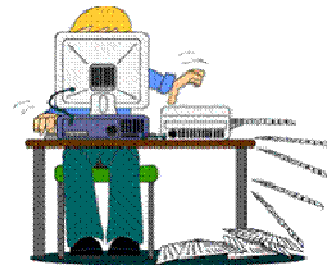


## Media Watch

...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.

27 October Edition | Issue #68



Compilation of Media Watch 2008 ©

Compiled & Annotated by Barry R. Ashpole

## Canada: National

### Somerville stresses importance of anti-euthanasia law

CANADIAN CATHOLIC NEWS | *Western Catholic Reporter* – 27 October 2008 – “How do we want our great, great grandchildren to die?” bio-ethicist Margaret Somerville asked physicians, nurses, and other health care and ministry professionals who attended a recent workshop on euthanasia in Ottawa. Somerville urged the protection of Canada’s ethical environment for future generations become as important as preserving the physical environment. Legalized euthanasia and physician-assisted suicide would place “the very soul of medicine on trial” and endanger society’s respect for human life, she said. “The first thing we have to do is keep the law intact,” said Somerville, the founding director of the McGill Centre for Medicine, Ethics and Law. “Twenty-first century eugenics” is already taking place in the moral vacuum left by the absence of any law restricting abortion in Canada, Somerville said. More than 90% of Down Syndrome babies are aborted if diagnostic tests reveal the syndrome during pregnancy. Quebec will soon require doctors to screen for Down Syndrome. If the law against doctor-assisted suicide and euthanasia is removed, the cumulative effect of various individual decisions will have a similar effect on the elderly and infirm, she warned. Intense individualism, moral relativism, fear of the mystery around death, elevation of reason as the only way of knowing, and utilitarian arguments are increasing societal pressures in favour of euthanasia.  
<http://www.wcr.ab.ca/news/2008/1027/somerville102708.shtml>

- *Ottawa Citizen*: 'Dying of hopelessness.'  
<http://www.canada.com/ottawacitizen/news/story.html?id=98cd7c37-2daf-462a-9698-01a775b4a10b>

### Euthanasia & Assisted Suicide Debate in Canada: Annotated Historical Perspective on End-of-Life Decisions

Summarized are notably "developments" – also highlighting those in other countries – that inform the euthanasia and assisted suicide debate in Canada.

Compiled & Annotated  
by Barry R. Ashpole

27 October 2008

PDF file of this document  
distributed with this issue of  
Media Watch

Perceptions: Scroll down to [U.S.A.](#) and 'Hospice and palliative care in Oregon.'

### 'Sandwich generation' playing greater role in elder care: Statistics Canada

CBC NEWS | Online report – 21 October 2008 – The number of Canadians over age 45 providing care for aging parents and other adults increased dramatically over a five-year period, according to a Statistics Canada study.<sup>1</sup> About 2.7 million Canadians provided unpaid care to people 65 and over with some form of long-term health problem in 2007, an increase of 670,000 over 2002, the study says. Many of these older caregivers are members of the so-called sandwich generation – those overseeing their own children as well as elderly parents. "The findings suggested that aging Canadians need assistance, and that family and friends provide help despite growing work and family demands," write the authors of the report. The aging population will have a great impact on future caregiving, they add. <http://www.cbc.ca/canada/story/2008/10/21/eldercare.html>

1. *Eldercare: What we know today*. Statistics Canada, 2008. <http://www.statcan.ca/english/freepub/11-008-XIE/2008002/article/10689-en.htm>

## [Canada: Provinces](#)

### Province to assist with drug costs

PRINCE EDWARD ISLAND | *The Guardian* – 27 October 2008 – The first national conference on palliative care to come to PEI kicked off with some good news. During Sunday's opening ceremonies, Health Minister Doug Currie announced a new home drug plan for people who can't afford the medication they need. <http://www.theguardian.pe.ca/index.cfm?sid=183929&sc=98>

