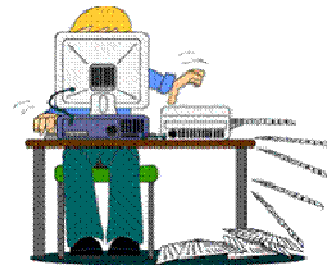


## Media Watch

...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.

## 22 December Edition | Issue #76



Compilation of Media Watch 2008 ©

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

**Meeting patient needs and acknowledging the family caregiver's contribution:  
Scroll down to [Journal Articles](#) and 'Formalizing the informal:  
Family care agreements in Canada and the U.S.'**

## [Canada: National](#)

### **Canadians expect assisted suicide to be more common**

CANWEST NEWS SERVICE | *Windsor Star* (Ontario) – 15 December 2008 – Stephan Dufour ... was acquitted of helping his disabled uncle kill himself. But for many Canadians the debate about assisted suicide continues. And observers think that cases similar to this one – where a terminally ill person wants to end his or her life – will become more and more common. Quebec lawyer and bioethics specialist Denis Bonneville believes that baby-boomers, whom he called champions of self-determination and individualism, will boost the demand for doctor-assisted suicide as they get older. <http://www.canada.com/windsorstar/news/story.html?id=68fe83dc-e14c-43c7-b2c9-aec6d0bef36f>

- *Winnipeg Sun* (Manitoba): '**Law will one day catch up with society's views on assisted suicide.**' [http://www.winnipeg.sun.com/comment/columnists/mindelle\\_jacobs/2008/12/16/7762321-sun.html](http://www.winnipeg.sun.com/comment/columnists/mindelle_jacobs/2008/12/16/7762321-sun.html)
- *Richmond News* (B.C.): '**Death can come with dignity.**' <http://www.canada.com/richmondnews/news/opinion/story.html?id=30bae930-538c-40c3-bfc6-b0925938d935>

### [Corrections & Clarifications: Media Watch #75](#)

'**Filmmaker seeking funding to complete documentary,**' a listing in last week's issue of Media Watch, reported on the making of *Prison Terminal*, a feature length documentary on a prison-based hospice program in Iowa. Filmmaker Edgar Barens has provided an alternative link to the trailer: <http://www.prisonterminal.com/viewersguide%20trailer.html>.

## Canada: Provinces

### Withdrawing treatment

#### **Welfare agencies can stop life-saving care**

ONTARIO | *The National Post* – 22 December 2008 – For child-welfare agencies, there is one overriding goal: to protect the health and well-being of children in their care, sometimes even ordering medical treatment for them. But a recent court ruling has turned that mission on its head, concluding that agencies can consent to doctors withdrawing potentially lifesaving treatment from a seriously ill young person. The decision came in the Ottawa case of a "crack baby" whose heart surgery was cancelled when physicians decided further care was ultimately hopeless. A day after the judge gave the Children's Aid Society of Ottawa-Carleton the go-ahead to agree to ending treatment, the baby died. <http://www.nationalpost.com/news/canada/story.html?id=1103254>

#### **Hospice receives \$500,000**

ONTARIO | *Whig-Standard* (Kingston) – 20 December 2008 – A half-million dollar donation to Hospice Kingston and Queen's University to establish a palliative care headquarters will be used to renovate a derelict building ... into clinics where doctors, nurses and other students can be trained in palliative care. The building will also serve as Hospice Kingston's new headquarters. <http://www.thewhig.com/ArticleDisplay.aspx?e=1355569>

#### **Ontario moves on home care**

ONTARIO | Canadian Press – 15 December 2008 – Health Minister David Caplan is introducing measures that he says will make home-care services more accountable to the public.<sup>1</sup> He says the province will implement quality measures and a public reporting system for home care. It will also make the competitive bidding process more transparent by having all bids go through a fairness adviser. The province's Community Care Access Centres will also have to publicly disclose why they have selected one service provider over another when a contract is granted. Opposition critics have long complained that competitive bidding has an impact on care because it can rob patients of their regular caregivers. <http://www.thestar.com/News/Ontario/article/554023>

**N.B.** Scroll down to [Journal Articles](#) and *Canadian Family Physician* articles '**Access to home care**' & '**Enhancing family physician capacity to deliver quality palliative home care.**'

