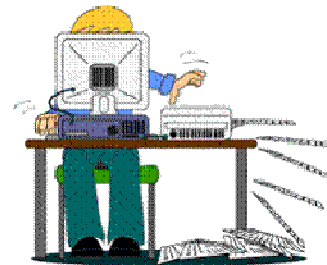


Media Watch

...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.

8 September 2008 Edition | Issue #61



Compilation of Media Watch 2008 ©

Compiled & Annotated by Barry R. Ashpole

Patient advocacy ... and treading unfamiliar territory:
Scroll down to [Journal Articles of Interest](#) and 'Pre-school as palliative care.'

Canada: National

Euthanasia and assisted suicide

Bill C-562: Implications of a federal election

Passage of Bill C-562, which would decriminalize the act of physician assisted suicide, is delayed pending the outcome of the federal election October 14. A private member's bill that would have legalized euthanasia was first introduced by MP Francine Lalonde in June 2006. Bill C-407 was supported by the Bloc Quebecois, but "died on the table" when a federal election was called in the December of that year. Lalonde introduced Bill C-562, an amended version of the earlier bill, in June 2008.

- *The B.C. Catholic: 'Do no harm: will this change?'* <http://bcc.rcav.org/08-09-08/editorial.htm>

Reference:

- Bill C-562 (Right to die with dignity):
<http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=3570851&Language=e&Mode=1&File=24>

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.

Canada: The Provinces

Hospice beds top ... goal

ONTARIO | *Stayner Sun* – 29 August 2008 – Residential hospice funding is at the top of the North Simcoe Muskoka Health Local Integration Network's ... wish list. A list of ... priorities has been submitted to the Ontario Ministry of Health & Long Term Care as part of the LHIN's Annual Service Plan. The Priorities for New Investment (PNI) are investments "beyond LHIN's capacity and approved allocations." Residential hospice operational funding topped the list, as there are currently no residential hospice beds in the North Simcoe Muskoka LHIN. "When ranking the PNI, we looked at which one would have the biggest impact on reducing wait times," said Jill Tettmann, senior director planning, integration and community engagement for the LHIN. The goal is to create 42 new residential hospice beds over the next three years that will alleviate pressures on acute care beds in hospitals. <http://www.staynersun.ca/staynersun/article/115043>

Of related interest:

- Champlain Local Health Integration Network: '**Patients needing long-term care finding alternatives to hospitalization.**' <http://www.thedailyobserver.ca/ArticleDisplay.aspx?e=1186566>

U.S.A.

Medicare reimbursement rates for hospice

Largest U.S. hospice member organization files suit against Bush Administration

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 5 September 2008 – The NHPCO has filed a lawsuit to stop a Centers for Medicare & Medicaid Services' (CMS) rule that would cut Medicare reimbursement rates for hospice and would irreparably damage hospice programs across the country. "The Administration's rule is arbitrary and capricious," said NHPCO President & CEO J. Donald Schumacher. "It will force many hospice providers across the country to either significantly scale back the care they provide to terminally ill patients or to shut their doors altogether." NHPCO seeks an immediate injunction. "NHPCO filed suit because the proposed changes to hospice care of this type and magnitude require substantive supporting evidence (which is not offered)," said Jonathan Keyserling, of the Alliance for Care at the End of Life. <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5718>

Wisconsin jails don't have to honor do-not-resuscitate orders

ASSOCIATED PRESS | Newswire report – 4 September 2008 – State's Attorney General J.B. Van Hollen says jail workers don't have to honor prisoners' do-not-resuscitate orders. Van Hollen says ... that paramedics, first responders and emergency health care providers must abide by such orders. But he says jail staff do not qualify as first responders under state law, even if they've had training in basic emergency medical care. First responders must be certified as such by the state Department of Health Services. Van Hollen issued the opinion at the request of Ozaukee County's attorney, Dennis E. Kenealy. Kenealy was worried the issue would become more pressing as Wisconsin's prison population ages. <http://www.chicagotribune.com/news/chic-ap-wi-jailorders,0,7257307.story>

Recommended reading:

- *Journal of the American Medical Association*, 2007;298(8):894-901. "**Palliative care for prison inmates: "Don't let me die in prison."**" <http://jama.ama-assn.org/cgi/content/abstract/298/8/894>
- Pallimed.org: '**Hospice in prison vs. hospice for released prisoners.**' <http://www.pallimed.org/2008/08/hospice-in-prison-vs-hospice-for.html>

Calls for increased access to palliative care in critical care settings

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 4 September 2008 – The NHPCO has issued a position statement calling for increased access to palliative care for patients in critical care settings. More than one out of five deaths in the U.S. occur during or following admission to an Intensive Care Unit. At this critical time, palliative care providers can complement the knowledge and skills of critical care professionals in the areas of symptom management, assistance with decision making, and end-of-life care. There are times when a given technology is not achieving the hoped-for benefit or is too difficult for the patient to continue. Additionally, patients overwhelmed with symptoms such as pain, difficulty breathing, or confusion, and families of patients in the ICU must oftentimes address difficult medical decisions. These individuals would all benefit from the availability of palliative care. "The focus of critical care is primarily to save lives," commented J. Donald Schumacher, NHPCO President & CEO. "This is not always possible – not because of any lack of excellence on the part of critical care physicians, nurses, and others, but because some patients' diseases are too advanced or their injuries are too severe. There are times when patients need additional care and support. They need palliative care." <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5715>

- NHPCO position statement: http://www.nhpc.org/files/public/NHPCO_PC-in-ICU_statement_Sept08.pdf

Recommended reading:

- *Critical Care Medicine*, 2006;34(11):S302-S305: 'Improving palliative care in intensive care units: Identifying strategies and interventions that work.' <http://www.dyingwell.org/downloads/Palliative%20care%20in%20ICUs%20Intro%20to%20CCM%20Supp%20Nov%2006.pdf>

Schiavo case showed media's potential influence on health care decisions, study says

CALIFORNIA | University of California (San Francisco) News Office – 4 September 2008 – The Terri Schiavo case demonstrated the mass media's potentially powerful influence on people's decision making about their own end-of-life care, according to a study published in the August on-line issue of the *Journal of General Internal Medicine*. Schiavo was a 41-year-old woman in a persistent vegetative state who died in March 2005 after her feeding tube was removed. Her death and the legal battle surrounding it were covered extensively by the world press. At the time of the Schiavo controversy, researchers were interviewing 117 people participating in a separate study of advance directives. Researchers found 92% of the participants overall had heard of the Schiavo case. Of these, 61% reported clarifying their own end-of-life care goals as a result; 66% reported speaking with family and friends about advance care planning; and, 37% reported wanting to complete an advance directive. <http://pub.ucsf.edu/newsservices/releases/200809041/>

Recommended reading:

- *Annals of Internal Medicine*, 2005;143(10):744-748: 'The Terri Schiavo case: Legal, ethical, and medical perspectives.' <http://www.annals.org/cgi/reprint/143/10/744.pdf>
- *New England Journal of Medicine*, 2005;352(16):1630-1633: 'Terri Schiavo – a tragedy compounded.' <http://content.nejm.org/cgi/content/full/352/16/1630>

Quotable Quotes

How people die remains in the memories of those who live on. Dame Cicely Saunders

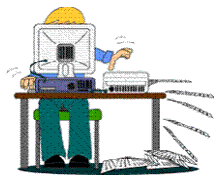
Data collection agency announces palliative care panel

NEW YORK | MarketWatch press release – 4 September 2008 – All Global, an international healthcare data collection agency, announced the launch of its new Palliative Care Panel for marketing research. The new panel provides unique access to more than 18,000 physicians, nurses, pharmacists and healthcare professionals in 39 countries who specialize in palliative care. "Our new research capability gives marketing researchers, consultants and marketers access to a broad range of palliative care professionals, and enables them to gain insights on physician experience, prescribing behaviour, and drug combinations, as well as pain and symptom management," said Tony Burke, Managing Director. The new All Global service is the result of an exclusive partnership agreement with Palliativedrugs.com, an educational website for healthcare professionals co-founded by Dr. Robert Twycross and Dr. Andrew Wilcock, international thought leaders in palliative care. <http://www.marketwatch.com/news/story/all-global-launches-its-palliative/story.aspx?guid=%7BB87D77D8-50BD-42D4-BCAC-1C7AAD2180DE%7D&dist=hppr>

