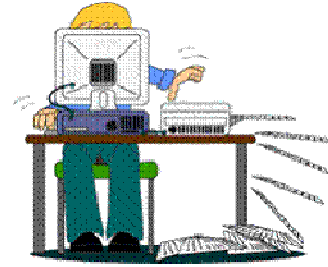


Media Watch

...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.

23 February Edition | Issue #85



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Compiled & Annotated by Barry R. Ashpole

**When further treatment would be ineffective or harmful:
Scroll down to [U.S.A.](#) and 'Who decides when you die?'**

[Canada: National](#)

Quality of end-of-life care to be examined by university

CANWEST NEWS | Newswire report – 18 February 2009 – In what is being called the largest and first study of its kind, researchers at Queen's University (Kingston, Ontario) will examine the quality of end-of-life care, survival rates and the financial burdens shouldered by families of elderly patients. "Most patients at the end of their life prefer comfort and dignity over being kept alive by technology, but increasingly we observe life-sustaining technologies applied at the end of life in the very elderly population," said Daren Heyland. The professor of medicine added: "This apparent contradiction makes us worried about the quality of end-of-life care these patients and their families are receiving." The study will focus on patients aged 80 and older admitted to 20 intensive care units across Canada over a six-month period, and select 800 patients and their families for a one-year follow-up. The survey will also examine the family's financial burden while they are caring for the patient and the family's perception of what constitutes quality end-of-life care. <http://www.canada.com/Quality+life+care+examined+university/1301354/story.html>

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

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

Parliamentary note

'Right to Die' Bill to be introduced into Canadian parliament

Parti Québécois MP Francine Lalonde (La Pointe-de-l'Île) has given notice of her proposed private members bill, 'An Act to amend the Criminal Code (right to die with dignity),' according to Parliamentary Notice Paper No. 14 (dated 12 February 2009). Lalonde's previous attempts in 2005 and 2008 died on the Order Paper with dissolution of Parliament in the fall of those years. <http://www2.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&Parl=40&Ses=2&DocId=3666245&File=11>

Of related interest:

- *GUELPH MERCURY* (Ontario) | Online editorial – 23 February 2009 – **'Misplaced compassion can lead to merciless killing.'** Since 1991, no less than five private member's bills have been introduced at the federal level, each wishing to legalize euthanasia and/or assisted suicide in Canada. <http://news.guelphmercury.com/Opinions/article/443885>
- CANWEST NEWS | Newswire report – 15 February 2009 – **'Right-to-die issue takes centre stage in Europe.'** Right-to-die controversies are playing out in European media and parliaments in contrast to Canada where there is no momentum to amend Canada's current law, experts say. <http://www.vancouver.sun.com/news/Right+issue+takes+centre+stage+Europe/1293010/story.html>

Canada: Provinces

A victory for (hospice in) New Brunswick

NEW BRUNSWICK | *Telegraph-Journal* – 17 February 2009 – Social Development Minister Mary Schryer has presented Hospice Greater Saint John with a cheque for \$120,000 and a commitment that government will work "hand in hand" with Hospice when its residential home opens in 2010. This decision will put New Brunswick at the forefront of palliative care in Atlantic Canada. It will establish a major partnership in health care between a community non-profit organization and the provincial government. And it will save the Department of Health money. <http://telegraphjournal.canadaeast.com/search/article/574842>

From Media Watch dated 02.16.09.

- NEW BRUNSWICK | *Telegraph-Journal* – 5 February 2009 – **'Hospice economics lost on government: Senator Sharon Carstairs.'** Because palliative care patients in hospital cost the province \$800 more per patient per day than better care in a hospice would, a palliative care residence would allow more than \$2.28 million a year to be reallocated to acute care services. <http://telegraphjournal.canadaeast.com/search/article/562409>

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.

U.S.A.

