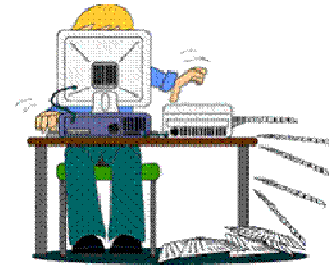


## Media Watch

...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.

## 1 December Edition | Issue #73



Compilation of Media Watch 2008 ©

**Compiled & Annotated by Barry R. Ashpole**

**Discomfort at discussing dying wishes is likely to be "a price well paid":  
Scroll down to [U.S.A.](#) and 'Bloggers urge a holiday confab on terminal care.'**

## [Canada: National](#)

### **Survey: Canadians living with HIV/AIDS say strong stigma still exists**

CANADA NEWSWIRE | Press release – 24 November 2008 – Twenty-five years after the discovery of the human immunodeficiency virus (HIV), a large majority of Canadians living with HIV/AIDS still feel stigmatized and there is still a strong need for further and continuing education, outreach and better treatments. These are the key findings of the HIV+25 Survey released today. <http://www.newswire.ca/en/releases/archive/November2008/24/c3225.html>



### **Poll finds 44% of Canadians would choose euthanasia over palliative care**

LIFE CANADA | Press release – 21 November 2008 – A new Environics poll has found that Canadians are split on the question of palliative care versus euthanasia. When asked if they would choose palliative care over euthanasia at the end of their lives, 44% of Canadians polled said they would choose palliative care with an equal number choosing euthanasia. "It is noteworthy that older Canadians polled were more likely to choose palliative care," reported Dr. Delores Doherty, president of LifeCanada, the group that commissioned the poll. Among those over 60-years-old, 51% of respondents would choose palliative care and 36% would choose euthanasia. "This suggests that those closer to the end of their lives have a different perspective on illness and dying. The conflict evident in the results reflects the fear people have of dying in misery. It also highlights the failure of the health care system to make palliative care equally accessible throughout Canada. The provision of quality end-of-life care must be a greater priority in this country." Good palliative care can reduce the demand for what some call "mercy-killing." [http://www.lifecanada.org/html/resources/polling/press/Press\\_Release\\_EuthanasiaPoll\\_2008.pdf](http://www.lifecanada.org/html/resources/polling/press/Press_Release_EuthanasiaPoll_2008.pdf)

Of related interest:

- *Montreal Gazette*: 'Jury selected in (Quebec) assisted suicide trial.'  
<http://www.canada.com/montrealgazette/news/story.html?id=9b003dd1-3d54-4825-a041-077082317ca1>

## U.S.A.

### End-of-life care and the national healthcare debate

#### **Sensationalizing a sad case cheats the public of sound debate**

OREGON | *THE OREGONIAN* – 29 November 2008 – In the crucial period leading up to Washington State's vote on an Oregon-style Death with Dignity law, this newspaper published a story featuring Barbara Wagner. A sensational story, an easy media "gotcha" on Oregon's Medicaid program, it completely missed the deeper questions crucial to public understanding of end-of-life care and our national healthcare debate. When it became clear that first and second-line therapies had failed and her prognosis was grim, Ms. Wagner's oncologist recommended a costly, third-line cancer drug called Tarceva. Research indicates that 8% of advanced lung cancers respond to Tarceva, with a chance to extend life from an average of 4-6 months. The likelihood of no response to the drug is 92%. Based on the low indicators of effectiveness, Oregon Health Plan denied coverage. The irresistible ingredients of sensationalism included a distraught patient, a doctor deeply opposed to Death with Dignity and an insensitive letter of payment denial. The media was called in and the rest is history.

[http://www.oregonlive.com/opinion/index.ssf/2008/11/sensationalizing\\_a\\_sad\\_case\\_ch.html](http://www.oregonlive.com/opinion/index.ssf/2008/11/sensationalizing_a_sad_case_ch.html)

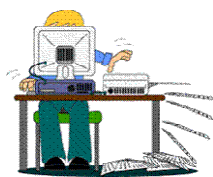
#### **Navigating healthcare, including hospice care**

MASSACHUSETTS | *Saugus Advertiser* – 28 November 2008 – Although it was an emotional decision, my mother and her sisters realized that hospice services would provide the necessary care to enrich the projected six months of my grandmother's life. Then it happened – she recovered. My grandmother's experience was extraordinary, yet she had received at least six months of personalized hospice care that contributed to her recovery. According to Eileen Fagan, of Hospice of the North Shore, many families overlook hospice care until a patient's final weeks or even days of life. Time and time again families ask "Why didn't we come into hospice care sooner?" <http://www.wickedlocal.com/saugus/news/x415853166/Column-Navigating-healthcare-including-hospice-care>

