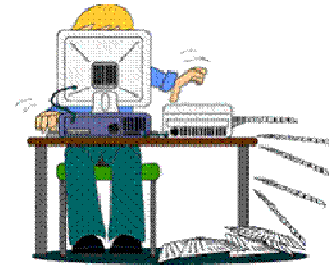


Media Watch

...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.

23 March Edition | Issue #89



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Faith and end-of-life care: Scroll down to [U.S.A.](#) and 'Religious dying patients more likely to get aggressive care.'

[Canada](#)

The lesson here is pretty clear

Taking a look at palliative care

B.C. | *North Shore News* – 22 March 2009 – The patients given information about palliative care tend to opt for that care in a hospice or at home rather than seek aggressive treatment like emergency resuscitation in hospital. One-third of expenses in the last year of life are spent in the final month, with aggressive treatments accounting for 80% of those costs. Does more aggressive care result in a better outcome? In a word, no. Researchers (have) found that palliative care leads to more comfortable deaths and aggressive care does not prolong life. Why then aren't we having more of these conversations with terminally ill patients? It's hard and many physicians lack the skills to do so. Palliative care specialists are the experts in this area but there are not enough of them. The lesson here is pretty clear. Palliative care is the best option for terminally ill patients and it saves the health care system money. In the case of end of life care, the best thing to do is also the most cost-effective thing to do and that's a happy circumstance we don't see very often. <http://www2.canada.com/northshorenews/news/seniors/story.html?id=9a1b890e-3895-4ef5-8ec5-5a7d9292a003>

\$2.3 million earmarked for home care unspent because workers unavailable

ONTARIO | *Ottawa Citizen* – 19 March 2009 – The agency that arranges home care for eastern Ontario's frail and sick can't find enough people to do the work. Expanding home-care services is the centrepiece of a provincial plan to help more people stay in their own homes longer, which would lessen the pressure on nursing homes, hospital beds, emergency rooms and even the city's paramedics, who are often kept off the road waiting to transfer patients into overburdened hospitals. <http://www.ottawacitizen.com/Health/Chronic+lack+caregivers+scuttles+Grits+wait+time/1403781/story.html>

Hospice, province to draw up pact

NEW BRUNSWICK | *Telegraph-Journal* – 18 March 2009 – The Hospice of Greater Saint John is a step closer to launching a residential program in the port city. A group representing the hospice met with Health Minister Mike Murphy and Social Development Minister Mary Schryer. Hospice executive director Sandy Johnson said both sides agreed to have a contract confirmed by the end of 2009 that would outline the province's contribution to the operational budget. The residential hospice annual budget is \$940,000, and it is requesting \$730,000 from the provincial government. Johnson said the hospice is aiming to have the residential program up and running by April 2010. <http://telegraphjournal.canadaeast.com/city/article/606742>

From Media Watch dated 02.23.09.

- NEW BRUNSWICK | *Telegraph-Journal* – 17 February 2009 – **'A victory for New Brunswick.'** Social Development Minister Mary Schryer 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. <http://telegraphjournal.canadaeast.com/search/article/574842>

U.S.A.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AMERICAN MEDICAL ASSOCIATION | *American Medical News* – 23 March 2009 – **'Doctor faces assisted-suicide charge in Georgia.'** The arrest could hurt the push to enact "death with dignity" laws in other states. <http://www.ama-assn.org/amednews/2009/03/23/prsc0323.htm>
- MASSACHUSETTS | *South Coast Today* – 23 March 2009 – **'Defeat state-level assisted suicide bill.'** On the fundamental moral issue of protecting human life at all stages of development, this bill (An Act Relative to Death with Dignity) promotes the culture of death for Massachusetts citizens. <http://www.southcoasttoday.com/apps/pbcs.dll/article?AID=/20090323/OPINION/903230303/-1/NEWS06>
- CONNECTICUT | *Hartford Courant* – 18 March 2009 – **'Physician-assisted suicide bill is shelved by legislature.'** The legislature's judiciary committee has shelved a controversial bill that would have paved the way for physician-assisted suicide. <http://www.courant.com/news/local/hc-assisted-suicide.artmar18.0.2860993.story>
- GEORGIA | *Associated Press* – 17 March 2009 – **'Leader of suicide group defends work.'** A former assisted suicide network leader being prosecuted in a Georgia is defending his group's practice of guiding people who want to kill themselves because they're suffering but not necessarily dying. <http://www.google.com/hostednews/ap/article/ALeqM5jQQbFpru3R2YAcio8AgCE0ccvVwD9702UB03>

Do you believe assisted suicide is unethical?

