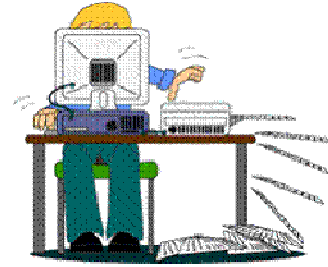


Media Watch

...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.

16 March Edition | Issue #88



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Towards the end of life: Scroll down to [U.S.A.](#) and 'When patients feel abandoned by their doctors.'

Canada

End of life decisions

Hospital sued for keeping infant alive

NATIONAL POST | Online report – 14 March 2009 – A Quebec couple has launched a \$3.5-million lawsuit against Montreal Children's Hospital for putting their severely disabled infant daughter back on life support without seeking their consent. <http://www.nationalpost.com/most-popular/story.html?id=1387994>

A community perspective

Need for hospice keeps growing

ONTARIO | My Kawartha.com – 9 March 2009 – The need for palliative care is increasing as the population ages, according to the executive director of Durham Hospice. Kirsten Schmidt-Chamberlain said that in Brock Township alone, 130 people die each year and, of that number, 75 die "a palliative death." "With an estimated five people impacted by one death, at least 650 people are grieving (each year)," she recently told the local town council. And, those numbers are likely to go up. Ms. Schmidt-Chamberlain noted that roughly 1,500 people in Brock Township are over the age of 70 ... and, by 2020, the death rate locally will rise by an estimated 40%. <http://www.mykawartha.com/news/article/37679>

Would you support making assisted suicide a choice available to terminally ill patients?

GLOBE & MAIL
Online poll

(Accessed 16 March 2009)

Yes: 55% (11,105) votes

No: 45% (8,954) votes

http://www.theglobeandmail.com/servlet/Page/document/v5/content/poll/pollResultHub?id=126615&pollid=126615&answerid=&poll=GAMFront&save=save&how_vote_always=no&hub=Front&subhub=VoteResu

|

U.S.A.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- PENNSYLVANIA | *The Morning Call* – 14 March 2009 – **'Pennsylvania assisted suicide bill is still alive – for now.'** Without formally evaluating it, the powerful Pennsylvania Medical Society is making noises against the bill.¹ http://www.mcall.com/news/nationworld/state/all-a6_5death.6817195mar14,0,2060445.story
- NEXT GENERATION NEWSWIRE | Online press release – 13 March 2009 – **'New Terri Schiavo documentary reveals facts overlooked by mainstream media.'** In 'The Terri Schiavo Story' previously unexplored facts of the case are revealed through in-depth interviews with participants on both sides of the issue. <http://www.pressrelease365.com/pr/culture/american/new-terri-schiavo-documentary-3261.htm>
- MARYLAND | *Baltimore Sun* – 10 March 2009 – **'Wrong solution.'** Society must do more to offer compassionate care. <http://www.baltimoresun.com/news/opinion/oped/bal-op.dying10mar10,0,5359224.story>

When patients feel abandoned by doctors

NEW YORK | *New York Times* (Editorial) – 12 March 2009 – During my surgical training, I was taught never to abandon a patient, no matter how difficult the operation or how complex the clinical course. As one senior surgeon put it, "Once you lay your hands on a patient, that patient is yours." At the time, I embraced the idea of sticking with my patients and believed it was the fundamental value of my chosen field. Since then, however, I have learned two things. First, that every physician, no matter his or her specialty, is taught the same thing. And second, that despite our long-held belief that doctors should never abandon their patients, many of us have already done so. <http://www.nytimes.com/2009/03/12/health/12chen.html?pagewanted=1&r=1&em>

Cited by the author:

- ARCHIVES OF INTERNAL MEDICINE, 2009;169(5):474-479. **'Abandonment at the end of life from patient, caregiver, nurse and physician perspectives.'** N.B. Scroll down to [Journal Articles](#) for an abstract of journal article and link to the full text.