College students study death to learn the meaning of life

CALIFORNIA | *Los Angeles Times* – 3 September 2008 – For the last decade, Professor Norma Bowe has led her classes of 30 students into the refrigerated tombs of bodies stacked bunk-bed-style in the morgue and into hospice bedrooms, glowing from television screens, occupied by the sickly and soon-to-die. She guides them through the barbed-wire fences of Northern New Jersey State Penitentiary, past the outdoor recreation kennels where gang members sweat and swear, to a law library where they sit down with murderers. Her students are from suburban small towns and inner cities. They enrol in Bowe's class because they are curious about her unusual field trips. But something more powerful also draws them here: a need to know how we die, and why. What happens to our bodies, and is there such a thing as the soul? There is a three year waiting list to get into the class. http://www.latimes.com/news/printedition/front/la-na-deathclass3-2008sep03_0,1888119.story

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.

Euthanasia and assisted suicide: California's Bill AB 2747

Lawmaker warns about 'back-door' to euthanasia

CALIFORNIA | WorldNetToday.com – 2 September 2008 – A State senator has launched a campaign to urge Gov. Arnold Schwarzenegger to veto a plan approved by the legislature ... (which he) describes as a "back-door" to legalized euthanasia. Sam Aanestad, Vice Chair of the Senate Health Committee, says the so-called end of life options act interferes with the medical care of people who (have) just received the worst news of their lives. In a statement, Aanestad said: "State government has no business intruding upon the doctor-patient relationship at that time, yet that is exactly what this bill does. This legislation is a back-door approach for advocates of euthanasia (and) contains language that can easily be amended in the future to include other treatments than those it now includes." <http://www.worldnetdaily.com/?pageId=74129>

- California (*Eureka Reporter*): **'Pulling the plug on patient choice.'** <http://www.eurekareporter.com/article/080907-pulling-the-plug-on-patient-choice>

Of related interest:

- LifeNews.com: **'Assisted suicide question was above Barack Obama's pay grade ...'** <http://www.lifenews.com/bio2558.html>
- *Michigan Law Review* (June 2008): **'Physician assisted suicide in Oregon: A medical perspective.'** <http://www.michiganlawreview.org/archive/106/8/hendinfoley.pdf>
N.B. This issue of the *Michigan Law Review* focuses on autonomy at the end of life and includes several articles that discuss the impact of a 10-year-old U.S. Supreme Court ruling on assisted suicide. List of contents: <http://www.michiganlawreview.org/index-mlr.htm>
- Washington (Associated Press): **'Catholics fight Washington assisted suicide initiative.'** <http://www.christianpost.com/article/20080904/catholics-fight-wash-assisted-suicide-initiative.htm>
- Washington (*Herald Olympia*): **'Forum on Washington assisted suicide initiative finds little to agree on.'** http://www.tri-cityherald.com/kennewick_pasco_richland/story/307275.html
- Washington (*Olympian*): **'Statistics of Oregon patients add dimension to end-of-life debate.'** <http://www.theolympian.com/southsound/story/576190.html>
- Washington (*Seattle Times*): **'State says assisted suicide group must ID donors.'** http://seattletimes.nwsourc.com/html/localnews/2008157037_webdonors03.html

Defining death

Ethicists look to MDs on 'death'

COLORADO | *Denver Post* – 2 September 2008 – Pressure to expand the pool of organ donors and improve the success of transplants has led physicians to redefine death and shorten times before organ harvest, researchers say. "We hold that death is the separation of the soul of the body. We don't claim to know exactly when that occurs," said Edward Furton of the National Catholic Bioethics Center. The dead-donor rule says a donor must be dead before organs are removed for transplant. The Federal and Colorado death-defining statutes require the irreversible cessation of the heart or of brain function. Organ donation after cardiac death ... has caused ongoing confusion and controversy ... in part because it often involves a decision to remove life-sustaining equipment, such as a ventilator. http://www.denverpost.com/news/ci_10358230

