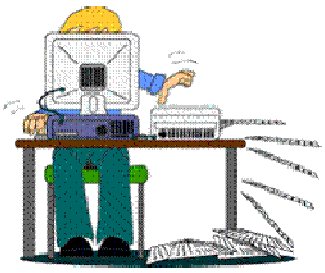
Media Watch

...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.

24 November Edition | Issue #72



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Compiled & Annotated by Barry R. Ashpole

Advance care planning, advance medical directives and living wills:
Scroll down to Emerging Issues and 'Advancing care planning: Let's stop the madness.'

Canada: National

Assisted suicide takes centre stage in Quebec courtroom

CANADIAN PRESS | Newswire report – 23 November 2008 – The controversial issue of assisted suicide will take centre stage in a courtroom in Quebec when a man charged with helping his severely ill uncle kill himself faces trial. Stephan Dufour, 30, is charged with one count of aiding or abetting Chantal Maltais to commit suicide in September 2006 after the latter had badgered his family for years, confined to a wheelchair and suffering from polio. Dufour has pleaded not guilty and looks forward to arguing his case in front of a jury, his lawyer Michel Boudreault told The Canadian Press. "The time that has lapsed has allowed us to analyze the police report and to delve deeper into assisted suicide – both in Quebec and the rest of Canada," Boudreault said. http://www.google.com/hostednews/canadianpress/article/ALeqM5jMe4UIrb6cikHoxncBH9qsxNyjwQ

Canada: Provinces

Strategy lacking for home-care workers

NOVA SCOTIA | *Chronicle Herald* – 20 November 2008 – Nova Scotia doesn't have a handle on whether it will have enough home-care workers in the future, says the province's auditor general. "There is a risk sufficient numbers of trained staff will not be available to provide existing or expanded home-care services in the future," Jacques Lapointe said in his report to the legislature. Mr. Lapointe also said the Health Department doesn't know if the Nova Scotians receiving home care are getting the services they need. He said the province isn't auditing home-care providers or inspecting their operations. http://thechronicleherald.ca/NovaScotia/1091446.html

Two-tier home care in wings

NEWFOUNDLAND & LABRADOR | CBC News – 18 November 2008 – The withdrawal of the Victorian Order of Nurses (VON) from a government-paid home support program proves the Newfoundland & Labrador government needs to move quickly to protect low-income residents, the leader of the New Democratic Party says. "It's going to be creating a two-tier system," Lorraine Michael told CBC News, responding to the Corner Brook-based VON's decision to stop handling government-sponsored home care clients. Another prominent agency, St. John's-based Caregivers, is considering the same action, claiming that government rates do not pay enough to cover operating costs and leave even a small profit. Michael said because the government pays about $1.50/hour less than what agencies charge their own clients, poor people may lose the care they need. http://www.cbc.ca/health/story/2008/11/18/home-care-ndp.html

Expert report calls for major changes in Ontario home care

ONTARIO HEALTH COALITION | Press release – 17 November 2008 – An independent report on the province's home care sector calls for urgent reform. *Home Care: Change We Need* is a non-partisan review of the current literature and input received through a series of province-wide public hearings at which the authors considered 78 presentations and 69 written submissions.[1] They make twenty recommendations "to reform home care and provide urgently needed change." The report was sponsored by the Ontario Health Coalition and Local 1 (Canada) of the Service Employees International Union. http://www.web.net/ohc/mediareleasenov1708.pdf

1. *Home Care: Change We Need*: http://www.web.net/ohc/homecarereportnov1708.pdf

Of related interest:

- Ontario Ombudsman (*The Watchdog*): **'Long-term care: 200+ complaints and counting.'** http://www.ombudsman.on.ca/media/31906/the%20watchdog%20e-newsletter_oct%2008.pdf

U.S.A.

End of life care in prisons

Mississippi inmate deaths near top

MISSISSIPPI | *Clarion-Ledger* – 23 November 2008 – State prisoners in Mississippi are sick and dying at one of the highest rates in the nation. Mississippi's inmate mortality rate was second in the nation in 2006, the most recent year for which national data are available. And according to a review of state-level reports, Mississippi's mortality rate rose in 2007. It's a situation that is raising legal concerns with lawmakers and moral questions with prison-reform advocates. Mississippi is second only to Tennessee in per-capita deaths among inmates, based on the latest national data. http://www.clarionledger.com/article/20081123/NEWS/811230383/1001/news

From Media Watch dated 07.18.08.