Doctors who deliver bad news should do it better

CALIFORNIA | *Los Angeles Times* – 9 March 2009 – Many patients are unhappy with the way bad news is broken to them by their doctors. Patients often leave these conversations devastated by what they've heard and by the seemingly callous way the information has been presented. Doctors' ineptness is understandable – to a degree. They are not heartless or unfeeling (most of them anyway), but rather doing the best they can in extremely difficult situations. They are focusing so intently on the problem at hand that they ignore the emotions that go along with it. <http://www.latimes.com/features/health/la-he-themd9-2009mar09,3,6376623.story>

From Media Watch dated 10.27.08.

- NEW YORK | *Buffalo News* – 21 October 2008 – **'Doctors seek ways to share bad news with compassion.'** Empathy may be a quality that a person is or isn't born with ... but, good communication skills can be taught. <http://www.buffalonews.com/home/story/469502.html>

From Media Watch dated 10.06.08.

- NEW YORK | *New York Times* – 30 September 2008 – **'The dance before the diagnosis.'** The diagnosis was in their body language. <http://www.nytimes.com/2008/09/30/health/views/30chen.html>

Discussing end-of-life care lowers cost: U.S. study

ILLINOIS | Reuters – 9 March 2009 – Terminally ill patients who talk over end-of-life treatments with their doctors spend less money and do not die any sooner but die more peacefully than those receiving aggressive care. Patients who have the discussion tend to opt for cheaper palliative care in a hospice or at home rather than costly treatments like emergency resuscitation, ventilators to breathe for them and movement to a hospital's intensive care unit. The goal of palliative care is to relieve suffering rather than to halt progression or cure the disease. If half of the estimated 566,000 American adult cancer patients who died in 2008 had the end-of-life discussion, the projected savings would conservatively be \$77 million, according to a report published in the *Archives of Internal Medicine*.¹ U.S. policymakers are hoping to find ways to rein in soaring healthcare costs, and researchers said end-of-life care merits a close look.
<http://www.reuters.com/article/latestCrisis/idUSN06415881>

1. *ARCHIVES OF INTERNAL MEDICINE*, 2009;169(5):480-488. **'Health care costs in the last week of life: Associations with end-of-life conversations.'** N.B. Scroll down to [Journal Articles](#) for an abstract of journal article.

Quality of health care information and research

Plagiarists beware – cybersleuths are on the case

TEXAS | *Globe & Mail* (Canada) – 6 March 2009 – Scientific fraud appears to be more common in medical research than previously thought, according to a recent report.¹ Researchers at the University of Texas Southwestern Medical Center developed eTBLAST, a computer program that can scan medical databases for cases of plagiarism. A random search of Medline, one of the largest online sources of medical research, found 9,000 duplicate articles with different authors.
<http://www.theglobeandmail.com/servlet/story/RTGAM.20090306.widoses06/BNStory/specialScienceandHealth/home>

1. *SCIENCE*, 2009;323(5919):1293-1294. **'Responding to possible plagiarism.'**
<http://www.sciencemag.org/cgi/content/summary/323/5919/1293>

Of related interest:

- ASSOCIATION OF HEALTH CARE JOURNALISTS (AHCJ) | Online report – 11 March 2009 – **'Survey shows 'battered' health journalists press on.'** Health care journalists cited newsroom cutbacks, lack of time for research and travel, and fewer opportunities for training at their news organization as factors making their jobs more challenging than ever, according to a survey by the AHCJ and the Kaiser Family Foundation. <http://www.healthjournalism.org/resources-articles-details.php?id=94>

Idaho Senate OKs limits on treatment for the disabled

IDAHO | *Idaho Statesman* – 4 March 2009 – A 34-0 vote approves a bill to allow medical treatment to be withheld from developmentally disabled people, if continuing would be futile or inhumane. The measure ... would let doctors or family members ask a hospital ethics committee to weigh in on the appropriateness of continuing treatment, including life sustaining treatment.
<http://www.idahostatesman.com/idahopolitics/story/686278.html>

[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.