### Growing movement wants to take ecology sensitivity into the graveyard

ALBERTA | *Western Catholic Reporter* – 23 October 2008 – As green ethics splash over more and more aspects of our lives, many Canadians want their last footprint on earth to be an eco-friendly one. Cardboard, bamboo caskets, being wrapped in a hemp shroud and placed in the ground, buried in a grave tucked under a sheltering pine in the forest – all bear the allure of returning to the earth naturally. The green burial movement flourishes in the U.K., the U.S., and is wending its way to Canada. <http://www.wcr.ab.ca/news/2008/1027/green102708.shtml>

**N.B.** Excerpt from the 2005 CBC Newsworld series, '**Outside the Box**' (Alternatives to The Traditional Funeral). <http://video.google.ca/videoplay?docid=956314968669163796&ei=adAASfrVCon0-wHH7r2JBA&q=the+funeral+industry+in+Canada&hl=en>

Of related interest:

- U.S. (CBS News): '**Green burial: From ashes to reef.**' <http://www.cbsnews.com/stories/2008/10/23/tech/livinggreen/main4540779.shtml>
- U.S. (*News-Journal*, Florida): '**Gravediggers honor their dying profession.**' <http://www.news-journalonline.com/NewsJournalOnline/Opinion/Columnists/SensePlace/colSENSE102508.htm>

## **Delay in hiring nurses 'a step backward'**

ONTARIO | *Toronto Star* – 23 October 2008 – Palliative care nurse Catherine Mayers heard Premier Dalton McGuinty say the Liberal government would deliver on a promise to hire 9,000 nurses to help shore up the health system last April when he spoke to an annual meeting of nurses. Now that promise, along with the rollout of an additional 50 family health teams, is on hold because of shrinking government revenues and a fiscal crisis that has forced the Ontario government to run a \$500 million budget deficit this year. "We are completely disappointed," said Mayers from the 16th floor of the University Health Network's Princess Margaret Hospital. "We need these 9,000 nurses now." The slowdown in health-care spending is billed as a restraint initiative by the Ontario government. Delaying the hiring of 9,000 nurses saves \$50 million in 2008-2009, and deferring the addition of 50 family health teams by one year saves \$3 million. <http://www.thestar.com/News/Canada/article/522842>

### **'Mercy killing'**

## ***Mourning Dove* rooted in the true story of Robert Latimer**

B.C. | *Vancouver Sun* – 21 October 2008 – Emil Sher's *Mourning Dove* is a play so strongly rooted in the true story of Robert Latimer, the Saskatchewan farmer who killed his severely disabled daughter in 1993, that this fictional take on that tragedy cannot help but court controversy. Both the play itself and this production struggle to escape being stuck in a moral limbo. The press kit lists in awful detail the horrible degeneration of Tracy Latimer's health after she was born with severe cerebral palsy; in a bid for balance, it also contains a copy of a 1996 letter from the Council of Canadians with Disabilities that labels her death a murder. *Mourning Dove* tends toward a view that mercy killing may well be justified when a person is suffering untold pain – untold, in this case, because Tracy could never speak to articulate her suffering. But Sher's unsure approach to dealing with the hot-button issue of euthanasia is coupled with vague direction by Angela Konrad to steer things away from what could be truly deep theatre. *Mourning Dove* needs some serious fine-tuning if it's to take wing as a profound piece of theatre. <http://www.canada.com/vancouvernews/arts/story.html?id=fc990686-5dda-4c2b-9070-251d749c615a>