- U.S. (KansasCity.com, Missouri): **'Missouri uses special unit to cope with growing numbers of geriatric inmates.'** http://www.kansascity.com/105/story/752238.html

From Media Watch dated 07.22.07.

- *Journal of the American Medical Association*, 2007;298(8):894-901. **'Palliative care for prison inmates: Don't let me die in prison.'** http://jama.ama-assn.org/cgi/content/short/298/8/894

Hospice works to stay efficient under cuts

NORTH CAROLINA | *Times-News* – 23 November 2008 – Hospice organizations are losing thousands of dollars after a federal regulation that cuts Medicare reimbursement rates went into effect ... to save $2.2 billion nationwide. Cuts will be phased in over three years, and a total of 5% of each hospice's reimbursements will have been cut at the end of the three-year period. Another dark cloud looming on the horizon is the restructuring of how Medicare reimburses hospice. http://www.blueridgenow.com/article/20081123/NEWS/811220280?Title=Hospice_works_to_stay_efficient_under_cuts

Value of family caregiving hits $375Billion, more than Medicaid spending

MEDICAL NEWS TODAY | Online report – 20 November 2008 – The economic value of family caregiving in the U.S. reached $375 billion in 2007, according to a new report by the American Associated for Retired Persons.[1] The estimated value exceeds the $311 billion spent nationally in 2007 for Medicaid. The value of family caregiving also exceeds Medicaid's long-term care spending in every state. The new estimate reflects an increase in the population, the aging of the population, and higher estimate of the average value for one hour of care. *Valuing the Invaluable, The Economic Value of Family Caregiving* estimates that 34 million Americans provide more than 20 hours of care per week to another adult, making informal caregiving a cornerstone of U.S. health and long-term care. http://www.medicalnewstoday.com/articles/130217.php

1. *Valuing the Invaluable, The Economic Value of Family Caregiving, 2008 Update*: http://assets.aarp.org/rgcenter/il/i13_caregiving.pdf

Interview with Diane E. Meier, Director, Center to Advance Palliative Care

Diagnosing depression in terminally ill patients

HEMONC TODAY | Online interview – 19 November 2008 – Oregon was the first state in the U.S. to approve a physician-assisted suicide law, and that law included safeguards to prevent mentally ill people from getting prescriptions to end their lives. The results of a recent study (however) found that some clinically depressed patients were seeking and getting prescriptions for lethal drugs despite those legal protections. Diane E. Meier, MD, Director of the Center to Advance Palliative Care in New York, a professor of geriatrics and internal medicine at the Mount Sinai School of Medicine and the school's Catherine Gaisman Professor of Medical Ethics, talked to *HemOnc Today* about the difficulty in diagnosing depression in terminally ill patients, her reasons for switching sides in the assisted suicide debate, and an overlooked issue in medical ethics. http://www.hemonctoday.com/article.aspx?rid=32922

Florence Wald (1917-2008)

Hospice care for the terminally ill is the end piece of how to care for patients from birth on. As more and more people – families of hospice patients and hospice volunteers – are exposed to this new model of how to approach end-of-life care, we are taking what was essentially a hidden scene – death, an unknown, and making it a reality. We are showing people that there are meaningful ways to cope with this very difficult situation.

Florence Wald, who died 8 November 2008, was a leader in the hospice movement in America and helped to establish the country's first hospice program in Connecticut in 1974. The focus of her work in recent years had been end of life care for prison inmates.

Hospice isn't opposite of aggressive medical care

KANSAS | *The Wichita Eagle* – 18 November 2008 – We are reaching a point in modern medicine where the concept of "aggressive care" at the end of life needs to be redefined. When we think of aggressive medical care, we often think of all the amazing technology that can be used to prolong "life." However, hospice care, while usually seen as opposite of aggressive care, is in reality also aggressive care. The modern hospice movement, while recognizing the futility of life support and ineffective therapies at the end of life, is not "no care." It often is more care – more aggressive pain management, more aggressive symptom management, insistent wound care and more aggressive "quality of life" care. http://www.kansas.com/205/story/600645.html

Distinguishing between hospice and palliative care

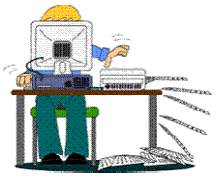
End-of-life care focuses on maximizing comfort

