Media Watch

...is distributed weekly to colleagues active or with a special interest in **hospice palliative care and end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to inform discussion and encourage further inquiry. Following is an annotated listing of recent articles, reports, etc., with links to the original source.

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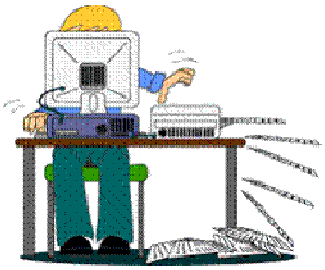

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Compiled & Annotated by Barry R. Ashpole

Also on the ballot in Washington State in the 4 November U.S. presidential election: Scroll down to U.S.A. and 'Euthanasia and assisted suicide: Washington's States Initiative 1000.'

Canada: National

Nunavut's Aglukkaq named federal health minister

CBC | Online report – 30 October 2008 – Conservative Nunavut MP Leona Aglukkaq was sworn in as federal health minister. Aglukkaq was Nunavut's health and social services minister before launching her successful bid for the Conservatives in September. Aglukkaq becomes the first Inuk to hold a senior cabinet position. http://www.cbc.ca/health/story/2008/10/30/aglukkaq-cabinet.html

Canada: Provinces

B.C.'s home-care system needs improvement: auditor general

BRITISH COLUMBIA | CBC News – 30 October 2008 – A report by B.C.'s auditor general says the Health Ministry must improve its leadership role in programs that provide home and community care to some of the province's most vulnerable citizens.[1] "The Ministry of Health Services is not adequately fulfilling its stewardship role in helping to ensure that the home and community care system has the capacity to meet the needs of the population," concludes the report released Thursday. http://www.cbc.ca/canada/british-columbia/story/2008/10/30/bc-seniors-care-report-auditor-general.html

1. *Home & Community Care Services: Meeting Needs & Preparing for the Future*. Office of the Attorney General of British Columbia, October 2008. http://www.bcauditor.com/include/view_file.asp?id=20&type=publication

Of related interest:

- *Times-Colonist* (Victoria, B.C.): **'Caregiver syndrome is a debilitating reality.'** http://www.canada.com/victoriatimescolonist/news/comment/story.html?id=4f237eb3-4f5b-4d9e-b585-a4015b746c96

Strategy launched to strengthen connection between family medicine and cancer centres

ONTARIO | Cancer Care Ontario (CCO) news release – 30 October 2008 – CCO has launched a Primary Care & Cancer Strategy to strengthen the connection between family medicine and cancer centres. http://www.newswire.ca/en/releases/archive/October2008/30/c3114.html

Documentary television series

How do you tell your children you're dying?

ONTARIO | TVOntario (TVO) press release – 29 October 2008 – TVO combines television with the Internet to address ... how children deal with the loss of a parent. The event revolves around a three-part documentary, *The Mummy Diaries*, in which a clinical psychologist helps both mothers and children talk about – and deal with – the mother's incurable illnesses. Following the first episode, viewers can go to TVO's Website to discuss issues raised in the documentary. http://www.newswire.ca/en/releases/archive/October2008/29/c2554.html

University campus hospice in early planning stages

BRITISH COLUMBIA | *The Ubyssey* – 28 October 2008 – University of British Columbia (UBC) is planning to construct a hospice on campus. Vancouver Hospice Society and the Order of St John would work together to raise four million dollars to construct the building, which would include an endowment for maintenance. Vancouver Coastal Health would pay to operate and staff the facility. The Order of St John has also made an offer to work with the university to raise eight to ten million dollars to fund academic work in palliative care. http://www.ubyssey.ca/?p=5476

Improving quality of life in long-term care homes

ONTARIO | Ministry of Health & Long Term Care press release – 27 October 2008 – Ontario is making it easier for residents to move to another long-term care (LTC) home of their choice. New regulations under Ontario's long-term care home legislation will enable residents in different homes to switch places if the move is mutually desired. The highest priority will be given to residents who are seeking to be reunited with a spouse or partner. The next priority will be given to residents who are seeking admission to a LTC home that serves persons of their religion, ethnicity or language. http://www.newswire.ca/en/releases/archive/October2008/27/c9792.html

U.S.A.

