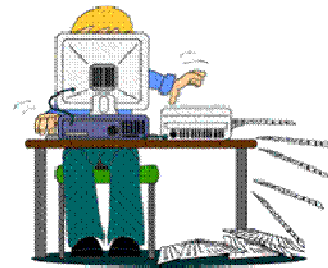


## Media Watch

...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.

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Compiled & Annotated by Barry R. Ashpole

Access to medications: Scroll down to [International](#) and 'What is quality of life?'

## Canada: National

### **Court-ordered end-of-life care for comatose (Winnipeg) man deemed torture**

MEDPAGETODAY | Online editorial – 14 August 2008 – Keeping 84-year-old Samuel Golubchuk alive under court order was "tantamount to torture," and Anand Kumar would have no more of it. Calling the continued care an "abomination," the critical care physician told officials at Grace Hospital he would refuse to accept ICU rotations that involved caring for the comatose man. To follow the court's order, Dr. Kumar wrote in a letter of resignation, "we will likely have to continue to surgically hack away at his infected flesh at the bedside in order to keep infection at bay. This is grotesque. To inflict this kind of assault on him without a reasonable hope of benefit is an abomination." An injunction had been granted after the man's family disagreed with Dr. Kumar's decision to end life support and allow Golubchuk to die. Such a conflict is not uncommon, but it rarely makes headlines, according to Jeff Blackmer, of the office of ethics for the Canadian Medical Association. "These types of decisions happen every day," Dr. Blackmer said. "By and large, the healthcare team and the family are able to work together to arrive at a mutually satisfactory solution. It speaks well for the communication that does happen that you don't see more of these in the courts or on the front pages of the newspapers," Blackmer added. Indeed, some studies suggest that as many as 40% of such decisions initially lead to a conflict between doctors and patients or their families, according to Randy Curtis, of the University of Washington. "The ... vast majority are resolved through communication, negotiation, building trust, and forming good relations between clinicians and family members," he said. But sometimes all that breaks down. <http://www.medpagetoday.com/PublicHealthPolicy/PublicHealth/tb/10552>

- *Winnipeg Sun*: 'Golubchuk case sets precedent, family lawyer says.'  
<http://winnipegsun.com/News/Winnipeg/2008/08/18/6486031-sun.html>

## Back Issues of Media Watch

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

## Canada: The Provinces

### **College of Physicians & Surgeons of Ontario: Proposed rules could end right to follow conscience**

ONTARIO | *The National Post* – 16 August 2008 – Ontario physicians could be stripped of their right to exercise religious or moral conscience if a new set of guidelines is accepted by their regulating body next month, critics say. "I'm really concerned with the new principle that the college is promulgating, and that is that doctors do not have the right to be guided in the conduct of the practice by their conscience," said Joseph Ben-Ami of the Centre for Policy Studies. "That's a sweeping broad principle to establish – and once you've established it the field is wide open for further changes." <http://www.nationalpost.com/news/story.html?id=727686>

- *The National Post* (Letter to the editor): '**Forcing our doctor's hands.**' <http://www.nationalpost.com/opinion/columnists/story.html?id=730473>

### **Crisis for persons with physical disabilities**

ONTARIO | Ontario Community Support Association (OCSA) press release – 13 August 2008 – Wait times for Attendant Services in the province – services that make it possible for persons with physical disabilities to perform fundamental activities of daily living – have reached ... crisis levels, a OCSA report reveals. Due to unmet needs, the wait lists for people with physical disabilities range from 4-10 years. This crisis will only worsen, since the number of people with disabilities is growing and this population is aging, the report *Unleashing Attendant Services* shows. "Without Attendant Services, people with physical disabilities are denied the basic ability to go to school, get to a job or contribute to their communities in other ways", said Susan Thorning, of the OCSA. <http://www.newswire.ca/en/releases/archive/August2008/13/c3710.html>

## U.S.A.

### **National Transitions of Care Coalition**

NORTH CAROLINA | Box Business News – 15 August 2008 – The National Transitions of Care Coalition conducted an Information Exchange to bring together healthcare professionals, consumers, policy makers, and media to learn more about the issue of transitions of care. Transitions of care include situations in which a patient moves from primary care to specialty physicians or moves within the hospital, including moves from the emergency department to other various departments, such as surgery or intensive care; or when a patient is discharged from the hospital and goes home or to an assisted living or skilled nursing facility. Patients, especially older persons, face significant challenges when moving from one level of care or practice setting to another in the healthcare system. During these transitions, lack of communication can result in redundant or conflicting information that often creates serious issues for patients, their caregivers, and their families. <http://www.foxbusiness.com/story/markets/industries/health-care/national-transitions-care-coalition-hosted-information-exchange-issue/-1412530169>

