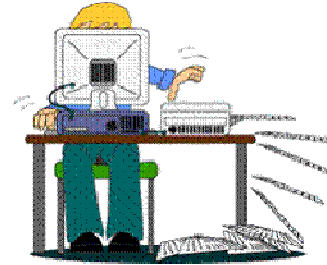


## Media Watch

...is distributed weekly to colleagues active or with a special interest in **hospice and 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.

## 9 March Edition | Issue #87



Compilation of Media Watch 2008, 2009 ©

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

**Decision-making at the end of life: Scroll down to [International](#) and 'Doctors are ordered to take more notice of dying patients' last wishes.'**

## Canada

### **A closer look at family caregivers in Canada**

CANADIAN POLICY RESEARCH NETWORKS (CPRN) | Research Report – 5 March 2009 – The aging of the Canadian population has a number of implications for the country, not the least of which is a greater proportion of Canadian employees responsible for the care of elderly dependents. Demographic projections suggest that Canada has yet to feel the full effects of eldercare issues. Work-life conflict will become more problematic over the next several decades as more employed Canadians take on the additional role as caregiver for an aging or elderly dependent. Research suggests that almost half of employed caregivers (both male and female) experience work-life balance issues that affected their physical and mental health as well as their work productivity.<sup>1</sup> The authors of the new CPRN report determined that:

- The majority of employed Canadians have caregiving responsibilities.
- Just over one in four of employed Canadians have responsibilities for the care of elderly dependents – a percent that is likely to grow as the baby boom population ages.
- Almost one in five employed Canadians has responsibility for both childcare and eldercare.
- Only rarely do employed Canadians provide care to an elderly dependent who lives with them.
- Just over one in ten of Canadians provide care for an elderly dependent who either lives nearby or in another location altogether.

1. *Balancing Paid Work & Caregiving Responsibilities: A Closer Look at Family Caregiving in Canada*, CPRN, 2009. Summary: [http://www.cprn.org/documents/51052\\_EN.pdf](http://www.cprn.org/documents/51052_EN.pdf). Download a copy of the report at: [http://www.cprn.org/documents/51061\\_EN.pdf](http://www.cprn.org/documents/51061_EN.pdf)

## Discussing euthanasia

NEW BRUNSWICK | *Daily Gleaner* – 2 March 2009 – The moral and legal issue of euthanasia and doctor-assisted death is one Canadians continue to wrestle with. Those who oppose assisted suicide say very ill people who are weak and vulnerable may be bullied into assisted suicide by family members who are burdened by their care and by the financial cost of treating their illnesses. Some physicians are concerned that assisted suicide could take away the need for better palliative care and the pressure to find new treatments and medicines for life-threatening illnesses. Dr. Syd Grant, founder and director of the palliative care unit at the Dr. Everett Chalmers Regional Hospital, says advocates of physician-assisted death think individual rights supersede societal and community rights. <http://dailygleaner.canadaeast.com/liveit/article/589002>

- ONTARIO | *Peterborough Examiner* – 2 March 2009 – '**Few patients welcome death.**' Dr. Ken Walker's seemingly uncritical endorsement of euthanasia as a solution to suffering at the end of life demands a response.<sup>1</sup> <http://www.thepeterboroughexaminer.com/ArticleDisplay.aspx?e=1457902>

From Media Watch dated 02.16.09.

1. MEDIA RESOURCES | Syndicated column – 7 February 2009 – '**Maybe it's time to set up Society for the Prevention of Cruelty to Humans.**' Critics of active euthanasia say that allowing lethal injection for those who only have days or hours to live is the start of the "slippery slope" theory. [http://chealth.canoe.ca/columns.asp?columnistid=6&articleid=27304&relation\\_id=3224](http://chealth.canoe.ca/columns.asp?columnistid=6&articleid=27304&relation_id=3224)

**N.B.** Dr. Walker subsequently reported on reader response: For example: '**Euthanasia debate rages on.**' <http://www.torontosun.com/life/healthandfitness/2009/03/07/8660871-sun.html>

Of related interest:

- QUEBEC | CBC News – 6 March 2009 – '**Terminally ill Quebec man seeks right to assisted suicide.**' A terminally ill Quebec City man made a public plea asking the Quebec government to pressure Ottawa to change the federal law on assisted suicide so he can end his life with dignity. <http://www.cbc.ca/canada/montreal/story/2009/03/06/assited-suicide.html>