GEORGIA | FOX NEWS
Online poll

(Accessed 18 March 2009)

Yes: 75%

No: 18%

I'm not sure: 5%

http://www.myfoxatlanta.com/dpp/news/FOX_Special_Inside_Final_Exit_Network_031809

N.B. Scroll down to [Journal Articles](#) and **'The influence of death attitudes and knowledge of end of life options on attitudes toward physician-assisted suicide.'**

Hospice care or palliative care: What's the right care for me?

AMERICAN HOSPICE FOUNDATION | Online article – (Accessed) 22 March 2009 – Before the American hospice movement began to bloom in the late 1970s, patients and families were usually told what was best for them to do and they did it; there was no other choice. They accepted that the only place to be very sick was a hospital, the only people wise enough to make decisions and provide care were doctors and nurses, and that pain and isolation were often an expected part of the journey. The people who pioneered a healthcare revolution taught us that each unique human being can instead shape his or her final months according to personal wishes, goals and beliefs. http://www.curetoday.com/index.cfm/fuseaction/article.show/id/2/article_id/1091

Of related interest:

- MICHIGAN | Hospice of Michigan press release – 17 March 2009 – **'Hospice of Michigan documentary to air on Detroit Public Television.'** 'Except for Six' tells the story of three people who are living with a terminal illness ... and, the individual ways they choose to live out their lives. <http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/03-17-2009/0004989655&EDATE>

Celebrities may or may not tell us anything about their grief or ours

NEW JERSEY | NJ.com – 20 March 2009 – There was a day when my ancestors wore black for a year ... wailed, and tore their garments. My Sicilian grandmother tells me that mourning was quite dramatic. They wanted to communicate how they felt, let people know exactly "how they were doing," even if it was exaggerated at times. Perhaps that tradition first began to fade when immigrants were met with Puritan stoicism on their arrival to the U.S. Our culture is one where the privatization of our emotional expressions has led to silence and a refusal to talk about the dead or death and to an exorbitant amount of useless clichés that have grown out of our discomfort with death and grief. Many of us have gone from our European way of black garments and wailing to blank faces and saying "I'm okay" when everything seems to be falling down around us. http://www.nj.com/helpinghands/goodgrief/index.ssf/2009/03/celebrities_may_or_may_not_tel.html

- U.S. | *The New York Times* – 21 March 2009 – **'Natasha Richardson...'** The sudden death of a famous artist in his or her prime is always sad and unsettling, a reminder that life is an easily breakable possession even for those who abide in the waiting room of immortality, which is to say celebrity. <http://www.nytimes.com/2009/03/22/weekinreview/22isherwood.html?ref=weekinreview>
- U.K. | BBC News – 22 March 2009 – **'Jade Goody...'** U.K. TV Reality star Jade Goody's decision to share her fight against cancer so publicly has proved controversial – but there is no doubt it has had a tremendous impact. <http://news.bbc.co.uk/2/hi/health/7925685.stm>
- U.S. | FOX News – 12 March 2009 – **'Patrick Swayze...'** Actor Patrick Swayze is slamming the *National Enquirer* and other media outlets for reporting what he calls "inaccurate" details about him nearing "the end" of his battle with cancer. <http://www.foxnews.com/story/0,2933,509008,00.html>

Planning for death when you're healthy

NEW YORK | *New York Times* (Interview) – 2 March 2009 – Death might seem like a surprising topic for a writer whose career has focused on healthy living. But *New York Times* health columnist Jane Brody is urging people to plan for terminal illness when they are at the peak of health. <http://well.blogs.nytimes.com/2009/03/20/planning-for-death-when-youre-healthy/?hp>