## **Long-term care home places intimacy among special needs**

ALBERTA | *Calgary Herald* – 20 October 2008 – Rodger Higgs spotted Fay Wallace in the halls of Calgary's Dr. Vernon Fanning Centre and was instantly taken with her dark hair and sweet smile. The lifelong bachelor knew he had to meet her. Higgs introduced himself to Wallace, a divorcee battling multiple sclerosis. The pair has been inseparable since, but rarely alone. Stealing private time in a long-term care centre for young disabled people is nearly impossible. But that is about to change. The Centre is developing a conjugal room, allowing privacy and intimacy for couples at the facility. A conjugal room is an unusual, but not unheard of, feature in a nursing home. Experts say it would accommodate the sexual needs of disabled people, which are often overlooked. <http://www.canada.com/calgaryherald/news/story.html?id=a4a9dbae-2f07-42cb-a680-02d0462f4870>

### **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.

### Best practice

#### **Hospitals starting to adopt palliative care**

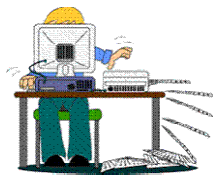
SOUTH CAROLINA | *Post & Courier* – 26 October 2008 – Palliative care used to be synonymous with hospice but has grown over the years to include comfort care for anyone with a serious illness. Hospital-based programs are not the same as hospice, in which patients have a life expectancy of six months or less. Recipients of palliative care do not have to be dying and can continue to receive curative treatments, such as radiation and chemotherapy. The focus of palliative care is the control of pain and symptoms while preserving quality of life. A multi-disciplinary team addresses physical, emotional and spiritual issues patients and families may have. [http://www.charleston.net/news/2008/oct/26/hospitals\\_starting\\_adopt\\_palliative\\_care59287/](http://www.charleston.net/news/2008/oct/26/hospitals_starting_adopt_palliative_care59287/)

- *Cure Today* (Texas): ' **Russell Portenoy: Giving patients relief.**'  
[http://www.curetoday.com/index.cfm/fuseaction/article.show/id/2/article\\_id/460](http://www.curetoday.com/index.cfm/fuseaction/article.show/id/2/article_id/460)

#### **State Supreme Court upholds verdict in hospice death**

MISSISSIPPI | *Hattiesburg American* – 25 October 2008 – The Mississippi Supreme Court has upheld a multi-million dollar verdict in the case of a 66-year-old woman allegedly misdiagnosed with cancer then given a lethal dose of painkillers. The story of Ersel Allen begins in April 2001, when physicians allegedly misdiagnosed her with terminal pancreatic cancer, and advised against surgery. Allen was admitted to Hospice Ministries in Ridgeland in June 2001. She died about five weeks later. Allen's life insurance company asked for an autopsy ... and her family was shocked when the results showed that she never had cancer, said Dan Mars, an attorney for Allen's daughter. "According to the coroner, she had enough medication – Dilaudid – in her to kill an elephant." Dilaudid is a powerful narcotic painkiller often used in palliative and hospice care. <http://www.hattiesburgamerican.com/article/20081025/NEWS01/810250322>

### 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](mailto:barryashpole@bellnet.ca).

## Delaying death: When the mind wants to hang on

ILLINOIS | *Chicago Tribune* – 24 October 2008 – The failing health of Barack Obama's grandmother has raised the question of whether the minds of the terminally ill can stave off death for an important personal event. It's a gray area, medically speaking, but anecdotally, there is wide belief that major personal events can inspire the dying to cling to life longer than they otherwise might. [http://www.chicagotribune.com/news/chi-obama-grandmother-illness\\_0\\_5810071.story](http://www.chicagotribune.com/news/chi-obama-grandmother-illness_0_5810071.story)

## Hospice and palliative care in Oregon

OREGON | *The Guardian Newspaper* (U.K.): Letter to the editor – 23 October 2008 – Professor (Ilor) Finlay misunderstands hospice and palliative care in Oregon and the status of physician specialties in the US.<sup>1</sup> The American Board of Medical Specialties recognised hospice and palliative medicine as a sub-specialty in 2006. Physicians who provide such care are certified by the American Board of Hospice & Palliative Medicine and 46 physicians in the state of Oregon are certified. Medical care for the dying in Oregon is provided by highly trained physicians with substantial experience in hospice and palliative medicine. Palliative care in Oregon is ranked among the top 10 states. <http://www.guardian.co.uk/world/2008/oct/23/humanrights-usa>