Do not resuscitate order

Simple semantics can be comforting as life ends

FLORIDA | *News-Press* – 2 November 2008 – Could three words change the way patients and their loved ones think about death? Spiritual leaders and some medical staff at Lee Memorial Health System believe so, and they are reconsidering how they pose one of life's toughest questions: "Do you want to sign a 'Do Not Resuscitate' form?" When they ask, family members often balk, believing they are giving up ... failing their loved one. So they are beginning to ask the question a different way: "Do you want to allow natural death?" 'Do not resuscitate' and 'allow natural death' are uttered at the same time ... when doctors believe they have exhausted treatment options and death is inevitable. Lee Memorial specialists are finding semantics do matter. http://www.news-press.com/article/20081102/NEWS01/811020397/1013

Of related interest:

- Alaska (*Journal of Commerce*): **'Contradiction in living faith, living will?'** http://www.alaskajournal.com/stories/110208/hom_20081102035.shtml

How to manage employees who are also family caregivers

VIRGINIA | *The Virginia Engineer* – November – With a growing number of Americans providing care for a loved one at home, businesses need to address this growing trend in a way that's equitable for employees and employers alike. Fortunately, there are ways to create an effective work environment that enables the employee to be productive and continue to contribute to the company's goals despite caregiving responsibilities. http://www.vaeng.com/guestarticle/how-to-manage-employees-who-are-also-family-caregivers

National Hospice/Palliative Care Month

Hope, dignity, love … It must be hospice

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Online posting – 30 October 2008 – November is National Hospice/Palliative Care Month. This year's theme, 'Hope, Dignity, Love…It must be hospice,' reminds us that the care we provide brings hope to help people live life as fully as possible, offers dignity when there is not a cure, and surrounds families with love at one of life's most challenging times. The hospice philosophy of care is shared by palliative care providers who are working to serve patients and families earlier in the course of a serious illness. http://www.nhpco.org/i4a/pages/index.cfm?pageid=5754

Terminal Patients' Right to Know End-of-Life Options Act

End-of-life bill empowers sick patients

CALIFORNIA | *Los Angeles Times* – 29 October 2008 – The Right to Know Act requires physicians, at the patient's request, to provide comprehensive information about the patient's healthcare options. This may include (but is not limited to) hospice care, curative treatment, withdrawal or refusal of life-prolonging treatments, symptom management to help control pain, nausea, breathlessness and fatigue, and other clinical treatments used for a patient who is dying. Californians who are told they have less than a year to live do have choices. Not knowing what those choices are makes it impossible for dying patients to choose them. It's a matter of simple decency and basic patients' rights. The basis of informed patient consent – which is required for nearly all medical procedures – puts the information and the power to choose in patients' hands. It shifts power from a condescending, top-down, "doctor knows best" approach to a patient-doctor conversation. Ultimately, this will lead to patients' ability to work with their doctors to determine the best care option that fits with their values. http://www.latimes.com/news/opinion/la-oew-lee29-2008oct29,0,4946192.story

Hospice chaplains take up bedside counseling

NEW YORK | *New York Times* – 28 October 2008 – Some ... hospice patients talk about their impending deaths, or about God. Most just talk about what people always talk about – unfinished business and unanswered questions: regrets over firing an employee 50 years ago; the pet no one has yet promised to adopt; feeling sick to death of being sick, yet not ready to die. "How did he (Bach) dream up that music?" one woman asks. Listening to final inquiries ... has long been the domain of a family priest or rabbi. But for a growing number ... who do not know a member of the clergy, that bedside auditor is increasingly likely to belong to an emerging professional class known in the hospice world as a pastoral counselor or chaplain, who may or may not be a clergy member. http://www.nytimes.com/2008/10/29/nyregion/29hospice.html?ref=health

Back Issues of Media Watch

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

Euthanasia and assisted suicide: Washington State's Initiative 1000

Fails to protect the vulnerable, devalues life

WASHINGTON | *The Herald* – 28 October 2008 – Initiative 1000 does not adequately protect people with depression, dementia or financial vulnerability. Such people may experience coercion from relatives or others to pursue physician-assisted suicide. Particularly if they are depressed, they may yield to such coercion and ask for it. Depression is a difficult diagnosis to make in the elderly and terminally ill. None of the 49 patients in Oregon who were assisted in their suicide in 2007 were referred for a psychiatric evaluation. I-1000 leaves this referral up to the doctor and does not require it. http://www.heraldnet.com/article/20081028/OPINION02/710289986