## U.S.A.

### A funeral museum at death's door

ILLINOIS | *New York Times* – 8 March 2009 – This unusual cultural repository is an unmistakable reminder that everyone's days are numbered. Now it seems the same might be true of the museum itself. Unable to attract enough visitors, the museum is struggling to stay alive. The curator position has been eliminated, and the museum's hours have been cut to appointments only. <http://www.nytimes.com/2009/03/09/us/09funeral.html?ref=us>

### Doctor's house calls: Back to the future

MINNESOTA | *Star-Tribune* – 7 March 2009 – Dr. Edward Ratner is an associate professor at the University of Minnesota Medical School who specializes in geriatric medicine. Dr. Ratner makes numerous house calls to frail, elderly patients, and believes that treating some patients at home can save money. He may seem like the last of a dying breed. But Ratner believes that house calls are poised for a comeback. In his view, they are the best and cheapest way to care for the frail elderly, especially at a time of soaring costs. In fact, Medicare paid for 2 million house calls in 2006, up from 1.5 million in 1995. A proposal in Congress could open the door to many more. <http://www.startribune.com/lifestyle/health/40903862.html?elr=KArksc8P:Pc:UthPacyPE7iUiD3aPc:Yyc:aUU>

## Let's talk about end-of-life care

WASHINGTON | United Press International – 6 March 2009 – U.S. Senator Mark Warner (Democratic, VA), wants a national discussion on how to deal with medical care at the end of life as part of an effort to cut costs. In a speech to hospital executives, Warner said that families and patients might choose to avoid expensive treatment. "We leave it to families to resolve these extraordinarily difficult decisions with little guidance," Warner said. "Other industrialized nations have dealt with the end-of-life issue. It's time we did as well." Studies have found that more than 25% of Medicare spending and 10-12% of all medical spending in the U.S. goes to last-ditch treatment for the terminally ill. In most cases, the treatment does little for the patient, research indicates. [http://www.upi.com/Top\\_News/2009/03/06/Warner\\_Lets\\_talk\\_about\\_end-of-life\\_care/UPI-75181236372864/](http://www.upi.com/Top_News/2009/03/06/Warner_Lets_talk_about_end-of-life_care/UPI-75181236372864/)

### Defining hospice

#### Response to misleading quote in Associated Press article

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 3 March 2009 – A recent Associated Press article includes a quote from an attorney comparing hospice to suicide.<sup>1</sup> <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5345>

1. ASSOCIATED PRESS | Newswire report – 2 March 2009 – **'Assisted suicide presents legal quandary.'** A quote by a lawyer suggests that "hospice" is synonymous with "suicide," but "slower." <http://www.washingtonpost.com/wp-dyn/content/article/2009/03/01/AR2009030101929.html>

#### Extinguishing physician conscience

CALIFORNIA | *American Thinker* (Editorial) – 3 March 2009 – Imagine that it is 2016, and you are a 65 year old boomer. You have been admitted to your local community hospital with malaise, fatigue, vomiting and cloudy mental status. You have had blood pressure problems and diabetes for a few years, and have just been diagnosed with renal failure. As you drift in and out of consciousness, you are vaguely aware your old family practice physician, who had taken care of you for 20 years, is not around. A religious man, he quietly retired from medical practice in 2014 after the full force of the Obama administration's removal of conscience protection for physicians in February 2009 came into effect.<sup>1</sup> You feel vaguely uncomfortable as you are placed in a darkened room in the Comfort Care wing of the hospital. In moments of lucidity, you wonder if you shouldn't have some oxygen, an IV or SOMETHING! But the appropriate therapy, kidney dialysis, is not on the approved list of treatments for patients over 65, having been deemed too expensive. The new regulations from the Department of Health & Human Services were presented just last month to your hospital's Futile Care Committee. It was decided at the highest levels that for those over 65 years of age, renal dialysis would not be a beneficial treatment, that the alternatives of a kidney transplant were too expensive, and that your quality of life on chronic dialysis would be too diminished. [http://www.americanthinker.com/2009/03/extinguishing\\_physician\\_consci.html](http://www.americanthinker.com/2009/03/extinguishing_physician_consci.html)

1. WASHINGTON | *New York Times* – 27 February 2009 – **'Obama set to undo 'conscience' rule for health workers.'** The Obama administration moved to undo a last-minute Bush administration rule granting broad protections to health workers who refuse to take part in or provide health care that goes against their consciences. <http://www.nytimes.com/2009/02/28/us/politics/28web-abort.html? r=1>

Of related interest:

- *USA TODAY* | Online commentary – 2 March 2009 – **'Some undying questions over end of life decisions.'** Doctors are conflicted regarding Washington's Dying with Dignity legislation (which took effect 5 March) ... and are not required to participate ... and some hospitals are opting out as well. <http://content.usatoday.com/communities/religion/post/2009/03/63545623/1>

## 'Do not resuscitate' vs. 'allow natural death'

USA TODAY | Online commentary – 2 March 2009 – Could three words change the way severely ill patients and their loved ones think about death? Spiritual leaders and some medical staff at hospitals across the U.S. believe so, and they are reconsidering how they pose one of life's toughest questions: "Do you want to sign a 'Do Not Resuscitate' form?" When they ask, family members often balk. They believe they are giving up, condemning a loved one to death. Some are now asking the question a different way: "Do you want to allow natural death?"

