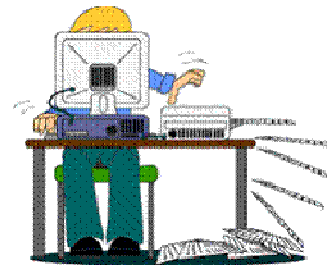


Media Watch

...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.

20 October Edition | Issue #67



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Compiled & Annotated by Barry R. Ashpole

A trade off? Scroll down to [International](#) and 'Paradox at heart of hospice movement.'

Canada: Provinces

Lack of support stifling hospice plan

NEW BRUNSWICK | *Telegraph-Journal* – 16 October 2008 – Suppose you were a provincial cabinet minister. A non-profit organization comes to you with a plan to provide end-of-life care in a residential setting. It will save the health system more than \$2 million a year, free up hospital beds for the treatment of acute illness and give dying New Brunswickers better care at no fee. Do you support it? It's a no-brainer – so why hasn't the provincial government given this plan its blessing? Hospice of Greater Saint John plans to build a 10-bed residential hospice. It is seeking provincial funding of \$200 per patient/day and has promised to raise \$100 per patient/day itself. The hospice would provide palliative care to 150 patients/year at a total savings to the province of \$2.28 million supported by some of the province's top doctors. The government ignored Hospice's proposal in its 2008 budget and declined to consider the project for support in 2009. No public explanation has been offered. <http://telegraphjournal.canadaeast.com/opinion/article/449990>

- New Brunswick (*Daily Gleaner*): 'Palliative care strategy is necessary for growing demand.'
<http://dailygleaner.canadaeast.com/opinion/article/449886>
- New Brunswick (*Times & Transcript*): 'Home care workers seek improvements in budget.'
<http://timestranscript.canadaeast.com/news/article/451501>

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.

U.S.A.

Willmar and Olivia among cities picked for palliative care initiative

MINNESOTA | *West Central Tribune* – 20 October 2008 – Willmar and Olivia are among 10 cities selected for a new state-wide initiative to help design and strengthen palliative care programs in rural communities. The project, led by Stratis Health, aims to increase the level of palliative care to people living in rural Minnesota. Over the next 18 months, teams from each of the 10 participating towns will be learning about palliative care and how to develop local programs.
http://www.wctrib.com/articles/index.cfm?id=42727§ion=News&freebie_check&CFID=105105386&CFTOKEN=33702995&jsessionid=8830cdddc64b787471e1

Palliative care in ICU

Delicate debate urged over withdrawal of life support

WASHINGTON | *Washington Post* – 17 October 2008 – Almost half of the patients who die in the intensive care units of hospitals do so after a prolonged withdrawal of life support, a process doctors refer to as "stuttering," a new study found.¹ And even though families were often more satisfied after such a process, doctors feel this was frequently not in the best interest of the patient. "This study suggests that the way we currently conduct withdrawal of life-sustaining treatments in the ICU is not consistent with what many of us feel ought to be the best approach," said study senior author Dr. J. Randall Curtis, a professor of medicine in the division of pulmonary and critical care medicine at the University of Washington School of Medicine. "This is a wake-up call to physicians working in the ICU to look critically at ways they think about this and do this." One-fifth of all deaths in the United States occur during or soon after a stay in the intensive care unit, according to background information in the study. Yet there is little emphasis on palliative care in this setting, and dying in an ICU has often been described as "impersonal." No previous research had addressed the timing of withdrawal of life support, particularly the sequence of the withdrawals. "There really aren't specific guidelines for how to do this," said Dr. Roy Smythe, chairman of surgery at the Texas A&M Health Science Center College of Medicine.

1. **'Duration of withdrawal of life support in the intensive care unit and association with family satisfaction.'** *American Journal of Respiratory & Critical Care Medicine*, 2008;178:798-804.
<http://ajrccm.atsjournals.org/cgi/content/abstract/178/8/798>

From Media Watch dated 09.08.08.

- National Hospice & Palliative Care Organization **Position Statement on Access to Palliative Care in Critical Settings:** http://www.nhpco.org/files/public/NHPCO_PC-in-ICU_statement_Sept08.pdf

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.

