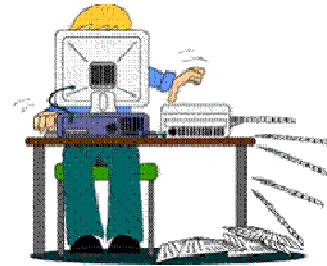


Media Watch

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

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Compiled & Annotated by Barry R. Ashpole

Pain and symptom management: Scroll down to [U.S.A.](#) and 'New guideline for prescribing opioid pain drugs.'

[Canada: National](#)

[Euthanasia and assisted suicide](#)

Husband charged in wife's suicide case

ONTARIO (Thunder Bay) | *Chronicle Journal* – 7 February 2009 – A 46-year-old Waterloo man has been arrested following an incident at a Memorial Avenue hotel that police say was an alleged assisted suicide. A Thunder Bay police spokesman said police officers and paramedics ... found the body of a 38-year-old woman in one of the hotel's rooms. The woman's husband was taken into custody and charged with criminal negligence causing death, and assisted suicide. http://www.chroniclejournal.com/top_story.php?id=163291

[Canada: Provinces](#)

McGill to establish research chair in psychosocial oncology

QUEBEC | McGill University press release – 2 February 2009 – McGill University, together with Hope & Cope of the Jewish General Hospital, is establishing a chair in psychosocial oncology. The chair will focus research efforts on cancer survivorship and recovery in a community-based approach. "While cancer is the leading cause of premature death in this country, historical data show that more and more people are surviving each year," observes Dr. Richard I. Levin, McGill's Vice-Principal (Health Affairs) and Dean of Medicine. "A chair in psychosocial oncology supports an expanded and interdisciplinary approach to cancer care that focuses on improving quality of life." http://www.mcgill.ca/newsroom/news/item/?item_id=104255

U.S.A.

San Diego medical community receives first-ever Accredited Palliative Medicine Fellowship Program

CALIFORNIA | Institute for Palliative Medicine press release – 6 February 2009 – The Institute for Palliative Medicine's Fellowship Program has received full accreditation from the Accreditation Council of Graduate Medical Education, the first accredited fellowship program in palliative medicine in San Diego. Located on the campus of San Diego Hospice, the Institute has trained fellows since 2000. The fellowship program is designed to prepare physicians to become sub-specialists in palliative medicine and serve as expert consultants in hospitals and hospices.

<http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/02-06-2009/0004967843&EDATE>

New guideline for prescribing opioid pain drugs

OREGON | Oregon Health & Science University – 6 February 2009 – A national panel of pain management experts representing the American Pain Society (APS) and the American Academy of Pain Medicine (AAPM) has published the first comprehensive, evidence-based clinical practice guideline to assist clinicians in prescribing potent opioid pain medications for patients with chronic non-cancer pain. The long-awaited guideline appears in the current issue of *The Journal of Pain*.¹ Researchers in the Oregon Evidence-based Practice Center at Oregon Health & Science University collaborated with the APS and AAPM for two years, reviewing more than 8,000 published abstracts and non-published studies to assess clinical evidence on which the new recommendations are based. http://www.eurekalert.org/pub_releases/2009-02/ohs-ngf020609.php

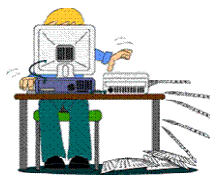
1. *The Journal of Pain*, 2009;10(2):113-130. '**Clinical guidelines for the use of chronic opioid therapy in chronic non-cancer pain.**' [http://www.jpain.org/article/S1526-5900\(08\)00831-6/abstract](http://www.jpain.org/article/S1526-5900(08)00831-6/abstract)

Of related interest:

- WWMR INC | Press release – 3 February 2009 – '**U.S. cancer pain market to reach \$5 billion by 2018.**' The U.S. market for the drug treatment of cancer pain in 2008 is valued at \$3.1 billion, according to a recent report. <http://au.sys-con.com/node/829214>

Legislative study: Doctors need better education about end-of-life care

VERMONT | Vermont Public Radio – 3 February 2009 – The State's health care providers need better education about end-of life care, pain management and palliative care. That's one of the findings of a legislative study committee that's just released a series of recommendations. The committee found that patients do not get timely information about the options available to them and their families in end-of life situations. http://www.vpr.net/news_detail/83861/



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 issue specific workshops for frontline care providers.