Washington State's Initiative 1000

'Death with Dignity Act' rules finalized

WASHINGTON | *The Seattle Times* – 22 February 2008 – State officials have laid out the rules that must be followed when people choose to end their lives under Washington's assisted suicide law. The Death with Dignity Act, approved by voters in November and taking effect 5 March, makes it legal for physicians to write prescriptions for lethal medications for certain terminally ill patients. The rules filed Friday by the state Department of Health include forms to be filled out by patients requesting lethal drugs, by attending and consulting physicians and by psychological consultants and pharmacists who participate. Under the law, terminally ill patients who are determined competent by physicians and who are expected to die within six months can ask for a lethal dose of medication from their doctors. The patients must administer the drug themselves. Participation by physicians and pharmacists is voluntary.

http://seattletimes.nwsourc.com/html/localnews/2008774229_apwaassistedsuicide.html

- WASHINGTON | *News Tribune* – 17 February 2009 – '**Aid in dying needs careful regulation.**' The *News Tribune* recommended passage of Initiative 1000 in the belief that mentally competent, terminally ill adults should be able to decide when to end their own lives ... but we had – and still have – reservations about I-1000's ban on disclosing assisted suicides on death certificates. <http://www.thenewstribune.com/opinion/story/629205.html>
- NEW YORK | *Commonweal* – 30 January 2009 – '**Washington state's new physician-assisted suicide law.**' What, if anything, are the national implications of the Washington vote? <http://web.ebscohost.com.rap.bibliocentre.ca/ehost/pdf?vid=7&hid=9&sid=f0f673c6-2065-42f4-a181-d84c43bde001%40sessionmgr3>

Of related interest:

- CALIFORNIA | *The Record* (Stockton) – 21 February 2009 – '**Lodi woman facing assisted suicide charge.**' A Lodi woman could serve up to six years in prison for allegedly assisting the suicide of her ill brother, a charge law experts say is extremely rare. http://www.recordnet.com/apps/pbcs.dll/article?AID=/20090221/A_NEWS/902210325
- MONTANA | *Bozeman Daily Chronicle* – 21 February 2009 – '**No physician-assisted suicide bills heard in Legislature.**' The Legislature will not take action in response to a ruling that terminally ill patients have a constitutional right to pursue life-ending treatment from physicians in Montana. <http://www.bozemandailychronicle.com/articles/2009/02/22/news/10assisted%20suicide.txt>
- NEW HAMPSHIRE | Associated Press – 20 February 2009 – '**New Hampshire lawmaker bringing assisted suicide bill.**' A lawmaker is proposing a bill that would make New Hampshire the third state to allow physician-assisted suicide. <http://www.necn.com/Boston/New-England/2009/02/19/NH-lawmaker-bringing-assisted/1235089730.html>
- HAWAII | *Honolulu Advertiser* – 18 February 2009 – '**Hawaii won't consider assisted suicide.**' The Hawaii Legislature will not take up a proposal to allow assisted suicides in the state. <http://www.honoluluadvertiser.com/article/20090218/BREAKING01/90218118/-1>

President Obama and Congress act to ensure access to compassionate end-of-life care for patients and families

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 18 February 2009 – The nation's hospice community claimed a significant victory after President Barack Obama signed The American Recovery & Reinvestment Act of 2009 into law. The act includes a one-year moratorium on cuts in Medicare funding for the more than 4,700 hospice programs nationwide. The action ensures that access to quality and compassionate end-of-life care will be maintained for the more than 1.4 million patients and their family caregivers who seek hospice each year. <http://www.nhpco.org/i4a/pages/index.cfm?pageid=5477>

Of related interest:

- MISSOURI | *Springfield Business Journal* – 16 February 2009 – '**Hospices, government lock horns.**' According to the Missouri Department of Health & Senior Services, the federal government is worried that too many hospice providers are entering the fray and has asked states to temporarily halt licensing for new hospice offices, pushing the state into an industry tug-of-war. <http://sbj.net/main.asp?SectionID=18&SubSectionID=23&ArticleID=84263&TM=36005.32>

Learning to fight pain

NEW YORK | *New York Times* (Letter¹) – 18 February 2009 – The under prescribing of opioid drugs is a far greater problem than their misuse. Millions of people suffer needlessly every year because they are not prescribed or are given lesser doses of opioid drugs than are indicated for their pain. This occurs largely because of myths about addiction (very few patients become addicted), doctors fears' that they will be investigated by a regulatory agency, and most important a lack of adequate training in pain management and palliative care in medical school. If the federal government is going to place limits on the prescribing practices of doctors who lack skills in managing pain or spotting drug abuse, it should help ensure that doctors develop these skills. <http://www.nytimes.com/2009/02/19/opinion/lweb19fda.html>

1. WASHINGTON D.C. | *New York Times* – 9 February 2009 – '**FDA to place new limits on prescriptions of narcotics.**' Many doctors may lose their ability to prescribe 24 popular narcotics as part of a new effort to reduce the deaths and injuries that result from these medicines' inappropriate use. <http://www.nytimes.com/2009/02/10/health/policy/10fda.html>

When further treatment would be ineffective or harmful

Who decides when you die?