Stages of grief refuted as inaccurate and dangerous

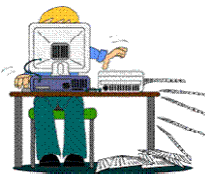
CALIFORNIA | *Skeptic Magazine* press release – 16 October – For nearly 40 years our society has used and misused the alleged stages of dying first popularized by Elisabeth Kübler-Ross in her 1969 book, *On Death and Dying*. On the positive side, the book exposed the heartless treatment of terminally-ill patients prevalent at the time, and upgraded the care and treatment of dying people. On the negative side, it postulated the now-infamous stages: Denial, Anger, Bargaining, Depression and Acceptance. The stages allegedly represented what a dying person might experience, even though Kübler-Ross said that not every dying person would experience all of the stages and not necessarily in order – which begs the question of whether or not they could be called stages in the first place. The really bad news is that over time, the stages of dying somehow morphed into stages of grief, which, although they don't exist, have become embedded in our collective awareness as if they are real. The danger is that by believing there are stages of grief, grieving people do not take any meaningful actions to help themselves deal with the emotional impact of the death, divorce, or other losses that affect them. John W. James and Russell Friedman, co-founders of the Grief Recovery Institute ... have interacted with more than 100,000 grieving people over the past 30 years. During that time, they have observed, up close and personal, the damaging impact of belief in stages of grief, and how they paralyze griever into non-action. 'Stages of grief refuted ...' by James and Friedman appears in the current issue of *Skeptic Magazine*.¹ <http://www.prweb.com/releases/grief/stagesofgrief/prweb1480244.htm>

1. 'The myth of the stages of dying, death and grief.' *Skeptic Magazine*, 2008;14(2):37-41. <http://www.grief.net/Articles/Myth%20of%20Stages.pdf>

Of related interest:

- California (Publisher's online notice): ***An Extra Year: Grief and Loss in the New Age.*** <http://www.prweb.com/releases/2008/10/prweb1468204.htm>

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.

Communications strategies: The environmental scan.

An environmental scan is an ongoing process of monitoring or tracking current and emerging issues or trends that have the potential to impact upon an organization's decision or policy making process and, consequently, effect change. The process involves analyzing and documenting information gathered from a broad range of sources that will inform strategic planning and provide direction in determining appropriate and effective short, medium or long term actions. If you are interested in discussing an environmental scan as a decision making or research tool please contact barryashpole@bellnet.ca.

Fifth-graders learn about hospice

OREGON | *News Review* – 15 October 2008 – Donna Russell and Audrey Rodgers, of Amedisys Hospice Services, visited Lookingglass Elementary School to talk to fifth-grade students about the emotional, spiritual and physical aspects of dying, the role hospice plays in helping people in their final days ... and, grief and bereavement. Russell hopes to change the widespread attitude about dying by reaching out to young people, teaching them that dying is not something to fear. <http://www.nrtoday.com/article/20081015/NEWS/810149962/1063/NEWS&ParentProfile=1055&title=Fifth-graders%20learn%20about%20hospice>

Back to nature at the end of life

VIRGINIA | *Newport News* – 15 October 2008 – A poplar tree towers above the forest floor, its trunk riddled with holes bored by yellow-bellied sapsuckers. "This one would be great for bird-lovers," muses Michelle Burcher, director of Makemie Woods, a 275-acre camp and conference center in New Kent County. She's pointing out the tree as a potential burial site. It's part of a virtually untouched stand of trees, 150 of which have been newly encircled with blue ribbons to indicate their suitability as living memorials. The peacefulness of the setting ... is what led Jack Lowe ... to partner with Woods in launching the burial site. This particular "green burial" concept, developed in Switzerland and popularized in Germany, offers a 99-year lease on a mature tree around which cremated remains are interred in a setting left purposefully natural and untamed. <http://www.southbendtribune.com/apps/pbcs.dll/article?AID=/20081015/Lives/810150187/1054/Lives>