- Florida (Newsmax.com): **'Dangers of ending "dead-donor" rule.'** http://www.newsmax.com/newsfront/orient_dead_donor_rule/2008/09/02/126951.html
- Italy (*Times*): **'Vatican called on to re-open debate on brain death as end of life.'** <http://www.timesonline.co.uk/tol/comment/faith/article4667507.ece>

Beliefs and values

When conscience and medical practice collide

WASHINGTON | *Christian Post* – 2 September 2008 – Should physicians and other healthcare professionals be required to perform procedures that violate their conscience? Most states have adopted so-called "conscience clauses" that shield doctors and others from being required to perform abortions, euthanasia, and other procedures when these would violate the doctor's own moral commitments. Now, this allowance for conscience is under attack. Just last week, the California Supreme Court handed down a decision that denied a right for physicians who perform IVF procedures to claim a religious liberty right to deny those procedures to persons on the basis of sexual orientation. The unanimous decision resets the whole equation in the nation's most populous state and sets the stage for similar reviews elsewhere. Then, just days later, the Bush administration announced a new set of regulations that would deny federal funds to any hospital or medical service that does not allow healthcare professionals to "opt out" of procedures that violate conscience. <http://www.christianpost.com/article/20080901/when-conscience-and-medical-practice-collide.htm>

From Media Watch dated 08.25.08.

- Canada (*Calgary Herald*): **'Doctors must always have right to follow conscience.'** <http://www.canada.com/calgaryherald/news/theeditorialpage/story.html?id=1cfb5887-cc16-4d70-881a-652920d7718b>

From Media Watch dated 08.18.08.

- Canada (*The National Post*): **'College of Physicians & Surgeons of Ontario: Proposed rules could end right to follow conscience.'** <http://www.nationalpost.com/news/story.html?id=727686>

International

The medical establishment and end of life care

Facing questions of life and death

NEW ZEALAND | *Nelson Mail* – 4 September 2008 – As long as humans remain awed by their mortality, the debate over the uneasy relationship between that mortality and the potential of medicine to frustrate it will rage. The experience of an elderly Nelson woman, Colleen de Valera, is just another reminder of the great uncertainty which will always beset such debate, and of the impossibility of reaching tidy conclusions. It can be reasonably argued that the medical establishment has not helped to improve understanding of its role in end of life care. The role of medical interventions to delay or hasten death cries out for continual public discussion and examination. The authorities seem to prefer to shy from such scrutiny, to keep the questions surrounding the ethics and science surrounding their role cloaked in mystery and speculation. <http://www.stuff.co.nz/stuff/nelsonmail/4680995a23218.html>

- Italy (*Daily Mail*, U.K.): **'Daughter in coma for 16 years ... but Italian health chiefs refuse family's wish to turn off life support.'** <http://www.dailymail.co.uk/news/worldnews/article-1052617/Daughter-coma-16-years--Italian-health-chiefs-refuse-familys-wish-turn-life-support.html>
- U.K. (*Bromsgrove Standard*): **'Woman travelled to Switzerland to end her own life.'** <http://www.bromsgrovestandard.co.uk/news55279.html>
- U.K. (*Daily Mail*): **'Cancer sufferer denied access to life-extending drug takes his battle to the High Court.'** <http://www.dailymail.co.uk/news/article-1052410/Cancer-sufferer-denied-access-life-extending-drug-takes-battle-High-Court.html>

Japan faces crematorium shortage amid rapid aging

JAPAN | Associated Press – 3 September 2008 – Japan's rapidly aging society is forecast to lead to shortfalls in crematoria. According to the Health & Welfare Ministry, the number of people dying annually in Japan rose to 1.1 million in 2007, nearly all of whom were cremated in accordance with Buddhist practices. With the burgeoning elderly population, the annual number of deaths is projected to rise to 1.7 million by 2040, far beyond what Japan's 4,900 crematoria can handle.
<http://ap.google.com/article/ALeqM5gNQHpIQKez6lGkaIAY6v7oVVKpHwD92V5LG80>