- Washington (*Herald*): **'Faith and rights intersect at the end of life.'** http://heraldnet.com/article/20081102/NEWS01/711029865
- New York (*New York Times*): **'On Washington State's ballot: Doctor-assisted suicide.'** http://www.nytimes.com/2008/10/31/us/31death.html?hp
- Washington (KAPPTV): **'Students studying (issue of) assisted suicide.'** http://www.kapptv.com/news/?sect_rank=1&section_id=22&story_id=8450
- Washington (*The Olympian*): **'I-1000: Yes, 56%; No, 38%.'** http://www.theolympian.com/696/story/638290.html
- Washington (*Post-Intelligencer*): **'I-1000: Base the debate on facts.'** http://seattlepi.nwsource.com/opinion/385353_kitzhaber29.html

Of related interest:

- *New York Times*: **'The business case for managed death.'** http://freakonomics.blogs.nytimes.com/2008/10/27/the-business-case-for-managed-death/

Call for earlier AIDS treatment creates funding and logistical challenges

VOICE OF AMERICA | Online report – 27 October 2008 – A new study says those infected with HIV, the AIDS virus, should receive drug treatment much sooner than is currently recommended. It says those who delay treatment until their immune systems are badly weakened are 74% more likely to die sooner than those who start treatment earlier. U.S. and Canadian researchers based their findings on patient records. The rationale behind delaying treatment was to spare patients the side effects of the anti-retroviral drugs. http://www.voanews.com/english/Africa/2008-10-27-voa16.cfm

- Agence France-Presse: **'WHO slashes AIDS mortality projections.'** http://afp.google.com/article/ALeqM5h9j0qkYqMqUoWWT6Q0iyCh1PTnVw
- U.K. (*Times Newspaper*): **'Ten things you need to know before you have an HIV test.'** http://www.timesonline.co.uk/tol/life_and_style/health/article5056732.ece

Quotable Quotes

Reverence for life resonates within our field and we are generally recognized for attending to (the) inherently human dimensions of suffering and well-being. ***Ira Byock***

Source: 'To Life! Reflections on spirituality, palliative practice, and politics.'
American Journal of Hospice & Palliative Medicine, 2007;23(6);436-438.)

Seniors tend to stick with end-of-life care preferences

WASHINGTON POST | Online report – 27 October 2008 – Regardless of declines in ... mental or physical health, most senior citizens do not change their outlook on how they want their end-of-life care to be when the time comes, new research suggests.[1] The study notes, however, that despite observing an overall stability in patient perspective, certain patients do seem to change their mind over time. "We found that the people who wanted the least (aggressive treatment) were the most likely to continue wanting the least, whereas the people wanting the most were the most likely to change over to wanting less over time," noted Dr. Marsha N. Wittink, Department of Family Medicine & Community Health, University of Pennsylvania School of Medicine. http://www.washingtonpost.com/wp-dyn/content/article/2008/10/27/AR2008102701910.html

1. *Archives of Internal Medicine*, 2008;168(19):2125-2130. **'Stability of preferences for end-of-life treatment after three years of follow-up.'** http://archinte.ama-assn.org/cgi/content/short/168/19/2125

N.B. The study received widespread media coverage, for example: **'Illness, aging may not change end-of-life choices.'** http://www.reuters.com/article/healthNews/idUSTRE49U68420081031

Most off-label cancer drug use for palliative care

WASHINGTON POST | Online report – 27 October 2008 – Between 1990-2002, off-label use of anticancer drugs in adults and children ranged between 6.7% and 33.2%, and most of that off-label use was for palliative care, say researchers who reviewed published studies from a number of countries.[1] In off-label use, a drug is used to treat conditions that aren't described on the official labeling created when a drug is approved by a regulatory agency, such as the U.S. Food & Drug Administration. Although off-label use of cancer drugs has been reported for most types of cancer, it's most common among patients with metastatic or advanced cancer receiving palliative care. http://www.washingtonpost.com/wp-dyn/content/article/2008/10/27/AR2008102700758.html

1. *The Lancet Oncology*, 2008;9(11);1102-1107. **'Off label use of anticancer drugs.'** http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(08)70280-8/fulltext