1. Ontario Ministry of Health & Long Term Care press release:  
<http://www.newswire.ca/en/releases/archive/December2008/15/c9938.html>

Of related interest:

- Alberta (*Edmonton Sun*): '**Increased home aid part of province's long-term care plan.**'  
<http://www.edmontonsun.com/News/Alberta/2008/12/15/7755786.html>
- Ontario (Canadian Press): '**Ontario resumes controversial competitive bidding for home care.**'  
[http://www.google.com/hostednews/canadianpress/article/ALeqM5iXmYZTy059rEFO\\_2rlqvBPn6yAA](http://www.google.com/hostednews/canadianpress/article/ALeqM5iXmYZTy059rEFO_2rlqvBPn6yAA)
- Ontario (*Hamilton Spectator*): '**Union unhappy with resumption of home care bidding.**'  
<http://www.thespec.com/News/Local/article/484916>

## U.S.A.

### **Eligibility criteria contribute to racial disparities in hospice use**

AMERICAN CANCER SOCIETY | Press release – 22 December 2008 – A new study finds that hospice services have restrictions that reduce usage by many patients who are most in need.<sup>1</sup> African-American patients are less likely than white patients to use hospice, but the reasons for this difference have remained somewhat unknown. The researchers theorized that if disparities in hospice use were the result of preference for aggressive treatment among African-Americans, then their rates of hospice use could be increased by redesigning hospice eligibility criteria. Conversely, if African-Americans were less likely to want hospice services, then changes to the benefit may not be necessary, but modifications to the services that are offered may be warranted. The basis for these disparities is likely related to both cultural differences and economic characteristics. [http://www.eurekalert.org/pub\\_releases/2008-12/acs-ecc121708.php](http://www.eurekalert.org/pub_releases/2008-12/acs-ecc121708.php)

1. *Cancer*, 2008; DOI: 10.1002/cncr.24046. **'Race, treatment preferences, and hospice enrolment: Eligibility criteria may exclude patients with the greatest needs for care.'**

### **South Carolina Medicaid eliminates hospice coverage**

SOUTH CAROLINA | About.com – 18 December 2008 – South Carolina's Medicaid agency is eliminating coverage for hospice services ... leaving thousands of patients with Medicaid only coverage without adequate end-of-life care. <http://dying.about.com/b/2008/12/18/south-carolina-medicaid-eliminates-hospice-coverage.htm>

From Media Watch dated 12.01.08.

- National Hospice & Palliative Care Organization (Press release): **'Reimbursement rates for hospice palliative care: Court dismisses law suit against Centers for Medicare & Medicaid Services.'** <http://www.nhpc.org/i4a/pages/Index.cfm?pageID=5777>

### **New rule protects health-care workers' 'right of conscience'**

WASHINGTON POST | Online report – 18 December 2008 – The Bush administration today issued a sweeping new regulation that protects a broad range of health-care workers – from doctors to janitors – who refuse to participate in providing services that they believe violate their personal, moral or religious beliefs. The controversial rule empowers federal health officials to cut off federal funding for any state or local government, hospital, clinic, health plan, doctor's office or other entity if it does not accommodate employees who exercise their "right of conscience." It would apply to more than 584,000 health-care facilities. <http://www.washingtonpost.com/wp-dyn/content/article/2008/12/18/AR2008121801556.html?hpid=topnews>

### **Government launches nursing home rating system**

WASHINGTON POST | Online report – 18 December 2008 – The Centers for Medicare & Medicaid Services have unveiled an updated website intended to make choosing a nursing home easier for elderly Americans and their families.<sup>1</sup> Nursing Home Compare uses a five-star rating system ... to rank institutions nationwide. Roughly 10% of the facilities have five stars and roughly 20% have one star. Geriatric experts, however, have expressed concern that the site might not reflect patients' and families' true concerns. <http://www.washingtonpost.com/wp-dyn/content/article/2008/12/18/AR2008121802098.html>

1. Medicare Nursing Home Compare website: <http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=IE%7C7%7CWindows+Vista&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>

## Physicians rally against assisted suicide

AMERICAN FAMILY NEWS NETWORK | OneNewsOne – 17 December 2008 – A campaign to stop physician-assisted suicide is going to physicians nationwide. Physicians for Compassionate Care in Oregon and the Euthanasia Prevention Coalition have joined forces to seek pledges from medical personnel, agreeing not to take part in doctor-assisted suicide.