- U.K. (*Daily Mail*): '**Say farewell with an eco-friendly funeral.**' <http://www.dailymail.co.uk/you/article-1077619/Green-scene-Say-farewell-eco-friendly-funeral.html>
- U.S. (*Examiner*): '**Funeral industry awaits Baby Boomers.**' <http://www.examiner.com/x-654-Baby-Boomer-Examiner~y2008m10d16-Funeral-industry-awaits-Baby-Boomers>

Euthanasia and assisted suicide: Washington State's Initiative 1000

Experts update the debate over legalized physician-assisted death, with an Election Day referendum on the ballot in Washington State

NEW YORK | The Hastings Center press release – 15 October 2008 – The debate over what role, if any, physicians should have in helping dying patients hasten their deaths has evolved over the last decade: Oregon legalized the practice in 1995 and Washington state will vote next month on whether to do the same. A set of essays in the current issue of the *Hastings Center Report* looks at how much has changed and the lessons learned in the years since "physician assisted suicide" and "death with dignity" became household terms. Timothy Quill, well known for his support of legalization, asks whether laws like the one on the Washington state ballot are still needed now that palliative care has come of age and other last resort options have gained acceptance. His answer is a cautious 'yes.' "Despite state-of-the-art palliative measures, there will remain a relatively small number of patients whose suffering is insufficiently relieved," writes Quill. Provided that legalized physician aid in dying is "subject to the safeguards of excellent palliative care and access to other last resort options," he continues, "the benefits of legalization outweigh the risks." <http://www.thehastingscenter.org/News/Detail.aspx?id=2512>

From Media Watch dated 10.13.08.

- Wisconsin (The Hastings Report): '**Physician assisted death.**' (Authors: Timothy E. Quill & Jane Greenlaw) <http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2202>

Cont.

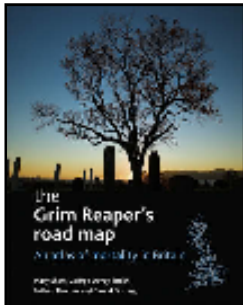
Washington State's Initiative 1000 (Cont.)

- *American Medical News*: 'Polls show Washington voters favor physician-assisted suicide.'
<http://www.ama-assn.org/amednews/2008/10/27/prsb1027.htm>
- Oregon (Oregon Public Radio): 'Doctors weigh-in on Washington's I-1000.'
<http://news.opb.org/article/3273-doctors-weigh-washingtons-i-1000/>
- Washington (*Bellingham Herald*): 'I-1000: Last rights or 'physician-assisted suicide'?'
<http://www.bellinghamherald.com/102/story/614069.html>
- Washington (*Columbia*): 'Put assisted-suicide effort to rest.'
<http://www.columbian.com/article/20081016/OPINION/710169992>
- Washington (*News Tribune*): 'Two views on assisted suicide and Initiative 1000.'
<http://www.thenewstribune.com/news/local/story/507812.html>
- Washington (*Yakima Herald-Republic*): 'Initiative 1000: Terminally ill should have a choice.'
<http://www.yakima-herald.com/stories/2008/10/15/initiative-1000-terminally-ill-should-have-a-choice>
- Wisconsin (PalliMed): 'Physician assisted suicide ... and the palliative care community.'
<http://www.pallimed.org/2008/10/dan-savage-editorializes-physician.html>

Of related interest:

- California (*Los Angeles Times*): 'The peril of California's 'end of life' act.'
http://www.latimes.com/news/printedition/opinion/la-oe-mattlin19-2008oct19_0,2403190.story

International



Atlas reveals how you are likely to die

U.K. | *The Guardian* – 19 October 2008 – The geographical pattern of mortality in Great Britain over the past quarter century has been mapped for the first time, revealing how each of us is most likely to die depending on where we live. *The Grim Reaper's Road Map: An Atlas of Mortality in Britain* shows exactly how people's deaths are affected by where they live, how much money they have, the type of work they do and their lifestyle.
<http://www.guardian.co.uk/society/2008/oct/19/uk-mortality-rates-socialtrends-health>