MASSACHUSETTS | *Boston Globe* – 16 February 2009 – Obstetrician Luann DePodesta has delivered life into this world for most of her career. She now spends much of her time helping to gently usher it out. In her care of terminally ill patients ... she has seen firsthand how a patient's desire to stop treatment can collide with a family's unwillingness to let them die. More than once, DePodesta has witnessed elders changing course and undergoing more medical intervention solely to ease the emotional pain of a distraught son or daughter. "People don't make decisions in a vacuum," she said. "They make decisions at the end of life based on the people they care about and how it's going to affect the people they love." Conflicting wishes and demands regarding end of life care are a common – but not often discussed – problem, with no clear solution. http://www.boston.com/news/health/articles/2009/02/16/who_decides_when_you_die/

Eluana Englaro case: Journalistic ethics

Dying with dignity: A hard thing to do

OREGON | *Daily Vanguard* (Portland State University) – 13 February 2009 – The right to die debate flew out of control this last week in Italy with its central figure, 38-year-old Eluana Englaro, dying of a heart attack after 17 years in a vegetative state. The heart attack was preceded by the choice her parents made to take her off her feeding tube three days prior. While Englaro's parents were going through what most people see as one of the hardest things to do in life, saying goodbye to your child, the media was not as remorseful. The Italian media, partly doing its job in bringing the debate to life, unfortunately forgot some journalistic ethics in the heated discussion of whether or not allowing someone to die, even if it would be their choice, is ever acceptable. http://www.dailyvanguard.com/on_that_point_dying_with_dignity-1.1374945

Generation X unprepared for long-term care costs

WASHINGTON | *Health Care Finance News* – 13 February 2009 – According to a survey by America's Health Insurance Plans, 52% of respondents born between 1960 and 1980 feel somewhat or entirely unprepared and place more immediate financial concerns ahead of affording long-term care, with 44% of respondents ranking the need to save for retirement as their first or second priority. <http://www.healthcarefinancenews.com/news/generation-x-unprepared-long-term-care-costs>

- MILWAUKEE | *The Business Journal* – 18 February 2009 – **'Survey: Cost of long-term care varies widely.'** Some Americans are spending nearly seven times more for certain long-term care services than others, according to research commissioned by Northwestern Mutual of Milwaukee. http://www.bizjournals.com/milwaukee/stories/2009/02/16/daily42.html?ana=from_rss

Of related interest:

- OREGON | *The Oregonian* – 15 February 2009 – **'Paid family leave in Oregon.'** State lawmakers have the opportunity this spring to approve paid family leave, a worker-funded insurance program. http://www.oregonlive.com/news/oregonian/susan_nielsen/index.ssf/2009/02/paid_family_leave_in_oregon.html

International

Dignity in old age

Extending palliative care services to older people in two East African countries

AFRICA | African Palliative Care Association (APCA) – 20 February 2009 – The Association's study, *Bridging the Gap*, gives voice to elderly people and their carers in Kenya and Uganda. The report paints a moving picture of older people's life experiences and identifies their palliative care needs. At a time when the palliative care needs of elderly people across Africa have never been more urgent, it recommends how palliative care can be integrated into existing services for the aged and highlights a provisional research agenda to help meet their needs. The APCA study was compiled in conjunction with the international charity Help the Aged, based in the U.K. http://www.apca.co.ug/newsroom/news_items/pdfs/Help%20the%20Aged%20report%20Dec%2008_final%20041208.pdf

Controversial guidelines

Living wills 'should be offered as routine' to terminal patients

U.K. | *Daily Mail* – 19 February 2009 – Patients with terminal illnesses should get 'routine' offers of help to make living wills from doctors and nurses, say controversial guidelines.¹ They will be urged to accept advance care planning, which sets out their end-of-life wishes such as whether they want feeding tubes to be removed if they fall into a coma. But religious groups condemned the guidance, saying it could put vulnerable people under pressure and enable unscrupulous relatives to take financial advantage of the terminally ill. The guidance comes as the National Health Service is preparing to increase the uptake of such planning, and of advance decisions to refuse treatment made before patients lose the mental ability to take them. Roman Catholics and Muslims have spoken out particularly strongly against the rules, which they say undermine the sanctity of life. <http://www.dailymail.co.uk/news/article-1149433/Living-wills-offered-routine-terminal-patients.html>