CALIFORNIA | *The Daily Times* – 17 November 2008 – Hospice care should not be confused with palliative care, which seeks to relieve pain and suffering at any point in an illness and can be provided at the same time as curative care. Hospice care always includes palliative care, but is focused on terminally ill patients who are no longer seeking treatments to cure them and who are expected to live for six months or less. Hospice care is covered by Medicare and most private insurance, while palliative care is not. Hospice promotes quality of life by protecting patients from burdensome interventions and promoting care at home whenever possible instead of in the hospital. http://www.delmarvanow.com/article/20081117/LIFESTYLE/811170321/1024

Caring for family, caring for yourself

NEW YORK | *New York Times* – 17 November 2008 – Whether you choose to be a family caregiver or the job is thrust upon you by circumstances, your most important responsibility beyond caring for your ill or disabled relative is caring for yourself. Too often, family caregivers are reluctant to “abandon” their patients, even temporarily, or entrust others with their care. But a caregiver should not feel guilty about looking out for No. 1. Self-care is not a selfish act. It’s an essential act, because a caregiver who burns out, who becomes overly stressed, exhausted or ill, is no help to anyone. There are many ways for caregivers to protect their physical and emotional health, and a growing number of organizations that can help. Sometimes all you need to do is ask. http://www.nytimes.com/2008/11/18/health/18brod.html?ref=science

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.

International

Series on palliative and end-of-life care in India

Photograph| K.K. Mustafah

Care beyond cure

INDIA | *The Hindu* – 23 November 2008 – For millions of patients with terminal illnesses, pain is an everyday reality. But with only two per cent of India's population under the palliative care cover, there is a need to put a professional health service system and a well-defined policy in place. http://www.hindu.com/mag/2008/11/23/stories/2008112350010100.htm

The Hindu series:

- **'Breeze in the valley of pain.'** http://www.hindu.com/mag/2008/11/23/stories/2008112350030100.htm
- **'Leading the way.'** http://www.hindu.com/mag/2008/11/23/stories/2008112350180500.htm
- **'Small beginnings.'** http://www.hindu.com/mag/2008/11/23/stories/2008112350240600.htm
- **'Vital social need.'** http://www.hindu.com/mag/2008/11/23/stories/2008112350250600.htm

Resources:

- National Organization for Palliative Care in India: http://www.palliativecare.in/
- *Indian Journal of Palliative Care*: http://www.jpalliativecare.com/
- Hospice and Palliative Care Development in India (A review of services and experiences): http://www.eolc-observatory.net/global/india.htm#outputs

National Health Service wants to close smoking room for terminally ill patients in Birmingham

U.K. | *Sunday Mercury* – 23 November 2008 – Politically correct National Health Service bosses in Birmingham are battling to ban a smoking room for terminally ill patients – forcing them to be turfed out into the cold to enjoy their final cigarettes. The Sheldon Unit, a palliative care home for patients dying from lung cancer and other diseases is one of only two health centres in the region that has escaped rigid Smoke Free legislation on "sympathetic grounds." But when board members of South Birmingham Primary Care Trust, in charge of the unit, heard of plans to upgrade the smoking room with a new ventilation system, the whole scheme went up in smoke. http://www.sundaymercury.net/lifestyle-news/health-news/2008/11/23/nhs-want-to-close-smoking-room-for-terminally-ill-patients-in-birmingham-66331-22318713/

Advance directive form launched online

IRELAND | *Irish Medical News* – 21 November 2008 – A former Medical Director with the United Nations has drafted the first Irish-based "advance healthcare directive" form for people to either refuse treatment to sustain life or to request medical care to be continued for as long as possible.[1] http://www.irishmedicalnews.ie/index.php/component/content/article/1-news/449-advance-directive-form-launched-online

1. Living Wills Trust (Advance Healthcare Directive): http://livingwilltrust.health.officelive.com/Documents/Living_Will.pdf

Emerging Issues

Advance Care Planning: Let's stop the madness

Judith Wahl, Barrister & Solicitor, and Executive Director, Advocacy Centre for the Elderly
Sessional Instructor, Faculty of Social Work, University of Toronto

3 December 2008 12-1:30 p.m.

Although it is fundamental for health practitioners to get an informed consent from a patient, if capable, or from the incapable patient's substitute decision maker before providing treatment, more and more health facilities are requiring, or strongly advocating for patients to complete advance directives which then are used as replacements for consents. Although the advance care planning practices are promoted as a means of respecting patients' choices, in fact, the practices may limit choice and disregard patients' rights. This Lecture will be a discussion of the requirements for informed consent, where advance care planning fits into the consent process, how hospital and facility policies or practices on advance care planning may detract from patient-centred care and expose health practitioners to liability for failure to get consent.