Florida program could help expand hospice care for kids nationwide

FLORIDA | University of Florida News – 19 March 2009 – Less than 11% of children with life-threatening illnesses receive hospice care in the last year of life, in part because insurance requirements make it difficult for families to obtain care, according to a new University of Florida study. But a pilot program in Florida that has redefined when children can receive palliative care could help change this, researchers say. One barrier has been the way the reimbursement system works. Traditionally, for hospice reimbursement, if your child has a terminal illness, you can access hospice care but a physician must certify that the child is within the last six months of life. Even though hospice services are beneficial and families who end up using them are happy with them, parents might perceive this as giving up hope due to the six-month rule. Florida was one of four states selected to receive \$3.2 million to develop a new model for pediatric palliative care and was the first to implement its program in 2005. Called "Partners in Care: Together for Kids," this program allows children on Medicaid or the State Children's Health Insurance Program to receive palliative care from the time they are diagnosed with a life-threatening condition, regardless of prognosis. <http://news.ufl.edu/2009/03/19/hospice-kids/>

Of related interest:

- OHIO | Akron Children's Hospital press release – 17 March 2009 – '**Comfort now available to caregivers of Ohio's seriously-ill children.**' 'Comfort Line' is an advice/referral service provided by Akron Children's Hospital assisted by the Ohio Pediatric Palliative Care & End of Life Network. <http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/03-17-2009/0004989607&EDATE>

When is the right time to turn off life support?

OHIO | FOX News – 19 March 2009 – It's a topic not many people like to think about, but one that should be broached among family members: If you were placed on life support, who would you want to be your legal representative? And when is the right time to pull the plug? Brain death is very different from being in a vegetative state, said Dr. Michael DiGeorgia, professor of neurology and director of the Center for Neurocritical Care of University Hospitals Case Medical Center. According to the American Academy of Neurology, brain death occurs when the patient has no evidence of cortical brain activity or brain stem activity. This means the patient would be unable to cough or swallow or breathe on her own, whereas a patient in a vegetative state may be able to do one or all of those ... things, DiGeorgia said. Once a patient is declared brain dead, the family usually opts to remove uncomfortable tubes and machines quickly, said DiGeorgia. "Pulling the plug" would render the patient unable to breathe, and the heart would stop beating within minutes, he said. But if a patient is not brain dead and instead has suffered a catastrophic neurological brain injury he or she could breathe spontaneously for one or two days before dying. <http://www.foxnews.com/story/0,2933,509688,00.html>

Of related interest:

- U.K. | BBC News – 21 March 2009 – '**Baby in right-to-life battle dies.**' A 9-month-old baby, with a rare metabolic disorder, whose parents lost a court battle to keep him alive on a ventilator, has died. http://news.bbc.co.uk/2/hi/uk_news/7956845.stm

Quotable Quotes

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick.

Susan Sontag (1933-2004)

Religious dying patients more likely to get aggressive care

MASSACHUSETTS | *Boston Globe* – 18 March 2009 – Patients who rely heavily on their religious faith to cope with terminal cancer are more likely to receive intensive life-prolonging measures in their last week of life. In a study at Dana-Farber Cancer Institute, Massachusetts General Hospital, and five other sites, 345 people with advanced cancer were interviewed about the importance of religion in dealing with their illness and their preferences for care. Most were Christian.¹ About 80% said they used religion to some extent to cope with their illness and more than half said they prayed, meditated or engaged in religious study daily. More than 30% said their faith was the most important thing that kept them going. Patients also were asked if they would choose treatment intended to extend life as long as possible, even if it meant more pain or if they wanted care that focused on easing pain even if it meant not living as long. Researchers followed the patients to see what care they received in the week before their deaths. Those who leaned the most heavily on their faith were nearly three times more likely to choose and receive more aggressive care near death, such as ventilators or cardiopulmonary resuscitation. They were less likely to have ... do-not-resuscitate orders, living wills, and healthcare proxies.
http://www.boston.com/news/health/articles/2009/03/18/religious_dying_patients_more_likely_to_get_aggressive_care/

1. *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2009;301(11):1140-1147. '**Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer.**' <http://jama.ama-assn.org/cgi/content/abstract/301/11/1140> N.B. Scroll down to [Journal Articles](#) for an abstract of journal article.