1. *Advance care planning: National guideline*. Royal College of Physicians, 2009. <http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=267>

Tending to the dying in hospitals

COLORADO | *Denver Post* – 18 February 2009 – By definition, most doctors focus on making people well and keeping them that way. The notion of palliative and end-of-life care can rub against the grain of that life-saving, life-preserving concept. That helps explain why so many hospitals and educational institutions have only recently embraced the idea of palliative care. Hospice and Palliative Medicine was recognized as a specialty by the American Board of Medical Specialties in September 2006. http://www.denverpost.com/guestcommentary/ci_11724017

French approve state aid for helping the dying

FRANCE | Associated Press – 17 February 2009 – France's lower house of parliament unanimously passed a law granting government payments to those who take time off work to care for dying relatives in their last weeks of life. French law already allows people to take up to six months of unpaid leave from their jobs to care for a dying family member. The new bill would allow people who leave work in such circumstances to receive €49 (\$62)/day for up to three weeks. Unusually, the law enjoyed across-the-board support by legislators on left and right in the National Assembly. It now goes to the Senate, where it is likely to pass. France would become one of the few countries in the world with such a provision for end-of-life caretakers, an increasing concern in many developed countries where aging populations are growing as birth rates decline. <http://www.google.com/hostednews/ap/article/ALegM5iNQsfEavBGRjvXR81IO6xWARO1tgD96DEH400>

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

Traditional rituals in a secular society

Saying goodbye your own way

IRELAND | *Irish Times* – 17 February 2009 – The sudden death of a young person or the passing of an elderly parent who objected to a particular aspect of Christian doctrine can create a dilemma which adds to the uncertainty and trauma of an already difficult time. For those who are uneasy about the ... ceremony of a church funeral, traditional alternatives are often stressful. The typical funeral of a non-churchgoer is in a crematorium, led by clergy who never met the person. <http://www.irishtimes.com/newspaper/features/2009/0217/1224241279028.html>

Of related interest:

- U.K. (Scotland) | BBC News – 20 February 2009 – **'Killers could pay for funerals.'** Killers could be forced to pay for the funerals of their victims, under new legislation being considered by the Scottish Government. http://news.bbc.co.uk/2/hi/uk_news/scotland/7901558.stm
- U.K. | *American Chronicle* (Beverly Hills, California) – 18 February 2009 – **'Bereaved rights: Teresa Evans fights for change while encouraging awareness of independent funeral choice and funeral options.'** Since the death of Teresa Evans' 20-year-old son, Boyd, and the shocking story of his funeral care, she has been fighting for the rights of the bereaved in the United Kingdom. <http://www.americanchronicle.com/articles/view/91426>

From Media Watch dated 02.16.09.

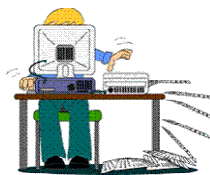
- U.K. | *The Times* – 12 February 2009 – **'How the government is helping the bereaved in its Coroners & Justice Bill.'** Proposed reforms to the inquest system offer bereaved people the best possible information and support at what is likely to be one of the most traumatic periods of their life. <http://business.timesonline.co.uk/tol/business/law/article5690008.ece>

An historic day for palliative care (in Australia)

AUSTRALIA | Palliative Care Australia e-Bulletin – 16 February 2009 – The National Health & Hospitals Reform Commission has released *A Healthier Future for all Australians*. Chapter 7, 'Caring for people at the end of life,' focuses on specialist palliative care and the need to improve access to services, and the need to strengthen skills development for both specialist and primary care.¹ There is a formal recognition of the linkages between palliative care and advance care planning. <http://www.palliativecare.org.au/Portals/46/PCA%20e-bulletin%20Supplement.pdf>

1. *A Healthier Future for all Australians*: 'Caring for people at the end of life.' [Chapter 7: pp.181-193] [http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/\\$File/CHAPTER%207.pdf](http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/$File/CHAPTER%207.pdf)

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.