To listen to the Judith Wahl's lecture: http://hosting2.epresence.tv/AGING/1.aspx

Worth Repeating

Enough: The failure of the living will

THE HASTINGS REPORT, 2004;34(2):30-42. Enough. The living will has failed, and it is time to say so. We should have known it would fail: A notable but neglected psychological literature always provided arresting reasons to expect the policy of living wills to misfire. Given their alluring potential, perhaps they were worth trying. But a crescendoing empirical literature and persistent clinical disappointments reveal that the rewards of the campaign to promote living wills do not justify its costs. Nor can any degree of tinkering ever make the living will an effective instrument of social policy. As the evidence of failure has mounted, living wills have lost some of their friends. We offer systematic support for their change of heart. But living wills are still widely and confidently urged on patients, and they retain the allegiance of many bioethicists, doctors, nurses, social workers, and patients. For these loyal advocates, the authors offer systematic proof that such persistence in error is but the triumph of dogma over inquiry and hope over experience. A note about the scope of the authors' contentions: They reject only living wills, not durable powers of attorney. http://www.thehastingscenter.org/pdf/publications/hcr_mar_apr_2004_enough.pdf

Living wills ineffective, say medical and legal experts

THE LAWYERS WEEKLY (Canada), 25 January 2008. There is a growing consensus that living wills simply aren't working. Ironically, at the same time this awareness is developing, more and more health care facilities are encouraging the use of advance directives. In some cases, they are a requirement. Living wills don't work – and can't work – for their intended purpose of allowing people to say in advance how they would want to be treated if they became too sick to choose for themselves, according to a University of Michigan study that found the documents fail to meet five key criteria for success.[1] http://www.lawyersweekly.ca/index.php?section=article&articleid=607

1. *The Hastings Report*, 2004;34(2):30-42. **'Enough: The failure of the living will'**

Euthanasia and assisted suicide

We can't let debate on assisted suicide die off

U.K. (SCOTLAND) | *Scotsman* – 19 November 2008 – Lord Joffe's House of Lord's Bill would have given terminally ill people the legal right (in England and Wales) to seek assistance in bringing their life to an end shortly before nature would have done. He mustered 100 peers to vote for his Bill, but was defeated by 48 votes in favour of leaving the law as it is. But the idea isn't dead: Baroness Margaret Jay, the daughter of former Prime Minister Jim Callaghan, is taking over the lead role in the Lords and plans to introduce another Bill, similar to Lord Joffe's. However, that might change. The English campaign might follow the path mapped out in the Members' Bill I hope to introduce (to the Scottish Parliament) at Easter next year. Campaigners for choices at the end of life south of the Border may be able to take encouragement if there's public support for my approach, based on Dutch law. http://news.scotsman.com/opinion/-We-can39t-let-debate.4707950.jp

- Germany (Deutsche Welle): **'Many German doctors support assisted suicide.'** http://www.dw-world.de/dw/article/0,2144,3816293,00.html
- U.K. (BBC News): **'More Britons seeking suicide help.'** http://news.bbc.co.uk/2/hi/uk_news/7732640.stm
- U.K. (*The Times*): **'Objections to euthanasia are based on concerns over medical integrity not faith.'** http://www.timesonline.co.uk/tol/comment/letters/article5191546.ece

Italian nuns demand right to "living wills"

ITALY | *The Times* (U.K.) – 18 September 2008 – Invoking the example of the late John Paul II, four Italian nuns have asked for Church permission to make "living wills" to ensure that if for any reason they fall into a "vegetative" coma they are not kept alive artificially. The move contradicts the Vatican and Catholic Church response to the case of Eluana Englaro, an Italian woman who has been in a comatose "vegetative state" for nearly 17 years. There were Vatican and Church protests when Italy's top appeals court ruled that Ms. Englaro could be allowed to die through the removal of feeding tubes. http://www.timesonline.co.uk/tol/comment/faith/article5180720.ece

Bill to give the terminally ill rights to range of quality care

U.K. (SCOTLAND) | *The Herald* – 18 November 2008 – All terminally ill patients would have a right to quality treatment at the end of their life under a new Bill to introduce access to palliative care in all areas of Scotland. The Bill would place a statutory obligation on every health board to provide such care ... enabling all patients with a range of conditions to have a choice of care at home, in hospital or hospice. As well as cancer sufferers, people with chronic illnesses such as Parkinson's, multiple sclerosis, motor neurone disease, HIV, heart failure, dementia would qualify. http://www.theherald.co.uk/news/news/display.var.2468792.0.Bill_to_give_the_terminally_ill_rights_to_range_of_quality_care.php

- U.K. (*The Herald*): **'Mainstream medicine must embrace palliative care.'** http://www.theherald.co.uk/features/featuresopinon/display.var.2468716.0.Mainstream_medicine_must_embrace_palliative_care.php

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.