### Expressions of grief

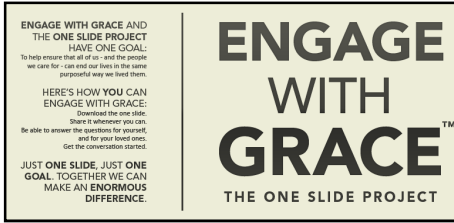
#### **Signs now signify a death in the family**

NORTH CAROLINA | *The Dispatch* (Lexington) – 27 November 2008 – The funeral home brackets the deceased's house with two small signs, one on each side of the road. Painted black-on-white, the signs read 'Slow Funeral.' Drivers passing in either direction slow and begin rubber-necking, looking for the house with a wreath of white flowers and ribbon on the front door that marks the house where grief visits. The signs and the wreath are often the first announcement the neighbourhood receives that someone has died. It wasn't always this way. <http://www.the-dispatch.com/article/20081127/COLUMNISTS/811270297/1053/SPORTS>



### 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.



## Bloggers urge a holiday confab on terminal care

MASSACHUSETTS | *Boston Globe* – 26 November 2008 – Dying wishes are hardly traditional Thanksgiving conversation ... but, today a "blog rally" was launched on the Internet aimed at getting families to talk about dying and death during the holiday gathering. Bloggers across the country have responded positively to the suggestion

of posting the Engage with Grace Message, the brainchild of Alexandra Drane, who launched the campaign to spur discussion of end-of-life wishes after her sister-in-law Rosaria Vandenberg died of a malignant brain tumour at 32. The family defied medical advice and brought Rosaria home to die. [http://www.boston.com/news/health/articles/2008/11/26/talking\\_turkey\\_about\\_death/](http://www.boston.com/news/health/articles/2008/11/26/talking_turkey_about_death/)

**N.B.** Download the Engage with Grace slide ('Can you or your loved ones answer these questions?') at: <http://www.engagewithgrace.org/>

## Aging gracefully: Connection among caregiver, hospice, Alzheimer's

FLORIDA | *News-Press* (Fort Myers) – 25 November 2008 – November is National Alzheimer's Awareness Month, National Family Caregivers Month, and National Hospice Month. While each designation focuses on an important issue, the connection between the three is significant. Alzheimer's disease is a progressive illness for which there is no cure. In spite of treatments that help people remain more independent and in the earlier stages for a longer time, the reality remains that we cannot stop the disease course. Once a person is experiencing middle and then late stages of Alzheimer's disease, he (or she) will be dependent on a caregiver for daily care and assistance. In most cases, that caregiver is a family member. The connection between the person with Alzheimer's, the family caregiver and hospice evolves as the person progresses to the late stage of the disease, which can last for several years during which the person requires total care. <http://www.news-press.com/article/20081125/HEALTH/811250304/1013/LIFESTYLES>

- New York (*New York Times*): 'More men take the lead role in caring for elderly parents.' [http://www.nytimes.com/2008/11/29/us/29sons.html?\\_r=1](http://www.nytimes.com/2008/11/29/us/29sons.html?_r=1)

## Counties tap into state-funded infant hospice care

FLORIDA – *Sentinel* (Orlando) – 25 November 2008 – Though hospice programs are typically associated with the very old, there is a small but growing group of patients at the other end of the age spectrum, spurred in part by a better understanding of children's needs and a recent effort to change Medicaid regulations that cover children. Until three years ago, few hospice providers accepted such young patients. Hospice care, after all, was traditionally limited to patients who had less than six months to live. They – or their families – had to agree to forgo medical care aimed at a cure. And if their hearts stopped beating, they would not be resuscitated or kept alive by (life support) machines. In 2005, Florida became the first state in the nation to apply for a Medicaid waiver that let medically needy families of children with life-threatening illnesses benefit from the essential elements of hospice – the in-home nursing care, the emotional and spiritual support and respite for caregivers – while also allowing parents to continue to seek a cure. <http://www.orlandosentinel.com/features/health/orl-hospice2508nov25.0.6041015.story>

## Quotable Quotes

*There is nothing more tragic than to find an individual bogged down in the length of life, devoid of breadth.* **Martin Luther King, Jr.** (1929-1968)