[http://www.usatoday.com/news/health/2009-03-02-DNR-natural-death\\_N.htm](http://www.usatoday.com/news/health/2009-03-02-DNR-natural-death_N.htm)

- EXAMINER | Online commentary – 3 March 2009 – '**Allow natural death versus DNR.**' Key medical staff and ministers (of the church) are looking at the wording of Do Not Resuscitate Orders. <http://www.examiner.com/x-2328-Indianapolis-StayatHome-Moms-Examiner-y2009m3d3-Allow-Natural-Death-versus-DNR>

From Media Watch dated 11.03.08.

- FLORIDA | News-Press – 2 November 2008 – '**Simple semantics can be comforting as life ends.**' Could three words change the way patients and their loved ones think about death? <http://www.news-press.com/article/20081102/NEWS01/811020397/1013>

## Sixty Oregonians ended their lives under Dying with Dignity Act in 2008

OREGON | *The Oregonian* – 3 March 2009 – 60 Oregonians ended their lives in 2008 by taking a lethal drug dose prescribed under the State's Death With Dignity Act ... the highest annual total in the 11-year history of the law.<sup>1</sup> Deaths ... under the Oregon law now account for 2 of every 1,000 deaths in the State. 401 terminally ill Oregonians have died this way since 1997, when the State made it legal for a doctor to prescribe a lethal drug dose to a terminally ill patient who makes the request. [http://www.oregonlive.com/news/index.ssf/2009/03/sixty\\_oregonians\\_ended\\_their\\_l.html](http://www.oregonlive.com/news/index.ssf/2009/03/sixty_oregonians_ended_their_l.html)

1. 2008 Summary of Dying with Dignity Act: <http://oregon.gov/DHS/ph/pas/docs/year11.pdf>

Of related interest:

- WASHINGTON | *Seattle Times* – 5 March 2009 – '**State's hospitals formulate assisted-suicide plan.**' As Washington's Death with Dignity Act takes effect hospitals ... vary in terms of whether they'll take part. [http://seattletimes.nsource.com/html/localnews/2008814607\\_death05m0.html](http://seattletimes.nsource.com/html/localnews/2008814607_death05m0.html)
- IOWA | *The Daily Iowan* – 4 March 2009 – '**Iowa's need for the right to die.**' On 5 March, Washington State (began) allowing terminally ill patients to request life-ending medication from their doctors ... Iowa should follow suit. <http://www.dailyiowan.com/2009/03/04/Opinions/10380.html>
- WASHINGTON | Catholic News Agency – 4 March 2009 – '**Assisted suicide group expects "cultural shift" in Washington State.**' An assisted suicide group has announced it will compile a directory of physicians who will assist terminally ill patients seeking lethal medication prescriptions. <http://www.catholicnewsagency.com/new.php?n=15264>
- TIME MAGAZINE | Online report – 3 March 2009 – '**A brief history of assisted suicide.**' The centuries-old debate over a person's right to die, usually in cases of painful terminal illness, is currently grabbing headlines with the arrest of four members of a group called the Final Exit Network. <http://www.time.com/time/nation/article/0,8599,1882684,00.html>
- MINNESOTA | *Toronto Star* (Ontario, Canada) – 2 March 2009 – '**Do assisted suicide laws apply to the virtual world?**' When investigators with the State's Internet Crimes Against Children Task Force lay charges against a suspect alleged to have counselled several individuals via the Internet to commit suicide it will set a precedent. <http://www.thestar.com/News/World/article/595057>

## International

### **Dignitas suicide couple: Pressure for ruling on assisted suicide**

U.K. | *Daily Telegraph* – 6 March 2009 – The recent deaths of Peter and Penelope Duff will add to pressure on Parliament to make a ruling on the legality of assisted suicide. Calls for change in the law have been marked by high-profile legal bids and a steady stream of publicity about U.K. citizens who have travelled to Dignitas, the Swiss clinic, to die. Multiple sclerosis sufferer Debby Purdy nearly forced the issue last month after losing a Court of Appeal bid to clarify the law. <http://www.telegraph.co.uk/news/4947107/Dignitas-suicide-couple-Pressure-for-ruling-on-assisted-suicide.html>