- Germany: **'Germany's excess corpses.'** <http://technology.iafrica.com/features/1129900.htm>
- U.K. (*Huffington Press*): **'Going green beyond the grave.'** http://www.huffingtonpost.com/2008/09/03/going-green-beyond-the-gr_n_123566.html

[Video clip](#)

Euthanasia and assisted suicide

Spanish region prepares pioneering euthanasia law

SPAIN | Agence France-Presse – 3 September 2008 – The local government of Spain's region of Andalusia ... (is) preparing a pioneering euthanasia law which would allow terminally ill patients to refuse medical treatment and make it illegal to keep someone alive by artificial means. Under the text of the draft law ... patients will have their "will and dignity" respected during the final stages of their lives. Patients will be able to refuse or stop any treatment or medical intervention even if this could put their lives at risk. *El Pais* reported doctors who "apply useless and unjustified measures to prolong life" could face fines of between 60,000 (\$104,257) to 1 million Euros (\$1.74 million).
http://afp.google.com/article/ALeqM5gsbwNz_OqUPZUbXggwZKJMFkcZVA

- Pakistan (*Pakistan Times*): **'Should legislation support ... voluntary euthanasia?'** <http://www.pak-times.com/2008/09/05/should-legislation-support-for-voluntary-euthanasia/>
- Poland (Polskie Radio): **'Paralysed man seeks to end life legally.'** <http://www.polskieradio.pl/thenews/human-interest/?id=90479>
- Spain (TypicallySpain.com): **'Spain prepares legislation on assisted suicide.'** http://www.typicallyspanish.com/news/publish/article_17901.shtml
- U.K. (*Herald*, Scotland): **'Putting the case for assisted suicide.'** http://www.theherald.co.uk/features/letters/display.var.2438335.0.Putting_the_case_for_assisted_suicide.php

Study reveals cultural differences in attitudes towards caring for people with dementia

U.K. | *Medical News Today* – 2 September 2008 – People of south Asian or Black Caribbean origin are far more likely to hold a "traditional" view of caregiving than White British people, new research shows. The study, published in the *British Journal of Psychiatry*, found that south Asian and Black Caribbean carers of people with dementia are more likely to perceive their caring role as natural, expected and virtuous. In contrast, White British people are more likely to hold a "non-traditional" caregiving ideology, deriving little or no reward from such a relationship and believing their own lives are put "on hold" while they perform caring duties. In the UK, around two-thirds of older people with dementia are supported in the community, and family members are the most important source of dementia care. This is particularly true among ethnic minority populations, who are less likely to access specialist healthcare or social care services.
<http://www.medicalnewstoday.com/articles/119927.php>

Journal Articles of Interest

Call for papers

Theme issue on palliative care, dying, and bereavement

ARCHIVES OF PEDIATRICS & ADOLESCENCE MEDICINE, 2008;162(9):857. The journal is interested in original articles, narrative and systematic reviews, and commentaries that will "add to the scientific knowledge about palliative care, dying, and bereavement."

- Call for papers: <http://archpedi.ama-assn.org/cgi/content/full/162/9/857>.

Huntington's disease: A caring approach to the end of life

CARE MANAGEMENT JOURNALS, 2008;9(2):75-81. This article describes the challenges of end-of-life care encountered in a specialized long-term care program for people with Huntington's disease (HD). The Promoting Excellence in End-of-Life Care Huntington's disease Workgroup defines the initiation of palliative care as the point at which independent living is no longer possible. Mobility and lifestyle accommodations for people in the nursing home setting with an early-onset disease are a major feature of this program. The primary end-of-life considerations are advance directives decision-making and anticipating end-stage care needs. Disease progression, denial, family conflict, and clinician blind-spots may impede the development of timely advance directives. The ... nature of disease progression impacts decision making for end-of-life care settings and approaches: hospitalization, nursing home stay, and in-house hospice care are the available options. The Workgroup has delineated several priority areas for patient care in HD: autonomy; dignity; meaningful social interaction; communication; comfort; safety and order; spirituality; enjoyment, entertainment, and well-being nutrition; and functional competence. This review also includes a description of the program features in each of these areas.