Human Rights Watch report

'Access to Pain Treatment as a Human Right'

U.S. | Human Rights Watch – 3 March 2009 – In its latest report, the New York-based Human Rights Watch states that countries could significantly improve access to pain medications by addressing the causes of their poor availability. These often include the failure to put in place functioning supply and distribution systems; absence of government policies to ensure their availability; insufficient instruction for healthcare workers; excessively strict drug-control regulations; and fear of legal sanctions among healthcare workers. Under international human rights law, governments must address a major public health crisis that affects millions of people every year. http://www.hrw.org/sites/default/files/reports/health0309web_1.pdf

International

More people ask to die in their sleep

THE NETHERLANDS | *NRC-Handelsblad* – 20 March 2009 – More people who are given palliative sedation at the end of their lives and then die in their sleep are in control of this decision these days. They are also more often being given the right sedative, benzodiazepine instead of morphine. They also request euthanasia less often. Still, doctors in the Netherlands do not consult enough, say colleagues from the U.S. Palliative sedation is putting people to sleep in the days before they die. It is intended to alleviate suffering and unrest while a person is dying.
http://www.nrc.nl/international/article2188007.ece/More_people_ask_to_die_in_their_sleep

From Media Watch dated 03.16.09.

- *ARCHIVES OF INTERNAL MEDICINE*, 2009;169(5):430-437. '**Changed patterns in Dutch palliative sedation.**' In The Netherlands, a national guideline has been developed to contribute to the quality of palliative sedation practice. <http://archinte.ama-assn.org/cgi/content/short/169/5/430>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Evening Standard* – 20 March 2009 – **'MPs win right to a free vote over 'suicide clinics' abroad.'** The (House of) Commons was today given a free vote on moves towards making assisted suicide legal. <http://www.thisislondon.co.uk/standard/article-23664829-details/MPs+win+right+to+a+free+vote+over+'suicide+clinics'+abroad/article.do>
- U.K. | *Dorset Echo* – 20 March 2009 – **'I'm glad I didn't choose suicide.'** Responding to moves to legalise assisted dying, Alison Davis, who has spina bifida, warned that for many years she wanted to commit suicide. Under proposed changes to the current law she would have been able to. http://www.dorsetecho.co.uk/news/4218906.I_m_glad_I_didn_t_choose_suicide/
- URUGUAY | Reuters – 18 March 2009 – **'Uruguay approves "right to die" for terminally ill.'** Congress has passed a law allowing terminally ill patients to refuse life-prolonging treatments in a rare victory for "right-to-die" advocates in predominantly Roman Catholic Latin America. <http://uk.reuters.com/article/worldNews/idUKTRE52H0FA20090318>
- LUXEMBOURG | Radio Netherlands – 17 March 2009 – **'Luxembourg legalises euthanasia.'** Luxembourg has become the third European Union country, after the Netherlands and Belgium, to decriminalise euthanasia. <http://www.radionetherlands.nl/news/international/6218674/Luxembourg-legalises-euthanasia>
- IRELAND | *Herald* – 16 March 2009 – **'Anger over euthanasia speech amid health cuts.'** An Irish Member of the European Parliament has criticised health chiefs for sponsoring a "pro-euthanasia lecture" while also making drastic budget cuts. <http://www.herald.ie/national-news/meps-anger-over--euthanasia-speech-amid-health-cuts-1674395.html>

Would you help a loved one to die?

U.K. | CAMBRIDGE NEWS
Online poll

(Accessed 19 March 2009)

Yes: 23.9%

No: 76.1%

<http://www.cambridge-news.co.uk/system/system/scripts/includes/poll/submitpoll.asp>

N.B. Scroll down to [Journal Articles](#) and **'The influence of death attitudes and knowledge of end of life options on attitudes toward physician-assisted suicide.'**

"Palliative care for all, not just for affluent"

SERBIA | B92 (Belgrade) – 16 March 2009 – Palliative care of the most vulnerable categories of patients should be within the rights secured by the health system of Serbia, according to Health Minister Tomica Milosavljević. This type of care "should not be a privilege of those who are affluent." The minister said that a new national strategy for palliative care ... will mobilize not only the health care sector, but of all factors of society that participate in these types of care programs. http://www.b92.net/eng/news/society-article.php?yyyy=2009&mm=03&dd=16&nav_id=57866

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

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 ... to foster teaching and interaction, and the exchange of ideas, information and materials. PCN-e link: <http://www.pcn-e.com/>