## Reimbursement rates for hospice palliative care

### **Court dismisses law suit against Centers for Medicare & Medicaid Services**

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 24 November 2008 – A court has dismissed the NHPCO suit against the Department of Health & Human Services and the Centers for Medicare & Medicaid Services (CMS) to block the implementation of a ruling that will cut hospice reimbursement rates. The court expressed the view that before it addresses the merits of the arguments presented by NHPCO, CMS should first be given the opportunity to consider those claims in an administrative appeal by those hospices affected. <http://www.nhpc.org/i4a/pages/Index.cfm?pageID=5777>

From Media Watch dated 11.24.08.

- North Carolina (*Times News*): '**Hospice works to stay efficient under cuts.**'  
[http://www.blueridgenow.com/article/20081123/NEWS/811220280?Title=Hospice\\_works\\_to\\_stay\\_efficient\\_under\\_cuts](http://www.blueridgenow.com/article/20081123/NEWS/811220280?Title=Hospice_works_to_stay_efficient_under_cuts)

### **What a cancer doctor will (or might not) tell you**

NEW JERSEY | *Star-Ledger News* – 23 November 2008 – Of the more than 700 oncologists who participated in a study published today in the *Journal of Clinical Oncology*, the overwhelming majority said they routinely level with their patients about the severity of their cancer.<sup>1</sup> They were less forthcoming in telling patients how long they likely have to live, but admit they would want that information themselves. Doctors have not always been so frank with their patients, according to the study: until the late 1970s, physicians were often reluctant to disclose a cancer diagnosis and were seldom willing to discuss prognosis. "Physicians seem to be reluctant to disclose grim prognostic information for the same reasons they had traditionally withheld a diagnosis, fearing that such information would psychologically damage patients' hopes to survive," according to the study. <http://www.nj.com/news/ledger/index.ssf?/base/news-14/1227591356311770.xml&coll=1>

1. *Journal of Clinical Oncology*, 2008.17.2221v1. '**What are terminally ill cancer patients told about their expected deaths? A study of cancer physicians' self-reports of prognosis disclosure.**'  
<http://jco.ascopubs.org/cgi/mjgca?SEARCHID=1&FULLTEXT=Christopher+Daugherty&FIRSTINDEX=0&hits=20&RESULTFORMAT=&gca=jco%3BJCO.2008.17.2221v1>

## International

### Euthanasia and assisted suicide

#### **Third of Swedish doctors back euthanasia.**

SWEDEN | *Times of the Internet* – 29 November 2008 – A survey finds one-third of the doctors in Sweden support changing the law to allow them to prescribe lethal medication to patients who want to end their lives. While 35% support euthanasia, 40% oppose it, and 25% are unsure. The results were reported at a conference, 'Global Health in a New World.' The Karolinska Institute polled 1,200 doctors, finding the greatest support for euthanasia among older doctors and psychiatrists. <http://www.timesoftheinternet.com/24327.html>

- India (*Daily News & Analysis*): '**Islam allows passive mercy killing.**'  
<http://www.dnaindia.com/report.asp?newsid=1209227>
- Mexico (Guadalajara Reporter): '**Senate approves passive mercy killing in Mexico.**'  
[http://guadalajarareporter.com/index.php?option=com\\_jcs&task=add&Itemid=86](http://guadalajarareporter.com/index.php?option=com_jcs&task=add&Itemid=86)
- South Korea (*The Korea Times*): '**Court approves mercy killing for first time.**'  
[http://www.koreatimes.co.kr/www/news/nation/2008/11/113\\_35233.html](http://www.koreatimes.co.kr/www/news/nation/2008/11/113_35233.html)

## **Aged care workers set to leave the industry *en masse* due to stress**

AUSTRALIA | University of Melbourne press release – 28 November 2008 – Almost a third of registered aged care nurses are considering quitting in the next year, says a new University of Melbourne study. Those in the aged care sector are "emotionally exhausted" and not committed to their workplace. The study cites excessive workloads, cost cutting, a hostile work environment and competing role demands as causing the stress. <http://uninews.unimelb.edu.au/news/5603/>

## **Mexico Senate lets terminally ill refuse treatment**

MEXICO | Reuters – 26 November 2008 – The Mexican Senate voted to allow terminally ill patients to refuse further treatment so they can die of their own choosing. Senators passed changes to an existing law that enables patients suffering an incurable disease, and with a life expectancy of less than six months, to sign a document suspending treatment if medicines cannot provide a cure. <http://www.alertnet.org/thenews/newsdesk/N25277595.htm>