International

Inflammatory words on end-of-life care

U.K. | *The Guardian* – 1 November (letter to the editor) – Simon Jenkins reported approvingly of a lecture given by Professor Emily Jackson in which she is said to have claimed that "one third of all registered deaths are by deliberate morphine overdose and one third by the removal of life support, premeditated acts by medical staff."[1] I am the author of the 2006 survey of U.K. doctors that generated these figures, and this statement distorts the findings of the survey, repeating and amplifying the inaccurate coverage of the survey provided by the *Daily Mail*, whose exaggerations were designed to support an anti-euthanasia position with which Jenkins would no doubt disagree. The survey showed that one-third of deaths involved a decision to withdraw or withhold treatment, and a further third involved giving a drug (which may or may not have been morphine) that in the doctor's opinion might have had an effect on the length of life. In some cases, for example, this would have involved a mutually shared decision not to continue with a course of antibiotics, or honouring a request from a dying patient not to pursue the option of a hospital admission. http://www.guardian.co.uk/society/2008/nov/01/assisted-suicide

1. *The Guardian*: **'Denial of the right to die is sheer religious primitivism.'** http://www.guardian.co.uk/commentisfree/2008/oct/22/assisted-euthanasia-religion-suicide-prosecution

Europe seeks consensus over "living wills"

EUROPEAN SCIENCE FOUNDATION (ESF) | Online news release – 31 October – The question whether a common European position on advance directives or "living wills" is ethically required and practically feasible was discussed at a recent workshop organised by the ESF. Just as a conventional will allows people to specify how they would like their property to be distributed after their death, so a living will is supposed to determine what medical treatment people would like to receive in the event of illness when they are still alive but of unfit mind to decide at the time. This is an extension of the basic human right across all of Europe that people can consent to or refuse medical treatment at any time. Not all European countries yet have national legislation covering advance directives, with some such as Germany and Switzerland currently conducting heated debates over the subject. Even in countries that do have such legislation, advance directives are open to very different interpretations and their application differs widely across Europe. http://www.alphagalileo.org/index.cfm?_rss=1&fuseaction=readrelease&releaseid=533514

Overwhelming evidence that hospice care saves money

IRELAND | *Irish Times* – 31 October 2008 – If you were dying and in pain, would you be satisfied if you were told you would have to wait a few weeks for the specialist help needed? The reality is that government funding for the cancer-control programme has abandoned the commitment to "comprehensive palliative care services." The Health Service Executive has prepared a five-year plan to deliver integrated hospice services. But the funding earmarked for 2009 has not been provided. There is overwhelming international evidence that investment in comprehensive hospice services saves money. The Government should not, therefore, use the economic downturn as an excuse to renege on many commitments to eliminate the regional inequity in hospice services. http://www.irishtimes.com/newspaper/opinion/2008/1031/1225321589618.html

Britons dying for green burials

U.K. | Agence France-Presse – 31 October 20008 – U.K. residents are increasingly choosing "green" burial plots as their final resting place for ecological reasons and as space in more formal cemeteries fills up, experts say. Whether in the shade of an oak or in the middle of a flowery meadow, more and more people are planning for a "natural" funeral as they plan their final journey. "There are more than 200 natural burial grounds in the U.K.," said Andy Clayden, a senior lecturer at Sheffield University and member of a research team on the development of natural burial sites in Britain. "The forecast is that more sites are going to open," he said, noting that the first natural burial site was opened in 1994 in Carlisle, northwest England, and 10 years later there were 150. http://afp.google.com/article/ALeqM5hxefs5E8B-6H_MRZgyg5GiLUdpdg

Million elderly people are lonely

U.K. | BBC – 31 October 2008 – More than one million older people say they often or always feel lonely, a report by Help the Aged suggests. The charity found more than a third of older people in the U.K., including half of women aged over 65, now lived alone. Nearly half a million pensioners only leave their houses once a week and a further 300,000 are entirely housebound, the report says. http://news.bbc.co.uk/2/hi/uk_news/7701115.stm

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.