State's end-of-life care bill takes new twist

ARIZONA | *The Guardian* – 2 February 2009 – After years of trying to introduce legislation patterned after Oregon's assisted suicide law and never getting a hearing, Senator Linda Lopez hopes that a measure aimed at spreading information about hospice care will prove more successful. Bill 1311 would require physicians to tell their terminally ill patients, if they ask, about palliative care options or refer them to someone who will. These include hospice care, the right to refuse certain medical interventions, and the right to adequate pain medication. Doctors also must tell patients their prognosis, with or without treatment.

http://www.arizonaguardian.com/az/index.php?option=com_content&view=article&id=220:end-of-life-care-bill-takes-new-twist&catid=34:legislature&Itemid=54

Of related interest:

- TEXAS | *Midland Reporter-Telegram* – 6 February 2009 – **'Detailed living negates need for loving will.'** Some now advocate for individuals to create a loving will on top of the living will or statement of directives to ensure food and water is provided during the end of a terminal condition. http://www.mywesttexas.com/articles/2009/02/07/news/top_stories/living_vs_loving_wills.txt

State's budget cuts shut down hospice care

SOUTH CAROLINA | News Channel 7 – 2 February 2009 – In response to the sagging economy, the State's Department of Health & Human Services has eliminated the Medicaid Hospice Benefit effective the end of February. For those individuals who are both poor and terminally ill, the result of this cut could be devastating. With a hospice budget of zero, the poorest of the poor will return to the "old methods" of dying-either at home without professional care, in a nursing home without the additional support of hospice trained staff, or in a hospital's Intensive Care Unit (ICU).

http://www.wspa.com/spa/news/local/article/state_budget_cuts_shut_down_hospice/14159/

Of related interest:

- WASHINGTON POST | Online report – 8 February 2009 – **'Nursing homes face reductions in services.'** One in a series of reports exploring the impact of budget cuts being contemplated by elected officials in Maryland and Virginia. <http://www.washingtonpost.com/wp-dyn/content/story/2009/02/07/ST2009020702513.html>

International

Every hospital and care home to have experts in dementia

U.K. | *The Independent* – 4 February 2009 – Every care home and hospital in England must appoint a doctor specifically tasked with ensuring dementia sufferers are properly looked after, the Health Secretary Alan Johnson has announced, admitting that current National Health Service treatment is "patchy." <http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/ueveryu-hospital-and-care-home-to-have-experts-in-dementia-1545003.html>

1. *Living well with dementia: A National Dementia Strategy*. Department of Health, 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

From Media Watch dated 01.26.09.

- *CRITICAL SOCIAL POLICY*, 2009;29(1):146-157. **'Dementia and dying: The need for a systematic policy approach.'** A critical commentary and brief description of an alternative policy vision that connects older people's care with a wider public health approach to end of life care for older people. <http://csp.sagepub.com/cgi/content/abstract/29/1/146>

National Health Service religion guidelines are bad for the nation's health

U.K. | *Daily Telegraph* (Editorial) – 3 February – While I wasn't the reporter who broke the story of Caroline Petrie, the Christian nurse suspended for offering to pray for an elderly patient, I am going to try to take some credit for being the first to write about the National Health Service's bizarre staff guidelines on religion. This document – which is pretty important when you consider the controversy surrounding faith in public life these days, and the fact that our health service is the world's third-largest employer – was published for the first time onto a dark corner of the Department of Health's website on a Friday ... without any public announcement or press release. http://blogs.telegraph.co.uk/martinbeckford/blog/2009/02/03/nhs_religion_guidelines_are_bad_for_the_nations_health

1. *Religion or belief: a practical guide for the National Health Service*, Department of Health, 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133
- U.K. | *Daily Telegraph* – 1 February 2009 – **'Nurse suspended for offering to pray for elderly patient's recovery.'** Caroline Petrie, a committed Christian, has been accused by her employers of failing to demonstrate a "personal and professional commitment to equality and diversity." <http://www.telegraph.co.uk/health/healthnews/4409168/Nurse-suspended-for-offering-to-pray-for-patients-recovery.html>