Journal Articles

Predicting death in children

ARCHIVES OF DISEASE IN CHILDHOOD, 2008;93:1067-1070. Rarely do paediatric palliative medicine physicians have to break the news of a diagnosis of a life-limiting condition. It is much commoner for us to be faced with the question: "how long?" This cannot be answered with certainty, and yet a great deal may depend on it. While palliative care should ideally be available from diagnosis, the need for "active" practical palliative care intervention will fluctuate during the course of a child's illness, often over months or years, sometimes decades. Typically, there will be several periods during which death seems likely before the final terminal episode, particularly among children with non-malignant life-limiting condition. Optimal management of all episodes depends on anticipating the child's needs, which in turn depends on recognising that such an episode has begun. Providing adequate palliative care critically depends on making a diagnosis of dying. In this article, the author's consider why it is important to make a diagnosis of dying, briefly review some of the helpful tools available, and examine some of the evidence from published literature in children and adults. http://adc.bmj.com/cgi/content/abstract/93/12/1067

Palliative care needs of patients with neurologic or neurosurgical conditions

EUROPEAN JOURNAL OF NEUROLOGY, 2008;15(12):1265-1272. There is little data on the palliative care needs of patients with neurologic and neurosurgical disorders. In the patient group studied, the most common recommendation made by the palliative medicine service was for morphine in 42% of their patients; 49% were deemed hospice appropriate. The authors' findings support the need for palliative medicine services for patients with various neurologic and neurosurgical disorders. Understanding these needs will allow for the tailoring of palliative care services to such patients. http://www3.interscience.wiley.com/journal/121460261/abstract

Role of chaplains in health care examined as demand increases

HASTINGS CENTRE REPORT, 2008;38(6):November-December. The number of certified chaplains working in hospitals and other health care settings is increasing, as is demand for their services. A set of essays titled 'Can we measure good chaplaincy?' in the current issue of the *Hastings Center Report* looks at their multifaceted role and explores challenges, such as the need to standardize practices and establish benchmarks of quality in their area of patient care.[1] The five essays grew out of 'Professional Chaplains & Health Care Quality Improvement,' a research project undertaken collaboratively by The Hastings Center and HealthCare Chaplaincy. http://www.thehastingscenter.org/News/Detail.aspx?id=2878

1. *Hastings Centre Report*: Can we measure good chaplaincy? http://www.thehastingscenter.org/uploadedFiles/Publications/nov-dec%2008%20essay%20set.pdf

From Media Watch dated 11.03.08.

- *New York Times*: **'Hospice chaplains take up bedside counselling.'** http://www.nytimes.com/2008/10/29/nyregion/29hospice.html?ref=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.

Living while dying, dying while living: Older clients' socio-cultural experience of home-based palliative care

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2008;10(6):338-349. Palliative care involves dynamic relationships among clients, their families, and professionals, all with unique perceptions and approaches to the socio-cultural construction of end-of-life care. In the home care context, this sub-culture may be particularly complex, because clients relate more readily as people than as patients, and professionals are not always prepared for this reality. This article presents ethnographic investigation of the culture of home-based palliative care as experienced by people older than 65 years who are dying of cancer. The insights gained may inform nurses' provision of psychosocial end-of-life care but suggest that more education, time, and informed collegial and employer support would help to optimize their potential for this challenging role. http://www.jhpn.com/pt/re/jhospicepallnurse/abstract.00129191-200811000-00007.htm;jsessionid=JnRWLpVTWxC33w7TQy1h2b5vfjyCgpqynDxzGxcQST1npfVYMsrn!1945311642!181195628!8091!-1

Providing palliative care to people with intellectual disabilities: Services, staff knowledge, and challenges

