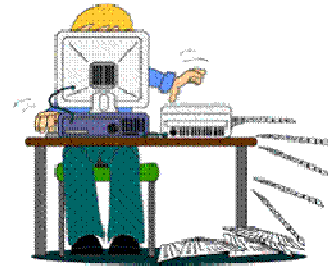


Media Watch

...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.

25 August 2008 Edition | Issue #59



Compilation of Media Watch 2008 ©

Compiled & Annotated by Barry R. Ashpole

New National Film Board of Canada documentary: Scroll down to [Books & Resources](#) and 'Documentary examines Western culture's difficulty with death.'

Canada: National

Beliefs and values

Doctors must always have right to follow conscience

CALGARY HERALD | Online report – 22 August 2008 – Some 2,500 years ago, doctors were both healers and killers. Abortion and euthanasia were commonplace, and the type of medical service rendered depended on who was paying the bill or how the 'payee' asked the 'doctor' to take care of the patient. That ended in 400 BC, when a Greek physician named Hippocrates decided that patients deserved better and wrote an oath to affirm the sanctity of life and the doctor's duty to protect it. Doctors who took the Hippocratic Oath could then offer patients an element of trust and care that was previously non-existent and ... Hippocratic physicians became the physicians of choice. Well-known anthropologist Margaret Mead commented on this marked shift in the physician's role by saying, "For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world, the doctor and sorcerer tended to be the same person. He with the power to kill had power to cure ... (but now) one profession ... (would) be dedicated completely to life under all circumstances. "This is a priceless possession, which we cannot afford to tarnish, but society is always attempting to make the physician into a killer – to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient ... it is the duty of society to protect the physician from such requests." <http://www.canada.com/calgaryherald/news/theeditorialpage/story.html?id=1cfb5887-cc16-4d70-881a-652920d7718b>

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.

One man's perspective on palliative care

Supporting Insite unethical, (Federal Health Minister Tony) Clement tells doctors

GLOBE & MAIL | Online report – 19 August 2008 – Health professionals who support (Insite) Vancouver's safe injection site are unethical and immoral, federal Health Minister Tony Clement suggested on Monday. "The supervised injection site undercuts the ethic of medical practice and sets a debilitating example for all physicians and nurses ... " he scolded in an address to ... (a) Canadian Medical Association ... meeting in Montreal. He called providing a safe injection site to drug addicts tantamount to offering palliative care to a patient with a treatable form of cancer. <http://www.theglobeandmail.com/servlet/story/RTGAM.20080818.wcelementinsite0818/BNStory/National>

N.B. At Insite, a small facility in Vancouver's downtown eastside, drug users inject themselves while supervised by nurses and physicians, and receive counselling about rehabilitation. In a poll of Canadian physicians, 79% supported harm-reduction measures, including safe injection sites.

- *Globe & Mail*: '**(Clement) Hardly in a position to lecture.**' <http://www.theglobeandmail.com/servlet/story/LAC.20080820.COLETTS20-5/TPStory/Comment>

From Media Watch dated 06.09.2008.

- *National Post*: '**A better way to treat addicts,**' in which Federal Health Minister Tony Clement states: "Palliative care is what you give someone when every other solution has failed, and we are just waiting for death." http://www.nationalpost.com/todays_paper/story.html?id=550922

Canada: The Provinces

Training home care providers

Elderly Quebec woman's death raises questions about home care

QUEBEC | CBC News – 21 August 2008 – A Quebec coroner says community health personnel need better training on the role and responsibilities of home care providers. Coroner Catherine Rudel-Tessier made the recommendation in a report on the death of an elderly woman who was being care for at home by her son. She had been suffering from Alzheimer's disease and dementia and wanted to die at home. Her son had agreed to care for her. Community health-care workers visited three times a day to feed and change her, but her son struggled to provide constant supervision and Trudel's condition deteriorated under his watch. The local community health-care centre – known in Quebec as CLSCs – was aware of the son's difficulties and met with him on several occasions to review what he needed to do to care for his mother, the report said. He reportedly refused to put his mother in long-term care. Community workers should have intervened when they realized Trudel's son wasn't able to provide for her, Rudel-Tessier said. They could have contacted the public curator to request mandatory long-term care, she said. <http://www.cbc.ca/canada/montreal/story/2008/08/21/mtl-trudelcoroner0821.html>