Of related interest:

- Italy (*Courriere Canadese*): **'Safeguarding the wishes of patients.'**  
<http://www.corrieretandem.com/viewstory.php?storyid=8785>
- Singapore (Asia One): **'I don't want my children to be saddled with guilt.'**  
<http://health.asiaone.com/Health/Wellness%2B%2540%2BWork/Story/A1Story20081127-103768.html>

## **Hospice cuts due to failure of Iceland bank**

U.K. | BBC News – 26 November 2008 – A children's hospice has decided to suspend its community outreach service over uncertainty about cash invested in a failed Icelandic bank. [http://news.bbc.co.uk/2/hi/uk\\_news/england/hampshire/7749696.stm](http://news.bbc.co.uk/2/hi/uk_news/england/hampshire/7749696.stm)

## **Care homes should play greater role in palliative care, says National Audit Office**

U.K. | National Audit Office (Press release) – 26 November 2008 – The care home sector should have a bigger role in palliative care because the majority of people would prefer to die in a care home, their own home or a hospice rather than a hospital. The National Audit Office today published research showing that while up to 74% of people preferred to die at home, only 35% died at home or in a care home, according to 2006 mortality statistics.<sup>1</sup> Download executive summary of the report at: [http://www.nao.org.uk/publications/nao\\_reports/07-08/07081043es.pdf](http://www.nao.org.uk/publications/nao_reports/07-08/07081043es.pdf)

1. *End of Life Care* (Full report), National Audit Office, 2008.  
[http://www.nao.org.uk/publications/nao\\_reports/07-08/07081043.pdf](http://www.nao.org.uk/publications/nao_reports/07-08/07081043.pdf)
- BBC News: **'Care 'failing the terminally ill.'** <http://news.bbc.co.uk/2/hi/health/7748279.stm>
  - *British Medical Journal*: **'Resources must be diverted to allow people to die at home.'**  
[http://www.bmj.com/cgi/content/extract/337/nov26\\_1/a2750](http://www.bmj.com/cgi/content/extract/337/nov26_1/a2750)
  - *The Guardian*: **'Let's talk about death – before it's too late.'**  
<http://www.guardian.co.uk/commentisfree/2008/nov/27/michael-white-political-briefing>
  - *Health Service Journal*: **'Failings in end of life care waste £100m every year.'**  
[http://www.hsj.co.uk/clinical\\_leaders/news/2008/11/failings\\_in\\_end\\_of\\_life\\_care\\_waste\\_100m\\_every\\_year.html](http://www.hsj.co.uk/clinical_leaders/news/2008/11/failings_in_end_of_life_care_waste_100m_every_year.html)
  - *Nursing Times*: **'Many nurses lack basic training in palliative and end of life care.'**  
[http://www.nursingtimes.net/news/breakingnews/2008/11/many\\_nurses\\_lack\\_basic\\_training\\_in\\_palliative\\_and\\_end\\_of\\_life\\_care.html](http://www.nursingtimes.net/news/breakingnews/2008/11/many_nurses_lack_basic_training_in_palliative_and_end_of_life_care.html)

## **Holocaust survivor who donated skull to the Royal Shakespeare Company has dying wish realised**

U.K. | *Daily Mail* – 25 November 2008 – A concert pianist who donated his skull to the Royal Shakespeare Company has had his dying wish realised after it was used on stage in *Hamlet*. Actor David Tennant held aloft the skull of Andre Tchaikovsky during the famous "Alas, poor Yorick" scene in the theatre. Mr. Tchaikovsky, a Holocaust survivor who emigrated to Britain, made it a condition of his will to give the body part away in the hope it would be used in a theatrical performance. <http://www.dailymail.co.uk/news/article-1089256/Holocaust-survivor-donated-skull-Royal-Shakespeare-Company-dying-wish-realised-David-Tennant-agrees-carry-stage.html>