1. U.K. (*The Guardian Newspaper*): 'Oregon hospice care.'  
<http://www.guardian.co.uk/society/2008/oct/17/health-humanrights>

**N.B.** The letters refer to 'How to die the Oregon way,' an article that appeared in the British newspaper 13 October 2008. <http://www.guardian.co.uk/world/2008/oct/13/usa-healthandwellbeing>

## Doctors seek ways to share bad news with compassion

NEW YORK | *Buffalo News* – 21 October 2008 – One of the hardest jobs in medicine doesn't require high-tech devices or sure hands. It's that painfully awkward moment when a doctor has to deliver bad news. Generally, patients want facts cushioned by compassion and encouragement. Yet as simple as that sounds, the right words often go unspoken. Of course, some doctors do communicate well with patients or work at the skill. But others don't, as reflected in the large number of studies and personal stories about improving the doctor-patient relationship. Relaying bad news is difficult. Few people are comfortable talking about death and dying. And, empathy can take time that busy doctors often believe they don't have. Doctors also come with different skills and personalities. Some can naturally communicate. Patients are different, too. Some want their information direct. Others require a go-slow approach. Some will handle a diagnosis of cancer with poise. Others will wilt over a negative test result for a condition that isn't fatal. Empathy may be a quality that a person is or isn't born with. But good communication skills can be taught. <http://www.buffalonews.com/home/story/469502.html>

### Quotable Quotes

*Death is not the greatest loss in life. The greatest loss is what dies inside us while we live.*

*The capacity for hope is the most significant fact of life.  
It provides human beings with a sense of destination and the energy to get started.*

**Norman Cousins**, Author (1915-1990).

## **Euthanasia and assisted suicide: Washington State's Initiative 1000**

WASHINGTON | *News Tribune* – 21 October 2008 – Reports from the Oregon Public Health Division show that of the few patients who have used Oregon's assisted suicide law, nearly all had Medicare or private insurance. Most were white, and half had a college education. What's more, long-sought advances in end-of-life care have occurred since (some would say because of) the passage of Oregon's Death with Dignity Act. The state ranks ninth among states for hospice utilization. Oregon's track record provides enough assurance that a similar Death with Dignity Act in Washington would not open the floodgates to abuse and provide an excuse to cut corners on health care for the terminally ill. That said, the act could use beefier public disclosure and mental evaluation requirements. I-1000 would forbid the state from recording assisted suicides on death certificates, limiting public scrutiny of the practice. The measure also allows doctors to attest to a patient's mental state without the benefit of a psychiatric evaluation. State lawmakers should address such concerns if I-1000 passes. The initiative isn't perfect, but it comes close enough to be a good option for Washington voters who find comfort in the ability to decide when and how they will die. <http://www.thenewstribune.com/opinion/story/514184.html>

Representative sample of media coverage on Initiative 1000:

- Washington (The Daily News Online): **'Washington's terminally ill should have choice to end suffering.'** <http://www.tdn.com/articles/2008/10/24/editorial/doc49010caf89223887484872.txt>
- Washington (*Gonzaga University Bulletin*): **'Pushing our society toward a 'culture of death.'** <http://media.www.gonzagabulletin.com/media/storage/paper375/news/2008/10/24/Opinion/Pushing.Our.Society.Toward.A.culture.Of.Death-3504804.shtml>
- Washington (*Seattle Times*): **'I-1000 could remove personal choice.'** [http://seattlepi.nwsource.com/opinion/384326\\_spellman22.html](http://seattlepi.nwsource.com/opinion/384326_spellman22.html)
- Washington (*Spectator*): **'A Jewish perspective on Initiative 1000.'** <http://media.www.su-spectator.com/media/storage/paper948/news/2008/10/22/Opinion/A.Jewish.Perspective.On.Initiative.1000-3499985.shtml>
- Washington (*Whitworthian*): **'Reject assisted suicide initiative ... for 14 reasons.'** <http://media.www.whitworthian.com/media/storage/paper1220/news/2008/10/21/Opinions/Guest.Column.Reject.Assisted.Suicide.Initiative-3498099.shtml>