JOURNAL OF PALLIATIVE MEDICINE, 2008;11(9):1241-1248. People with intellectual disabilities require access to compassionate, quality, and effective palliative and end-of-life care when facing serious, life-limiting illness. This study was designed to document the degree to which hospice and palliative care services were provided to New Jersey residents with intellectual disabilities, and the challenges in providing this care. Surveys were designed to assess the provision of hospice and palliative care services to this population, staff knowledge and training needs, experiential and communication challenges, and financial concerns. Challenges to providing services included: low levels of knowledge about palliative care among residential providers; need for knowledge about people with intellectual disabilities among hospice providers; communication difficulties; and costs concerns regarding reimbursement, staffing, and training. http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2008.0130

Books & Resources

Community Palliative Care: The role of the Clinical Nurse Specialist

BLACKWELL | Publisher's online notice – November 2008 – *Community Palliative Care* examines the complex support and information needs of seriously ill patients and their families and will encompass not only the patient's journey, but that of the family during the illness trajectory and into the bereavement period. The first section discusses the roles and contributions made by other members of the primary health care team and examines the role of the nurse. Section two explores the psychosocial support needed by patients receiving palliative care, and looks at the community palliative care clinical nurse specialists' role in relation to psychological, as well as practical problems surrounding a life threatening illness. The final section looks at the needs of the family and carers and the support that the community palliative care clinical nurse specialist can offer to the individuals and includes a segment on the complex issues faced by carers in relation to the changing roles within the family, children, death and bereavement. http://www.blackwellpublishing.com/book.asp?ref=9781405180764&site=1

Back Issues of Media Watch

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

Encyclopedia of the End: Mysterious Death in Fact, Fancy, Folklore, and More

HOUGHTON MIFFLIN COMPANY | Publisher's online posting – December 2008 – How much do we truly know and understand about our own mortality? *Encyclopedia of the End*, a compulsively readable and beautifully illustrated compendium that explores this most taboo of topics, presents a kaleidoscopic mix of topics from afterlife to assassination, forensic science to funeral foods, rigor mortis to reincarnation, and more. With an appreciation for the profound and profane, the author, Deborah Noyes, helps lift the shroud of secrecy surrounding one of the most fascinating – and ordinary – phenomena of life. This stylish A-to-Z encounter with all things related to death and dying shows Noyes at her liveliest, starting with the quotations from the infamous deceased which appear on the endpapers. Photos, paintings and engravings in homage to "the end" make the book dynamic visually. Readers will be struck by the breadth of information provided in a single entry, as well as by the way the entries speak to one another, forming a cohesive whole. http://www.houghtonmifflinbooks.com/catalog/titledetail.cfm?titleNumber=568786

Ways to Live for Ever

IRELAND | *The Independent* (Review) – 22 November 2008 – *Ways to Live Forever* is a stunning debut novel from young British writer Sally Nicholls about a boy who is dying of leukaemia. "If I grow up, I'm going to be a scientist," says Sam McQueen, the narrator of the story. Sam loves facts. He wants to know about UFOs and horror movies and airships and ghosts, and how it feels to kiss a girl. And, because he has leukaemia, he wants to know the facts about dying. The book's subject may surprise, but death has become a recurring theme in recent books for children and teenagers, like Jenny Downham's *Before I Die*, the story of a terminally ill 16-year-old girl, and Ann Kelly's *The Bower Bird* about a girl dying of a heart condition. During the last two months of his life, Sam chronicles his thoughts. Through Sam, Nicholls deals with some weighty questions, which he calls "The Questions that Nobody Answers": "Does it hurt to die?" "Where do you go after you die?" She shies away from giving any set answers, leaving the reader to come to his or her own conclusions. http://www.independent.ie/entertainment/books/heartwarming-tale-of-life-before-death-1549464.html

- U.S. (*Los Angeles Times*): **'Death is a hot topic among writers these days.'** http://www.latimes.com/features/books/la-ca-death-beat23-2008nov23,0,2311111.story

Improving Palliative Care in Nursing Homes

U.S. | Center to Advance Palliative Care – October 2008 – *Improving Palliative Care in Nursing Homes* identifies multiple barriers to providing quality palliative care in nursing homes, for example: poor transfers between nursing homes and hospitals and other sites of care; staff recruitment difficulties and high turnover; training and educational needs and challenges; and, cultural differences. The report describes how palliative care – patient centered care focused on pain and other symptoms, communication, and safe and effective transitions – offers solutions to the problems facing nursing home residents today. The report identifies promising models that are supportable from a business viewpoint and intersect with existing quality improvement and culture change efforts already being implemented in nursing homes. http://www.capc.org/support-from-capc/capc_publications/nursing_home_report.pdf

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