Nurses to be consulted on assisted suicide

U.K. | *Nursing in Practice* – 16 February 2009 – The Royal College of Nursing (RCN) will launch a consultation for members on the debate surrounding assisted suicide. Many people have strong views on assisted suicide, an issue which provokes compelling arguments and passionate support on both sides of the debate. Recent high-profile cases have prompted the RCN to open a consultation to offer members the opportunity to share their views on this sensitive but important issue. To support the debate, the RCN has produced a briefing document, detailing the current legal and parliamentary positions on the debate, which vary between the four U.K. countries.¹
<http://www.nursinginpractice.com/default.asp?title=Nursestobeconsultedonassistedsuicide&page=article.display&article.id=15682>

1. **'Assisted suicide: An overview of the debate.'** The Royal College of Nursing, 2009.
http://www.rcn.org.uk/_data/assets/pdf_file/0009/230004/04_09_Assisted_suicide_brief.pdf

N.B. Assisted suicide is illegal in England and Wales under the 1961 Suicide Act, which makes it unlawful to "aid, abet, counsel or procure the suicide of another." In Northern Ireland, similar provisions about suicide are contained in Section 13 of the 1966 Criminal Justice Act. In Scotland, while there is no specific statute relating to suicide, assisting or attempting to assist a suicide is likely to constitute a criminal offence.

Of related interest:

- POLAND | Polskie Radio – 23 February 2009 – **'Dramatic appeal for right to die.'** An appeal by the mother of a terminally ill man has brought euthanasia back into the headlines in Poland.
http://www.polskieradio.pl/thenews/humaninterest/artikul102913_dramatic_appeal_for_right_to_die.html
- IRELAND | *Herald* – 21 February 2009 – **'A national debate about euthanasia is well overdue.'** Is it time to allow ourselves to contemplate the possibility of the introduction of euthanasia?
<http://www.herald.ie/opinion/comment/a-national-debate-about-euthanasia-is-well-overdue-1648619.html>
- PORTUGAL | *The Portugal News* – 21 February 2009 – **'Leading Socialists back national debate on euthanasia.'** Leading members of Portugal's governing Socialist Party, including its president, have called for an open public debate on legalizing euthanasia. <http://www.the-news.net/cgi-bin/google.pl?id=998-5>
- U.K. | *Daily Telegraph* – 21 February 2009 – **''Right to die' can become a 'duty to die.'''** Vulnerable people can be bullied into assisted suicide, believes Wesley Smith.
<http://www.telegraph.co.uk/comment/personal-view/4736927/Right-to-die-can-become-a-duty-to-die.html>
- MALTA | *The Malta Independent* – 20 February 2009 – **'The right to die: Treatment must be provided, but patients can refuse it.'** Any patient can legally refuse any treatment even against medical advice. <http://www.independent.com.mt/news.asp?newsitemid=83438>
- U.K. | *Daily Telegraph* – 19 February 2009 – **'Family members who help terminally ill people die unlikely to be prosecuted.'** Family members who help terminally ill people die are unlikely to be prosecuted following a landmark High Court ruling in the case of Multiple Sclerosis sufferer Debbie Purdy. <http://www.telegraph.co.uk/news/newstoppers/politics/lawandorder/4699040/Family-members-who-help-terminally-ill-people-die-unlikely-to-be-prosecuted.html>
- GERMANY | *British Medical Journal* – 18 February 2009 – **'Behaviour of former justice senator in Hamburg prompts court to rule against commercial suicide assistance.'** A Hamburg court has ruled that helping someone to commit suicide for financial gain should no longer be legal.
http://www.bmj.com/cgi/content/extract/338/feb18_1/b658

Croats need a place for dignified death

CROATIA | Javno – 14 February 2009 – There are no hospices in Croatia and as a consequence some 10,000 (cancer) patients die each year in horrible suffering, without care, psychological or spiritual support. <http://www.javno.com/en/croatia/clanak.php?id=234141>

Journal Articles

Does caregiver knowledge matter for hospice enrollment and beyond?

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online journal article – 19 February 2009 – The authors examined the level of hospice knowledge of caregivers of minority elderly hospice patients and determined how it influences the hospice enrollment decision, and the decision on the use of hospice services after enrollment. Based on qualitative analysis of medical records and interviews with caregivers of minority elderly hospice patients who received personal care from paid caregivers (e.g., other than family caregivers), they found that hospice knowledge increased access to hospice among minority patients who otherwise would not opt for hospice or enroll too late for comprehensive hospice care services. Furthermore, the highest level of knowledge – acquired through caregivers' health care occupations – appears to influence hospice care after hospice enrollment. Caregivers with that level of knowledge made requests for changes in site of care and/or additional services that may enhance the quality of hospice care that their loved ones receive. <http://ajh.sagepub.com/cgi/content/abstract/1049909109331883v1>