<http://www.onenewsnow.com/Culture/Default.aspx?id=354706>

### Hospice: A volunteer's perspective

## Terminal illness teaches daughter value of help

GEORGIA | *Metro Spirit* (Augusta) – 17 December 2008 – I experienced firsthand all the times when a volunteer could have given our family much-needed comfort. Like most average people who haven't experienced the death of a loved one, I did not know exactly what to expect from hospice services. As a result, my family and I resisted this service that would have helped us through the last precious months of my father's life. Simple daily tasks become a burden for a family with a terminally ill member at home. Volunteers often perform many non-medical tasks in support of the family, allowing the loved ones to spend precious time and energy with the patient.

[http://metrospirit.com/index.php?cat=1993101074446096&ShowArticle\\_ID=11021612083735010](http://metrospirit.com/index.php?cat=1993101074446096&ShowArticle_ID=11021612083735010)

### Eco-friendly funerals

## Death on the green plan

ILLINOIS | WBEZ Radio (Chicago) – 17 December 2008 – Nine million of us live in the Chicago area. And one thing's for sure: we are all going to die. What you may not know is what happens to all those bodies, and the effect they have on the environment. Chicago land cemeteries take up thousands of acres. Funeral homes use gallons of toxic chemicals a year. And cremation consumes lots of energy and produces emissions. Many Americans today are looking for ways to make their deaths greener. But change is coming slowly. The way we practice death has deep cultural and religious significance. <http://www.wbez.org/Content.aspx?audioID=30896>

## U.S. death map revealed

SCIENCE DAILY | Online posting – 17 December 2008 – A map of natural hazard mortality in the U.S. gives a county-level representation of the likelihood of dying as the result of natural events such as floods, etc. <http://www.sciencedaily.com/releases/2008/12/081216201408.htm>

### End-of-life care: Decision making

## State law allows estranged daughter to decide woman's fate

NEVADA | *Las Vegas Review-Journal* – 14 December 2008 – Joe John Sorce never thought it would end this way: in a hospital room with his long-time companion, Mary Clark, as she took her last breaths; he, holding her hand, unable to do anything about it. "I felt so helpless," he said. "I couldn't believe I didn't have anything to say about this. These days, Sorce paces the room of his cramped ... apartment. He frets about bills he has received from doctors. He didn't have a voice in her care, "but they want me to pay the bills?" The 63-year-old Sorce in recent weeks had fought to keep the woman he calls "my wife of 18 years" on life support at the hospital. Before she died, a battle would wage over who would decide when Clark would be removed from life support and who would decide, Sorce or Clark's estranged children. <http://www.lvrj.com/news/36126914.html>

- *New York Times*: 'What an End-Of-Life Advisor could have told me.'  
<http://newoldage.blogs.nytimes.com/2008/12/15/what-an-end-of-life-advisor-could-have-told-me/?ref=health>

## International

### Withholding nutrition and hydration

#### **Italian official intervenes in case of woman in vegetative state**

ITALY | *Catholic Review* – 18 December 2008 – Italy's welfare minister Maurizio Sacconi temporarily blocked Eluana Englaro's physician and family from carrying out an Italian Supreme Court decision to let her die. As preparations were being finalized to transfer Ms. Englaro to a clinic that agreed to look after her as she died, Mr. Sacconi issued his decree informing hospitals throughout the country that withholding nutrition and hydration from a patient in a persistent vegetative state would be an illegal act of discrimination against a profoundly disabled person. <http://www.catholicreview.org/subpages/storyworldnew-new.aspx?action=5238>