Terminally ill girl's school ban

U.K. (Wales) | *South Wales Echo* – 10 October 2008 – A mother of five has spoken of her disgust at how her terminally ill daughter was banned from school and denied vital health and social care. Kimberly Jenkins, of Brynhafof, Aberdare, was left with severe cerebral palsy and epilepsy following a near-miss cot death when she was only nine weeks old. Needing constant care, she attended nearby Park Lane Special School, where she was provided with access to a sensory room, touch and music therapy and a daily physiotherapy programme. But her family was devastated when Kimberley, now 18, was told she could no longer attend the school she loved, because her health had “prevented her from making any academic progress”. Kimberly’s parents – Maria and Joe – say they have had to fight tooth and nail for the most basic respite care for their daughter, who has developed life-threatening lung disease pseudomonas and is now receiving end-of-life care. And losing out on vital physiotherapy and daily social interaction provided at the school was the final straw. <http://www.walesonline.co.uk/news/wales-news/2008/10/18/terminally-ill-girl-s-school-ban-91466-22059806/>

Advance care directives

Debate over advance directives

IRELAND | *Irish Medical News* – 17 October 2008 – Reaction to the publication of the Law Reform Commission's consultation paper on advance care directives has been mixed amongst the medical community. The consultation paper, which was launched in Dublin Castle last week, recommends that people should be able to refuse medical treatment in advance of their becoming incapacitated through illness or injury, and that advance directives should be placed on a statutory footing. Only negative advance care directives (i.e. ones which involve a refusal of treatment) should be legally binding, according to the paper, which also states that the directives cannot refuse basic care. While consultant geriatrician at Tallaght Hospital, Dublin, Prof. Des O'Neill welcomed the consultation paper raising awareness of the issue, he had serious problems with its recommendation that directives should be made legally binding. "I think there needs to be room for debate and discussion," said Prof O'Neill. "Most doctors are not worried about being sued for carrying out an advance directive, but what to do if they are really deeply, morally and professionally uncomfortable about what this advance directive is asking them to do."

<http://www.irishmedicalnews.ie/index.php/component/content/article/1-news/278-debate-over-advance-directives>

- Ireland (*Irish Times*): '**Laws urged on right to refuse care.**'
<http://www.irishtimes.com/newspaper/ireland/2008/10/14/1223921130372.html>
- Ireland (*Irish Times*): '**Legal basis urged for end-of-life treatment.**'
<http://www.irishtimes.com/newspaper/ireland/2008/10/15/1223988037664.html>

Study finds brain chemical linked to grief

GERMANY | Reuters – 15 October 2008 – Scientists have pinpointed a key brain chemical involved in dealing with the sudden loss or long-term separation of a partner. The finding could lead to potential treatments for people suffering severe depression-like symptoms after losing a partner. Other studies have linked losing a partner to increased risk of depression and disease, but the Germany and U.S. researchers wanted to find a biological explanation for why this might be so. <http://www.reuters.com/article/scienceNews/idUSTRE49E6IS20081015>

Extra care housing staff need training in end-of-life care

U.K. | CommunityCare.co.uk – 15 October 2008 – Extra care housing staff need more training in end-of-life care, a report published this week said. The study was based on a six-month pilot project to enable tenants to die at home if they wished. The pilots – two in the North East and one in the East of England – showed that staff who had been trained in end of life care found it more "normal" to approach these issues with tenants. They also recognised the signs of deterioration earlier, felt better equipped to respond, and also knew more about how to access specialist services. <http://www.communitycare.co.uk/Articles/2008/10/15/109687/extra-care-housing-staff-need-training-in-end-of-life-care.html>

[Back Issues of Media Watch](#)

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

Paradox at heart of hospice movement

U.K. (Wales) | *Daily Post* – 14 October 2008 – The fundamental paradox at the heart of palliative hospice care is that it was developed to fill a gap in the National Health Service (NHS) ... and, by being largely funded by charitable contributions, has been able to remain largely autonomous and free from NHS bureaucracy and homogenisation. Equally, however, by saving the NHS hundreds of millions of pounds, it is deserving of the financial help from central public funds, which it needs if it is to plan for the future with confidence and (also) withstand the uncertainty which relying on charitable donations inevitably involves. This is the argument which many hospices ... repeatedly used to try to wring public money out of Welsh and English governments – that if they (the hospices) didn't exist, the NHS would have to provide them anyway – so why not just increase the financial help? Unfortunately, it doesn't seem to work like this. Once public money is involved, the donor wants to see ... guarantees put in place, and standards guaranteed and standardised. <http://www.dailypost.co.uk/discussion/comment/2008/10/14/paradox-at-heart-of-hospice-movement-55578-22026203/>