Patient perceptions on the use of advance directives and life prolonging technology

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online journal article – 19 February 2009 – Use of advance directives is underutilized despite the Patient Self Determination Act of 1990. This study was undertaken to determine use and opinions of advance directives by patients. Of 306 participants, 77 (25.2%) had a durable power of attorney and 45 (14.7%) had living wills. Of these, 226 (73.9%) responded that it was important to make health care wishes known to their doctor. Only 36 (15.9%) had done so. A total of 266 (86.9%) felt it was important to discuss health care wishes with their family and only 160 (60.1%) had done so. While adequately describing use and attitudes toward advance directives, it is significant to note that patients believe their wishes for end-of-life care will be honored; however, they fail to take the necessary steps to guarantee this. <http://ajh.sagepub.com/cgi/content/abstract/1049909109331886v1>

Spending money on end of life drugs will divert resources from prevention and chronic care, MPs told

BRITISH MEDICAL JOURNAL | Online journal article – 18 February 2009 – Measures to improve patients' access to end of life treatments announced by the National Institute for Health & Clinical Excellence will divert resources away from preventive and chronic treatments, says a leading health economist. Professor Christopher McCabe, chair in health economics at the Institute of Health Sciences at the University of Leeds, told MPs on the Health Select Committee that the move provided incentives for manufacturers "not consistent with promoting the health of the U.K. population." After a consultation on appraising end of life medicines, the Institute will consider the benefits when they are asked to make recommendations on the use of treatments that extend life in patients with short life expectancy. http://www.bmj.com/cgi/content/extract/338/feb18_1/b647

Advance directives

Do geriatricians practice what they preach?

GERONTOLOGY & GERIATRICS EDUCATION, 2009;30(1):61-74. Previous research has been conducted regarding preferences of physicians for life-sustaining treatments for themselves, but there is a dearth of data on personal use of advance directives (ADs) by geriatricians specifically. The authors surveyed graduates of a geriatric fellowship program to assess their personal use of advance directives and their personal preferences for life-sustaining treatment. This study reveals that the majority of fellowship-trained geriatricians did not formally establish advance directives for themselves. Further research is needed to determine whether physicians who establish advance directives for themselves are more likely to encourage their patients to do so.

<http://www.informaworld.com/smpp/content~content=a908690179~db=all~order=page>

Gender differences among Canadian spousal caregivers at the end of life

HEALTH & SOCIAL CARE IN THE COMMUNITY, 2009;17(2):159-166. The purpose of this study was to examine gender differences in spousal caregiving at the end of life. The primary research question was to determine gender differences in caregiver strain among spousal caregivers. The study was conducted over a 2-year period (2000–2002) in south-central Ontario, Canada. The study sample included 283 informal spousal caregivers (198 females, 85 males) each of whom were caring for a terminally ill spouse at the time they participated in a cross-sectional telephone survey. The analysis showed that females reported a significantly greater level of caregiving strain than males. When considering source of support in activities of daily living for the care recipient, differential assistance was noted on the basis of caregiver gender. Female caregivers had almost twice the odds of providing support in toileting-related tasks than male caregivers, while male caregivers had approximately twice the odds of providing support in mobility-related tasks. Care recipients who had a female caregiver had lower odds of receiving support from family and friends in tasks associated with personal care. To address gender differences in caregiving, a realistic home-based palliative care approach must take into account the importance of informal caregivers. <http://www3.interscience.wiley.com/journal/121432373/abstract>

Of related interest:

- U.S. (WASHINGTON) | *Seattle Caregiver Examiner* – 17 February 2009 – '**Caregiving strains marriages.**' Four out of five caring for aging parents say their intimate relationships suffered as a result of the demands of family caregiving. <http://www.examiner.com/x-1011-Seattle-Caregiver-Examiner~y2009m2d17-Caregiving-strains-marriages>

Bereaved informal cancer carers making sense of their palliative care experiences at home

HEALTH & SOCIAL CARE IN THE COMMUNITY | Online journal article – 8 January 2009 – This qualitative study explored the positive meanings constructed and ascribed to the experience of providing palliative care at home by bereaved informal cancer carers. The findings indicate ... a sense of reward for doing something good, meeting the expressed needs of the patient, continuing with normal life as much as possible, improving the conditions of the relationship and meeting cultural expectations of the right thing to do. Being present at the point of death was ... rewarding because it facilitated the process of saying goodbye, fostered inclusion of others, provided closure and was a spiritual experience. These findings suggest there are positive and rewarding aspects associated with providing informal cancer care in a palliative context, and these aspects were pertinent and meaningful ... to reconcile the difficulties and loss carers experienced. http://www.ncbi.nlm.nih.gov/pubmed/19207604?ordinalpos=50&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