### **Responding to a desire to die**

#### **Discussing dying and death**

CONNECTICUT | *The Day* – 20 October 2008 – I still remember the first time a patient with a debilitating illness asked me if I would help her commit suicide. I was in residency training, and Jack Kevorkian was in the news. All that month, my friends and I had heated arguments about whether it was legal to insert the IV if the patient administered his own lethal dose. Was it still wrong if you didn't know that your patient intended to kill himself? One friend (an engineer before going into medicine) drew on a burrito-smear napkin designs for his own Rube Goldberg-like device that let a patient administer her own dose – for pain relief or for suicide. Of course, this was all theoretical – interesting discussions among doctors in training. But that afternoon, when this middle-aged woman walked into my examining room, carefully closed the door behind her, and asked me in a low voice if I would help her end her life, I perfectly executed that response for which my many years of state-of-the-art American medical education had prepared me: I squirmed. <http://www.theday.com/re.aspx?re=57e76669-4056-4da7-9b37-2a1c25691ae7>

## International

### Palliative care: From a nursing perspective

**I have never encountered death before –  
how do I behave and what are the priorities in care?**



U.K. | *Nursing Times* – 24 October 2004 – Being at the bedside of someone who is dying can have a profound impact on nurses and can shape professional values, attitudes and beliefs for the future. The author of this online 'column' responds to a series of questions that may arise in a first time experience providing care of a patient who is living with a terminal illness.

[http://www.nursingtimes.net/ntclinical/key\\_questions/2008/10/key\\_questions\\_palliative\\_care.html](http://www.nursingtimes.net/ntclinical/key_questions/2008/10/key_questions_palliative_care.html)

### Euthanasia and assisted suicide

#### **U.K. parents may be charged over assisted suicide**

U.K. | CNN (Europe) – 23 October 2008 – Prosecutors may charge parents of paralyzed rugby player Daniel James with helping their son end his life. James ... was paralyzed from the chest down in March 2007 when a rugby scrum collapsed on top of him during match practice, dislocating his spine. Worcestershire Coroner's Service ... states on its website that James died 12 September after he "traveled to Switzerland with a view to ending his own life. He was admitted to a clinic where he died." Prosecutors said they plan to review the police investigation before deciding whether to prosecute anyone. The case has renewed debate about assisted suicide in the U.K., where those found guilty of helping someone kill themselves face up to 14 years in prison. Switzerland along with Belgium, Luxembourg and The Netherlands are the only European countries where authorities will not prosecute those who assist with suicide.

<http://edition.cnn.com/2008/WORLD/europe/10/23/uk.switzerland.assisted.suicide/?iref=mpstoryview>

- Australia (Australian Broadcasting Corporation): '**Submissions begin for 'unique' euthanasia case.'** <http://www.abc.net.au/news/stories/2008/10/24/2400923.htm?section=justin>
- Australia (*The Canberra Times*): '**Euthanasia book could be banned from ...'** <http://www.canberratimes.com.au/news/local/news/general/euthanasia-book-could-be-banned-from-sale-in-aust/1342241.aspx>
- New Zealand (*Manawatu Standard*): '**Euthanasia advocate takes debate to (World Federation of Right to Die Societies in) Paris.'** <http://www.stuff.co.nz/stuff/4734757a6502.html>
- South Korea (*The Korea Times*): '**Court to rule on legality of assisted suicide.'** [http://www.koreatimes.co.kr/www/news/nation/2008/10/117\\_33322.html](http://www.koreatimes.co.kr/www/news/nation/2008/10/117_33322.html)
- Switzerland (*The Times*, U.K.): '**Murky truth behind Swiss suicide 'clinic' Dignitas.'** <http://www.timesonline.co.uk/tol/news/world/europe/article5006805.ece>
- U.K. (*Christian Today*): '**European Protestants work on common euthanasia position.'** <http://www.christiantoday.com/article/european.protestants.work.on.common.euthanasia.position/21691.htm>
- U.K. (*The Times*): '**MPs must rule on assisted suicide, says Director of Public Prosecutions.'** <http://business.timesonline.co.uk/tol/business/law/article5019496.ece>