- U.K. | *The Sunday Times* – 8 March 2009 – **'Terminally ill opt for suicide by starvation.'** To avoid the legal ban on medically assisted dying, doctors are helping patients starve and dehydrate themselves to death. [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article5864857.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article5864857.ece)
- AUSTRALIA | *Sydney Morning Herald* – 7 March 2009 – **'Euthanasia doesn't open floodgates.'** Much of the debate over euthanasia involves predictions of what might happen if it were legalised. <http://www.smh.com.au/opinion/euthanasia-doesnt-open-floodgates-20090306-8rk9.html>

### **Bereavement pin acknowledges grief**

IRELAND | *Irish Times* – 5 March 2009 – A new pin aimed at encouraging society to acknowledge grief and to support bereaved people has been unveiled by the Irish Hospice Foundation. The pin ... is being distributed through bereavement groups of hospices free of charge, and can be bought by members of the public for €20. Proceeds from the sale of the pin will go to the hospice foundation, and profits will be used to develop bereavement services in Ireland. <http://www.irishtimes.com/newspaper/ireland/2009/0305/1224242305173.html>

- IRELAND | *Irish Times* – 3 March 2009 – **'Wearing a grief pin would signify the enormity of bereavement.'** Emblems and badges ... alert people to who we are and what is important to us. <http://www.irishtimes.com/newspaper/opinion/2009/0303/1224242144740.html>

Of related interest:

- U.S. | *Wall Street Journal* – 4 March 2009 – **'When a loved one dies: Coping with grief at work.'** Bereavement leave is not required by the (Federal) Fair Labor Standards Act or the Family & Medical Leave Act (and) employees (should) contact their state labor departments to see if their state regulates bereavement leave. <http://blogs.wsj.com/juggle/2009/03/04/when-a-loved-one-dies-coping-with-grief-at-work/>

### 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.

## The end: How would you choose to die?

U.K. | *The Independent* – 4 March 2009 – How do you want to die? It's not a cheerful or a very welcome question, but it's the one we'll all have to ask one day. How would you want it to happen – quietly, violently, quickly, slowly? Should it be philosophical or action-packed; unashamedly secular or swathed in religious observance; done by your own hand or with the help of another? Should it be in private or in public? Wouldn't it be better to die in your sleep, never knowing your spirit had packed up and fled while you were suspended in dreamland? Then again, if you knew nothing about it at all, would you miss an important life-experience: the final stocktaking, the profit-and-loss account of how you lived, the counting of blessings, the regrets (you'll have a few) for transgressions you can't now undo? <http://www.independent.co.uk/life-style/health-and-wellbeing/features/the-end-how-would-you-choose-to-die-1636712.html>

- U.K. | *The Independent* – 7 March 2009 – **'We've forgotten how to face death.'** We are the first human society in history to insulate ourselves ... from the inevitable end of our own stories – and it is a taboo that disfigures our lives. <http://www.independent.co.uk/opinion/commentators/johann-hari/johann-hari-weve-forgotten-how-to-face-death-1639278.html>

## Doctors are ordered to take more notice of dying patients' last wishes

U.K. (SCOTLAND) | *Scotsman* – 3 March 2009 – The wishes of dying patients are to be given more weight under new guidance to be issued to doctors. In cases where patients demand that treatments such as artificial feeding and hydration are given to them until death, doctors will be told they should carefully consider the harm that might be caused by going against these wishes. But the guidance, produced by the General Medical Council, stops short of telling doctors they must always provide treatment requested by patients and their families in cases where continuing this kind of care could do more harm than good. The detailed advice, a consultation on which will start later this month, follows controversial cases where patients have challenged the medical profession in efforts to make sure they continue to get treatment even when they lose the capacity to express their wishes. <http://news.scotsman.com/health/Doctors-are-ordered-to-take.5030764.jp>

- U.K. | *The Times* – 6 March 2009 – **'Doctors who ignore last wishes may be struck off.'** Doctors who act contrary to the wishes of dying or comatose patients could be judged to be causing harm. [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article5854702.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article5854702.ece)

Of related interest:

- U.K. | *The Sentinel* – 9 March 2009 – **'Why was it so hard to allow mum to go home to die?'** Officials at the University Hospital of North Staffordshire are taking action after relatives of an 80-year-old woman claimed they hit a wall of obstacles when they asked to take their dying mother home. <http://www.thisisstaffordshire.co.uk/news/mum-allowed-home-die/article-755149-detail/article.html>
- Scroll down to [Journal Articles](#) and **'General Medical Council is to reconsider guidance on end of life care.'**