Quotable Quotes

*If I am sure I can count on you to tell me the truth, to seek the truth where I am concerned, to treat me fairly, to care whether I get what I deserve and deserve what I get, then our relationship is more likely than not to be defined by trust. Where such trust exists ethical conflict and the burden of ethical choice are materially diminished. Gregory D. Foster ('Ethics: Time to revisit the basics,' *Humanist*, March-April, 2003)*

Education initiative in palliative care

Three educational institutions work together to benefit students

ONTARIO | *Ottawa Citizen* – 20 August 2008 – A new initiative has partnered the Ottawa-Carleton District School Board, Algonquin Community College and Ican College of Computer Business & Health to give students not only an Ontario Secondary School Diploma, but also a college diploma ... and an enhanced palliative care course. "With the PSW (personal support worker) course we also have an employer, GEM Healthcare Services Inc., who guarantees in writing that they will employ all graduates before the course even starts," says Nicki Wilmore, of Ican College. <http://www.canada.com/ottawacitizen/news/story.html?id=69096a71-eaf8-465b-908d-ed5261a4dbf6>

Long term care funding

Provincial government announces \$23.3 Million to add 873 personal support workers

ONTARIO | Ministry of Health & Long Term Care press release – 19 August 2008 – Ontario is providing \$23.3 million to support the creation of 873 personal support worker positions in long-term care homes. This will increase the average paid hours of direct daily care per resident to 3.26 hours this year. This is the first round of provincial government funding to make possible 2,500 new personal support worker positions and 2,000 more nurses in long-term care homes over the next four years. These additional frontline staff will increase the average paid hours of direct daily care per resident in long-term care homes to 3.5 hours by 2011.

<http://www.newswire.ca/en/releases/archive/August2008/19/c5248.html>

- Ontario (*Hamilton Spectator*): 'Physician assistants are helping cover province's doctor shortage.' <http://www.thespec.com/News/Local/article/421085>

U.S.A.

Nevada ruling may compound end-of-life care decisions

AMERICAN MEDICAL ASSOCIATION | AMedNews.com – 1 September 2008 (Dateline) – A recent Nevada Supreme Court ruling may open the door for physicians' medical judgment to be questioned in end-of-life care decisions and make their role in such scenarios more difficult, some experts said. The high court for the first time addressed the scope of a state law designed to help dying patients spell out their wishes to refuse life-sustaining treatment and enable doctors to honor such requests. Nevada's Uniform Act on the Rights of the Terminally Ill states that, in the absence of a written directive from the patient or a designated family member, the attending doctor can make the decision to withhold or withdraw life support from a terminally ill patient with consent from a relative. About 20 states have adopted similar laws modeled after draft legislation created by the Uniform Law Commission. The non-partisan group helped develop the legislation in order to streamline consent mechanisms for end-of-life care across state lines.

<http://www.ama-assn.org/amednews/2008/09/01/prsa0901.htm>

- California Health Line: 'California Senate OKs bill on information about end-of-life care.' <http://www.californiahealthline.org/articles/2008/8/21/California-Senate-OKs-Bill-on-Information-About-EndofLife-Care.aspx?topicID=51>
- *Los Angeles Times*: '(California) state bill would muddle laws on end-of-life care and establish a dangerous precedent.' <http://www.latimes.com/news/opinion/la-ow-price21-2008aug21.0.4221900.story>