International

Assisted (or facilitated) death

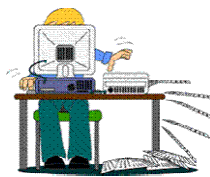
Representative sample of recent news media coverage:

- IRELAND | *Irish Times* – 16 March 2009 – '**Hospice group asked to back doctor-assisted suicide.**' The Irish Hospice Foundation asked to support "legal doctor-assisted suicide."
<http://www.irishtimes.com/newspaper/ireland/2009/03/16/1224242905333.html>
- U.K. | *Press & Journal* – 16 March 2009 – '**Debate on need to modernise suicide law wins backing.**' Two ... MPs have backed a Commons bid for a full-scale debate on the need to modernise Britain's suicide law. <http://www.pressandjournal.co.uk/Article.aspx/1123350?UserKey=>
- U.K. | This is Bath – 12 March 2009 – '**100 MPs in euthanasia law change bid.**' One hundred MPs have signed a Parliamentary motion calling for a debate on assisted suicides.
<http://www.thisisbath.co.uk/news/100-MPs-euthanasia-law-change-bid/article-766820-detail/article.html>
- POLAND | Polskie Radio – 11 March 2009 – '**Head of Polish Bishops Conference for debate on euthanasia.**' Archbishop Jozef Michalik, head of the Bishops Conference of the Polish Episcopate, said a public debate on euthanasia could be an opportunity to express support for a pro-life policy.
http://www.polskieradio.pl/zagranica/news/artukul104056_Head_of_Polish_Bishops_Conference_for_debate_on_euthanasia.html
- THE NETHERLANDS | Reuters (U.S.) – 9 March 2009 – '**Palliative sedation cuts patient requests for euthanasia.**' A poll of physicians indicates patient involvement in decisions regarding palliative sedation at the end of life has increased with fewer patients requesting euthanasia.
http://www.curetoday.com/index.cfm/fuseaction/news.showNewsArticle/id/13/news_id/844

N.B. Scroll down to [Journal Articles](#) and '**Changed patterns in Dutch palliative sedation.**'

End-of-life care set to improve

U.K. (Scotland) | *Press & Journal* – 15 March 2009 – Care for terminally ill patients in Tayside is set to improve after the introduction of new initiatives across the region. National Health Services Tayside's board approved an End of Life Strategy in January 2007. Since then it has been developing its strategy at a regional level and incorporating the Scottish Government's national Dying Well action plan, launched in October 2008. As part of that development a number of initiatives have been introduced across Tayside to raise the standard of end of life care. These include improving access to out-of-hours medication, education and training of healthcare staff. It also offers respite services for carers and has introduced a pilot scheme for a dedicated care ambulance. In January this year, an acute symptom management centre was opened at Ninewells Hospital in Dundee and a Macmillan centre will open at Perth Royal Infirmary later this year. <http://www.pressandjournal.co.uk/Article.aspx/1121601?UserKey>



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.

Improving palliative care

AUSTRALIA | Australian Ageing Agenda – 11 March 2009 – Palliative Care Australia (PCA) has launched a national program to help services providing specialist care to people at the end of life. The National Standards Assessment Program is designed to help palliative care providers adhere to a set of national standards. The program builds on the views and opinions of patients, their families and carers of palliative care. A pilot of the program involving a fifth of Australia's palliative care services identified room for improvement in communication with families, advanced care planning, and managing home deaths. Over 90% of providers involved in the pilot reported that they were successful in providing continuity of care, referrals, safety and culturally appropriate care to their clients. The program will be rolled out to 147 palliative care services across the country. <http://www.australianageingagenda.com.au/2009/03/11/article/LSXDTLEWQI.html>

Of related interest:

- AUSTRALIA | Catholic News Agency – 10 March 2009 – **'Catholic Health Australia joins forces with Palliative Care Australia.'** Australia's biggest non-government group of health and aged care providers has joined forces with a national palliative care organisation to advance end of life care in Australia. <http://www.cathnews.com/article.aspx?aeid=12261>
- AUSTRALIA | Australian Ageing Agenda – 10 March 2009 – **'Recommendation (on advance care planning) dangerous and premature.'** Palliative Care Australia is concerned because a National Health & Hospital Reform Commission report proposes that funding be made available for the national implementation of the Respecting Patient Choices program for advanced care planning. <http://www.australianageingagenda.com.au/2009/10/03/article/UWEQXYNBXX.html>