- IOWA (*The Oskaloosa Herald*): '**Need for transition care on the rise.**' [http://www.oskaloosaherald.com/homepage/local\\_story\\_224101019.html?keyword=leadpicturestory](http://www.oskaloosaherald.com/homepage/local_story_224101019.html?keyword=leadpicturestory)

From Media Watch dated 05.19.08.

- *USA Today*: '**Lack of transition training confronts family caregivers.**' [http://www.usatoday.com/news/health/painter/2008-05-18-your-health\\_N.htm](http://www.usatoday.com/news/health/painter/2008-05-18-your-health_N.htm)

### **36 states release ill or dying (prison) inmates**

USA TODAY | Online report – 14 August 2008 – North Carolina and Alabama have joined a growing number of states establishing programs that allow the release of dying or infirm prisoners to cut prison system health care costs. Alabama's law goes into effect 1 September. It will allow inmates who are permanently incapacitated or terminally ill to be furloughed. It will also allow for the release of inmates 55 or older who have life threatening illnesses. About 125 of the state's 25,000 inmates will be eligible, Alabama Prisons Commissioner Richard Allen said.

[http://www.usatoday.com/news/nation/2008-08-13-furloughs\\_N.htm](http://www.usatoday.com/news/nation/2008-08-13-furloughs_N.htm)

- Missouri (KansasCity.com): '**Missouri uses special unit to cope with growing numbers of geriatric inmates.**' <http://www.kansascity.com/105/story/752238.html>

### **How Californians can get doctors to honor our wishes at the end of life**

CALIFORNIA | California Progress Report (Editorial) – 14 August 2008 – How do we get doctors to honor our wishes at the end of life? Everyone recommends preparing an advance directive, and I'm no exception. These documents are not infallible, but they are the best thing we've got going for us when we can't speak for ourselves. But I must warn you about one popular advance directive form that purports to implement your wishes, but could actually subvert them with its stealth anti-choice language. It's called 'Five Wishes.' There are two general kinds of advance directive. One is called a "health care proxy" or "power of attorney for health care" and it delegates a person to make decisions on your behalf. The other, the "living will" specifies your wishes. Because anti-choice activists keep tightening the rules of evidence that govern end-of-life decisions, you need both documents. One names the decision-maker. The other guides the decisions. [http://www.californiaprogressreport.com/2008/08/when\\_wishes\\_are.html](http://www.californiaprogressreport.com/2008/08/when_wishes_are.html)

### **Online advice column on death and dying drawing interest from boomers**

WASHINGTON | Seattlepi.nwsourc.com – 14 August 2008 – A new Web site on death and dying, [TheCheckoutLine.org](http://TheCheckoutLine.org), offers an advice column for the terminally ill and those close to them. Launched by *Vanity Fair* contributing editor, Judy Bachrach, the advice column is being read by boomers writing in for advice on issues related to death and dying. Bachrach, a longtime hospice volunteer, answers questions from anyone needing help – the critically ill and their spouses, relatives, friends, lovers, and co-workers. Helping her are lawyers, doctors, therapists, and fellow hospice volunteers. Bachrach named her new site TheCheckoutLine because it's the one area where no one's pushing really hard to get to the front.

<http://blog.seattlepi.nwsourc.com/boomerconsumer/archives/146095.asp>

- Virginia (*Roanoke Times*): '**A time to talk: How to discuss care options with elderly parents.**' <http://www.roanoke.com/extra/wb/173492>

### **Doctors debate when to declare organ donors dead**

ASSOCIATED PRESS | Newswire report – 14 August 2008 – A report on three heart transplants involving babies is focusing attention on a touchy issue in the organ donation field. Organs have typically been removed only after doctors determine that a donor's brain has completely stopped working. In the case of the infants, all three were on life support and showed little brain function, but they didn't meet the criteria for brain death. With their families' consent, the newborns were taken off ventilators and surgeons in Denver removed their hearts minutes after they stopped beating. The hearts were successfully transplanted, and the babies who got the hearts survived. The procedure raises legal and ethical issues because it involves children and because, according to critics, it violates laws governing when organs may be removed.