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

Changing attitudes to cardiopulmonary resuscitation in older people

AGE & AGEING, 2009;38(2):200-205. While it is established that individual patient preferences regarding cardiopulmonary resuscitation (CPR) may change with time, the stability of population preferences, especially during periods of social and economic change, has received little attention. The objective of this study was to elicit the resuscitation preferences of older Irish inpatients and to compare the results with an identical study conducted 15 years earlier. Most patients (94%) felt it was a good idea for doctors to discuss CPR routinely with patients, compared with 39% in 1992. In their current health, 6% in 2007 and 76% in 1992 would refuse CPR. The independent predictors of refusal of CPR in current health on logistic regression were age and year of assessment. In the final model, those aged 75–84 years and 85 years or more were more likely than those aged 65–74 years to refuse CPR. Those questioned in 2007 were less likely than those questioned in 1992 (reference group) to refuse CPR. The authors observe that there has been a significant shift in the attitudes of older Irish inpatients over 15 years towards favouring greater patient participation in decision making and an increased desire for resuscitation. <http://ageing.oxfordjournals.org/cgi/content/abstract/38/2/200?etoc>

[Nursing home physician specialists](#)

A response to the workforce crisis in long-term care

ANNALS OF INTERNAL MEDICINE, 2009;150(6):411-413. The authors propose that creating a nursing home medicine specialty, which recognizes the nursing home as a unique practice site, would go a long way toward remedying existing problems with care in skilled nursing facilities and would best serve the needs of the 1.6 million nursing home residents in the U.S. Reviewing what is known about physician practice in nursing homes and hospitals, and taking a lead from the hospitalist movement, the specialty would be characterized in three dimensions: the degree of physicians' commitment, physicians' practice competencies, and the structure of the medical staff organization in which they practice. Challenges to the adoption of a nursing home specialist model include mainstream medicine's failure to recognize the nursing home as a legitimate medical practice, the need for the nursing home industry and policymakers to appreciate the links between physician practice and quality, and assurance of financial viability. Quality of care, health policy, and research needs are discussed. <http://www.annals.org/cgi/content/full/150/6/411>

[Relationships towards the end of life](#)

Does a hospital bed impact on sexuality expression in palliative care?

BRITISH JOURNAL OF COMMUNITY NURSING, 2009;14(3):122-126. During end of life care for patients with cancer, hospital beds are often introduced into the home setting. The impact of this intervention on sexuality and intimacy expression for couples is not known. A review of related literature revealed that intimacy expression at the end of life is important for patients but is generally regarded by nurses as a difficult and complex area of care. The relationship between sexuality expression and the provision of a hospital bed has implications for nursing practice. <http://www.internurse.com/cgi-bin/go.pl/library/abstract.html?uid=40095>

[Links](#)

Please alert this office if you encounter any difficulty. Every effort will be made to find an alternative means of access. Alternatively, copy/paste the URL into the address bar of your browser. All links are confirmed as being active before Media Watch is distributed; they remain active, however, for only a limited period of time.

Use of palliative care services in a semirural program in British Columbia

CANADIAN JOURNAL OF RURAL MEDICINE, 2009;14(1):10-15. Although specialized palliative care services in rural areas are scarce, many people who are dying, and their families, want to remain in their homes or within their own community. As such, semirural communities across Canada have developed a variety of initiatives to address this need. The authors describe a semirural palliative care program located in British Columbia. Use of services data collected from hospital charts can provide valuable information to help inform program and policy decision-makers. Yet such information is limited in relation to answering the question of whether the end-of-life needs of local residents are being met. Future studies should consider input from families and patients to enhance our understanding of the role of a Palliative Care Unit in a semirural environment. <http://www.cma.ca/multimedia/staticContent/HTML/N0/I2/cjrm/vol-14/issue-1/pdf/pg10.pdf>

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 are amplifying 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>

Into the "abyss" of someone else's dying

The voice of the end-of-life caregiver

CLINICAL NURSING RESEARCH, 2009;18(1):80-97. This study was undertaken to better understand family caregivers' perspectives of providing end-of-life (EOL) care to elders facing expected deaths from life-limiting, chronic illnesses, and the study involved understanding the nature of EOL caregiving using caregivers' own words. Eight themes were extracted from data that exemplify the core characteristics of EOL caregiving. The themes intersected at a central idea expressed in the voice of one caregiver as "jumping ... into the abyss of someone else's dying." Data suggested caregivers of elders with life-limiting illnesses needed nursing guidance about EOL care earlier than it is usually provided and that all nurses providing care to elders in any setting should be ready to offer early education in the practical, technical, and emotional dimensions of end-of-life caregiving. <http://cnr.sagepub.com/cgi/content/abstract/18/1/80>

Of related interest:

- *CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE* | Online journal article – February 2009 – **'The assessment and management of family distress during palliative care.'** This review summarizes current research in the assessment and management of family distress at the end of life. http://journals.lww.com/co-supportiveandpalliativecare/Abstract/publishahead/The_assessment_and_management_of_family_distress.99987.aspx
- *PALLIATIVE MEDICINE* | Online journal article – 20 March 2009 – **'Supporting lay carers in end of life care: current gaps and future priorities.'** Overview of the current state of carer research ... outlining future priorities. <http://pmj.sagepub.com/cgi/content/abstract/0269216309104875v1>

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.