### [Back Issues of Media Watch](#)

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

## **In Japan, retired men find new role as caregivers**

JAPAN | *The Christian Science Monitor* – 21 October 2008 – As more women enter the paid workforce and relatives live farther apart, older Japanese family members often don't have the support and social ties they yearn for. Former executive Kohei Yoneyama is all too aware that many of his fellow retirees have too much time on their hands, leaving them feeling unneeded. So, Yoneyama and five colleagues created the Nagareyama Friendship Network. Instead of relying on younger generations, their network helps older people help themselves – by enlisting men who are finding that life after the office is short on meaningful activity. Yoneyama notes that many people expect to be passive recipients of care. But, he argues, "If you take a modern approach, that doesn't mean you just receive the care – you have to participate in it as well." <http://www.csmonitor.com/2008/1021/p01s01-woap.html>

## **Journal Articles**

### **The palliative care link nurse role in nursing homes: barriers and facilitators**

*JOURNAL OF ADVANCED NURSING*, 2008;64(3):233-242. The delivery of palliative care in nursing homes is widely advocated; one approach is to develop the link nurse role to cascade good practice and training to nurses and other care staff to enhance patient care. The link nurse system shows potential to enhance palliative care within nursing homes. However, link nurses experienced a number of difficulties in implementing education programmes. Facilitators of the role included external support, monthly meetings, access to a resource file, and peer support among link nurses themselves. Lack of management support, a transient workforce and lack of adequate preparation for link nurses were barriers to fulfilling this role. Whilst palliative care link nurses can improve care for residents in nursing homes, consideration must be given to overcome the types of barriers identified in order to enable the link nurse system to function effectively. <http://www.ncbi.nlm.nih.gov/pubmed/18785884>

Of related interest:

- *British Journal of Nursing*, 2008;17(17):1078-1083. 'Evaluating education in palliative care with link nurses in nursing homes.' [http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=31104;article=BJN\\_17\\_17\\_1078\\_1083](http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=31104;article=BJN_17_17_1078_1083)

### **Fear, death and politics: What your mortality has to do with the upcoming (U.S.) election**

*SCIENTIFIC AMERICAN* | Online interview – 23 October 2008 – Sheldon Solomon, a professor of psychology at Skidmore College (Saratoga Springs, New York) has spent the last few decades studying how thoughts of death can powerfully influence our decisions and judgments. He and Jonah Lehrer, the editor of *Mind Matters*, discuss what this phenomenon can teach us about the upcoming election. <http://www.sciam.com/article.cfm?id=fear-death-and-politics>

### **Something Missed or Overlooked?**

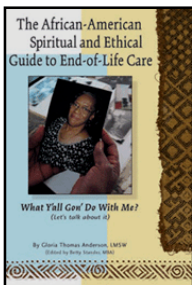
If you come across a media report, journal article, etc., relevant to hospice palliative care or end-of-life issues not mentioned in this edition of *Media Watch*, please alert this office so that it can be included in a future issue of the weekly report. Thank you.