<http://ap.google.com/article/ALeqM5gpjQzpmgV8qVEhenwPocZ90NQO8gD92HKQ800>

## Caregiver duties continue once loved one enters long-term care

FLORIDA | *Fort Myers News-Press* – 12 August 2008 – Adjusting to long-term care placement applies to the family caregiver just as it does to the person who is residing in a nursing home. The caregiver must transfer primary care responsibilities to the staff of the long-term care facility while still taking an active role in overseeing the person's care. <http://www.news-press.com/apps/pbcs.dll/article?AID=/20080812/HEALTH/808120304/1013/LIFESTYLES>

## Understanding and navigating the laws and regulations governing pain relief with opioids

*MEDSCAPE NEUROLOGY & NEUROSURGERY* | Online report – 12 August 2008 – Recent reports suggest that many healthcare practitioners express concern about prescribing controlled substances, including opioid analgesics, to patients with chronic pain, especially chronic non-cancer pain. Two of the primary causes of such concern are the reluctance to contribute to drug abuse, addiction, and diversion, and the possibility of being investigated or disciplined by a regulatory agency. Given the general dearth of specialists to whom patients with chronic pain can be referred, especially if the patient has a history of substance abuse or current addictive disease, many patients with pain remain untreated or undertreated. As a result, efforts to reduce the public health problem of prescription drug abuse can be viewed as exacerbating the public health problem of uncontrolled pain. Likewise, many believe that the call to treat pain has contributed to the recent increase in the nonmedical use of prescription drugs. <http://www.medscape.com/viewarticle/577999>

- Texas (RedOrbit.com): **'Politics of pain' demonized by DEA.** [http://www.redorbit.com/news/health/1522564/politics\\_of\\_pain\\_demonized\\_by\\_dea/](http://www.redorbit.com/news/health/1522564/politics_of_pain_demonized_by_dea/)

Of related interest:

- U.K. (*Scotsman*): **'National Health Service branded chronic failure over 900,000 patients in agony.'** <http://news.scotsman.com/uk/NHS-branded-chronic-failure-over.4399401.jp>

## Assisted suicide ... not about alleviating suffering

LIFENEWS.COM | Online commentary – 11 August 2008 – Wesley J. Smith writes: "I have become so sick and tired of the baloney that swirls around assisted suicide advocacy like gruel in a blender. Assisted suicide is not really about the rare case when nothing else can be done to alleviate suffering – which has not been the case yet in any legalized jurisdiction. Rather, it is about establishing the right to what in essence would be death on demand. This is clearly stated in a speech given by Ludwig Minelli, the suicide zealot who heads Dignitas. Writing about the Swiss Supreme Court ruling granting a right to assisted suicide for the mentally ill, Minelli claims that suicide and assisted suicide both are human rights. In other words, the so-called limitations that would limit this killing to the terminally or hopelessly ill are bogus."

<http://www.lifenews.com/bio2542.html>

- Washington (*Port Orchard Independent*): **'Assisted suicide fine if you think life has no value.'** <http://www.pnwlocalnews.com/kitsap/poi/opinion/26860739.html>
- Oregon (RedOrbit.com): **'Thomas mangles facts on assisted suicide.'** [http://www.redorbit.com/news/health/1521873/thomas\\_mangles\\_facts\\_on\\_assisted\\_suicide/](http://www.redorbit.com/news/health/1521873/thomas_mangles_facts_on_assisted_suicide/)

**N.B.** Scroll down to [International](#) and **'Living with Dignity'** for a listing of current or recent reports offering a global perspective on the issues of euthanasia and assisted suicide.