Attitudes to euthanasia changing

NEW ZEALAND | *Manawatu Standard* – 30 October 2008 – Improvements in hospice and palliative care are working to take the sting out of debate about whether voluntary euthanasia should be allowed, says Hospice New Zealand clinical adviser Simon Allan. "There is a growing trust that there will be supportive care for the dying," he said during a break at the group's national conference in Palmerston North this week. "I think things are changing in the community's understanding of what can be done, and that seems to be taking away the knee-jerk reaction to talk about euthanasia." The hospice philosophy is to neither hasten nor postpone death. Dr Allan said Hospice New Zealand does not support a law change on euthanasia, or support the development of Dignity Havens where legalised euthanasia could be practised. http://www.stuff.co.nz/stuff/4745425a6502.html

- Canada (*Vancouver Sun*): **'Hard-headed researcher of 300 suicides maintains he's pro-life.'** http://communities.canada.com/vancouversun/blogs/thesearch/archive/2008/11/01/hard-headed-researcher-of-300-suicides-maintains-he-s-pro-life.aspx

- Spain (LifeSiteNews.com): **'Spanish university professors sign manifesto in defence of natural death.'** http://www.lifesitenews.com/ldn/2008/oct/08102909.html

Setback for supporters of assisted suicide

U.K. | *The Daily Telegraph* – 29 October 2008 – There was ... (some) comfort for Debbie Purdy in today's High Court ruling on assisted suicide. Her attempt to obtain advance guidance from the Director of Public Prosecutions on how he would exercise his discretion in such cases was dismissed. The court allowed Ms. Purdy to take her case to the Court of Appeal ... they thought it was in the public interest for her to do so, not because they thought her appeal had any prospect of success. That only postponed the application to the European Court of Human Rights, on which Ms. Purdy appears to be pinning her hopes. What comfort, then, can she take from the judgment? It's the last paragraph. In what seems to be a hint at their own personal opinions, the judges say: "We cannot leave this case without expressing great sympathy for Ms. Purdy, her husband and others in a similar position who wish to know in advance whether they will face prosecution for doing what many would regard as something that the law should permit, namely to help a loved one to go abroad to end their suffering when they are unable to do it on their own." http://www.telegraph.co.uk/news/newstopics/lawreports/joshuarozenberg/3279044/Setback-for-supporters-of-assisted-suicide.html

- *The Daily Telegraph* online "overview" of the Purdy case (updated 29 October 2008): http://www.telegraph.co.uk/news/newstopics/lawreports/joshuarozenberg/3123916/How-far-can-I-go-asks-MS-sufferers-husband.html

Of related interest:

- U.K. (*Scotsman*): **'MacDonald plans bill for assisted suicide.'** http://news.scotsman.com/scotland/MacDonald-plans-bill-for-assisted.4648189.jp

- U.K. (*The Daily Telegraph*): **'MPs should use free parliamentary time to resolve assisted suicide issue.'** http://www.guardian.co.uk/politics/blog/2008/oct/30/assisted-suicide-health

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.

Helping kids cope with grief: Functionality of the surviving parent

PHILIPPINES | *Inquirer* – 28 October 2008 – The loss of a parent is one of the saddest and most difficult experiences a child can go through. Depending on his or her development stage, the child will react in different ways ... (depending on) age, the manner of the loved one's death, and the kind of relationship the child had with the deceased parent. Dr. William Worden, a leading expert in the field of children and bereavement, was co-director of the landmark Child Bereavement Study conducted at Massachusetts General Hospital in the late 1990s. Their key finding: The one variable that most strongly affects the functioning of a child after a loss is the functionality of the surviving parent. http://showbizandstyle.inquirer.net/lifestyle/lifestyle/view/20081028-168952/Helping-kids-cope-with-grief

Assisted dying laws do not always protect the vulnerable

U.K. | *The Guardian* – 28 October 2008 – Simon Jenkins's article on assisted dying contains so many misconceptions that it is difficult to know where to begin in refuting them ('Denial of the right to die is sheer religious primitivism').[1] First, it is nonsense that "one third of all registered deaths are caused by morphine overdose." Those of us who practise end-of-life medicine know the evidence that morphine, used correctly, is a very effective drug which can actually extend life by controlling pain and breathlessness and avoiding the exhaustion of unrelieved symptoms. Prescribing morphine properly is humane, compassionate and safe – it does not kill. Just because there is a last dose of a drug – or a last cup of tea – does not mean that either killed the patient dying of advanced disease. Jenkins also refers to the removal of life support, which he describes as "premeditated acts by medical staff." Again, he has misunderstood. Doctors regularly discontinue futile treatment. But they don't do it in order to end a patient's life: they are simply recognising that death cannot be prevented by treatment. Jenkins needs to understand that end-of-life decisions, which are made every day by doctors, aren't the same thing as ending-life decisions. http://www.guardian.co.uk/commentisfree/2008/oct/28/euthanasia-assisted-suicide-baroness-finlay