<http://www.ingentaconnect.com/content/springer/cmanj/2008/00000009/00000002/art00005>

Patient advocacy

Pre-school as palliative care

JOURNAL OF CLINICAL ONCOLOGY, 2008;26(22):3797-3799. One privilege of caring for children with cancer is witnessing the courage with which families face life despite the disease. We don't often think of attending pre-school as either palliative or as an act of courage; in this case, it was both. A courageous mother advocated for her child (Keshawn) to attend school, the care team facilitated school enrolment, and courageous teachers did more than simply accept him into their classroom. Even now several years later, we remain awestruck by the courage of his lower socioeconomic, high school-educated mother. She had the courage to repeatedly challenge the "wisdom" of many health care and school professionals with greater formal education than herself. She is the one who most effectively advocated for her son. We are overwhelmed by the courage of Keshawn's mother, Keshawn, and the teachers who accepted this challenge. If we want to deliver good palliative care to children, we need to follow their lead, even if that takes us to very unfamiliar territory ... even if that takes us to pre-school.

<http://jco.ascopubs.org/cgi/content/full/26/22/3797>

Back Issues of Media Watch

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

Conflict with palliative care values

Older people's views of a good death ... (and) implications for palliative care provision

SOCIAL SCIENCE & MEDICINE, 2008;67(7):1113-1121. Palliative care in the U.K. has been developed to meet the needs of predominantly middle aged and younger old people with cancer. Few data are available regarding the extent to which services respond to the specific needs of an older group of people with other illnesses. The authors' findings indicate that older people's views of a "good death" often conflict with the values upon which palliative care is predicated. Many participants did not want an open awareness of death preceded by acknowledgement of the potential imminence of dying. Similarly, concepts of autonomy and individuality appeared alien to most. Indeed, whilst there was evidence that palliative care could help improve the end of life experiences of older people, for example in initiating discussions around death and dying, the translation of other aspects of specialist palliative care philosophy appear more problematic. Ultimately, the study identified that improving the end of life experiences of older people must involve addressing the problematised nature of ageing and old age within contemporary society, whilst recognising the cohort and cultural effects that influence attitudes to death and dying.

<http://www.ncbi.nlm.nih.gov/pubmed/18585838>

Books & Resources

2008-2009 film series

Films that transform: In dialogue with others on the journey

CANADA | McGill University – 2 September 2008 (Date accessed) – The goal of the Programs in Whole Person Care (WPC) is to create a focus for healing and whole person care at McGill. Part of the WPC's mandate is to contribute to education related to healing within the University, the wider academic community, and the general public. To that end the program offers a series which will provide a forum for the general public to meet with medical students and other members of the McGill medical community to view and discuss films that will encourage viewers to explore the meaning of healing and "wellness" in daily life. <http://www.mcgill.ca/wholepersoncare/filmseries/>

Ending the moratorium on discussions about death



Hospice intends film to be 'awareness tool'

MICHIGAN | *Grand Rapids Press* – 1 September 2008 – Ron Christie was a man whose personality was bigger than life. It's sad and ironic, then, that he is the primary subject of *Except for Six*, a documentary produced by Hospice of Michigan. The opening and closing moments of the film feature scenes from Ron's funeral, and in between, we witness how the cancer patient from Fenwick spent his final days living instead of dying. Such is the point of the film, to emphasize quality of life for the terminally ill. In addition to telling the stories of Ron Christie and others, Hospice intends *Except for Six* to be an "awareness tool," to end the moratorium on discussions about death. It features interviews with Hospice of Michigan doctors and representatives, philosophers and

patients' family members. "Three years ago ... one of the board members said, 'The way we die is so different than it was a century ago. We need to tell our story better,'" said Marcie Hillary, vice president of resource development at Hospice of Michigan and one of the film's producers.

http://www.mlive.com/movies/index.ssf/2008/09/hospice_intends_film_to_be_awa.html