End-of-life preferences: A theory-driven inventory

INTERNATIONAL JOURNAL OF AGING & HUMAN DEVELOPMENT, 2009;68(1):1-26. The study aimed at making a theory-driven inventory of end-of-life preferences. Participants were asked about a variety of preferences representing all eight motivational states described in Apter's Metamotivational Theory (AMT). Ten factors were evidenced; they were easily interpretable in the AMT framework. In decreasing order of importance, people would, at the time of their death, like to have an understanding doctor, to be at peace with themselves, to remain autonomous, to keep a sense of humor, to remain able to oppose any decision taken without their consent, to remain an object of love, to remain a reference for others, to have resolved conflicts with others, to leave their businesses in good order, and to find themselves at peace with God. <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,1,5;journal,1,261;linkingpublicationresults,1:300312.1>

Changes in decision-making capacity in older adults: Assessment and intervention

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;301(7):777-779 (Review of *Wiley Series in Clinical Geropsychology*). This particular and unique text expands on a conference held to train mental health professionals about assessments and interventions for decision-making capacity. What has emerged is a book that will benefit mental health professionals and clinicians with limited experience in assessing such capacity. Specifically, the content improves understanding of the complex and multidimensional issues within decision-making capacity; describes how to conduct evaluations of individuals with cognitive impairment; details possible interventions that can help maintain an individual's independence; and, describes the intersection these evaluations might have within the legal system. <http://jama.ama-assn.org/cgi/content/extract/301/7/777>

Of related interest:

- *JOURNAL OF FORENSIC PSYCHOLOGY PRACTICE*, 2009;9(1):82-91. **'Psychologists' involvement with terminally ill individuals who are making end-of-life decisions.'** This article highlights ways in which psychologists can assist dying people and their loved ones, with an emphasis on facilitating end-of-life decision making through psychological assessment and intervention. **N.B.** Link unavailable.

The role of advance euthanasia directives as an aid to communication and shared decision-making in dementia

JOURNAL OF MEDICAL ETHICS, 2009;35(2):100-103. Recent evaluation of the practice of euthanasia and related medical decisions at the end of life in The Netherlands has shown a slight decrease in the frequency of physician-assisted death since the enactment of the Euthanasia Law in 2002. This paper focuses on the absence of euthanasia cases concerning patients with dementia and a written advance euthanasia directive, despite the fact that the only real innovation of the (Dutch) Euthanasia Law consisted precisely in allowing physicians to act upon such directives. <http://jme.bmj.com/cgi/content/abstract/35/2/100>

Clinical guidelines for the use of chronic opioid therapy in chronic non-cancer pain

JOURNAL OF PAIN, 2009;10(2):113-130. Safe and effective chronic opioid therapy for chronic non-cancer pain requires clinical skills and knowledge in both the principles of opioid prescribing and on the assessment and management of risks associated with opioid abuse, addiction, and diversion. Although evidence is limited in many areas related to use of opioids for chronic non-cancer pain, this guideline provides recommendations developed by a multidisciplinary expert panel after a systematic review of the evidence. [http://www.jpain.org/article/S1526-5900\(08\)00831-6/abstract](http://www.jpain.org/article/S1526-5900(08)00831-6/abstract)

Rural palliative care: A comprehensive review

JOURNAL OF PALLIATIVE MEDICINE | Online journal article – February 2009 – Access to integrated, palliative care regardless of location of residence is a palliative care standard ... yet we know such access is limited for those living in rural and remote settings. The body of research literature is small and eclectic, which means there is little strong evidence to inform palliative policy and service development in rural settings. Coordinated programs of research are clearly required to develop a body of knowledge that is adequate to support effective service and policy development. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2008.0228>

From Media Watch dated 12.29.08.