### Quotable Quotes

*So live that when the preacher has ended his remarks over your grave, those present will not think they have attended the wrong funeral.* Anon

## [Journal Articles \(In-print & On-line\)](#)

### **Assessing advance directives in the homebound elderly**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2009;26(1):13-17. The authors studied the prevalence of specific barriers that prevent indigent homebound older adults from obtaining advance directives and tested the effectiveness of clinical reminders for lowering the number of clients without advance directives. Case managers interviewed 1569 clients to determine whether they had an advance directive. All 530 clients without advance directives were contacted 3 months later to determine if advance directives had been obtained. Clients who still did not have advance directives were asked to list one or more reasons they did not have advance directives. About 57.8% of the barriers identified may reflect reluctance on the part of clients to address their own mortality. Reminders by the case managers were ineffective at lowering the number of homebound older adults without advance directives. Further studies are needed to identify and design strategies for convincing this population of homebound elderly to establish advance directives. <http://ajh.sagepub.com/cgi/content/abstract/26/1/13>

### **Imagine you are dying: Would you be interested in having a hospice palliative care volunteer?**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2009;26(1):47-51. A sample of 100 adults was asked to imagine that they had been recently diagnosed with a life-threatening illness. After reading about the services provided by hospice palliative care volunteers, they were asked whether they would choose to have a volunteer help them and to give a reason for their answer. 89% of participants indicated that they would use the help of a volunteer. The most commonly given reasons for utilizing a volunteer included for the general support they provide, help with practical things, and lack of family nearby; reasons given for declining the services of a volunteer included "I'm a private person" and "I don't need any help." Sixty-five participants knew that such a volunteer program was available. Of the 35 participants who did not, 31 (89%) expected their family doctor to tell them about it. The implications of these findings for volunteer program coordinators are discussed. <http://ajh.sagepub.com/cgi/content/abstract/26/1/47>

### **Washington completes final rules on physician-assisted suicide**

*AMERICAN MEDICAL NEWS* (American Medical Association) | Online report – 9 March 2009 – The Washington State Department of Health has finalized rules implementing Initiative 1000, the Death with Dignity Act. Voters approved the measure in November 2008, and the law took effect 5 March. The rules are virtually the same as Oregon's. The health department proposed the rules in January and got more than 200 comments. The final version consisted of "minor changes to clarify language and make technical corrections." The department did not grant American Medical News interview requests. <http://www.ama-assn.org/amednews/2009/03/09/prsc0309.htm>

### **Survey of (U.K.) doctors' opinions of the legalisation of physician assisted suicide**

*BMC MEDICAL ETHICS* | Online journal article – 5 March 2009 – The authors aimed to measure support for legalising physician assisted dying in a representative sample of senior doctors in England and Wales, and to assess any association between doctors' characteristics and level of support for a change in the law. They conducted a survey of consultants and general practitioners. Respondents' views were divided: 39% were in favour of a change to the law to allow assisted suicide, 49% opposed a change, and 12% neither agreed nor disagreed. Doctors who reported caring for the dying were less likely to support a change in the law. Religious belief was also associated with opposition. Gender, specialty and years in post had no significant effect. More senior doctors in England and Wales oppose any step towards the legalisation of assisted dying than support this. <http://www.biomedcentral.com/content/pdf/1472-6939-10-2.pdf>

## General Medical Council is to reconsider guidance on end of life care

*BRITISH MEDICAL JOURNAL* | Online report – 2 March 2009 – Comprehensive guidance for doctors on care at the end of life, including difficult decisions on when to provide, withhold, or withdraw life prolonging treatment, will go out for consultation from the General Medical Council (GMC). The consultation will be launched the w/o 23 March and will end in July. The new advice takes account of the Mental Capacity Act 2005; government strategies on end of life care in England and Scotland; GMC guidance in 2007 on consent; recent research; and a Court of Appeal judgment on a legal challenge to the GMC's 2002 'Withholding and Withdrawing Life-Prolonging Treatments.' [http://www.bmj.com/cgi/content/extract/338/mar02\\_1/b875](http://www.bmj.com/cgi/content/extract/338/mar02_1/b875)