- Canada (*London Free Press*, Ontario): **'Daughter's visit (from Syria) will fulfil mom's dying wish.'** <http://lfpres.ca/newsstand/News/Local/2008/11/21/7485496-sun.html>
- Canada (*The Telegram*, Newfoundland & Labrador): **'A dying wish (to die at home).'** <http://www.thetelegram.com/index.cfm?sid=193525&sc=79>
- U.S. (Chanel 9 News, Tennessee): **'11-year-old makes dying wish (for the homeless) ...'** [http://www.newschannel9.com/news/brenden\\_973481\\_article.html/food\\_wish.html](http://www.newschannel9.com/news/brenden_973481_article.html/food_wish.html)
- U.S. (ABC News, Utah): **'A brother and sister's dying wish: To make their *Secret Garden* live.'** [http://www.abc4.com/content/about\\_4/links\\_numbers/story.aspx?content\\_id=c506eea5-4e17-4859-b9e0-ac5c7f4d5d22](http://www.abc4.com/content/about_4/links_numbers/story.aspx?content_id=c506eea5-4e17-4859-b9e0-ac5c7f4d5d22)
- U.S. (*The Seattle Times*, Washington): **'Diplomat gets dying wish (to be buried in China), 46 years later.'** [http://seattletimes.nwsourc.com/html/nationworld/2008403762\\_ashes18.html](http://seattletimes.nwsourc.com/html/nationworld/2008403762_ashes18.html)
- U.S. (*Tri-City Herald*, Washington): **'Dying teen gets graduation wish.'** [http://seattlepi.nwsourc.com/local/6420ap\\_wa\\_graduation\\_wish.html](http://seattlepi.nwsourc.com/local/6420ap_wa_graduation_wish.html)

## **Journal Articles**

### **Pilot testing of a question prompt sheet to encourage family caregivers of cancer patients and physicians to discuss end-of-life issues**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2008, doi:10.1177/1049909108324360. Question prompt sheets can be helpful in overcoming barriers to communication, but few have been developed for family caregivers. The goal of this study, therefore, was to develop and test the acceptability and feasibility of a short question prompt sheet designed to encourage discussions about end-of-life concerns in an outpatient palliative care clinic. The authors' results demonstrated that caregivers wanted to discuss a variety of questions ... and what to expect. All caregivers thought that the question prompt sheet was easy to understand and felt comfortable completing it ... and the majority reported that they made it easier for them to ask questions. <http://ajh.sagepub.com/cgi/content/abstract/1049909108324360v1>

## **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.

## Physician-patient communication

### **Healing skills for medical practice**

*ANNALS OF INTERNAL MEDICINE*, 2008;149(10):720-724. It is well recognized that physicians' relationships with their patients can have healing effects, but the skills in this area of medical practice are understudied. This article reports on research designed to identify a core set of healing skills. Interviews (with practitioners) were tape-recorded, transcribed, made anonymous, and analyzed independently, and differences were reconciled by discussion. Eight skills emerged as pivotal: do the little things; take time; be open and listen; find something to like, to love; remove barriers; let the patient explain; share authority; and be committed. Mastery of these skills would provide enduring improvements in patient care and reaffirm medicine's calling as a healing profession. <http://www.annals.org/cgi/content/abstract/149/10/720>

## Terminal sedation

### **Pulling the sheet over our eyes**

*HASTINGS CENTER REPORT*, 2008;38(5):27-30. Terminal sedation, also known as palliative sedation, continuous deep sedation or primary deep continuous sedation, is an option in end-of-life care. Terminal sedation offers no greater protection against abuse than do the institutional safeguards established for physician aid in dying. Opponents argue that it fails to satisfy fully any of the major principles on either side of the aid in dying disputes. Those in favour of this option argue that it may feel natural, safer and it may feel like something the patient can openly choose. [http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=2236&terms=Terminal+sedation+and+%23filename+\\*.html](http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=2236&terms=Terminal+sedation+and+%23filename+*.html)

- **N.B.** The Hastings Center and National University of Singapore will be collaborating to launch a new online, bioethics journal – *Asian Bioethics Review* – beginning in December 2008. <http://asianbioethicsreview.com/>

### **Palliative care and social justice**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2008;36(5):513-515. A fundamental contradiction within our health care system is that medical services are defined by vertically distinct, even diagnosis-specific specialties, whereas patients do not generally experience their illnesses or symptoms in terms of such silo-like distinctions. The structure of this system is remarkably rigid, durable, and reinforced in our systems of education, resource allocation, financing, and insurance. This rigidity of structure, which often translates into a rigidity of thinking, can have adverse consequences both on a patient and system level. It is critical for palliative care clinicians, educators, and policy makers to examine the ways in which our discipline has both arisen within this larger system of rigid sub-specialization, and may run the risk of contributing to further fragmentation and undesirable outcomes, unless some of these underlying contradictions are challenged and overcome. <http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392408004879.pdf>