Keep euthanasia illegal

U.K. (Scotland) | *Scotsman* (Letter) – 3 February 2009 – Joyce McMillan's article on the dangers of reforming laws on assisted suicide is both timely and wise.¹ It is paradoxical that, just as the Scottish Government publishes 'Living & Dying Well,' a national action plan for palliative and end-of-life care, (Member of the Scottish Parliament) Margo MacDonald produces a consultation paper arguing for the legalisation of euthanasia and physician-assisted suicide. Such legislation is not compatible with maintaining and improving the high standards of palliative care which exist in Scotland today. <http://news.scotsman.com/opinion/Keep-euthanasia-illegal.4938769.jp>

1. *Scotsman* (Column) – 31 January 2009 – **'Death, dignity and dangerous distorted thinking.'** <http://news.scotsman.com/opinion/Joyce-McMillan-Death-dignity-and.4933262.jp>

N.B. Scroll down to [Journal Articles](#) and **'Legal consensus eludes Europe.'**

Of related interest:

- ITALY | BBC News – 7 February 2009 – **'Italian right-to-die row deepens.'** A political standoff has developed in Italy over the right of a woman who has been in a coma for 17 years to die, despite a court ruling in her favour. <http://news.bbc.co.uk/2/hi/europe/7876961.stm>
- U.K. | *Daily Telegraph* – 4 February 2009 – **'Four in 10 family doctors want euthanasia legalised.'** Almost four in 10 GPs want to see euthanasia legalised and would even be prepared to help patients take their own lives. <http://www.telegraph.co.uk/health/healthnews/4511453/Four-in-10-family-doctors-want-euthanasia-legalised.html>
- U.K. | BBC News – 3 February 2009 – **'Woman in assisted suicide appeal.'** A woman with multiple sclerosis who lost her High Court case to clarify the law on assisted suicide is set to appeal against the decision. <http://news.bbc.co.uk/2/hi/health/7861199.stm>

Quotable Quotes

Death is not the greatest loss in life. The greatest loss is what dies inside us while we live.
Norman Cousins (1912-1990)

Journal Articles

Practice Guidelines for the Prevention, Detection & Management of Respiratory Depression Associated with Neuraxial Opioid Administration

ANESTHESIOLOGY, 2009;110(2):218-230. This document updates the *Practice Guidelines for the Prevention, Detection & Management of Respiratory Depression Associated with Neuraxial Opioid Administration* adopted by American Society of Anesthesiologists in 2007, and includes new survey data and recommendations pertaining to monitoring for respiratory depression. http://journals.lww.com/anesthesiology/Fulltext/2009/02000/Practice_Guidelines_for_the_Prevention,_Detection,_9.aspx

Caregiving for elder relatives: Which caregivers experience personal benefits/gains?

ARCHIVES OF GERONTOLOGY & GERIATRICS, 2009;48(2):238-245. The authors ask whether the positive, rewarding experiences of caregiving emerge merely as a function of caregiver personality, or whether, after personality traits are taken into account, other interpersonal factors make a difference. Survey data were collected from 63 family caregivers. Analyses revealed that caregiving benefits/gains were significantly and positively associated with two personality traits (agreeableness, extroversion), family and spouse/partner socio-emotional support, and prior relationship quality. Hierarchical regressions indicated that whereas neither family socio-emotional support nor prior relationship quality significantly predicted variance in caregiving benefits/gains beyond that accounted for by agreeableness and extroversion, spouse/partner socio-emotional support did. Implications for research and practice are discussed. **N.B.** Link unavailable.