Forum on End of Life in Ireland

Freedom from treatable pain is a fundamental human right

IRELAND | Irish Hospice Foundation Press release – 11 March 2009 – Freedom from treatable pain is fundamental to health care and a fundamental human right, it was stated at the inaugural session of the Forum on End of Life in Ireland in Dublin. Delivering the keynote address, Dr Maurice Manning, stated: "Death itself is inevitable but injustice, poverty and poor end-of-life care need not be." The Forum is a unique year-long national conversation with the public on end-of-life issues. It will engage all sectors of society in the development of a vision of how modern Ireland can address the challenges of dying, death and bereavement. http://www.hospice-foundation.ie/index.php?option=com_content&task=view&id=396&Itemid=11

- IRELAND | *Irish Times* – 12 March 2009 – **'Welfare 'barriers' for dying criticised.'** Charles Normand, professor of health policy at Trinity College Dublin, told the inaugural session of the Forum on End of Life in Ireland that while grants and allowances are often needed by a person who is dying or by a bereaved person left behind, almost no one can navigate the system to obtain them. <http://www.irishtimes.com/newspaper/ireland/2009/0312/1224242740353.html>

Of related interest:

- U.K. | *The Observer* – 14 March 2009 – **'Thousands 'left in pain' due to shortage of specialist clinics.'** Thousands of Britons are enduring unnecessary pain because of a lack of specialist clinics to ease their suffering, the government's chief medical officer will warn this week in his annual report. <http://www.guardian.co.uk/politics/2009/mar/15/specialist-clinic-government-health-policy>

Quotable Quotes

Education's purpose is to replace an empty mind with an open one.
Malcolm S. Forbes (1919-1990)

The greenest way to go to the grave

U.K. | *The Guardian* – 11 March 2009 – Ecoffin, the manufacturer of eco-friendly coffins, stresses their environmental credentials: the bamboo is harvested from sustainable, licensed plantations, and is not the species eaten by pandas; its Chinese factory is certified Fairtrade. The company's sales are up 30% year on year, reflecting a growing awareness that traditional coffins are an eco-disaster: if not made from hardwood they often contain chipboard, which can release glues and other pollutants, as well as metal handles, nuts, bolts and a plastic liner that will not easily degrade or burn. <http://www.guardian.co.uk/environment/2009/mar/11/ethical-living-coffins>

- U.K. | *Times* – 14 March 2009 – **'Funerals that put eco minds at rest.'** The green-funeral business – including everything from biodegradable coffins and eco-undertakers to woodland burial grounds – has expanded 25-30%, year on year, in the past decade and now represents a £1 billion-plus sector. <http://www.timesonline.co.uk/tol/news/environment/article5907947.ece>
- U.K. (SCOTLAND) | *Evening News* – 11 March 2009 – **'Rise in demand for 'green' bamboo and willow coffins.'** Funeral directors in Edinburgh are reporting a huge increase in the number of people requesting eco-coffins, made from non-traditional materials such as woven bamboo and willow. <http://edinburghnews.scotsman.com/topstories/Rise-in-demand-for-39green39.5058963.jp>

Journal Articles (In-print & On-line)

Tele-health technology

At-home palliative care for veterans enhances medication compliance and connections with families and providers, while also lowering costs

(U.S.) AGENCY FOR HEALTHCARE RESEARCH & QUALITY | Online report – 13 February 2009 – The Advanced Illness Palliative Care Program is ... (an) initiative led by a multidisciplinary team that provides care management and palliative care services to chronically or terminally ill patients in their home through use of tele-health technology. During the 2-year pilot study, 98% of participants reported being compliant with their medications, and 92% felt more connected to their providers and loved ones, whereas overall health care expenditures for program participants fell by 68%. <http://www.innovations.ahrq.gov/content.aspx?id=1850>