### Pilot Project

#### **Charities team up to give palliative care to heart disease patients**

U.K. (Scotland) | *The Herald* – 17 December 2008 – Patients dying from heart failure in Glasgow are to receive the kind of support typically provided to cancer sufferers in a groundbreaking pilot project for the U.K. Marie Curie Cancer Care and the British Heart Foundation Scotland are to launch a new centre to care for people with incurable heart problems and their families at the end of their lives. The £3.6m partnership should ensure thousands of patients receive extra help and it is hoped it will also serve as a springboard for widening palliative care services across Britain. [http://www.theherald.co.uk/news/news/display.var.2475852.0.Charities\\_team\\_up\\_to\\_give\\_palliative\\_care\\_to\\_heart\\_disease\\_patients.php](http://www.theherald.co.uk/news/news/display.var.2475852.0.Charities_team_up_to_give_palliative_care_to_heart_disease_patients.php)

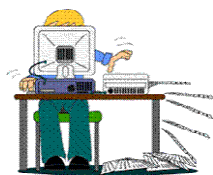
#### **Nursing home survival rates half those in community**

IRELAND | *Irish Times* – 16 December 2008 – Older patients discharged from hospital into long-term care in nursing homes live 30 months on average, the first study to examine survival in older patients admitted to nursing homes in the Irish Republic has found. The survival time of these frail elderly patients is just half that of a corresponding group who live in the community. <http://www.irishtimes.com/newspaper/health/2008/12/16/1229035764032.html>

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

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

### [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.

## Public in strong backing for right to assisted suicide

U.K. | *The Sunday Times* – 14 December 2008 – Public opinion has moved sharply in favour of assisted suicide, according to a poll. The survey of more than 2,000 people shows that most would consider euthanasia for themselves and think that relatives who help with assisted suicides at foreign clinics should not be prosecuted. The poll followed the broadcast last week of the assisted suicide of Craig Ewert, who was suffering from motor neurone disease. By two to one (61% to 27%) people said it was right to screen it. People overwhelmingly agreed (85%) with the decision by prosecutors not to charge the parents of Daniel James, the young rugby player who was paralysed after an injury. It also revealed strong support for a change in the law on assisted suicide to give immunity from prosecution to those who help a relative or friend with an incurable condition to die. More than two-thirds (69%) think the law should be changed. By four to one (61% to 15%) people said they would consider assisted suicide for themselves if suffering from a terminal disease. [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article5337761.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article5337761.ece)

- Australia (ABC News): **'Nitschke's suicide machine slammed.'** <http://www.abc.net.au/news/stories/2008/12/18/2449786.htm>
- France (The Connexion): **'Euthanasia case goes to retrial.'** [http://www.connexionfrance.com/news\\_articles.php?id=548](http://www.connexionfrance.com/news_articles.php?id=548)
- India (NewsTrack India): **'Parents seek euthanasia for their under-teen son.'** <http://www.newstrackindia.com/newsdetails/50314>
- Ireland (*The Independent*): **'Patients are already being nudged along path to death.'** <http://www.independent.ie/opinion/analysis/patients-are-already-being-nudged-along-path-to-death-1574339.html>
- Kenya (*Business Daily*): **'Campaign to have mercy killing legalised in Kenya.'** [http://www.bdafrica.com/index.php?option=com\\_content&task=view&id=11884&Itemid=5822](http://www.bdafrica.com/index.php?option=com_content&task=view&id=11884&Itemid=5822)
- Luxembourg (Agence France Press): **'Parliament backs legalising euthanasia.'** <http://www.google.com/hostednews/afp/article/ALeqM5hG23vs1nQzkNR-vr6ZxS4tVsQneg>
- South Korea (*Joongang Daily*): **'Euthanasia case is stopped from heading to top court.'** <http://joongangdaily.joins.com/article/view.asp?aid=2898824>
- Switzerland (SwissInfo.ch): **'President of assisted suicide organisation speaks out on debate.'** [http://www.swissinfo.ch/eng/front/Assisted\\_suicide\\_activist\\_speaks\\_out\\_on\\_debate.html?siteSect=105&sid=10110790&rss=true&ty=st](http://www.swissinfo.ch/eng/front/Assisted_suicide_activist_speaks_out_on_debate.html?siteSect=105&sid=10110790&rss=true&ty=st)
- U.K. (*The Guardian*): **'Assisted suicide could lead to socially pressured death.'** <http://www.guardian.co.uk/commentisfree/2008/dec/19/leaders-assisted-suicide>
- U.K. (*The Independent*): **'Doctor who assisted Swiss suicide will not be prosecuted.'** <http://www.independent.co.uk/news/uk/home-news/doctor-who-assisted-swiss-suicide-will-not-be-prosecuted-1207392.html>
- U.K. (*The Sunday Times*): **'The question of life and death with assisted suicide is not so simple.'** <http://www.mirror.co.uk/news/2008/12/14/the-question-of-life-and-death-with-assisted-suicide-is-not-so-simple-115875-20970262/>
- Uruguay (Catholic News Agency): **'Catholic experts warn against bill that would legalize euthanasia in Uruguay.'** <http://catholicnewsagency.com/new.php?n=14639>