## Comfort in the last two weeks of life: Relationship to accessing palliative care services

*SUPPORTIVE CARE IN CANCER*, 2008;16(11):1255-1263. Specialised palliative care services (SPCS) aim to address the needs of patients and caregivers confronting life-limiting illnesses but only half of the potential cohort are referred. Randomised controlled trials of SPCS provision can no longer be ethically justified so there is a need to develop new methods to evaluate the net impact of SPCS for the whole community, not just for those who access SPCS. The aim of this study was to assess whether perceived comfort in the last 2 weeks of life was associated with accessing SPCS. Higher levels of comfort of the deceased having been assessed 'very comfortable' was associated with the use of SPCS. For people who accessed SPCS, 13.3% were reported as 'very comfortable' compared with 8.0% without SPCS. Almost one half of respondents (48.4%) reported that the deceased was considered 'uncomfortable' or 'very uncomfortable,' irrespective of SPCS access. While this study provides further incremental evidence of benefit from access to SPCS, there is much that still needs to be done to improve care for the whole community at the end of life. **N.B.** Link unavailable.

## Resources

### End of life care



### Groundbreaking guide for African-Americans is the first of its kind

OHIO | BlackNews.com – October – *The African American Spiritual and Ethical Guide to End of Life Care – What Y'all Gon' Do With Me?* is the first of its kind in the U.S. and was written specifically for African-Americans who want to know more about end of life issues. The easy-to-read booklet offers basic information on how to make good choices concerning end of life care and contains a special pullout Health Care Directive form. Racial disparity in health care has caused many people of color not to trust doctors or proposed treatment options. According to an Institute of Medicine Report (2002), health care disparities continue to cause minorities to receive less quality healthcare. Because of African-Americans' unique cultural history and value system, the decision-making process on end of life issues is often based on spirituality and religious influences. Ethical decision-making encompasses much more than a medical dimension. It is important to understand the key influencing factors – culture, history and generational family values – that seem to play an important part in addressing the specific needs of African-American decision-making in end of life care. [http://www.blacknews.com/news/african\\_american\\_end\\_of\\_life\\_guide101.shtml](http://www.blacknews.com/news/african_american_end_of_life_guide101.shtml)

### Bloggging during terminal care

### Communication, color schemes, and creating a community

*JOURNAL OF CLINICAL ONCOLOGY*, 2008;26(27): 4504-4506. The author discusses the role that blogging had in maintaining a sense of community during his wife's illness. He writes: *One of our biggest concerns at critical times throughout Ilana's illness was keeping friends and family informed without being totally overwhelmed. I am sure that this is a common experience, and patients are given a number of suggestions to help them overcome this, including chain calls. Indeed, the American Cancer Society Web site endorses this approach. However, although some patients with cancer and their families already maintain Web pages or blogs, the power of blogging has not been widely recognized, especially during the terminal phase of illness. Furthermore, many cancer blogs are non-interactive conduits of information from the patient or family member. My experience is an example of the unexpected benefits that may result from a simple blog, and I hope that you will include this possibility in your discussions with appropriate patients. My only regret is that I did not start the blog earlier, at a time when Ilana could also have contributed.* <http://jco.ascopubs.org/cgi/content/full/26/27/4504>

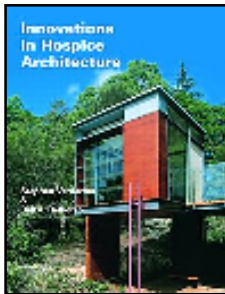
## Books

### Dementia

#### **Caregivers: Drowning in a Sea of Cognitive Challenges**

U.S. | Cantankerous Cow Books news release – 21 October 2008 – More than 28 million Americans provide care to family members or friends with some form of dementia. The economic value of the services family caregivers provide for "free" is estimated to be \$306 billion a year. That is almost twice as much as is actually spent on homecare and nursing home services combined (\$158 billion). With everything that has been written about people with dementia or other types of brain disorders, many questions about why these people act the way they do remain unanswered. Delaune Pollard, speaker and author of five books on assessing people with deficits in functional cognition, has written *Caregivers: Drowning in a Sea of Cognitive Challenges*, which answers these and many other questions informal caregivers have. Delaune's emphasis on validating the fragile sense of self, understanding behavioral reactions and her in-depth knowledge of dementia and other dysfunctions of the brain which cause a deficit in functional cognition offers a whole new perspective to the informal family caregiver as well as the professional. <http://www.globenewswire.com/newsroom/news.html?d=152582>