Pain and symptom management

Misuse of narcotics may call for additional doctor training

PHARMATECH.COM | Online report – 21 August 2008 – The Food & Drug Administration (FDA) may soon ask doctors to undergo special training to be able to prescribe powerful narcotics, Dr. Bob Rappaport told *The New York Times*. Rappaport, director of FDA's Anesthesia, Analgesia & Rheumatology Products division, said the agency is considering recommending additional education for doctors in early 2009, as FDA doesn't have the authority to require such training. That authority rests in the hands of state medical boards. More attention is being paid to this controversial issue as reports of improper use of painkillers have increased in recent months, despite FDA alerts. The drugs under concern include methadone, fentanyl, and some forms of oxycodone. <http://pharmtech.findpharma.com/pharmtech/Regulation/Misuse-of-Narcotics-May-Call-for-Additional-Doctor/ArticleStandard/Article/detail/543483?contextCategoryId=35097>

- *New York Times*: 'Better pain treatment.'
<http://www.nytimes.com/2008/08/23/opinion/lweb24methadone.html?ref=opinion>

Government posts hospital deaths

ILLINOIS | *Chicago Tribune* – 20 August 2008 – For the first time, the government today disclosed information about patient deaths for all hospitals in the country. It's a big step towards making information about the quality of care in hospitals available to consumers. Death rates for patients with pneumonia, heart attacks and heart failure are now posted on Medicare's web site: www.hospitalcompare.hhs.gov. <http://newsblogs.chicagotribune.com/triage/2008/08/government-post.html>

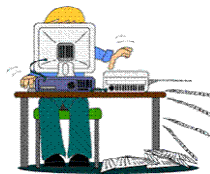
Informed consent

Legislation to regulate dead body exhibits

CALIFORNIA | *Chronicle* – 19 August 2008 – A new Bill makes California the first state to prohibit the commercial profit and public display of human bodies or remains, unless exhibitors provide documented informed consent of the deceased or next-of-kin. The 'Bodies Revealed' exhibit, which was on display in Sacramento earlier this year, came under scrutiny when 20/20, a national current affairs television program, raised concerns over the use of "unclaimed bodies." Premier Exhibitions obtained the bodies for the exhibit from China. 20/20 concluded that they were unwilling human remains. <http://www.californiachronicle.com/articles/71686>

- 'Bodies Revealed' website: <http://www.bodiesrevealed.com/index-home.html>

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.

Media coverage of military funerals

Major change for Arlington National Cemetery

WASHINGTON, DC | Voice of America – 19 August 2008 – A U.S. Army review committee has drafted a new policy that for the first time would allow the broadcast of remarks made at the funerals of American service members buried at Arlington National Cemetery. The funerals are solemn and highly ceremonial. A horse-drawn wagon brings a flag-draped casket through the neat rows of white headstones to a freshly dug grave where a grieving family waits. A white-gloved honour guard folds the U.S. flag that is draped over the coffin and presents it to the deceased's closest relative. There is a gun salute. And the mournful final call of taps is played by a lone bugler standing nearby, among the graves. Each funeral is the same and each one is completely different – mourning the loss of an individual – a son or daughter, husband or wife, father or mother. And that is where many in the media and some bereaved family members believe the rules for media coverage have fallen short. Reporters, cameras and microphones are kept dozens of meters away, making it difficult to see and impossible to hear the eulogies, poems and prayers that tell the personal stories. <http://www.voanews.com/english/NewsAnalysis/2008-08-19-voa52.cfm>

Many think God's intervention can revive the dying

ASSOCIATED PRESS | Newswire report – 18 August 2008 – An eye-opening survey, published in the latest issue of *Archives of Surgery*, reveals widespread belief that divine intervention can revive dying patients. The survey involved 1,000 adults randomly selected to answer questions by telephone about their views on end-of-life medical care. They were surveyed in 2005, along with 774 doctors, nurses and other medical workers who responded to mailed questions. The author's express the opinion that doctors "need to be prepared to deal with families who are waiting for a miracle." More than half of the adults surveyed (57%) said God's intervention could save a family member even if physicians declared treatment would be futile. Nearly three-quarters said patients have a right to demand such treatment. When asked to imagine their own relatives being gravely ill or injured, nearly 20% of doctors and other medical workers said God could reverse a hopeless outcome. Sensitivity to this belief will promote development of a trusting relationship with patients and their families, according to the researchers. That trust, they said, is needed to help doctors explain objective, overwhelming scientific evidence showing that continued treatment would be worthless. <http://ap.google.com/article/ALeqM5jJwNamFOQ5Q-hju9AzNVjYDrXs7QD92L09L00>