### **Screening for psychological distress in palliative care**

*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. This systematic review summarizes the evidence for screening for psychological distress (and) the evidence, the quality of this evidence, and future challenges to improve identification and management of distress in palliative care. <http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392408002091.pdf>

**How do-not-resuscitate orders are utilized in cancer patients:  
Timing relative to death and communication-training implications**

*PALLIATIVE & SUPPORTIVE CARE*, 2008;6:341-348. End-of-life communication is crucial because most U.S. hospitals implement cardiopulmonary resuscitation in the absence of do-not-resuscitate directives (DNRs). Despite this, there is little DNR utilization data to guide the design of communication-training programs. Although DNRs are commonly utilized and their use has increased significantly over the past 6 years, most cancer patients or surrogates sign directives on the day of death. The proximity between signing and death may be a marker of delayed end-of-life palliative care and sub-optimal doctor-patient communication. These data underscore the importance of communication-training research tailored to improve end-of-life decision making. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=2658872&fulltextType=RA&fileId=S1478951508000540>

**Why should palliative care clinicians learn about heart failure?**

*PROGRESS IN PALLIATIVE CARE*, 2008;16(5-6):215-219. Two decades of research have changed our understanding of heart failure and its management. It remains a life-limiting illness with significant ... impact on the patient and family. Knowledge of heart failure is particularly important to management of symptoms and to supportive care for patients and their families. <http://www.ingentaconnect.com/content/maney/ppc/2008/00000016/F0020005/art00002>

**N.B.** Heart failure is the focus of the current issue of *Progress in Palliative Care*. Contents page: <http://www.ingentaconnect.com/content/maney/ppc/2008/00000016/f0020005;jsessionid=2gacccbgnpis08.alexandra>

Of related interest:

- *Journal of Pain & Symptom Management*, 2008;36(5):497-504. '**Pain and quality of life in hospitalized patients with heart failure.**' <http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392408002935.pdf>
- Reuters Health: '**Treating depression seen important in heart failure.**' <http://www.reuters.com/article/healthNews/idUSTRE4AR5R920081128>

**The Cancer Communication Assessment Tool for Patients & Families**

*PSYCHO-ONCOLOGY*, 2008;17(12):1216-1224. Caregivers and cancer patients frequently have conflicting and unmet communication needs. The Cancer Communication Assessment Tool for Patients & Families is a new instrument that assesses congruence in patient-family caregiver communication for both research and clinical purposes. Although administering both family and patient versions is optimal, administering it to a patient or family caregiver only also produces reliable information. <http://www3.interscience.wiley.com/journal/119426487/abstract>

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

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

**[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.

## Books & Resources

### ***Palliative Care Nursing Principles and Evidence for Practice***



MCGRAW-HILL | Publisher's online posting – Accessed November 2008 – The second edition of *Palliative Care Nursing Principles and Evidence for Practice* has been extensively revised and updated to reflect new global developments in palliative care. This textbook reviews current research and examines the evidence base for palliative care policy and practice. Over a third of the chapters were newly commissioned. Building on the original edition, the textbook focuses on palliative care for adults in a variety of care environments. The first three sections use "the trajectory of life-limiting illness" framework to cover key issues including: what happens to people as they become ill; how individuals cope as they near death and are dying; and, how families and friends deal with bereavement and loss. There are numerous examples of clinical situations and research studies which are examined in depth to illustrate debates in palliative care. The final section addresses contemporary issues in nursing and inter-professional working. <http://www.mcgraw-hill.co.uk/html/0335221815.html>

## Worth Repeating

### Expressions of grief

#### **Dignity therapy: Family member perspectives**

*JOURNAL OF PALLIATIVE MEDICINE*, 2007;10(5):1076-1082. Dignity Therapy is a novel therapeutic intervention designed to address psychosocial and existential distress among the terminally ill. This brief, individualized approach to end-of-life care invites patients to discuss issues that are most important to them and to articulate things they would most want remembered as death draws near. These discussions and recollections are recorded, transcribed, and edited into a generativity document usually given to family or loved ones. While the marked benefits of Dignity Therapy on patients' psychosocial and existential distress have been reported elsewhere, this article presents data on bereft family members' perspectives regarding the impact of dignity therapy on patients and themselves. Family members endorse Dignity Therapy as a therapeutic intervention that moderates their bereavement experiences and lessens suffering and distress in terminally ill relatives. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2007.0002>

---

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

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