## Film program being used as therapy for New York hospice care patients

NEW YORK | *Daily News* – 11 August 2008 – An innovative program pioneered by the Visiting Nurse Service of New York (VNSNY) Hospice Care promises to enhance the quality of life for terminally ill patients while creating a cherished record of their lives. It began as a contest for film students to profile hospice patients in short films to mark the 25th anniversary of VNSNY's hospice program. "Part of the purpose was to show viewers hospice patients who aren't in chronic pain or in an existential crisis," said VNSNY Hospice Care executive director Jeanne Dennis. Dennis said that hospice programs are underused in New York City, where the wealth of elite hospitals creates a bias for "heroic intervention" to extend life rather than palliative care to raise the quality of life near its end. [http://www.nydailynews.com/ny\\_local/bronx/2008/08/11/2008-08-11\\_film\\_program\\_being\\_used\\_as\\_therapy\\_for\\_n.html](http://www.nydailynews.com/ny_local/bronx/2008/08/11/2008-08-11_film_program_being_used_as_therapy_for_n.html)

## Reflections on regret, grief and procrastination

PSYCHOLOGY TODAY | Online commentary – 28 July 2008 – At the recent international conference, *Living well and dying well: New frontiers of positive psychology, therapy and spiritual care*, Grafton T. Eliason presented a paper titled 'Death anxiety, coping mechanisms and the tale of the grateful dead.' In his discussion of coping with death and counselling individuals who are grieving, Dr. Eliason noted two kinds of regrets that people express in their grief over the loss of a loved one: regrets of commission and omission, and the things we omitted doing while our loved one was alive. He was of the opinion that regrets of omission are ... the result of procrastination. <http://blogs.psychologytoday.com/blog/don039t-delay/200807/living-well-dying-well-some-reflections-regret-grief-and-procrastination>

## International

### The dying art of coping with the realities of life

AUSTRALIA | *Sidney Morning Herald* (Editorial) – 14 August 2008 – One of the most memorable and striking aspects of working as a young doctor is coming face to face with death. Despite reading about disease and illness for several years before graduation, there is nothing that prepares you for staring at a lifeless body. It is the job of a junior doctor to certify deaths, which involves performing some simple examinations to confirm that a person has died. It is largely for bureaucratic purposes, but in practice it involves touching and feeling someone you knew to have been alive just moments ago. Even for the atheist and secular minded, it forces questions into the nature of our existence. It also highlights how little dying we see or discuss in our lives. <http://www.smh.com.au/news/opinion/the-dying-art-of-coping-with-the-realities-of-life/2008/08/13/1218307004593.html>

From Media Watch 07.21.08.

- *The Permanente Journal*: 'Five-year experience: Reflective writing in a pre-clinical end-of-life care curriculum.' [http://xnet.kp.org/permanentejournal/spr08/end-of-life\\_care.pdf](http://xnet.kp.org/permanentejournal/spr08/end-of-life_care.pdf)

## 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.

## When a patient is dying

IRELAND | *Irish Times* – 14 August 2008 – A new guide to help healthcare professionals respond to the difficult issues associated with the impending death of a patient should be welcomed by the personnel it targets. It is the latest step in an Irish Hospice Foundation initiative to bring hospice principles into acute and community hospitals and to ensure, among other things, that no one dies alone and in pain. The Hospice friendly Hospitals (HfH) programme has been introduced in 42 settings and has brought many changes in the way issues of death, dying and bereavement are treated. <http://www.irishtimes.com/newspaper/opinion/2008/0814/1218477548143.html>

## Cancer story teacher dies aged 32

U.K. | BBC News – 14 August 2008 – A primary school teacher who wrote a children's story to help her pupils understand her illness has died. Emma Moulding, 32, died of breast cancer two and a half years after the condition was first diagnosed. She continued to teach her Year 4 class at St Thomas a Beckett Catholic Junior School in Eastbourne until four weeks before her death. Pupils from the school will sing at her funeral on Friday. Her brother said the service would celebrate her life. [http://news.bbc.co.uk/2/hi/uk\\_news/england/sussex/7561623.stm](http://news.bbc.co.uk/2/hi/uk_news/england/sussex/7561623.stm)

From Media Watch 08.04.08.

- Holland (TheAge.com.au): '**Lesson in life and death: Pupils build dying teacher's coffin.**' <http://www.theage.com.au/news/world/lesson-in-life-and-death-pupils-build-dying-teachers-coffin/2007/02/13/1171128974213.html>

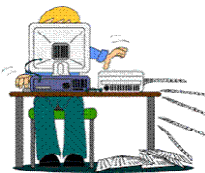
## Coroner's bid to help ease grief of parents

U.K. | ThisDorset.com – 14 August 2008 – A coroner is spearheading a change to the way post mortems on children are carried out in Dorset. He hopes to set up a centre of excellence that would avoid the need for babies and young children to be sent to London for autopsies. It is distressing for parents to lose a child ... worse ... if the post mortem is done somewhere far away. [http://www.thisdorset.net/display.var.2424930.0.coroners\\_bid\\_to\\_help\\_ease\\_grief\\_of\\_parents.php](http://www.thisdorset.net/display.var.2424930.0.coroners_bid_to_help_ease_grief_of_parents.php)

From Media Watch 06.09.08.