1. *The Guardian*: **'Denial of the right to die is sheer religious primitivism.'** http://www.guardian.co.uk/commentisfree/2008/oct/22/assisted-euthanasia-religion-suicide-prosecution

Journal Articles

Engaging homeless persons in end of life preparations

JOURNAL OF INTERNAL GENERAL MEDICINE – posted online 18 September 2008 – This study demonstrated that people living in dire economic and social situations will complete an advance directive (AD) when offered the opportunity. Offering guidance resulted in higher rates of completion; even a simple, self-guided AD process can achieve completion in this population. http://www.ncbi.nlm.nih.gov/pubmed/18800207?ordinalpos=40&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Of related interest:

- Canada (*The Guardian*, Prince Edward Island): **'Hospice offers warm embrace to homeless people in their final days.'** http://www.theguardian.pe.ca/index.cfm?sid=184958&sc=98

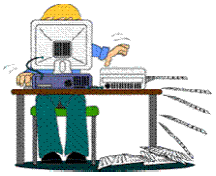
Suicide assisted by two Swiss right-to-die organisations

JOURNAL OF MEDICAL ETHICS, 2008;34:810-814. In Switzerland, non-medical right-to-die organisations such as Dignitas (D) and Exit Deutsche Schweiz (E) offer suicide assistance to members suffering from incurable diseases. More women than men were assisted in both organisations (D: 64%; E: 65%). The number of women and the proportion of older people suffering from non-fatal diseases among suicides assisted by Exit Deutsche Schweiz has increased since the 1990s. The strong, over-representation of women in both Dignitas and Exit Deutsche Schweiz suicides is an important phenomenon ... so far largely overlooked and in need of further study. http://jme.bmj.com/cgi/content/abstract/34/11/810?rss=1

Screening for psychological distress in palliative care: A systematic review

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2008;36(5):520-528. Psychological distress is common in the terminally ill. It is often under detected and undertreated and has significant impact on the individual and family. There is a growing consensus on a broader concept of psychological suffering conceptualized as “distress” in the palliative care setting. Psychological screening programs play an important role in improving detection and management of distress. National and international guidelines recommend routine screening. This systematic review summarizes the evidence for screening for psychological distress in a palliative care setting. The review includes studies that compare screening questionnaires against a gold standard criterion of semi-structured or structured psychiatric interview. The performances of these questionnaires are described in terms of their sensitivity, specificity, and positive and negative predictive values. http://www.jpsmjournal.com/article/PIIS0885392408002091/abstract?rss=yes

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: Websites.

A website is an accepted means of communicating and disseminating information, with the capacity for interaction – two-way communication. Given the "traffic" on the Internet, however, and the countless alternatives and often contradictory sources of information, it is a challenge to maintain a website as a credible or favoured resource. Ironically, while the Internet is touted as accessible and economical as a communications tool, few webmasters have transported from the print media essential elements that in any other context might be described as 'Communications 101.' Designing and, more importantly, maintaining a website – whatever its primary purpose – demands the same discipline and editorial requirements of a magazine or newspaper. This is where so many websites fail to realize their full potential. As a consequence, these poorly serviced websites impact negatively on the image and the reputation of the host organization. Common failings or shortcomings:

1. Content or postings not dated; more importantly not updated on a consistent or regular basis.
2. Page layout congested, typography not used to best effect, and visual elements of poor quality, carelessly cropped, badly positioned or sized too small or too large.
3. Language usage and writing style not focused, concise or to the point.
4. Links no longer active.
5. Not easily navigated.