- Abstract of *Archives of Surgery* article: '**Views of the public and trauma professionals on death and dying from injuries.**' <http://archsurg.ama-assn.org/cgi/content/short/143/8/730>
- MedPageToday.com: '**Healthcare providers and public differ on end-of-life questions.**' <http://www.medpagetoday.com/EmergencyMedicine/EmergencyMedicine/tb/10582>

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.

In cancer therapy, there is a time to treat and a time to let go

NEW YORK TIMES | Online article – 18 August 2008 – The author cites a study, by cancer specialists at Cleveland's University Hospitals Case Medical Center, of 113 patients with ovarian cancer. Those with shorter survival time had a trend toward increased chemotherapy during their last three months of life and had increased overall aggressiveness of care ... (but) did not have improvement in survival. The researchers concluded: "Our findings suggest that in the presence of rapidly progressive disease, aggressive care measures ... are not associated with a survival benefit." With aggressive therapy, the majority of the women in the study who died did so without the benefit of hospice. <http://www.nytimes.com/2008/08/19/health/19brod.html?em>

- *Free Lance Star* (Fredericksburg, VA): '**As death draws near, patients and families face agonizing decisions end-of-life care.**'
<http://fredericksburg.com/News/FLS/2008/082008/08242008/401811>
- *New York Times*: '**Looking squarely at death, and finding clarity.**'
http://www.nytimes.com/2008/08/19/health/views/19case.html?_r=1&ref=science&oref=slogin
- *Times Argus* (Montpelier, VT): '**There's a time to treat terminal illnesses and a time to let go.**'
<http://www.timesargus.com/apps/pbcs.dll/article?AID=/20080824/FEATURES07/808240334/1016/FEATURES07>

Burial services using natural processes and materials are less costly as well as earth-friendly

INDIANAPOLIS | *Star* – 17 August 2008 – When people at flea markets and festivals stop by the booth Nathan Butler sets up to promote his funeral home, people routinely tell him they aren't interested in the trappings of a modern burial. For many potential customers and, in the funeral business, that's everyone, Butler sees a growing recognition that modern burials are wasteful, needlessly expensive and a capstone to one's life that is anything but earth-friendly. So, Butler's funeral home is positioning itself on the forefront of the next wave in death care: the green burial. <http://www.indystar.com/apps/pbcs.dll/article?AID=/20080817/LOCAL/808170382>

- *New England (Fremont Tribune)*: '**Dying green: You'll make great compost after burial.**'
http://www.fremonttribune.com/services/contact_us/
- *WebWire.com* (Atlanta, GA): '**Embalmers in the U.S. and Europe begin litigation against their employers over exposure to formaldehyde.**'
<http://www.webwire.com/ViewPressRel.asp?aId=73080>

Standards of practice

Pediatric palliative care



NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Online posting – 12 August 2008 – NHPCO's Pediatric Standards are available for review and comment. The review and comment period will be open until 26 September 2008 (5:00 pm ET). The review of the Pediatric Standards is open to all interested participants. All comments will be reviewed and assessed by ChiPPS (Children's Project on Palliative/Hospice Services), then sent to NHPCO's Quality & Standards Committee for final approval.