- U.K. (*Salford Advertiser*): '**Scan alternative to a post mortem (to reduce the grief felt by mourning families).**' [http://www.salfordadvertiser.co.uk/news/s/1052708\\_scan\\_alternative\\_to\\_a\\_post\\_mortem](http://www.salfordadvertiser.co.uk/news/s/1052708_scan_alternative_to_a_post_mortem)

## 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.

## Living with dignity

AUSTRALIA | EurekaStreet.com – 13 August 2008 – In March, Senator Bob Brown introduced a private senator's bill into federal parliament to repeal the Euthanasia Laws Act 1997, thereby allowing territories to legalise euthanasia. Then, in April, the former Lord Mayor of Brisbane, Clem Jones, left a bequest of \$5 million to fund a campaign for the legalisation of euthanasia. Next, in May, Victorian Greens MP, Colleen Hartland, put forward a private members bill to introduce 'voluntary euthanasia.' These pieces of legislation, and the accompanying commentary, are often framed in terms of compassion and dignity. Opponents of euthanasia, or the oft-used palatable euphemisms such as mercy killing or death with dignity, are accused of being heartless and cruel. Yet how many of us take the time to listen beyond media-friendly sound bites, and really engage with what may be one of the gravest, yet most subtly redefining issues of modern humanity? We fail the generations that follow if we shy away from the courageous examination of the issues at play in this current debate. <http://www.eurekastreet.com.au/article.aspx?aeid=8377>

- Australia (*Whitehorse Journal*): **'Whitehorse MPs, Blackburn group confront euthanasia.'** [http://www.whitehorseleader.com.au/article/2008/08/13/41117\\_whv\\_news.html](http://www.whitehorseleader.com.au/article/2008/08/13/41117_whv_news.html)
- France (ConnexionFrance.com): **'Disabled suicide left 'no choice.'** [http://www.connexionfrance.com/news\\_articles.php?id=318](http://www.connexionfrance.com/news_articles.php?id=318)
- New Zealand (*Taranaki Daily News*): **'Joy determined to die.'** <http://www.stuff.co.nz/stuff/4654925a6554.html>
- Spain (Catholic News Agency): **'Minister of Justice promises to meet the demands of pro-euthanasia group.'** <http://www.catholicnewsagency.com/new.php?n=13522>
- Switzerland (OneNewsNow.com): **'Swiss group seeks assisted suicide for elderly.'** <http://www.onenewsnow.com/Culture/Default.aspx?id=210750>
- U.K. (BBC News): **'How should the end come?'** [http://news.bbc.co.uk/2/hi/uk\\_news/magazine/7564061.stm](http://news.bbc.co.uk/2/hi/uk_news/magazine/7564061.stm)

## Dying father's wish granted

AUSTRALIA | *Sydney Morning Herald* – 13 August 2008 – In a rare move, the Family Court has told a dying man he may leave a "time capsule," comprising a letter and DVD, for the 11-year-old daughter he has not seen for years. The girl has consistently expressed a wish that "her father was dead," the court was told. He has terminal liver cancer. The court's family consultant has expressed concern for the girl's emotional health in light of vehement remarks she has made about her father over the years. The girl's court-appointed lawyer said: "While wishing your father dead might be a typical childish remark, in this case the little girl's wish is going to come true, quite quickly." "In the circumstances you have to do what you can." The girl was three when her parents separated in 2000. The trial judge said in his reason for judgment on Monday that the mother was "permeated with hatred for the father" and was unwilling to facilitate the relationship between the child and her father. <http://www.smh.com.au/news/national/dying-father-gets-time-capsule-wish/2008/08/12/1218306901699.html>

### Quotable Quotes

*Remember, in hospice's search for scientific excellence, the creation of standards, the demands for formalized education and government funding for care – all appropriate and necessary – we must never forget to reach out beyond ourselves, beyond our personal pride and ambition ... beyond our turf, if you like ... to reach out from our inner self to the people for whom we care... all of them.* **Dorothy Ley** (*The Heart of Hospice*, NC Press: Toronto, 1994)