Quality of life

Every extra minute you get with your loved one's a bonus

U.K. (Wales) | *Evening Post* – 14 October 2008 – The daughter of a Port Talbot granddad who lost his battle against a rare form of cancer last month has praised the wonder drug which gave him an extra 18 months with his family. Sian Thomas was at the forefront of a campaign to get her father John Beynon treated with Sutent and presented health bosses with a 4,000-name petition. Mrs Thomas said the success of her efforts meant her dad was able to enjoy precious moments with his family, which he may never have had. "He went to my brother Nigel's wedding and he got to see the kids grow up and make their choices about going to college," Mrs Thomas said. She said she would like to see every family who has a loved one battling cancer given the same chance. <http://www.thisissouthwales.co.uk/news/extra-minute-loved-s-bonus/article-395029-detail/article.html>

Of related interest:

- U.K. (*Daily Telegraph*): **'Breast cancer sufferers denied life-prolonging drug.'** <http://www.telegraph.co.uk/news/newstopics/politics/health/3197198/Breast-cancer-sufferers-denied-life-prolonging-drug.html>
- U.K. (*Halifax Courier*): **'Hospice will give us proper family time together.'** <http://www.halifaxcourier.co.uk/features/Hospice-will-give-us-proper.4602075.jp>

Euthanasia and assisted suicide

University cancels euthanasia talk

U.K. (Northern Ireland) | Press Association – 13 October 2008 – An invitation allowing an expert on euthanasia to speak at Queen's University has been withdrawn amid fears he could encourage suicide. Dr. Philip Nitschke has rejected allegations he was encouraging vulnerable people to take their lives. The Australian was scheduled to give a lecture at Queen's in Belfast. A university spokeswoman said: "The Northern Ireland Forum for Ethics in Medicine & Healthcare has withdrawn its invitation to Dr. Philip Nitschke to address Forum members in a forthcoming debate. The reported views of Dr. Nitschke were not deemed appropriate for this event." Dr. Nitschke has said he was offering people information to allow them to make choices in their best interest. However, the pro-euthanasia group Dignity in Dying branded his advice irresponsible and illegal. http://ukpress.google.com/article/ALeqM5jm2Pb2hU-jxeJijH3_F6XnfKf9zw

Cont.

Of related interest:

- Australia (*Sydney Morning Herald*): **'Democrats call for euthanasia referendum.'**
<http://news.smh.com.au/national/democrats-call-for-euthanasia-referendum-20081015-514f.html>
- India (*The Telegraph*, Calcutta): **'Euthanasia battle brews.'**
http://www.telegraphindia.com/1081015/jsp/nation/story_9970420.jsp
- Luxembourg (Station.lu): **'Euthanasia bill gets second reading.'**
<http://station.lu/newsDetails.cfm?id=21980>
- Singapore (*The Straits Times*): **'Health Minister raises ethical end-of-life issues ...'**
http://www.straitstimes.com/Breaking%2BNews/Singapore/Story/STIStory_291904.html
- U.K. (*The Independent*): **'Black, white and shades of grey.'**
<http://www.independent.co.uk/opinion/leading-articles/leading-article-black-white-and-shades-of-grey-965474.html>
- U.K. (*Times*): **'Swiss clinic Dignitas has helped 100 Britons to die.'**
<http://business.timesonline.co.uk/tol/business/law/article4963697.ece>
- U.K. (*Times*): **'It's time for a clear policy on euthanasia.'**
http://www.timesonline.co.uk/tol/comment/columnists/libby_purves/article4974332.ece