## Journal Articles

### **Uncovering beliefs and barriers: Staff attitudes related to advance directives**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2008;25(5):347-353. Although the 1990 Patient Self-determination Act was enacted to insure that patients' wishes regarding advance directives were known and respected, it has had little impact in quality or aggressiveness of care for patients nearing death. The purpose of this descriptive study was to explore staff attitudes related to advance directives. Findings suggest that although staff members believe advance directives are an important tool, they have found both logistical and process challenges to following them. <http://ajh.sagepub.com/cgi/content/abstract/25/5/347>

### **Bereavement help-seeking following an 'expected' death**

*BMC PALLIATIVE CARE*, 2008;7:19. This study is the first step in better understanding what is happening across the whole population as people experience the consequences of an "expected" death. The need to identify the people who have not accessed adequate support is an important target for service planners ... to influence more formal planning for professional bereavement services. <http://www.biomedcentral.com/content/pdf/1472-684x-7-19.pdf>

Of related interest:

- *Journal of Clinical Oncology*, 2008;26(36):5870-5876. 'Unresolved grief in a national sample of bereaved parents: Impaired mental and physical health 4 to 9 years later.' <http://jco.ascopubs.org/cgi/content/abstract/26/36/5870>

### **Monitoring is vital for government's end of life care strategy to be successful**

*BRITISH MEDICAL JOURNAL* | Online posting – 16 December 2008 – Monitoring will be crucial if the government's strategy for care at the end of life is to be implemented fully, said experts at a recent conference in London. The 10-year strategy, launched in July 2008, calls on all National Health Service trusts in England to provide new services, change current services, and improve training and standards to raise the quality of care of people around the time of their deaths. [http://www.bmj.com/cgi/content/extract/337/dec16\\_1/a2999](http://www.bmj.com/cgi/content/extract/337/dec16_1/a2999)

### **When a parent is dying**

#### **Helping parents explain death to their children**

*CANADIAN FAMILY PHYSICIAN*, 2008;54(12):1693-1694. There are few tasks more difficult and heart-wrenching than talking with children about the death of a parent. It is not something that parents can ever really prepare for until they are in that sorrowful situation. Dying patients and their spouses often ask their family physicians for guidance, and many times we also feel unprepared. This is not something that is taught in medical school or often discussed in the general medical literature. <http://www.cfp.ca/cgi/reprint/54/12/1693>

Author's summary:

- We cannot shield children from dying and grief.
- Do not wait for the "right time" to discuss death with children. Communicate openly and honestly.
- Actively listen to questions and concerns that indicate a child's level of understanding.
- Avoid using euphemisms, such as "not getting better" or "passing on."
- Provide emotional support.
- Involve the child in age-appropriate caregiving responsibilities.

## Continuum of health care services

### **Access to home care**

*CANADIAN FAMILY PHYSICIAN*, 2008;54(12):1702. Home care plays an essential role in the continuum of health care services, and family physicians (FPs) play a vital role in ensuring that their patients receive comprehensive, continuing health care in the home setting. According to the 2007 National Physician Survey (NPS), a total of 52.8% of FPs across Canada provided liaison services to the home care sector for their patients. Despite growing needs in the home health care sector, however, the 2007 NPS revealed that only 2.9% of all physicians (FPs and other specialists) rated accessibility to home care for their patients as excellent, 12.8% as very good, and 27.8% as good. Rates are similar at the provincial level. Nationally, physicians felt that access to home care for their patients was far from ideal. <http://www.cfp.ca/cgi/reprint/54/12/1702>