## Doctor slang is a dying art

U.K. | BBC News – 13 August 2008 – The inventive language created by doctors the world over to insult their patients – or each other – is in danger of becoming extinct. So says a doctor who has spent four years charting more than 200 colourful examples. Medicine is a profession already overflowing with acronyms and technical terms, and doctors over the years have invented plenty of their own. However, Dr Adam Fox, who works at St Mary's Hospital in London as a specialist registrar in its child allergy unit, says that far fewer doctors now annotate notes with acronyms designed to spell out the unsayable truth about their patients. The increasing rate of litigation means that there is a far higher chance that doctors will be asked in court to explain the exact meaning of NFN (Normal for Norfolk), FLK (Funny looking kid) or GROLIES (*Guardian* Reader Of Low Intelligence in Ethnic Skirt). <http://news.bbc.co.uk/2/hi/health/3159813.stm>

## Facing into the challenge of long-term care

IRELAND | *Irish Times* – 12 August 2008 – The person with a terminal illness is coming to the end of his or her life. Chronic conditions, however, can go on for decades. This can be very stressful indeed for both parties involved in the caring. Medical advances ... mean that people survive strokes, head injuries and other conditions that not long ago would have resulted in death. Similarly, there are certain permanent disabilities that used to shorten the life span considerably, but with which people can now live for a very long time. That is all to the good and worthy of celebration. But caring in this situation can be extremely challenging. The parties are bound by ties of love and duty, but they are also trapped by these ties. Coping with this can bring serious stresses. <http://www.irishtimes.com/newspaper/health/2008/0812/1218232759381.html>

- Japan (*News Statesman*): 'Caring for Japan's elderly.' <http://www.newstatesman.com/uk-politics/2008/08/japan-elderly-care-insurance>
- U.K. (London Stock Exchange): 'Brits not saving for long term care fees.' <http://www.londonstockexchange.com/en-gb/pricesnews/investnews/article.htm?WBCMODE=presen.presen.presen.presen?ArticleID=18732702>
- U.S. (*Medical News Today*): 'Long-term care workers struggle with elderly population boom.' <http://www.medicalnewstoday.com/articles/118275.php>

## What is quality of life?

U.K. | *New Scotsman* – 12 August 2008 – It cannot be an easy or pleasant job to inform terminally ill cancer patients they will be denied access to effective drugs that have the capacity to extend their lives by months or years. Moreover, in a society with a publicly funded health service, it is particularly difficult to justify the denial of effective treatment to patients who have paid their taxes ... in expectation that they will have access to high quality medical treatment if they fall ill. Just such an unpleasant, difficult and controversial task has just been carried out by Professor Peter Littlejohns, of the National Institute for Health and Clinical Excellence. Littlejohns has released a preliminary ruling denying access to the drugs Sutent, Avastin, Nexavar and Torisel to patients with advanced metastatic kidney cancer. These patients will ... die months earlier than those with the same condition in other countries in Europe where such drugs are available. <http://www.newstatesman.com/health/2008/08/life-nice-treatment-nhs-health>

## Clinical trials test potential of hallucinogenic drugs to help patients with terminal illnesses

U.K. | *Guardian* – 12 August 2008 – Scientists are exploring the use of psychedelic drugs such as LSD to treat a range of ailments from depression to cluster headaches and obsessive compulsive disorder. The first clinical trial using LSD since the 1970s began in Switzerland in June. It aims to use "psychedelic psychotherapy" to help patients with terminal illnesses come to terms with their imminent mortality and so improve their quality of life. Another psychedelic substance, psilocybin, has shown promising results in trials for treating symptoms of terminal cancer patients. And, researchers are using MDMA (ecstasy) as an experimental treatment for post-traumatic stress disorder. <http://www.guardian.co.uk/science/2008/aug/12/medicalresearch.drugs>

- U.K. (*New Scientist*): '**Morphine-cannabis super-painkiller.**' <http://technology.newscientist.com/article/dn14344-invention-morphinecannabis-superpainkiller.html>