If you are interested in realizing the full potential of your website please contact barryashpole@bellnet.ca

Crises in palliative care – a comprehensive approach

THE LANCET ONCOLOGY, 2008;9(11):1086-1091. Palliative care aims to improve quality of life by early identification, impeccable assessment, and treatment of symptoms while meeting other needs of patients with advanced and progressive disease. It comprises disease-specific and symptom-guided interventions, with emphasis on preparing patients and their relatives for foreseeable, highly distressing clinical problems. Use of inappropriate mechanisms and algorithms in standard emergency treatment might be avoidable for the sake of patient-centred inpatient and outpatient palliative care during the last phase of life. This review reflects a clinical attitude in palliative care that differs from oncological emergency management. http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(08)70278-X/abstract

The Pallium Project

Learning and development dimensions of a pan-Canadian primary health care capacity-building project

LEADERSHIP IN HEALTH SERVICES, 2008;21(4):229-266. The purposeful use of collaboration, innovation and knowledge-management strategies has been successfully used to support a rapid scaling-up of learning and development interventions. This has enabled enhanced and new pan-Canadian health delivery capacity implemented at the local service delivery catchment-level. http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=E47C24DB1B3FAE2324E9636A28097565?contentType=Article&contentId=1747119

Resources

Online learning

Support for GPs in delivering palliative care in aged care homes

AUSTRALIA | *Medical News Today* – 29 October 2008 – The Royal Australian College of General Practitioners has launched a new online learning module to support general practitioners, practice nurses and general practice managers in the delivery of palliative care in aged care homes ... developed by Palliative Care Australia, with funding from the Australian Government Department of Health & Ageing. http://www.medicalnewstoday.com/articles/127267.php

Of related interest:

- Caregiving.com press release: **'Online game to calm anxiety, meet demands of those caring for aging loved ones.'** http://www.prweb.com/releases/2008/10/prweb1523844.htm

Speaking of Dying: A Practical Guide to Using Counselling Skills in Palliative Care

JESSICA KINGSLEY | Publisher's online notice – October 2008 – Good counselling skills are often not taught to the professionals who need them most. Compassionate and tactful communication skills can make the difference between an awkward encounter with a dying patient, and an engaging, empathic bond between two people. Louis Heyse-Moore draws on his wealth of experience as a trained counsellor and palliative medicine specialist. Covering difficult subjects such as breaking the news of terminal illness to a patient, euthanasia and the effect of working with patients on carers, *Speaking of Dying* is a practical guide to using counselling skills for all clinical disciplines working in palliative care, whether in a hospice, hospital or at home. http://www.jkp.com/catalogue/book.php/isbn/9781843106784

Books

My Grammie is a Star

CANADA | *The Guardian* (Prince Edward Island) – 25 October 2008 – When Darlene Holt's two young sons look up, they search for the special star they have named Grammie, which has been their heavenly conduit to their late grandmother since she died of cancer in 2002. That's because they know the story of the stars, which is a longstanding tradition in Holt's family to help cope with grief and loss. The story of the stars, in its simplest form, is that on the night a loved one dies or soon after, you search the dark sky for the brightest, most twinkling star and it will be that person. From then on, anytime you need to feel close or talk to him or her, you need only find that star again. Written by Holt, illustrated by Charlottetown artist Dale McNevin, and funded by the Order of St. Lazarus' Acadia Commandery, the book is a fundraiser for the Hospice Palliative Care Association of PEI.[1] http://www.theguardian.pe.ca/index.cfm?sid=183492&sc=100

1. Hospice Palliative Care Association of PEI: http://www.hospicepei.ca/

Worth Repeating

Illness trajectories and palliative care

BRITISH MEDICAL JOURNAL, 2005;330:1007-1011. When people with life threatening illnesses and their carers ask about prognosis ("How long have I got?"), they are often doing more than simply inquiring about life expectancy. Within this question is another, often unspoken, question about likely patterns of decline ("What will happen?"). One aid to answering both questions may be through the use of typical illness trajectories. Thinking in terms of these trajectories provides a broad timeframe and patterns of probable needs and interactions with health and social services that can, conceptually at least, be mapped out towards death. Such frameworks may help clinicians plan and deliver appropriate care that integrates active and palliative management. If patients and their carers gain a better understanding by considering illness trajectories this may help them feel in greater control of their situation and empower them to cope with its demands. An important implication for service planners is that different models of care will be appropriate for people with different illness trajectories. http://www.bmj.com/cgi/content/full/330/7498/1007

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