Australian Palliative Residential Aged Care Project

Realizing a palliative approach in dementia care: Strategies to facilitate aged care staff engagement in evidence-based practice

INTERNATIONAL PSYCHOGERIATRICS | Online journal article – 17 March 2009 – There is growing evidence that a palliative approach to care provision for people with dementia in residential aged care facilities improves their quality of life and provides support for family members. Despite the development of *Guidelines for a Palliative Approach in Residential Aged Care* there is limited evidence that these have been adopted. In this study, aged care staff had little understanding of available evidence that could assist them to better support family members, including the existence of the *Guidelines*. When provided with an opportunity to reflect on ... their practice, aged care staff were better positioned to engage with evidence concerning a palliative approach and to execute change in their practice to improve care provision for family members. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5011060&fulltextType=RA&fileId=S1041610209008679>

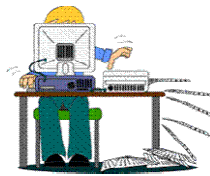
Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;301(11):1140-1147. Patients frequently rely on religious faith to cope with cancer, but little is known about the associations between religious coping and the use of intensive life-prolonging care at the end of life. The authors found that a high level of positive religious coping ... was significantly associated with receipt of mechanical ventilation compared with patients with a low level and intensive life-prolonging care during the last week of life. Terminal illness acknowledgment, support of spiritual needs, preference for heroics, and advance care planning (do-not-resuscitate order, living will, and health care proxy/durable power of attorney), positive religious coping remained a significant predictor of receiving intensive life-prolonging care near death. The authors concluded that positive religious coping in patients with advanced cancer is associated with receipt of intensive life-prolonging medical care near death (and that) further research is needed to determine the mechanisms for this association. <http://jama.ama-assn.org/cgi/content/abstract/301/11/1140>

As reported in the lay press (representative sample):

- MASSACHUSETTS | *Boston Globe* – 18 March 2009 – **'Religious dying patients more likely to get aggressive care.'** Patients who rely heavily on their religious faith to cope with terminal cancer are more likely to receive intensive life-prolonging measures in their last week of life. http://www.boston.com/news/health/articles/2009/03/18/religious_dying_patients_more_likely_to_get_aggressive_care/
- U.K. | BBC News – 17 March 2009 – **'Pious fight death the hardest.'** People with strong religious beliefs appear to want doctors to do everything they can to keep them alive as death approaches, a U.S. study suggests. <http://news.bbc.co.uk/2/hi/health/7949111.stm>

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.

Self-care of physicians caring for patients at the end of life

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;301(11):1155-1164. Physicians providing end-of-life care are subject to a variety of stresses that may lead to burnout and compassion fatigue at both individual and team levels. Through the story of an oncologist, the authors discuss the prodromal symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention. They define and discuss factors that contribute to burnout and compassion fatigue and consider factors that may mitigate burnout (and) explore the practice of empathy and discuss an approach for physicians to maximize wellness through self-awareness in the setting of caring for patients with end-stage illness. The authors discuss some practical applications of self-care in the workplace. <http://jama.ama-assn.org/cgi/content/short/301/11/1155>

From the archives:

- *JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE*, 2008;4(2):101-119. 'A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals.' This study indicated a relationship between self-care strategies and lower levels of burnout and compassion fatigue ... higher levels of compassion satisfaction. <http://www.informaworld.com/smpp/content~content=a903791312~db=all~order=page>

The influence of death attitudes and knowledge of end of life options on attitudes toward physician-assisted suicide

JOURNAL OF DEATH & DYING, 2009;58(4):299-311. End of life decisions, such as physician-assisted suicide (PAS), have continued to be controversial as health care policy, moral, and individual health care issues. This study considers knowledge of end of life options and death attitudes as predictors of attitudes toward PAS. The data indicate that attitudes toward PAS are a function of knowledge of end of life options as well as death attitudinal factors. <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,6;journal,1,231;linkingpublicationresults,1:300329,1>