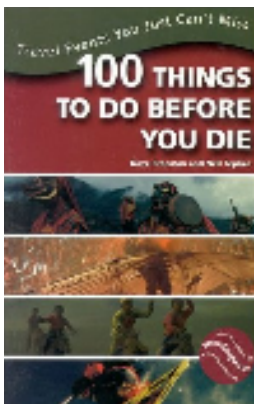
Arts & Entertainment

Death and dying: Artists explore sensitive subjects



U.S. | *Times Standard* (California) – 7 September 2008 – To mark Hospice of Humboldt's 30th anniversary, 18 local artists have created special images that explore the topics of death and dying. *Into the Mystery*, an exhibit of these works, runs through October at the Westhaven Center for the Arts. The artists' works should help others to get in touch with their own feelings on the often sensitive subject, explained Barbara Garza, outreach director for Hospice of Humboldt. "The exhibit explores each artist's feelings and thoughts about death and the transition from life to death," Garza said. "Looking at these works of art

gives the viewer an opportunity to think about their own responses to death, their wishes for their own end-of-life experience and to reflect on the mystery that death is to us." http://www.times-standard.com/lifestyle/ci_10403845



The rise of 'before you die-ism'

U.K. | BBC News – 27 August 2008 – Amazon.com lists more than 150 before-you-die books, plus many more with a shorter but more anxiety-inducing time span, like *40 Things to Do Before You're 40*. The man who is thought to have got there first, co-writing the best-selling adventure travel guide *100 Things to Do* (you know the rest) in 1999 was Dave Freeman, who has died in California aged 47. But his legacy is still felt indirectly in the bestseller book charts, although it's starting to wane. But why did "before you die-ism" become so popular? It's not just the book industry that has felt the force of this phenomenon. The *Guardian* newspaper recently published '1,000 films to see before you die' and (BBC) Channel 4 broadcast a similar format with the less-ambitious 50 films. http://news.bbc.co.uk/2/hi/uk_news/magazine/7584235.stm

- Obituary (*New York Daily News*): '**Dave Freeman, 100 Things To Do Before You Die author, dies.**' http://www.nydailynews.com/gossip/2008/08/26/2008-08-26_dave_freeman_100_things_to_do_before_you.html

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.

Worth Repeating

Journal article by Harvey Max Chochinov

Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care

BRITISH MEDICAL JOURNAL 2007;335: 184-187. The late Anatole Broyard, essayist and former editor of the *New York Times* Book Review, wrote eloquently about the psychological and spiritual challenges of facing metastatic prostate cancer. He wrote:

To the typical physician my illness is a routine incident in his rounds while for me it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity ... I just wish he would ... give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh, to get at my illness, for each man is ill in his own way.

Broyard's words underscore the costs and hazards of becoming a patient. The word "patient" comes from the Latin *patiens*, meaning to endure, bear, or suffer, and refers to an acquired vulnerability and dependency imposed by changing health circumstances. Relinquishing autonomy is no small matter and can exact considerable costs. These costs are sometimes relatively minor – for example, accepting clinic schedules or hospital routines. At other times, the costs seem incompatible with life itself. When patients experience a radical unsettling of their conventional sense of self and a disintegration of personhood, suffering knows few bounds. To feel sick is one thing, but to feel that who we are is being threatened or undermined – that we are no

longer the person we once were – can cause despair affecting body, mind, and soul. How do healthcare providers influence the experience of patienthood, and what happens when this frame of reference dominates how they view people seeking their care?

Full text of the journal article:

http://www.bmj.com/cgi/content/full/335/7612/184?ijkey=243f5542d09490daf99f01d15b2c4acf572fc702&keytype2=tf_ipsecsha

Summary of journal article:

Healthcare providers have a profound influence on how patients experience illness and on their sense of dignity.

Dignity conserving care has an important effect on the experience of patienthood.

The A, B, C, and D of dignity conserving care – attitude, behaviour, compassion, and dialogue – provide a framework to guide healthcare practitioners towards maintaining patients' dignity.

This framework can be applied to teaching, clinical practice, and standards at undergraduate and postgraduate levels and across all medical subspecialties, multidisciplinary teams, and allied health professions.

Barry R. Ashpole
Beamsville, Ontario CANADA

‘phone: 905.563.0044 / fax 905.563.0043
e-mail: barryashpole@bellnet.ca