Photograph: Johnnie Eisen | *Pain Management Newsletter*

- Field review process: <http://www.nhpc.org/i4a/pages/Index.cfm?pageID=5700>

International

World's first end-of-life research institute to be built in UK

U.K. | Dash.com (online report) – 22 August 2008 – Care Services Minister Ivan Lewis today announced a £1million grant to help build the world's first purpose-built institute for research into end of life care. The Cicely Saunders Institute for Palliative Care will enable leading researchers to work alongside each other in a purpose built building for the first time ever and deliver high quality palliative care solutions to patients, as well as providing education, patient information and support. This follows on from the recently launched government End of Life Care Strategy. Cicely Saunders International is working in partnership with King's College London to build the Institute. <http://www.24dash.com/news/Communities/2008-08-22-Worlds-first-end-of-life-research-institute-to-be-built-in-UK>

Medical blogs: professionalism still applies

AUSTRALIA | *Consult Magazine* – 21 August 2008 – Medical blogs are emerging as the public face of health care, but bloggers should be aware that patient confidentiality rules still apply, according to authors of the first U.S. study to look at medical blogs and patient privacy. With more doctors and nurses becoming medical bloggers, researchers have identified a need for universities and professional organisations to provide instruction and guidance on how to blog in a way that maintains professional and ethical standards. In the new study, researchers looked at the burgeoning area of medical blogs to see if patient privacy was being respected. <http://www.consultmagazine.net/StoryView.asp?StoryID=268251>

Sample U.S. medical blog:

- PalliMed (A hospice and palliative medicine blog): **'Hospice in prison vs. hospice for released prisoners.'** <http://www.pallimed.org/2008/08/hospice-in-prison-vs-hospice-for.html>

Resuscitation

Show respect, don't reanimate

HOLLAND | Radio Netherlands – 21 August 2008 – If you're over 70 and you don't want to be resuscitated after a heart attack, the government should respect that wish. The Stichting Hartpatiënten Nederland (Dutch Heart Patients Foundation), a patients' pressure group says it doesn't understand all the political commotion surrounding the resuscitation policy of the St Pieters & Bloklands care home in the town of Amersfoort. The Christian Democrats and other political parties have been demanding that the cabinet intervene at the care home, which recently adopted a policy of not reanimating elderly people after a heart attack unless they had specifically asked to be resuscitated. The home sent its residents a letter pointing out that people over 70 run serious risks of a significantly reduced quality of life if they are reanimated after cardiac arrest. It asked them to indicate in writing whether they wished to be reanimated or not in such a case. Following the announcement of an investigation by the Health Care Inspectorate, the home has suspended its new protocol: for the time being it will resuscitate all cardiac arrest victims, regardless of age. <http://www.radionetherlands.nl/currentaffairs/region/netherlands/080821-resuscitation-policy>

[Back Issues of Media Watch](#)

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

Palliative care for non-cancer patients

'Better' end of life care pledge

U.K. (Scotland) | BBC News – 21 August 2008 – Audit Scotland found that 90% of specialist care was delivered to cancer patients, although the disease accounted for fewer than 30% of deaths. And it concluded that people with other conditions, such as organ or respiratory failure or dementia, may have complex palliative care needs but were less likely to get specialist palliative care. Pointing out that more than 55,000 people died in Scotland each year, deputy auditor general Caroline Gardner said: "Palliative care should be an integral part of the support given to patients and their families and carers during the last months, days and hours of their lives." In many areas of Scotland, the voluntary sector and the health service provide excellent and much appreciated care. But access to good quality palliative care varies across the country."

http://news.bbc.co.uk/2/hi/uk_news/scotland/7572815.stm

- U.K. (*Caring Business*): **'End-of-life care hampered by poor access, inconsistency ...'**
http://www.caringbusiness.co.uk/c/portal/layout?p_l_id=259730&CMPI_SHARED_articleId=1143795&CMPI_SHARED_ImageArticleId=1143795&CMPI_SHARED_articleIdRelated=1143795&CMPI_SHARED_ToolsArticleId=1143795&CMPI_SHARED_CommentArticleId=1143795