National guideline

Changed patterns in Dutch palliative sedation

ARCHIVES OF INTERNAL MEDICINE, 2009;169(5):430-437. Continuous sedation, contrary to euthanasia, has been increasingly accepted among medical professionals worldwide. In The Netherlands, a national guideline has been developed to contribute to the quality of palliative sedation practice. After the introduction of the guideline, physicians reported that changes in palliative sedation practice conform to the recommendations of this guideline. For example, benzodiazepines were used for sedation more frequently than before and patient involvement in the decision-making process improved. Possible effects of dehydration and the large variation in symptom-directed treatment during sedation deserve careful attention. <http://archinte.ama-assn.org/cgi/content/short/169/5/430>

As reported in the lay press:

- U.S. | Reuters – 9 March 2009 – **'Palliative sedation cuts patient requests for euthanasia.'** A poll of physicians in The Netherlands indicates that patient involvement in decisions regarding ... palliative sedation at the end of life has increased ... with fewer patients requesting euthanasia. http://www.curetoday.com/index.cfm/fuseaction/news.showNewsArticle/id/13/news_id/844

Abandonment at the end of life from patient, caregiver, nurse and physician perspectives

ARCHIVES OF INTERNAL MEDICINE, 2009;169(5):474-479. Patients and family members sometimes feel abandoned by their physicians at the transition to end-of-life care. The authors' study identified two themes: before death, abandonment worries related to loss of continuity between patient and physician; at the time of death or after, feelings of abandonment resulted from lack of closure for patients and families. Physicians reported lack of closure, but did not discuss this as abandonment. <http://archinte.ama-assn.org/cgi/content/abstract/169/5/474>

As reported in the lay press:

- U.S. | *Los Angeles Times* – 9 March 2009 – **'Terminally ill patients feel abandoned by doctors.'** Once a patient becomes terminally ill, relationships between patients, their caregivers and their primary doctors may become frustrating and uneasy for everyone, according to a new study. http://latimesblogs.latimes.com/booster_shots/2009/03/terminally-ill.html

Higher costs associated with worse quality of death

Health care costs in the last week of life: Associations with end-of-life conversations

ARCHIVES OF INTERNAL MEDICINE, 2009;169(5):480-488. Life-sustaining medical care of patients with advanced cancer at the end of life is costly. Patients with advanced cancer who reported having end of life conversations with physicians had significantly lower health care costs in their final week of life ... (and) higher costs were associated with worse quality of death. <http://archinte.ama-assn.org/cgi/content/abstract/169/5/480>

As reported in the lay press:

- U.S. | Reuters – 9 March 2009 – **'Discussing end-of-life care lowers cost-U.S. study.'** Terminally ill patients who talk over end-of-life treatments with their doctors spend less money and do not die any sooner but die more peacefully than those receiving aggressive care, according to a new study. <http://www.reuters.com/article/latestCrisis/idUSN06415881>

Of related interest:

- *ARCHIVES OF INTERNAL MEDICINE*, 2009;169(5):493-501. **'Racial and ethnic differences in end-of-life costs.'** Racial and ethnic minorities generally receive fewer medical interventions than whites, but racial and ethnic patterns in Medicare expenditures and interventions may be quite different at life's end. <http://archinte.ama-assn.org/cgi/content/abstract/169/5/493>

Oregonians' reasons for requesting physician aid in dying

ARCHIVES OF INTERNAL MEDICINE, 2009;169(5):489-492. Fifty-six Oregonians who either requested physician aid in dying (PAD) or contacted a PAD advocacy organization completed a survey. At the time they express initial interest in PAD, Oregonians are motivated by worries about future physical discomfort, and losses of autonomy and function. The authors recommend that when confronted with a request for PAD, health care providers should first work to bolster the patient's sense of control, and to educate and reassure the patient regarding management of future symptoms. <http://archinte.ama-assn.org/cgi/content/abstract/169/5/489>

As reported in the lay press:

- U.S. | *U.S. News & World Report* – 11 March 2009 – **'Fear of pain drives requests for assisted death.'** Concern about future suffering is the leading reason why terminally ill patients ask for physician-assisted death under Oregon's Death with Dignity Act, according to an Oregon Health & Science University study. <http://health.usnews.com/articles/health/healthday/2009/03/11/fear-of-pain-drives-requests-for-assisted-death.html>