Of related interest:

- *QUALITATIVE HEALTH RESEARCH*, 2009;19(2):258-271. **'The encounter between informal and professional care at the end of life.'** The purpose of this study was to obtain and describe in-depth knowledge about family carers' experiences of the encounter, in a hospital, between informal and professional care at the end of life. <http://qhr.sagepub.com/cgi/content/abstract/19/2/258>

Measuring depression at the end of life

ASSESSMENT, 2009;16(1):43-54. This study investigated the reliability and validity of one of the most frequently used measures of depression, the Hamilton Depression Rating Scale (HAM-D) in 422 patients with terminal cancer admitted to a palliative care hospital. The HAM-D demonstrated high reliability and concurrent validity with depression diagnosis, based on Structured Clinical Interview for DSM-IV Axis I Disorders, non-patient research version (SCID-I/NP Depression Module). Receiver Operating Characteristic (ROC) analyses generated an area under the curve of .91, indicating high sensitivity and specificity. The HAM-D strongly correlated with several measures of distress (e.g., hopelessness, desire for hastened death, and suicidal ideation). Factor analysis generated 4 factors (anxiety, depressed mood, insomnia, and somatic symptoms), accounting for 42% of the variance. Implications for assessing depression in this population are discussed. <http://asm.sagepub.com/cgi/content/abstract/16/1/43>

Links & Back Issues of Media Watch

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Vulnerability and access to care for South Asian Sikh and Muslim patients with life limiting illness in Scotland: prospective longitudinal qualitative study

BRITISH MEDICAL JOURNAL | Online journal article – 3 February 2009 – Despite a robust Scottish diversity policy, services for South Asian Sikh and Muslim patients with life-limiting illness are wanting in many key areas. Active case management of the most vulnerable patients and carers, and "real time" support, from where professionals can obtain advice specific to an individual patient and family, are the approaches most likely to instigate noticeable improvements in access to quality end of life care. http://www.bmj.com/cgi/content/abstract/338/feb03_1/b183

Euthanasia and assisted suicide

Legal consensus eludes Europe

CANADIAN MEDICAL ASSOCIATION JOURNAL, 2009;180(3):282-283. A recent ruling by Britain's High Court on assisted suicide and a television documentary showing a man taking his own life has reopened debate on the subject in the U.K. and other European countries. In October 2008, Debbie Purdy, who suffers from multiple sclerosis, lost a legal bid to clarify the law on assisted suicide. A 1961 law makes it an offence to "aid, abet, counsel or procure" a suicide or suicide attempt in England and Wales. Purdy indicated that at some future date she might travel to Switzerland, where assisted suicide is legal, but wanted assurances that her husband would not be prosecuted if he accompanied her. Purdy's lawyers obtained a judicial review of the 1961 law, arguing that the lack of clarification violated her human rights. The High Court judges, while expressing sympathy for Purdy, ruled that her rights had not been infringed upon and that existing legal guidelines were sufficient. <http://www.cmaj.ca/cgi/content/full/180/3/282>

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online posting – 3 February 2009 – '**On the assisted suicide debate.**' Clinicians (especially palliative care clinicians) ... have a professional predisposition to saving and extending life, and there is a risk that their views may carry undue weight in a matter that is, in truth, more social than medical. <http://blogs.bmj.com/bmj/2009/02/03/peter-lapsley-on-the-assisted-dying-debate/>
- *JOURNAL OF APPLIED PHILOSOPHY*, 2009;26(1):27-45. '**Is the legalization of physician-assisted suicide compatible with good end-of-life care?**' Opposition to physician-assisted suicide encompasses a cluster of different claims (and) the author tries to clarify some of the most important ... and show that they do not stand up well to conceptual and empirical scrutiny. <http://www.ingentaconnect.com/content/bpl/japp/2009/00000026/00000001/art00002>

Resuscitation decisions among hospital physicians and intensivists

CLINICAL MEDICINE (Journal of the Royal College of Physicians), 2009;9(1):16-20. The decision to perform cardiopulmonary resuscitation (CPR) remains one of the most important and difficult decisions a physician must make. The authors found that there were significant differences between specialties in making the decision to perform CPR and the confidence in doing so, with three cases producing polarised results within the specialties, despite equal confidence in the decision. Formal training in recognition of futility should be encouraged for all clinicians. <http://www.ingentaconnect.com/content/rcop/cm/2009/00000009/00000001/art00006>

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.