### **Enhancing family physician capacity to deliver quality palliative home care**

*CANADIAN FAMILY PHYSICIAN*, 2008;54(12):1703. Family physicians in three group practices in Ontario's Niagara West Region collaborated with an inter-professional palliative care team – a palliative care advanced practice nurse, a palliative medicine physician, a bereavement counsellor, a psychosocial-spiritual advisor, and a case manager – in a shared-care partnership to provide comprehensive palliative home care. Key features included systematic and timely identification of end-of-life patients, needs assessments, symptom and psychosocial support interventions, regular communication between team members, and coordinated care guided by outcome-based assessment in the home. In addition, educational initiatives were provided to enhance family physicians' knowledge and skills. Because of the program, participants reported improved communication, effective inter-professional collaboration, and the capacity to deliver palliative home care, 24 hours a day, 7 days a week, to end-of-life patients in the community. <http://www.cfp.ca/cgi/content/abstract/54/12/1703>

### **Formalizing the informal: Family care agreements in Canada and the U.S.**

*CANADIAN JOURNAL OF ELDER CARE* | Online article – 15 December 2008 – In both Canada and the U.S., family caregiving agreements are increasingly being used to formalize the responsibilities that family caregivers undertake when providing in-home assistance for their (typically) older relatives. Under such agreements, each party can be better off because of the bargain that these agreements represent. Older people who can no longer live on their own are able to secure reliable and sensitive caregiving services that forestall moving to a care facility, while family caregivers receive tangible recognition of their considerable caregiving efforts and attendant personal sacrifices. <http://www.bcli.org/cjel/projects/formalizing-informal-family-care-agreements-canada-and-united-states>

**N.B.** The Canadian Centre for Elder Law, a division of the British Columbia Law Institute, released this month the premier issue of the *Canadian Journal of Elder Law*, the first Canadian peer-reviewed journal focused on elder law issues.

Of related interest:

- *Journal of Clinical Oncology*, 2008;26(36):5890-5895. '**Depression in family caregivers of cancer patients: The feeling of burden as a predictor of depression.**' <http://jco.ascopubs.org/cgi/content/short/26/36/5890?rss=1>
- U.S. (Military Family Network): '**European (Military) Command program aims to reduce caregiver fatigue.**' <http://www.emilitary.org/article.php?aid=13851>

## **The use of palliative sedation for existential distress: A psychiatric perspective**

*HARVARD REVIEW OF PSYCHIATRY*, 2008,16(6):339-351. This article introduces a structure for standardization in the ongoing debate about the application of palliative sedation for psychological and existential suffering at the end of life. The authors differentiate the phenomenon of existential distress from the more general one of existential suffering, defining existential distress as a special case of existential suffering that applies to persons with terminal illness. <http://www.informaworld.com/smpp/content~content=a906646797~db=all~jumptype=rss>

## **Access to experimental drugs for terminally ill patients**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2008;300(23):2793-2795. Terminally ill patients for whom conventional medicine offers little benefit are often willing to try unproven therapies. Because these individuals are often ineligible for clinical trials and compassionate use can be procedurally difficult to secure, gaining access to experimental drugs is not a viable option for many patients. Congress and the U.S. Food & Drug Administration have attempted for decades to strike a proper balance between access and oversight, with periodic episodes of heightened awareness that include the AIDS epidemic of the 1980s, breast cancer advocacy in the 1990s and, most recently, *Abigail Alliance v Von Eschenbach*, a case in which the plaintiffs unsuccessfully argued that governmentally imposed restrictions on access violate the Fifth Amendment's due process requirement. <http://jama.ama-assn.org/cgi/content/extract/300/23/2793>

## **"Allow natural death" vs. "do not resuscitate" – three words that can change a life**

*JOURNAL OF MEDICAL ETHICS*, 2008;34:2-6. Physician-written "do not resuscitate" (DNR) orders elicit negative reactions ... that may decrease appropriate end-of-life care. The semantic significance of the phrase has led to a proposed replacement of DNR with "allow natural death" (AND). Prior to this investigation, no scientific papers address the impact of such a change. Our results support this proposition due to increased likelihood of endorsement with the term AND. <http://jme.bmj.com/cgi/content/abstract/34/1/2>

In response:

- *Journal of Medical Ethics*, 2008;34:887-888. **"Allow natural death" is not equivalent to "do not resuscitate."** <http://jme.bmj.com/cgi/content/abstract/34/12/887>

### [Quotable Quotes](#)

*(The medical journey) ... is definable and measurable, treatable or not, but it has scientific boundaries. Then there is the parallel journey, which is "Who am I." This is the lived experience of "who I am and where I live and love and have my being." The two are parallel and at times they interconnect ... the times they interconnect are often the times of suffering.* Sandra Johnston, Pastoral Care Worker, in *From the Other Side*, Hawke Research Institute for Sustainable Societies, 2007.