Euthanasia and assisted suicide

Bill would allow lethal drinks by prescription

AUSTRALIA | News.com.au – 20 August 2008 – Doctors will be able to prescribe lethal drinks for terminally ill Victorians if a controversial Bill passes through State Parliament. If the Bill is successful, doctors will be able to prescribe a barbiturate – most likely Secobarbital – so patients suffering from terminal illness can take their own lives. The bitter-tasting drug is already used in Oregon, in the US, where terminally ill patients mix it with a large quantity of apple juice. Death takes up to an hour. To get a prescription for the lethal potion, a patient would first need to find a doctor willing to support them. The patient would go through a cooling-off period and then have to find a second doctor to sign off on the decision to die. The first doctor would be required to report the deadly prescription to the State Coroner within 14 days, and provide a documentary report within 14 days of the death. <http://www.news.com.au/story/0,23599,24210647-421,00.html>

- Australia (*Herald-Sun*): **'Deadly debate we must have.'**
<http://www.news.com.au/heraldsun/story/0,21985,24214927-24218,00.html>
- U.K. (*Daily Telegraph*): **'Date set for review of assisted suicide.'**
http://www.thetelegraphandargus.co.uk/news/3610354.Date_set_for_review_of_assisted_suicide/

Journal Articles of Interest

Family meetings in palliative care: multidisciplinary clinical practice guidelines

BMC PALLIATIVE CARE, 2008;7:12 (online journal article). Support for family carers is a core function of palliative care. Family meetings are commonly recommended as a useful way for health care professionals to convey information, discuss goals of care and plan care strategies with patients and family carers. Yet it seems there is insufficient research to demonstrate the utility of family meetings or the best way to conduct them. This study sought to develop multidisciplinary clinical practice guidelines for conducting family meetings in the specialist palliative care setting based on available evidence and consensus based expert opinion. The clinical guidelines developed from this study offer a framework for preparing, conducting and evaluating family meetings. <http://www.biomedcentral.com/content/pdf/1472-684x-7-12.pdf>

Best practice

How useful are systematic reviews for informing palliative care practice?

BMC PALLIATIVE CARE, 2008;7:13 (online journal article). In contemporary medical research, randomised controlled trials are the gold standard for establishing treatment effects where it is ethical and practical to conduct them. In palliative care such trials are often impractical, unethical, or extremely difficult, with multiple methodological problems. We review the utility of Cochrane reviews in informing palliative care practice. Cochrane reviews in palliative care are well performed, but fail to provide good evidence for clinical practice because the primary studies are few in number, small, clinically heterogeneous, and of poor quality and external validity. They are useful in highlighting the weakness of the evidence base and problems in performing trials in palliative care. <http://www.biomedcentral.com/content/pdf/1472-684x-7-13.pdf>

Medicine, spirituality and patient care

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2008;300(7):836838. As a physician and pastoral theologian, and in my role as a teacher of medical, nursing, chaplaincy, and theology students, I am often asked (especially when speaking about the needs of seriously ill and dying patients), "Is spiritual care always an important part of medical care? If yes, who should assess the need for it?" Religion is defined as "the service and worship of God or the supernatural; a personal set or institutionalized system of religious attitudes, beliefs, and practices"; and spirituality is defined as "the quality or state of being spiritual" (with spiritual meaning "of or relating to sacred matters"). In most individuals' estimation, religion tends to be associated with formal practices and rules that connect a person to the sacred. Because spirituality is not usually based on human-made laws of reason or logic, it is often described as the non-logical or non-rational. <http://jama.ama-assn.org/cgi/content/extract/300/7/836>

Pain and symptom management

Can opioids make pain worse?

PAIN TREATMENT TOPICS, 20 August 2008 (online journal article). Healthcare providers are becoming increasingly aware that ongoing opioid therapy for chronic pain might paradoxically worsen the pain in some patients – a condition called Opioid-Induced Hyperalgesia (OIH). According to Peggy Compton, author of this evidence-based review, present indications are that OIH does not arise in the majority of patients taking opioid analgesics, but when it does occur it can be difficult to manage. It is essential that healthcare providers carefully monitor patients' responses to opioid therapy and recognize that several conditions other than OIH – including worsening disease, opioid tolerance, withdrawal, pseudoaddiction, or addiction – can lessen opioid-analgesic effectiveness. In some cases, higher opioid dosing is needed; however, if OIH occurs, other strategies should be employed to provide pain relief. Strategies described in Compton's review include keeping opioid doses as low as is clinically effective, the use of adjuvant medications, opioid rotation, and new applications of low-dose opioid antagonists. <http://pain-topics.org/pdf/Compton-OIH-Paradox.pdf>