Achieving professional fulfillment as a palliative care nurse

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2009;11(2):109-118. This study explored the experience of professional fulfillment in palliative care nursing. Participants were asked: "Do you love your work as a nurse?" They were asked to recall their most professionally fulfilling experiences. Four themes emerged: upholding the vulnerable, continuing the legacy, meeting needs in an unexpected way, and attending to the essential ordinary. The discussion highlights possible relationships between professional fulfillment, recognition, connection, staff retention, and quality of care. <http://www.jhpn.com/pt/re/jhospicepallnurse/abstract.00129191-200903000-00015.htm;jsessionid=JDvQpvT2NfyqkXpZnDRM2Wws80jJyD1V5pBZYLt60MhF1WsjLpb!-269263472!181195628!8091!-1>

A mixed-method study to explore which post-funeral remembrance activities are most significant and important to bereaved people living with loss, and why those particular activities are chosen

PALLIATIVE MEDICINE | Online journal article – 20 March 2009 – Most hospices provide religious services of remembrance and thanksgiving or non-faith remembrance gatherings for families and friends, and although these are usually well attended, the average number of families represented is usually less than 20% raising the question of whether alternative support should be offered to the remaining majority of families. This study explored which post-funeral remembrance activities are most significant and important to people living with death-related loss, and why those particular activities are chosen. Results indicated that although formal remembrance events are valued, informal rituals created by the bereaved are more important and significant to them.. <http://pmj.sagepub.com/cgi/content/abstract/0269216309103803v1>

Extending specialist palliative care to people with heart failure: Semantic, historical and practical limitations to policy guidelines

SOCIAL SCIENCE & MEDICINE | Online journal article – 16 March 2009 – This paper explores the continuities and discontinuities in recent policy on the extension of palliative care to people with heart failure in the U.K. It focuses on how professionals in cardiology and specialist palliative care negotiate their disciplinary boundaries within the context of these policy moves. It draws out the semantic, historical and practical tensions between the core values of cardiology, with its focus on 'living with heart failure,' and specialist palliative medicine, with its focus on 'dying with heart failure'. A focus on negotiation of interdisciplinary boundaries reveals different engagements with notions of dying and palliation rather than simply different disease trajectories. Further, uncertainty about prognosis and the probability of sudden death pose a challenge to two core principles of specialist palliative care: 'open awareness' and 'good death'. The authors are not suggesting that these differences are insurmountable. Rather, in highlighting these tensions, their aim is to problematise the relationship between policy and practice, as being mediated by negotiations of disciplinary values within a local context. They recommend a wider discussion on notions of 'open awareness' and how professionals within different medical disciplines engage with alternate ways of dealing with uncertainty and sudden death as part of human condition. http://www.ncbi.nlm.nih.gov/pubmed/19297064?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Worth Repeating

A review of the perspective of those facing death from cancer

Why do patients choose chemotherapy near the end of life?

JOURNAL OF CLINICAL ONCOLOGY, 2006;24(21):3490-3496. The number of patients receiving chemotherapy near the end of life is increasing, as are concerns about goals of treatment, toxicity and costs. The authors sought to determine the available sources of knowledge, the choices and concerns of actual patients, and how patients balanced competing issues. An extensive literature search indicated available patient sources provide little information about prognosis, choices, alternatives, consequences, or how to choose. Many patients would choose chemotherapy for a small benefit in health outcomes, and for a smaller benefit than perceived by their health care providers for their own treatment. Adverse effects are less a concern for patients than for their well health care providers. There are no decision aids to assist patients with metastatic disease in making their choices, such as there are for adjuvant breast therapy. The perspective of the patient is different from that of a well person. Patients are willing to undergo treatments that have small benefits with major toxicity. Receiving realistic information about the different options of care and the likelihood of successful treatment or adverse effects is difficult. These factors may explain some of the increased use of chemotherapy near the end of life. Decision aids and honest, unbiased sources to inform patients of their prognosis, choices, consequences, typical outcomes, and ways to make decisions are needed. More prospective information about how patients make their choices, and what they would consider a good choice, would assist informed decision making. <http://jco.ascopubs.org/cgi/content/abstract/24/21/3490>

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