### [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.

## **New partnership between journal and the American Academy of Hospice & Palliative Medicine**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Publisher's posting – 17 December 2008 – Beginning January 2009, the *Journal of Pain & Symptom Management* will be the official journal of the American Academy of Hospice & Palliative Medicine. The publication will continue to serve as the official journal of the National Hospice & Palliative Care Organization and the U.S. Cancer Pain Relief Committee. [http://www.eurekalert.org/pub\\_releases/2008-12/e-ean121708.php](http://www.eurekalert.org/pub_releases/2008-12/e-ean121708.php)

## **How religion comforts the dying: A qualitative inquiry**

*OMEGA: THE JOURNAL OF DEATH & DYING*, 2009;58(1):41-59. Although considerable social science research has explored religiosity and death anxiety, and many have theorized that religion comforts the dying, with speculations on the mechanisms by which religion comforts, very little research has asked people who were actually dying to discuss religion. This study found that religion, when it comforted these dying people, did so by offering a relationship to the dying, by giving the hope of life after death, through identifications, and through the assurance of cosmic order. The authors suggest theoretical perspectives accounting for these functions.

<http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,5;journal,1,228;linkingpublicationresults,1:300329,1>

## **Books & Resources**

### **Informational videos on becoming a hospice nurse or caregiver**

HOSPICE FOUNDATION OF AMERICA | Online posting – 16 December 2008 – Hospice of the Florida Suncoast has posted a series of videos on hospice employment, including "How to Become a Hospice Nurse" and "What is the Job Description of a Hospice Worker." View the hospice nurse video at: <http://hfahospice.blogspot.com/2008/12/informational-videos-on-becoming.html>

## **Arts & Entertainment**

### ***Splendid Grief: Darren Waterston and the Afterlife***

U.S. (ArtDaily.com) | Online posting – 20 December 2008 – The Cantor Arts Center at Stanford University presents *Splendid Grief: Darren Waterston and the Afterlife of Leland Stanford Jr.* The death of Leland and Jane Stanford's son inspired the founding of Stanford University and serves as an example for San Francisco artist Darren Waterston, whose installation transforms the gallery into a mourning parlour, using works from the museum's collection and his own paintings. "Despite their reputation for emotional restraint, Victorians indulged in complex and elaborate rituals surrounding death and mourning," said Hilarie Faberman, the Center's curator of modern and contemporary art. [http://www.artdaily.com/index.asp?int\\_sec=2&int\\_new=27899](http://www.artdaily.com/index.asp?int_sec=2&int_new=27899)

Of related interest:

- North Carolina (*Chapel Hill News*): 'An amazing way of grieving.'  
<http://www.chapelhillnews.com/news/story/32316.html>

## Worth Repeating

### End-of-life care: Ethical dilemmas

#### **A request for non-disclosure: Don't tell mother**

*JOURNAL OF CLINICAL ONCOLOGY*, 2007;25(31):5030-5034. Requests for non-disclosure ... may cause clinicians considerable distress. Does not the patient have a right to know the truth? What about informed consent and patient autonomy? Am I being asked to hide the truth or lie? Although the topic of non-disclosure raises legitimate ethical questions, we believe these cases are too often conceptualized as dilemmas in which one party must win and the other must lose: either the family is overridden and the patient told her diagnosis, or the physician's conscience is violated and the patient is not told. A large literature lays out the arguments for and against disclosure in these cases. The authors of this article, however, think there is a third way that often allows satisfaction of the patient, the family, and the physician's concerns. This method depends on an understanding of the cultural factors that underlie the family and physician's views and skilful use of negotiation techniques. In this article, the authors briefly review the literature on non-disclosure. <http://jco.ascopubs.org/cgi/content/full/25/31/5030>

### 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.

---

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

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