## When cancer symptoms cannot be controlled: The role of palliative sedation

*CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE*, 2009;3(1):14-23. The authors present an overview of the main developments during the last decade, an exploration of the current debate regarding ethical dilemmas, the development of clinical guidelines, and the application of palliative sedation. Palliative sedation is mostly described in retrospective studies and the terminology "palliative sedation" is common in the majority of the studies. Life-shortening effects for palliative sedation are scarcely reported, although not absent. Palliative sedation has become more clearly positioned as a medical treatment, distinguished from active life shortening. <http://www.co-supportiveandpalliativecare.com/pt/re/spc/abstract.01263393-200903000-00004.htm;jsessionid=JnLRGLkH9vSpx41FGyQKry2J6ndQtGR4Dt2vWxpZyvQ3Slh58cp2!-1010963402!181195629!8091!-1>

- *THE JOURNAL OF PAIN*, 2009;10(3):231-342. '**Physical pain and emotional suffering: The case for palliative sedation.**' N.B. Link unavailable.

From Media Watch dated 01.05.09.

- *NEUROLOGY TODAY*, 2008;8(10)15:14-15. '**Sedation for the imminently dying: Neurologist views vary.**' Neurologists support sedation for the imminently dying more in theory than they do in their day-to-day practice, according to a survey of the American Academy of Neurologists Ethics Section. <http://www.neurotodayonline.com/pt/re/neurotoday/pdfhandler.00132985-200805150-00001.pdf;jsessionid=JnSFX5ZHjkydbwLg5vqs1mKfCyLSJxdBYwZzxvYGPdVhjkD662N!751744069!181195628!8091!-1>

From Media Watch dated 12.29.08.

- *HARVARD REVIEW OF PSYCHIATRY*, 2008,16(6):339-351. '**The use of palliative sedation for existential distress: A psychiatric perspective.**' Introduced is a structure for standardization in the ongoing debate about the application of palliative sedation for psychological and existential suffering at the end of life. <http://www.ncbi.nlm.nih.gov/pubmed/19085388?dopt=Abstract>

From Media Watch dated 12.01.08.

- *HASTINGS CENTER REPORT*, 2008;38(5):27-30. '**Pulling the sheet over our eyes.**' Terminal sedation, also known as palliative sedation, continuous deep sedation or primary deep continuous sedation, is an option in end-of-life care. <http://www.thehastingscenter.org/Pu>

### [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.

## The detection of depression in palliative care

*CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE*, 2009;3(1):55-60. This review assesses recent research on the detection of depression in palliative care and recommends ... evidence-based guidelines ... to help standardise practice and improve patient outcomes.

<http://www.co-supportiveandpalliativecare.com/pt/re/spc/abstract.01263393-200903000-00010.htm;jsessionid=JnVXf2wCvr8QwnwbgMK6S1T2Pyc5RXHHTLGM21Yy2L6ZJp1FM43V!-1010963402!181195629!8091!-1>

From Media Watch dated 02.09.09.

- *ASSESSMENT*, 2009;16(1):43-54. **'Measuring depression at the end of life.'** This study investigated the reliability and validity of ... the Hamilton Depression Rating Scale. <http://asm.sagepub.com/cgi/content/abstract/16/1/43>

## Potential burdens of low-tech interventions near the end of life

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;37(3):429-432. A case is presented of a 77-year-old man with end-stage pulmonary fibrosis who developed dependence on high flow oxygen, a technology unavailable in his community outside the hospital setting. Medical staff struggled with the appropriateness of discontinuing the oxygen because it was not the face mask that the patient found burdensome, rather the setting in which the treatment was provided. The case is discussed from the perspective of clinical ethics, organizational ethics, and the law.

[http://www.jpmsjournal.com/article/S0885-3924\(09\)00004-9/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)00004-9/abstract)

## The culture of research in palliative care: 'You Probably Think This Song Is About You'

*JOURNAL OF PALLIATIVE MEDICINE*, 2009;12(3):215-217 (Editorial). "But is it right?" If my memory can be trusted, the question came after a presentation by Eduardo Bruera on the importance of research in palliative care. The nurse asking this question ... did so, not in a way that felt dismissive or punitive, but rather, with a sense of genuine caring and concern. After all, people approaching death have limited time and energy; did we really want to be asking them, indeed, was it right to be asking them to expend effort in answering our research questions? Many have argued that the terminally ill are vulnerable and ought to be protected from enrollment in research studies given they are unlikely to realize any advantage in return for their loss of time and energy. I clearly remember Dr. Bruera's response. In essence, he asked if the *status quo* was worth defending. In other words, were we convinced that the quality of care, the efficacy of treatment and the completeness of knowledge underpinning palliative care were beyond reproach or the possibility of improvement? If so, there was neither justification nor cause to proceed. On the other hand, if care for the dying is less than optimal ... how can we morally justify not doing palliative care research? <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9662>