## Diabetes deaths 'underestimated'

U.K. | Press Association – 10 August 2008 – Diabetes accounts for more than one in 10 deaths among the bulk of the population in England, it has been claimed. In most cases the disease kills indirectly by leading to strokes, heart attacks or kidney failure. Often it is not recorded on death certificates. For this reason the number of deaths attributable to diabetes has consistently been underestimated, say experts. The new figures compiled by the charity Diabetes UK indicate that the disease is responsible for 11.6% of deaths among 20 to 79-year-olds in England. They were calculated by combining research evidence, diabetes prevalence estimates and population and mortality data. [http://ukpress.google.com/article/ALeqM5jqXr2HbxMbd-cGM25wPL\\_fvrl8qQ](http://ukpress.google.com/article/ALeqM5jqXr2HbxMbd-cGM25wPL_fvrl8qQ)

- Canada (CTV News): '**Canadian Medical Association: 21,000 will die from pollution in 2008.**' [http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20080813/smog\\_report\\_080813/20080813?hub=CTVNewsAt11](http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20080813/smog_report_080813/20080813?hub=CTVNewsAt11)

## Journal Articles of Interest

### Respectful Death: A model for end-of-life care

*CLINICAL JOURNAL OF ONCOLOGY NURSING*, 2008;12(4):621-626. The Respectful Death Model (RDM) is a research-based, holistic, and practical model developed to improve end-of-life care. A respectful death is one which supports dying patients, their families, and professionals in the completion of life cycles and can be used by all members of the healthcare team. The model is a process method commencing with the establishment of a therapeutic relationship with the dying patient and his or her family and, as a result, their stories are heard and incorporated into the care plan. Other topics addressed are the current culture toward death in the U.S., the roles of nurses in the RDM, and the barriers and benefits of the RDM. Recommendations for future research in end-of-life care also are addressed. **N.B.** Link unavailable.

### 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.

## Books & Resources

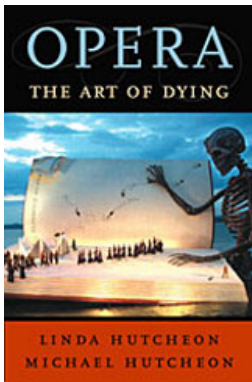
### ***Dead Serious: A philosophical take on mortality***

U.K. | *Guardian* – 9 August 2008 – In 1776, shortly before he died from a "disorder" in his bowels, the philosopher David Hume wrote a brief last testament entitled *My Own Life*. This little autobiography is remarkable for, among other things, Hume's serenity and imperturbability in the face of death. Hume was visited near the end by James Boswell, who asked the philosopher if he was terrified by the thought of dying. Hume is said to have replied: "Not the least; no more than the thought that I had not been, as Lucretius observes." Simon Critchley recounts this exchange in his provocative and entertaining new book, in which he has collected stories (in many cases apocryphal) of the deaths of 190 or so philosophers. Critchley is as interested in what philosophers have thought about death as in how they died, and Hume's terminal allusion to Lucretius has great significance for him. For Lucretius was the author of a Latin treatise devoted to the teachings of the Greek sage Epicurus, whose scientific, materialist outlook led him to reject all thoughts of the afterlife. Death, Epicurus said, is "nothing to us"; it is simply the end. And he maintained that the purpose of philosophy is to achieve a kind of accommodation with this fact. <http://www.guardian.co.uk/books/2008/aug/09/philosophy.history>

## Worth Repeating

### ***Opera: The Art of Dying***

HARVARD UNIVERSITY PRESS – 23 March 2004 – Our modern narratives of science and technology can only go so far in teaching us about the death that we must all finally face. Can an act of the imagination, in the form of opera, take us the rest of the way? Might opera, an art form steeped in death, teach us how to die, as this provocative work suggests? In *Opera: The Art of Dying*, a physician and a literary theorist bring together scientific and humanistic perspectives on the lessons on living and dying that this extravagant and seemingly artificial art imparts. Contrasting the experience of mortality in opera to that in tragedy, the Hutcheons find a more apt analogy in the medieval custom of *contemplatio mortis* – a dramatized exercise in imagining one's own death that prepared one for the inevitable end and helped one enjoy the life that remained. From the perspective of a contemporary audience, they explore concepts of mortality embodied in both the common and the more obscure operatic repertoire. The authors examine how death is made to feel logical and even right morally, psychologically, and artistically – how, in the art of opera, we rehearse death in order to give life meaning. <http://www.hup.harvard.edu/catalog/HUTOPE.html>



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