – Laughing at death is problematic for comedy. And in the end, *Just Buried* doesn't come to grips with death but with the safer ground of the trappings of death. As a dramatic genre, it comes under the heading of farce, with something of the flavour of *Arsenic & Old Lace* where two sweet old ladies sip elderberry wine while serving it with a dash or two of poison to their victims. Nova Scotia filmmaker Chaz Thorne's first film as a director is not so much a black comedy about death as a sick joke about it. A young man inherits a funeral home in a Nova Scotia town where no-one is dying. He is given to nosebleeds whenever he gets nervous. But in the end, he and his girlfriend Roberta manage to kill enough people to save his business from bankruptcy. And his nosebleeds begin to dry up. If *Just Buried* were not the kind of comedy it is, Roberta Knickle (Rose Byrne) and Oliver Whynacht (Jay Baruchel) could accurately be described as sociopaths. But the two actors play the characters with a touch so light and natural, you could even say "homely," they retain their innocence. Killing people is just something they have to do. <http://thechronicleherald.ca/ArtsLife/1069570.html>

Worth Repeating

Boomers dodge despair, but can't dodge death

CANADA | *Daily News* (Halifax, NS) – 31 October 2007 – The first American baby boomer to apply for social security benefits filed her forms recently. Because the Canadian boom didn't begin until 1949, it will be two years before the first of our boomers can get their Canada Pension Plan money at age 60. This gilded generation has been able to stay in denial and avoid learning about the normal human processes of both aging and dying. They have, thereby, dodged despair. Their denial means most boomers have not yet seriously thought about how they are likely to leave this planet or whether, when they do, they will be able to do so with dignity. <http://www.hfxnews.ca/index.cfm?sid=75682&sc=93>

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