A new era for sedation in ICU patients

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION | Online journal article – 2 February 2009 – Critically ill patients frequently require invasive monitoring and other support that can lead to anxiety, agitation, and pain. Use of sedation is essential for the comfort and safety of these patients. Options for sedation in the intensive care unit (ICU) are limited, with benzodiazepines and propofol the most common choices. In the past, these agents were generally used to keep patients motionless and to reduce memory of their experience in the ICU. However, recognition that heavy sedation may increase mortality and morbidity has led to a new model in which the emphasis is on maximizing the comfort of these patients while they remain interactive, oriented, and able to follow instructions. <http://jama.ama-assn.org/cgi/content/full/2009.24>

Predictors of referral for specialized psychosocial oncology care in patients with metastatic cancer: The contributions of age, distress, and marital status

JOURNAL OF CLINICAL ONCOLOGY, 2009;27(5):699-705. This study examines the rate and prediction of referral for specialized psychosocial oncology care in 326 patients with metastatic GI or lung cancer. Routine referral of patients with metastatic cancer for psychosocial oncology care was predicted by presence of more severe depressive symptoms, younger age, and unmarried status. The rate of referral progressively declined with each decade of age, even among those with significant distress. These findings are consistent with some aspects of Andersen's model of health care utilization. The extent to which referred patients represent those who are most likely to benefit deserves further investigation. <http://jco.ascopubs.org/cgi/content/abstract/27/5/699>

In search of a good death

JOURNAL OF MEDICAL HUMANITIES, 2009;30(1):61-72. Spirituality and storytelling can be resources in aging successfully and in dying well given the constraints of modern day Western culture. This paper explores the relationship of aging to time and the dynamic process of the life course and discusses issues related to confronting mortality, including suffering, finitude, spirituality, and spiritual closure in regard to death. And, finally, the role of narrative in this process is taken up. <http://www.citeulike.org/article/3619111>

Pediatric end-of-life pain management varies widely

MED PAGE TODAY | Pediatric Blood & Cancer online journal article – 6 February 2009 – Use of opioids to control pain at the end of life for children with cancer varies substantially from center to center. On average, 56% of hospitalized pediatric cancer patients received opioids each day during their last week of life, but rates ranged from 0% to 90.5% between hospitals. The authors caution against inferring quality of care based on the findings because the data did not include levels of pain, adequacy of pain management, the appropriateness of the opioid doses prescribed or other pain treatments. <http://www.medpagetoday.com/Neurology/PainManagement/12783>

[Media Watch Posted on Palliative Care Network-e Website](#)

The Palliative Care Network-e (PCN-e) promotes education amongst health care providers in places around the world where the knowledge gap may be wider than the technology gap. PCN-e provides a platform to foster teaching and interaction, and the exchange of ideas, information and materials.

Links: PCN-e <http://www.pcn-e.com/> | Media Watch: <http://www.pcn-e.com/MW.htm>.

Palliative Care Network has also launched the first online networking community website exclusively for palliative care professionals at: www.pcn-e.com/alpha

Worth Repeating

Would palliative care patients benefit from social workers retaining the traditional 'casework' role rather than working as care managers?

BRITISH JOURNAL OF SOCIAL WORK, 2005 35(2):277-285. Social workers have made a significant contribution to the development and delivery of palliative care. Both palliative care and social work are rapidly evolving but, given their changing contexts and increasing workloads, can they sustain compatibility? Advances in treatment of life-threatening illness mean that people live longer in a period of palliative care. Social work has undergone radical change in the wake of the 1990 National Health Service & Community Care Act and subsequent local-authority modernizations, with social workers now given the role of care managers, rather than the more traditional 'casework' or therapeutic role. The authors explore the current and potential role of the social worker in palliative care for people with cancer and other prolonged life-threatening illness. It draws upon evidence from a prospective qualitative, patient-centred research study, which detailed the experiences of forty people with lung cancer and advanced cardiac failure, and their personal and professional carers. A total of two hundred and nineteen qualitative interviews were carried out. The authors found that social workers were conspicuous by their absence from the lives of these forty vulnerable adults, who were living and dying in the community with many unmet needs which, potentially, could be met by social-work input. The study highlights six areas of concern in which social-work assessment and intervention could have impacted on dying patients' quality of life and that of their carers: loss and dependency, family-centred issues, carers' needs, practical tasks, emotional and spiritual struggles, and, finally, support needs of staff. These areas are outlined to explore the territory which a social worker might inhabit if resources and policies permitted. <http://bjsw.oxfordjournals.org/cgi/content/abstract/35/2/277>

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