Palliative care in bone marrow transplantation

BONE MARROW TRANSPLANTATION, 2009;43(4):265-73. The field of high-dose therapy and stem cell transplantation has made many advances and success rates have been increasing as newer therapies emerge and improvements in supportive care improve patient survival and cure rates. There still remains a mortality risk for high-dose therapy and the need for palliative care becomes more apparent as the focus also incorporates quality of life in all facets of cancer treatment and care. The authors report on the lack of literature on palliative care in bone marrow transplantation and explore areas of future research in integration of these two fields of medicine. http://www.ncbi.nlm.nih.gov/pubmed/19151797?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Can't we get this over with?

An approach to assessing the patient who requests hastened death

CANADIAN FAMILY PHYSICIAN, 2009;55(3):260-261. Requests for hastened death or physician-assisted suicide are very troubling and emotionally challenging for physicians. It is often tempting to give the quick answer "I can't do that for you because it is illegal" and change the subject. The request for hastened death is a topic that typically upsets patients' families and friends; it makes them fearful and they avoid discussing it. However, entering into discussion with patients can lead to better understanding of their situations and often the prevention of suffering. An occasional request to die or an expression of the readiness to die can be quite common in those with advanced illness and will fluctuate over time. A persisting desire for assisted death is relatively uncommon, and although 10% to 20% of patients might consider it, a smaller number will actually pursue it with their doctors. <http://www.cfp.ca/cgi/reprint/55/3/260>

From Media Watch dated 03.09.09.

- *ONCOLOGY NURSING NEWS* | Online article – 3 March 2009 – '**Hastened death may bring relief to families, stress to caregivers.**' Patient and family requests for hastened death usually reflect unmet needs rather than a desire to control the circumstances of death. <http://www.oncologynursingnews.com/Hastened-Death-May-Bring-Relief-to-Families-Stress-to-Caregivers/article/128214/>

Palliative care in the elderly breast cancer patient

CLINICAL ONCOLOGY, 2009;21(2):131-139. Breast cancer is most common in the elderly and their needs are distinctly different from their younger counterparts. Palliative and supportive care is an integral component of the management of the elderly breast cancer patient. Common problems include pain, cognitive impairment, depression, lymphoedema and ulcerating disease. End of life care and dignity therapy are also of great importance. Elderly patients with breast cancer are a unique cohort whose nuances with regard to palliative care issues rightly deserve special consideration. [http://www.clinicaloncologyonline.net/article/S0936-6555\(08\)00453-6/abstract](http://www.clinicaloncologyonline.net/article/S0936-6555(08)00453-6/abstract)

Development of an interactive computer program for advance care planning

HEALTH EXPECTATIONS, 2009;12(1):60-9. The authors developed a multimedia, computer-based decision aid for advance care planning ('Making Your Wishes Known: Planning Your Medical Future') to overcome many of the limitations of standard advance directive forms. This computer program guides individuals through the process of advance care planning, and unlike standard advance directives, provides tailored education, values clarification exercises, and a decision-making tool that translates an individual's values and preferences into a specific medical plan that can be implemented by a health-care team. Preliminary testing suggests that it is acceptable to users and is accurate. <http://www.ncbi.nlm.nih.gov/pubmed/18823445>

Fatigue: The most common problem your patient has, that you aren't asking about

HEMONC TODAY | Online column – 10 March 2009 – For patients with advanced cancer, palliative care patients and pediatric patients with advanced cancer, fatigue is one of the most prevalent and distressing symptoms they experience. It is the most common adverse effect of chemotherapy and radiation therapy. For cancer survivors, fatigue can continue to be a problem months or years after cancer treatment is completed. Fatigue is frequently multi-factorial and affects not only the physical, but the psychological domains. Most patients do not broach the topic with their physician because they assume it is normal. Most clinicians do not ask about it because they do not realize the prevalence of the symptom and the distress it causes. Because of the profound negative impact it has on a patient's life, addressing fatigue is a crucial component of effective palliative care. <http://www.hemonctoday.com/article.aspx?rid=37691>