Of related interest

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;37(3):373-386. **'A framework for generalizability in palliative care.'** This article provides a suggested framework for classifying palliative care research sub-populations and the clinical sub-populations to which the research findings are being applied to improve the ability of clinicians, health planners, and funders to interpret and apply palliative care research in real-world settings. [http://www.jpmsjournal.com/article/S0885-3924\(08\)00438-7/abstract](http://www.jpmsjournal.com/article/S0885-3924(08)00438-7/abstract)
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;37(3):387-394. **'Challenges to and lessons learned from conducting palliative care research.'** In response to a 2005 solicitation from the U.S. National Institutes of Health, 16 investigators received funding to test interventions that would reduce the barriers that prevent cancer patients from receiving adequate and appropriate symptom management therapies. [http://www.jpmsjournal.com/article/S0885-3924\(08\)00382-5/abstract](http://www.jpmsjournal.com/article/S0885-3924(08)00382-5/abstract)

## Issues in end-of-life care

### **The question of futility and Roger C. Bone**

*MEDICINE, HEALTHCARE & PHILOSOPHY* | Online journal article – 4 March 2009 – Medical futility, one of the most debated end-of-life issues in medical ethics, has been discussed among physicians and scholars for years but remained an unresolved question. Roger C. Bone (1941-1997), an outstanding pulmonologist and critical care specialist, devoted his last years to ethical issues of terminal care, while facing himself metastatic renal cancer. Criticising the abuse of technology in terminal care and the administrative and financial interference on medical decisions, he bequeathed important points on futility, bringing also patients' views into attention. Bone stressed the importance of physician-patient relationship and prompted physicians to remain honest with their patients and stand with them till their very last moments. His insight of futility, terminal care and physician-patient relationship remains an important legacy for health care professionals and for families and patients facing end-of-life issues.

[http://www.ncbi.nlm.nih.gov/pubmed/19259787?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19259787?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

## The geography of clinical assessment

### **Care of an unresponsive patient with a poor prognosis – polling results**

*NEW ENGLAND JOURNAL OF MEDICINE*, 2009;360(10):e15. In late January, the journal presented the case of an unresponsive, 56-year-old homeless patient who had a ruptured aneurysm, a high probability of cancer, and a best prognosis of severe disability that would leave him dependent on care by others in Clinical Decisions, an interactive feature designed to assess how journal readers would manage a clinical problem for which there may be more than one appropriate solution. The response was notably international, with readers from more than 120 countries casting votes. The votes were not evenly divided among the three care options: 1) to continue aggressive care and pursue an ethics consultation with the patient's surrogate; 2) to write a do-not-resuscitate order and transfer the patient to a skilled-nursing facility (the first two options each received about 25% of the votes); and, 3) withdraw life support on the basis of substituted judgment (which received the most votes – 49%). Although this was certainly not a scientific survey, the authors found marked geographic variation among these responses. The option to withdraw life support was the least commonly chosen by respondents from Asia (24%) and South America (34%) and the most commonly chosen in Australia and Oceania (68%) as well as North America, Europe, and Africa (53% of the respondents on those continents combined). <http://content.nejm.org/cgi/content/full/360/10/e15>

### **Hastened death may bring relief to families, stress to caregivers**

*ONCOLOGY NURSING NEWS* | Online article – 3 March 2009 – Patient and family requests for hastened death usually reflect unmet needs rather than a desire to control the circumstances of death. These often relate to a desire for increased communication with care providers, better symptom control, or acknowledgment of emotional distress or crisis. Clinician responses run the gamut ... in some cases ... exacerbate unmet needs (and) profoundly affect healthcare providers. <http://www.oncologynursingnews.com/Hastened-Death-May-Bring-Relief-to-Families-Stress-to-Caregivers/article/128214/>

From the archives:

- *PALLIATIVE MEDICINE*, 2006;20(7):693-701. **'Desire for hastened death in patients with advanced disease and the evidence base of clinical guidelines: a systematic review.'** To advance understanding of the complex issue of desire for hastened death ... research should focus on studies with patients who have actually made a desire to die statement and the development of guidelines (for) health professionals. <http://pmj.sagepub.com/cgi/content/abstract/20/7/693>

## Palliative care in ICU

### "Unnatural Environment" provides good care and challenges

*ONCOLOGY NURSING NEWS* | Online article – 2 March 2009 – In contrast to most patient care areas in a hospital, the Intensive Care Unit (ICU) has benefited little from the growth of programs in palliative care, psychosocial programs, and supportive care services for patients and hospitals. <http://www.oncologynursingnews.com/Unnatural-Environment-Provides-Good-Care-and-Challenges/article/128119/>

From Media Watch dated 01.26.08.