- *CANADIAN JOURNAL OF RURAL MEDICINE*, 2008;13(3):139-40. **'Palliative care is a rural medicine issue.'** The increasing number of people relocating to rural areas upon retirement and the process of aging-in-place in such communities amplify the need for palliative care in these settings. <http://www.cma.ca/multimedia/staticContent/HTML/N0/I2/cjrm/vol-13/issue-3/pdf/pg139.pdf>

Identifying factors affecting utilization of an in-patient palliative care service: A physician survey

JOURNAL OF PALLIATIVE MEDICINE | Online journal article – February 2009 – Little is currently known about physicians and their level of involvement in and comfort delivering palliative care in the in-patient setting; their perceived barriers to referring patients to an in-patient Palliative Care Consult Service; and, their attitudes regarding palliative care. Most respondents (to the authors' survey), irrespective of referral status, reported high levels of involvement in and comfort managing many symptoms that occur commonly in patients with advanced disease, but were less comfortable managing delirium and patients' psychosocial and existential needs. The most commonly endorsed barrier to referral was ... perceived unrealistic expectations regarding disease prognosis. Most participants had generally favorable attitudes about palliative care, but non-referring (versus referring) physicians were significantly more likely to disagree with the statement that a palliative care specialist is the best person to coordinate the palliative care of patients with advanced disease. The authors suggest possible avenues for building more effective partnerships between palliative care consult services and referring physicians, and highlight the need for interventions designed to facilitate physician-patient communication about palliative care. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2008.0235>

Books & Resources

Understanding hospice

U.S. | WNEP-TV (Moosic, Pennsylvania) – Accessed 18 February 2009 – WNEP-TV's 'Understanding Hospice' is an educational resource for the community designed to help families facing the challenge of life limiting illness. <http://www.wnep.com/lifestyle/wnep-understanding-hospice-home-html.0.4206293.htmlstory>

Arts & Entertainment

Marketing palliative care

World Palliative Care Alliance

U.K. | *Design Week* – 18 February 2009 – The design consultancy Pentagram has created the marque ... for the Worldwide Palliative Care Alliance, a network of hospice organisations from countries around the globe that helps to inform global policymakers such as the United Nations and World Health Organisation. The hospice movement started out of England and has a lot of history here, but in countries like Japan or Rwanda the concept is relatively new. There is some discordance between countries like Canada and Britain, which have established hospice organisations, and African countries. Hospices in Africa, for example, deal more with HIV and Aids, while in Japan, it is cancer. Across the hospice organisations within each country, the people involved might be from medical backgrounds, or there might be religious groups running them. The strongly typographic marque and identity has to convey neutrality and authority. <http://www.designweek.co.uk/Articles/141319/Pentagram+brands+World+Palliative+Care+Alliance+.html>

Worth Repeating

The art of oncology: When the tumor is not the target

Overcoming obstacles to hospice care: An ethical examination of inertia and inaction

JOURNAL OF CLINICAL ONCOLOGY, 2002;20(11):2752-2755. The statistics are sobering: more than half a million Americans die of cancer each year, but only 20% to 50% of eligible patients receive any formal hospice care. When cancer patients do enrol in a hospice program, their median survival is just 2 to 3 weeks – barely enough time for many patients and families to understand the hospice program's system, let alone receive the full range of benefits offered. Some patients are even referred for hospice care so late in their disease course that they die before all the paperwork can be completed. Hospice-based palliative care is widely acknowledged as an invaluable intervention for patients approaching the end of life. Dying of cancer without the help of a hospice program has been compared to undergoing surgery without anesthesia. Why, then, does the promise of hospice care so frequently go unfulfilled? Some have argued that the fundamental problem is that cancer physicians are simply inaccurate in predicting actual time to death. Others claim that physicians just don't know when to quit – that oncologists keep offering aggressive anticancer therapy, including experimental interventions, even when an imminent fatal outcome should be obvious to everyone. Critics argue that because of systematic over estimation of patient survival time and an inflated view of the benefits of anticancer therapy, oncologists tend to refer their patients for hospice care far too late for them to receive meaningful end-of-life care – if they refer their patients at all. Physicians do often overestimate their patients' survival time, but this can only be part of the story. Oncologists can usually identify cancer patients with an expected survival of less than six months, which is the Medicare criterion for hospice referral in the U.S. But clearing this hurdle of knowledge does not mean all obstacles to action have been overcome. In fact, we believe that physicians' prognostication skills are not as important in erecting barriers to hospice program referrals as are attitudes about how and when a grim prognosis should be communicated and fears about how hospice enrolment might change patient care. <http://jco.ascopubs.org/cgi/content/full/20/11/2752>

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