Reform of palliative care services announced

U.K. (Wales) | National Health Services – 13 October 2008 – Health Minister Edwina Hart today accepted the recommendations of a new report to improve palliative care services across Wales. Prepared by the Palliative Care Implementation Group, the report establishes a fairer funding system for hospices based on a definition of a core palliative care service, which providers will have to meet in order to secure future funding. Services will be required to be consultant-led, with support from multidisciplinary teams, including specialist palliative care nurses and other health professionals. Improved standards of out-of-hours care will have to be met, and a new patient registration card and single contact point will be explored to improve the support to patients and their families. The health regulatory bodies in Wales will also have a greater role in regulating providers; to date, not all voluntary sector hospices have been regulated through registration.
<http://www.wales.nhs.uk/newsitem.cfm?ContentID=10765>

Journal Articles

Advancing an advance directive debate

BIOETHICS, 2008;22(8):423-430. A challenge has recently been levelled against the legal and/or moral legitimacy of some advance directives. It has been argued that in certain cases an advance directive carries no weight in a decision on whether to withhold treatment, since the individual in the debilitating state is not the same person as the person who created the advance directive. In the first section of this paper, the author examines two formulations of the argument against the moral legitimacy of the advance directives under review. The author goes on to review, and criticize, an objection to such arguments. Possible models supporting the viability of the advance directives are considered. The final section makes good on an obligation incurred by the title of the paper. <http://www3.interscience.wiley.com/journal/120121945/abstract>

The non-compliance of clinical guidelines for organ donation with Australian statute law

JOURNAL OF LAW & MEDICINE (Australia), 2008;16(2):335. Organ procurement is possible under statutes defining death as either irreversible cessation of all functions of the brain or irreversible cessation of the circulation, thus fulfilling the "dead donor rule." However, present practice does not conform strictly to these conditions. Clinical guidelines for the diagnosis of whole-brain death are equated, with coma, to absence of brain-stem reflexes which essentially means the absence of spontaneous respiration which is clinically interpreted as "dead enough" or "as good as dead" for the purpose. Considerations should be given to organ procurement in situations where the donor is dying or in which survival is impossible. Simple abandonment of the "dead donor rule," however, is not feasible since organ procurement would be the direct cause of death. <http://lawlib.wlu.edu/CLJC/index.aspx?mainid=991&issuedate=2008-10-08>

Representative sample of media coverage of *Journal of Law & Medicine* article:

- Australian Broadcasting Corporation: **'Organs are being taken from donors before they are truly dead, a Melbourne doctor says.'**
<http://www.abc.net.au/news/stories/2008/10/20/2396360.htm?section=justin>
- Australia (*The Canberra Times*): **'Donors not truly 'dead' when organs removed.'**
<http://www.canberratimes.com.au/news/national/national/general/donors-not-truly-dead-when-organs-removed/1338047.aspx>

Psychologists and hospice: Where we are and where we can be

PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE, 2008;39(4):459-463. Since the early days of the hospice movement, the role of psychologists in hospice care has been discussed. The results (of this study) clearly demonstrate the need for psychology's role in hospice, but there is much to do to clarify and develop this role. Although psychologists have much to offer in the hospice field and end-of-life care in general, this study found that there are not many psychologists actively working in these settings. Suggestions are made for how psychologists can become more involved in the provision of hospice and other end-of-life care. <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2008-10899-011>

Resources

Exhibit: The Faces of Hospice

U.S. | *Statesman Journal* (Oregon) – 16 October 2008 – The portraits radiate beauty and joy. They exude hope and peace. They tell the stories of men and women who embrace life, even in death. Local photographers captured the vibrant personalities and unending spirits of a dozen local hospice patients in striking black and white. The Faces of Hospice exhibit will be on display through November, which is National Hospice Month. "You'd think it would be depressing, but it's not. It's quite the opposite," said Dave Moss, a board member at Willamette Valley Hospice. "It's actually very life-affirming. There's a dignity that comes across, a peace that comes across, and it's not something you would normally expect."