Palliative care for Latino patients and their families

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;301(10):1047-1057. Latinos account for 15% of the U.S. population, a proportion projected to grow to 30% by the year 2050. Although there is tremendous diversity within this community, commonalities of language, beliefs, attitudes, and behaviors unite Latinos, making them more similar than different. Differences by national origin, although important, are attenuated when immigrants come to the U.S., dominated by an English-language, Anglo-centric culture. For non-Latino and non-Spanish-speaking clinicians, communication barriers and cultural misunderstandings can impede the care of dying Latino patients and their families. The authors present the case of a young, pregnant, Spanish-speaking woman from Central America diagnosed with a fatal leukemia. As illustrated by this case, Latino immigrants face a number of external challenges to optimal end-of-life care: 1) geographic distance as well as political and economic realities often separate patients from their valued families; 2) undocumented immigrants are frequently uninsured and fear of deportation may create a barrier to accessing health services; 3) language and literacy barriers; and, 4) concerns about discrimination. Other Latino issues that may be more pronounced in end-of-life settings include cultural themes and religious and spiritual influences. The authors recommend that professional interpreters must be used for discussions about goals of care with Spanish-speaking patients and families or when negotiating conflict between the patient, family, and the health care team. Concrete suggestions are provided for clinicians in working with interpreters, eliciting culturally based attitudes and beliefs, and implementing universal strategies for clear health communication. <http://jama.ama-assn.org/cgi/content/short/301/10/1047>

Hospitalizations at the end of life among long-term care residents

JOURNAL OF GERONTOLOGY | Online journal article – 4 February 2009 – Concerns have been raised over transfers into acute care hospitals at the end of life. The objective of this study was to examine the extent of – and factors related to – hospitalization in the last 180 days before death among long-term care (LTC) residents. The study included all LTC residents from 60 facilities in the province of Manitoba, Canada, who died in 2003-2004, with data derived from administrative health care records. Overall, 19.1% of LTC residents died in hospital; however, 40.7% were hospitalized at least once in the last six months before death. Several resident characteristics – age, trajectory group, and level of care – were related to the outcome measures. Living in a not-for-profit LTC facility decreased the odds of dying in hospital or being hospitalized. <http://biomedgerontology.oxfordjournals.org/cgi/reprint/gln034v1>

Of related interest:

- *JOURNAL OF THE AMERICAN MEDICAL DIRECTORS ASSOCIATION*, 2009;10(3):B7. **'Differences in end-of-life care in rural vs. urban nursing homes.'** [http://www.jamda.com/article/S1525-8610\(08\)00441-6/abstract](http://www.jamda.com/article/S1525-8610(08)00441-6/abstract)

Literature review

Compassion fatigue

JOURNAL OF HEALTH PSYCHOLOGY, 2009;14(2):267-277. Fifty-seven studies were reviewed to identify the prevalence of compassion fatigue among cancer-care providers, instruments used to detect it, and means of prevention and treatment. Conclusions were limited by an ambiguous definition of compassion fatigue that fails to adequately differentiate it from related constructs, e.g., burnout, secondary traumatic stress, and the modest number of cancer-related studies found. However, evidence suggests that compassion fatigue takes a toll not only on cancer-care providers but also on the workplace. These findings highlight the need to understand more clearly the link between the empathic sensitivity of healthcare professionals and their vulnerability to compassion fatigue. <http://hpq.sagepub.com/cgi/content/abstract/14/2/267>

Palliative stage Parkinson's disease: Patient and family experiences of health-care services

PALLIATIVE MEDICINE, 2009;23(2):120-125. Little is known about lived health-care experiences of persons with palliative stage Parkinson's disease and the family members who care for them. Findings (of this study) support previous research that indicate palliative care needs are not being met in the current health-care model and that palliative care services should be multi-disciplinary, team-based in order to provide comprehensive support to both patients and families. <http://pmj.sagepub.com/cgi/content/abstract/23/2/120>

From Media Watch dated 08.04.08.