Euthanasia and assisted suicide

The end-of-life administration of analgesics and sedatives and the possibility of slow euthanasia

BIOETHICS, 2008;22(7):388-396. On the one hand, analgesics and sedatives can do much to relieve suffering in the terminally ill. On the other hand, they can hasten death. The administration of analgesics and sedatives amounts to euthanasia when the drugs are given with an intention to hasten death. The authors report on interviews with (8) physicians regarding their understanding of intention in the context of ... voluntary euthanasia, assisted suicide, and ... the use of analgesic and sedative infusions. They report a "striking ambiguity and uncertainty" regarding intentions amongst the doctors interviewed. The authors concluded that "slow euthanasia" may be more psychologically acceptable to doctors than active voluntary euthanasia by bolus injection, partly because the former would usually only result in a small loss of 'time' for patients already very close to death ... also because of the desirable ambiguities surrounding causation and intention when an infusion of analgesics and sedatives is used. **N.B.** Link unavailable.

Euthanasia and assisted suicide

Assessment of requests for assisted suicide by a Swiss right-to-die society

DEATH STUDIES, 2008;32(7):646-657. Non-physician volunteers of Exit, the largest right-to-die organization in Switzerland ... conduct assessments and deliver lethal medications for a member to self-administer. This study analyzes the content of 114 intake sheets of Exit members, whose requests for assisted suicide were granted, in an effort to examine the frequency of depression and whether their relatives agreed with the member's decision to commit suicide. Exit's paperwork indicated that depression was found to exist in 27% of the cases, was more common among those under 65, and relatives explicitly disagreed with the member's decision in 5% of the cases. **N.B.** Link unavailable.

Euthanasia and assisted suicide

Dying cancer patients talk about euthanasia

SOCIAL SCIENCE & MEDICINE, 2008;67(4):647-656. Surveys report socio-demographic differences in rates of acceptance of euthanasia, but there is little in-depth analysis of how euthanasia is understood and positioned within the social and moral lives of individuals, particularly those who might be considered suitable candidates, for example, terminally-ill cancer patients. During discussions with 28 such patients ... euthanasia was raised by 13 patients, with the others specifically asked about it. Twenty-four patients spoke positively of euthanasia, 19 of these voicing some concerns. None identified euthanasia as a currently favoured option. Four were completely against it. Endorsement for euthanasia was in the context of a hypothetical future or for a hypothetical "other person," or temporally associated with acute pain. Arguments supporting euthanasia framed the issue as a matter of freedom of choice, as preserving dignity in death, and as curbing intolerable pain and suffering, both of the patient and of those around them. **N.B.** Link unavailable.

Books & Resources



Documentary examines Western culture's difficulty with death

CANADA | *Globe & Mail* – 22 August 2008 – There are certainly bigger, more commercial films on the roster for Montreal's World Film Festival, which opened last night, but at least thematically there's unlikely to be any as important as *Griefwalker*. Tim Wilson's compelling documentary is important not for its budget or its stars, but for its subject matter. The film confronts the ultimate elephant in everyone's room: death. Spurred by his own near-death experience a few years ago – the result of a fractious gallbladder – Wilson contacted an old friend, Stephen Jenkinson, a Harvard-trained theologian and social worker who now devotes his life to teaching and palliative care. The film that emerged was produced by the National Film Board. It shows Jenkinson counselling terminal patients and a young couple grieving over the loss of their daughter and, in conversations with Wilson, ruminating at length on death and how it ought to be treated. Some people call him "the angel of death." At core, he's sharply critical of how Western society tends to deal with death, denying its inevitability for as long as possible and heavily medicating the grief that surrounds it. Instead, Jenkinson maintains, we need to live our lives with a greater appreciation for death, seeing it as the incubator and cradle of life itself. <http://www.theglobeandmail.com/servlet/story/LAC.20080822.GRIEFWALKER22//TPStory/Entertainment>