#### **Innovations in Hospice Architecture**



Routledge | Publisher's online posting – October 2008 – *Innovations in Hospice Architecture* responds to the need for a theoretically based reference book summarizing key historical as well as recent developments with respect to this rapidly evolving building type. The objective is to present an overview of the historical origins of the contemporary hospice, the diverse variations on the basic premise of hospice care, to review the scant architectural literature published on this subject to date, and to present a series of case studies of exemplary hospices around the world. The concluding chapter consists of a compendium of planning and design concepts for environments for palliative care. Case study projects are from Japan, Canada, Europe, Africa, Australia, the United States, Taiwan, and South America. These are individually presented and comparatively analyzed. This book is of interest to architects, students of healthcare architecture, direct care providers including nurses, physicians and therapists, healthcare organizations, and public government agencies. <http://www.routledgearchitecture.com/books/Innovations-in-Hospice-Architecture-isbn9780415327138>

## Arts & Entertainment



#### **Quiet Chaos: An astonishing exploration of grief**

U.K. | *The Times* – 23 October 2008 – The boldest stroke in Nanni Moretti's *Caos calmo* (*Quiet Chaos*) is in what it doesn't do, rather than what it does. In a movie about a media executive called Pietro Paladini (Moretti) whose wife dies in a freak fall, leaving him to bring up their ten-year-old daughter alone, the spectre of an emotional meltdown ... hangs over the movie like a threatening storm cloud. And yet, miraculously, it never breaks. Bar some hastily shed tears in the front seat of his BMW, Paladini is denied that Hollywoodian catharsis that defines so many grief movies. Instead, the writer-star Moretti and director, Antonio Grimaldi, build a devastating portrait of a man mildly estranged from his daughter yet completely out of touch with his own humanity. [http://entertainment.timesonline.co.uk/tol/arts\\_and\\_entertainment/film/film\\_reviews/article4993943.ece](http://entertainment.timesonline.co.uk/tol/arts_and_entertainment/film/film_reviews/article4993943.ece)

## **CBS to turn 'Dying Wishes' into Reality TV**

U.S. | *Washington Post* – 21 October 2008 – CBS has ordered a pilot on 'Live Like You're Dying,' which will be cast entirely with people who have received a diagnosis of a terminal disease and been told by their doctors they have but months, or better yet, weeks, to live.

<http://www.washingtonpost.com/wp-dyn/content/article/2008/10/20/AR2008102003114.html>

## **Worth Repeating**

### **Documenting lessons learned**

#### **Caring for patients at the end of life: Reflections after 12 years of practice**

*ANNALS OF INTERNAL MEDICINE*, 2002;136(1):72-77. Daily, physicians strive to comfort, diagnose, treat, cure, and extend life with quality. Yet, we must recognize when to shift to palliative care. Patients expect, hope, and trust that their physicians are versed in dealing with end-of-life issues, but physicians need to learn and practice these skills. How ironic it is that as physicians, we rarely talk about dying amongst ourselves – even though our patients expect us to be expert in such care. Keeping a record of all my patients who have died helps me to honour their memory and reminds me of the lessons they have taught me. Collecting this history also sheds light on issues deserving improvement, such as instituting a home visit near the end of life. Regardless of the inexorable march of technology, birth and death will continue to bind our existence. Our society awards physicians the authority and privilege of caring for people at the end of life. I have learned that caring for patients in the last chapter of their lives is the most important part of my job. **Richard A. Parker MD** <http://www.annals.org/cgi/reprint/136/1/72.pdf>

---

**Barry R. Ashpole**  
Beamsville, Ontario CANADA

'phone: 905.563.0044 / fax 905.563.0043  
e-mail: [barryashpole@bellnet.ca](mailto:barryashpole@bellnet.ca)