<http://www.statesmanjournal.com/apps/pbcs.dll/article?AID=/20081016/COLUMN0807/810160319/1126/COLUMN>

Paediatric palliative care



The Harriet Lane Handbook

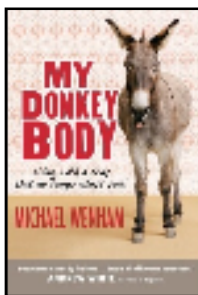
ELSEVIER | Publisher's notice – October 2008 – This latest edition (the 18th) of *The Harriet Lane Handbook* offers expert guidance for paediatric residents and all health professionals who treat children. The handbook provides an "everyday reference for fast, accurate bedside consultation." There are new or revised chapters on **palliative care**, toxicology, dermatology, and growth and nutrition. Pocket-sized, this latest edition includes Expert Consult functionality, so that the reader can easily access the complete contents of the handbook online, fully searchable. <http://www.us.elsevierhealth.com/product.jsp?isbn=9780323053037>

- U.S. (Society of Critical Care Medicine): **'Help families understand paediatric palliative care.'** http://sccmwww.sccm.org/publications/eNewsletters_Archive/10_16_2008.htm#sn1

Online resources in palliative care

PROGRESS IN PALLIATIVE CARE, 2008;16(4):173-178. There are numerous online resources available to assist palliative care clinicians. This paper focuses on the wide range of websites available to help clinicians research clinical questions, share institutional wisdom, exchange educational resources, network with colleagues, and keep up to date with emerging research. <http://www.ingentaconnect.com/content/maney/ppc/2008/00000016/00000004/art00002>

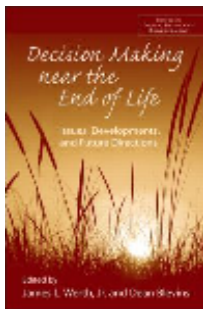
Books



My Donkey Body

MONARCH | Publisher's online posting – October 2008 – From premature babies to centenarians, from close family to complete strangers, heroes to wastrels, I have buried them all. I know that life is essentially fragile. It began with a slight unsteadiness; then slurred speech. After months of tests at the John Hopkins Infirmary in Oxford, the consultant said, 'Rev Wenham, would you like to sit down? This was the big one,' wrote Michael. 'I knew about David Niven and Peter Cook. It was not so long ago that Diane Pretty had been on the television news, pleading through her husband to be put out of her misery.

Now Michael, who had helped so many parishioners through terminal illness, faced his own sentence. How would he cope? Would his faith stand the heat? <http://www.amazon.co.uk/My-DonkeyBody-Journey-Terminal-Illness/dp/1854248898>



Decision Making Near the End of Life

ROUTLEDGE | Publisher's online posting – October 2008 – *Decision Making Near the End of Life* provides a comprehensive overview of the recent developments that have impacted decision-making processes within the field of end-of-life care. The most current developments in all aspects of major underlying issues such as public attitudes, the impact of media, bioethics, and legal precedent provide the background information for the text. The authors examine various aspects of end-of-life choices and decision-making, including communication (between and among family, medical personnel, the dying person, etc.), advance directives, and the emergence of hospice and palliative

care institutions. The book also explores a variety of psychosocial considerations that arise in decision-making. <http://www.counselingarena.com/books/Decision-Making-Near-the-End-of-Life-ISBN9780415954488>

Arts & Entertainment

A subtle take on bereavement

AUSTRALIA | *The Australian* – 4 October 2008 – It's true that the vast majority of people who go to the cinema, most of them young, do so to be entertained, to relax and enjoy themselves. But that doesn't mean films that set out to do something different – to educate, to inform, to probe the human condition – aren't equally valid. Hollywood pretty much corners the market when it comes to movie entertainment, while Australian cinema, on the whole, has always been more aligned towards Europe in that most locally made films, whether they are successful or unsuccessful, are about real people, not comic book characters. These thoughts came to mind while watching *Bitter and Twisted*, a low-budget Australian film that shows evidence of enormous talent even as it deliberately avoids any element that most people would call entertainment. Even the title is indicative of its ultra-serious intentions. This is a film about bereavement, the toll the sudden death of a loved one takes on a family; not your average Friday-night popcorn movie.

<http://www.theaustralian.news.com.au/story/0,25197,24425693-15803,00.html>

N.B. For selected clips from *Bitter and Sweet*: <http://www.abc.net.au/atthemovies/txt/s2361743.htm>

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