- *JOURNAL OF PHARMACY PRACTICE*, 2008;21(4):262-272. '**Palliative management of Parkinson disease.**' This article discusses the symptomatic management of distressing symptoms encountered in the long-term care resident with Parkinson disease, including motor complications and non-motor features. <http://jpp.sagepub.com/cgi/content/abstract/21/4/262>

Family meetings in palliative care: are they effective?

PALLIATIVE MEDICINE, 2009;23(2):150-157. Despite the promotion of family meetings as an essential tool for information sharing and planning in palliative care, minimal evidence exists to show their effectiveness. The authors sought to rectify this gap in evidence-based practice by evaluating recently developed clinical guidelines for facilitating family meetings. Palliative care nurses were trained to conduct family meetings using the guidelines. Twenty family meetings were conducted. A total of 42 participants were involved, including 20 family carers, 4 patients and 18 health professionals. Family carers reported a statistically significant increase in having their care needs met; they also reported that the meetings were useful. Health professionals and patients advised that the meetings were well facilitated. The results from this pilot study indicate that family meetings, conducted using specific clinical practice guidelines, were useful and effective. <http://pmj.sagepub.com/cgi/content/abstract/23/2/150>

The hope experience of older bereaved women who cared for a spouse with terminal cancer

QUALITATIVE HEALTH RESEARCH, 2009;19(3):388-400. In this study the authors explore the experience and processes of hope of older women who were bereaved after caring for a spouse with terminal cancer, and they develop a tentative, emerging theory of their hope experience. Participants defined hope as a gradual process of regaining inner strength and building self-confidence to make sense of their completely changed situations. They were learning to stay positive and move ahead with their lives. The participants' main concern was losing hope, which they dealt with by searching for new hope through finding balance, new perspectives, and new meaning and purpose. <http://qhr.sagepub.com/cgi/content/abstract/19/3/388>

Conducting a qualitative culture study of pediatric palliative care

QUALITATIVE HEALTH RESEARCH, 2009;19(1):5-16. While conducting a grounded theory study of Chinese American and Mexican American families' experiences in pediatric palliative care, the authors encountered a number of unanticipated challenges regarding project development, Institutional Review Boards, recruitment, data collection, and data analysis. In this article, they describe their experiences, strategies, and insights for the benefit of other researchers and clinicians in the field. <http://qhr.sagepub.com/cgi/content/abstract/19/1/5>

Professional relationships in palliative care decision making

SUPPORTIVE CARE IN CANCER, 2009;17(4):445-450. This study aimed to describe the significant issues that influence the processes of care decision making, from the perspective of patients with advanced illness. The main issue experienced by palliative care patients was identified as a lack of involvement in decision making. One of the significant factors affecting the decision process is the type of relationship with health professionals that patients believe enhances their involvement in decision making. This was determined by the manner and focus of the health professional, their trustworthiness as well as the healthcare culture and environment. <http://www.springerlink.com/content/1052383307m0t637/?p=981a7100c45d4c30ba2b273d925e5cbd&pi=14>

Worth Repeating

Dying on the streets: Homeless persons' concerns and desires about end of life care

JOURNAL OF GENERAL INTERNAL MEDICINE, 2007;22(4):435-441. There is little understanding about the experiences and preferences at the end of life (EOL) for people from unique cultural and socioeconomic backgrounds. Homeless individuals are extreme examples of these overlooked populations; they have the greatest risk of death, encounter barriers to health care, and lack the resources and relationships assumed necessary for appropriate EOL care. The authors present three domains encompassing 11 themes arising from their investigation, some of which are previously unreported. Homeless persons worried about dying and EOL care; had frequent encounters with death; voiced many unique fears, such as dying anonymously and undiscovered; favored EOL documentation, such as advance directives; and, demonstrated ambivalence towards contacting family. They also spoke of barriers to EOL care and shared interventions to improve dying among the very poor and estranged. Homeless persons have significant personal experience and feelings about death, dying, and EOL care, much of which is different from those previously described in the EOL literature about other populations. These findings have implications not only for homeless persons, but for others who are poor and disenfranchised. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1829423>

Barry R. Ashpole
Beamsville, Ontario CANADA

'phone: 905.563.0044 / fax 905.563.0043
e-mail: barryashpole@bellnet.ca

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