- *CHEST*, 2009;135(1):26-32. **'Implementation of ICU palliative care guidelines and procedures.'** Ethical conflicts are commonly encountered in the course of delivering end-of-life care in the intensive care unit (ICU). <http://www.chestjournal.org/content/135/1/26.abstract>

From Media Watch dated 01.19.09.

- *ARCHIVES OF INTERNAL MEDICINE*, 2009;169(1):81-86. **'Continuity of care and intensive care unit use at the end of life.'** There is increasing concern about discontinuity of care across transitions (e.g., from home to the hospital) and how it might affect appropriate medical management. <http://archinte.amaassn.org/cgi/content/short/169/1/81>

### Multiple sources: mapping the literature of palliative care

*PALLIATIVE MEDICINE* | Online journal article – 6 March 2009 – Palliative care is an increasingly important area of clinical practice and health service delivery. The heterogeneity of the patient population and the multidisciplinary nature of care draw on knowledge from many fields of clinical practice and academic enquiry. This has implications for the retrieval of evidence and literature and the spread of new knowledge in palliative care. This study shows that ... bibliographic databases hold sizeable repositories of palliative care articles not indexed on Medline. It also highlights the number and range of journals publishing palliative care content. These findings show the challenges for palliative care professionals in managing the complex evidence base for this diverse field of care and the importance of mechanisms that facilitate the identification of palliative care information. <http://pmj.sagepub.com/cgi/content/abstract/0269216309102727v1>

### Access to painkilling drugs "is a human right"

*PHARMA TIMES* | Online report – 3 March 2009 – International drug control conventions and human rights treaties oblige nations to ensure that narcotic drugs are available for pain treatment. However, many countries do not recognize palliative care and pain treatment as priorities in health care, have no relevant policies, have never assessed the need for pain treatment or examined how well that need is met, and have not examined the barriers to such treatment. Moreover, the narcotic drug control regulations or enforcement practices of many nations impose unnecessary restrictions that limit access to opioid pain relievers including morphine. They create excessively burdensome procedures for procurement, safekeeping and prescription of these medications, and sometimes discourage health care workers from prescribing narcotic drugs for fear of law enforcement scrutiny. <http://www.pharmatimes.com/WorldNews/article.aspx?id=15414>

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## **Clinician-patient communication: a systematic review**

*SUPPORTIVE CARE IN CANCER* | Online journal article – 4 March 2009 – Guidelines consistently identified open, honest, and timely communication as important; specifically, there was evidence for a reduction in anxiety when discussions of life expectancy and prognosis were included in consultations. Techniques to increase patient participation in decision-making were associated with greater satisfaction, but did not necessarily decrease distress. Few studies took cultural and religious diversity into account. There is little definitive evidence supporting the superiority of one specific method for communicating information compared to another. Evidence regarding the benefit of decision aids or other strategies to facilitate better communication is inconsistent. Since patients vary in their communication preferences and desire for active participation in decision making, there is a need to individualize communication style.  
[http://www.ncbi.nlm.nih.gov/pubmed/19259706?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19259706?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

## **Worth Repeating**

### **And then the dog died**

*DEATH STUDIES*, 2006;30(1):61-76. Childhood grief and mourning of family and friends may have immediate and long-lasting consequences including depression, anxiety, social withdrawal, behavioral disturbances, and school underachievement. Childhood pet bereavement is no less important, because the pet is often considered a member of the family by the child. However, society does not always acknowledge the significance of pet bereavement, which can result in unresolved grief. This article ... addresses childhood pet bereavement in the context of multiple prior losses. A case study mirrors both old and new findings in grief research and therapy: (a) beneficial response to emotional expression of grief in context of search for meaning; (b) beneficial response to cognitive approach toward grief with ability to prevent development of complicated grief even in the face of multiple losses; (c) beneficial effects associated with supportive family and with positive self-concept; (d) intensity of grief magnified by the child's degree of attachment to the pet, the suddenness of the pet's death, the multiple prior losses, and the role of the pet in the child's life; and (e) resiliency. It further emphasizes the need for parents not to trivialize death of pets, to appreciate the role pets have in children's lives, and to assist the child in multiple approaches toward expression (be it verbal, written, or artistic). Finally, this case study reinforces the ability of the child to assist in family bereavement and to serve as teacher.  
<http://www.ingentaconnect.com/content/rooutledg/udst/2006/00000030/00000001/art00004>

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