- National Film Board (*Griefwalker*) webpage: <http://www.nfb.ca/webextension/griefwalker/#sec-gallery>

Of related interest:

- Canada (*Globe & Mail*): 'From grief to laughter in a few short minutes.' <http://www.theglobeandmail.com/servlet/story/RTGAM.20080825.wtiff25/BNStory/Entertainment/home>

Film urges conversation about dying

U.S. | *Grand Rapids Press* (Michigan) – 19 August 2008 – *Except for Six ...* may alter how viewers want to die once they grasp the title's double meaning. The Hospice of Michigan documentary is a centerpiece of the hospice's public education and awareness campaign. It tells the stories of three terminally ill people, their families and the care team. It chronicles the lives and eventual deaths of Ron Christie, Naomi "Lee" Radeck and Rosie Thompson. Its message: "There's a better way to die than in a sterile, unfamiliar hospital room." *Except for Six* is also about learning how to let go. One of the physicians in the movie observes it gets to a point where you're chasing a cure that doesn't exist ... (as a consequence) you lose time with loved ones. http://www.mlive.com/grpress/lifestyles/index.ssf/2008/08/film_urges_conversation_about.html

Arts & Entertainment

'Why are we so afraid to talk about death?'

U.K. | *Daily Telegraph* – 20 August 2008 – Hugo Blick has made a series of monologues about dying and death. In this article, journalist Serena Davies talks with the writer/director and Sheila Hancock, the star of the first film. "Why are we so afraid to talk about death?" the filmmaker asks. Hancock plays an invalid with a terminal illness recording a final message for her husband before she takes her own life in a Swiss assisted-suicide clinic. In the second monologue, Rhys Ifans portrays a lonely Welsh farmer whose tyrannical mother stands in the way of his living any kind of meaningful existence. In the last, Bob Hoskins is a hit man who is about to be murdered. Blick produced the acclaimed, bittersweet comedies 'Marion & Geoff' and 'Sensitive Skin.'
<http://www.telegraph.co.uk/arts/main.jhtml?xml=/arts/2008/08/20/nosplit/bvtvlastword20.xml>

Worth Repeating



Photograph: Ruth Fremson | *The New York Times*

Many of world's poor suffer in pain

NEW YORK TIMES – Online editorial – 10 September 2007 – Like millions of others in the world's poorest countries, Zainabu Sesay is destined to die in pain. She cannot get the drug she needs – one that is cheap, effective, perfectly legal for medical uses under treaties signed by virtually every country, made in large quantities, and has been around since Hippocrates praised its source, the opium poppy. She cannot get morphine. That is not

merely because of her poverty, or that of Sierra Leone. Narcotics incite fear: doctors fear addicting patients, and law enforcement officials fear drug crime. The World Health Organization estimates that 4.8 million people a year with moderate to severe cancer pain receive no appropriate treatment. For other causes of lingering pain – burns, car accidents, gunshots, diabetic nerve damage, sickle-cell disease and so on – it issues no estimates but believes that millions go untreated. Figures gathered by the International Narcotics Control Board make it clear: citizens of rich nations suffer less. Six countries – the United States, Canada, France, Germany, Britain and Australia – consume 79% of the world's morphine, according to a 2005 estimate. The poor and middle-income countries, where 80% of the world's people live, consumed only about 6%.

http://www.nytimes.com/2007/09/10/health/10pain.html?_r=1&scp=3&sq=dying%20in%20pain&st=cse&oref=slogin

Sidebar to *New York Times* article:

- **'Millions dying in pain.'**
http://www.nytimes.com/slideshow/2007/09/07/science/20070910_PAIN_FEATURE.html#
- **'Medical narcotics.'**
http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_MAP.html
- **'About opiates.'**
http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_SIDE.html

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