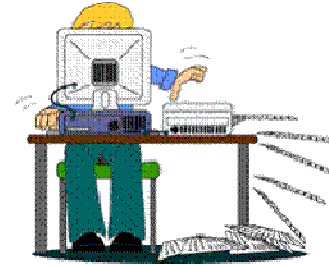


Media Watch

...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.

6 April Edition | Issue #91



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

The patient-physician relationship: Scroll down to [Specialist Publications](#) and 'Don't let terminal diagnosis end patient communication.'

Canada

Dying green

CANWEST NEWS | National newswire report – 31 March 2009 – Canadians are looking like deadbeats when it comes to the last outpost of eco-consciousness – the green burial. Elsewhere, folks are opting for biodegradable coffins, saying no to embalming and choosing woody, pesticide-free cemeteries like there's no tomorrow. In Great Britain, where the green burial movement was born in the early 1990s, more than 200 green cemeteries operate. The United States, meanwhile, boasts almost 20 cemeteries either in operation or under development. Here at home we have, by all accounts, nine people buried in officially green cemeteries. They're all in the one-eighth of a hectare dedicated to green burials at Royal Oak Burial Park in Victoria, B.C. <http://www.canada.com/Life/DYING+GREEN/1448799/story.html>

The technology of dying

ONTARIO | *Whig-Standard* (Kingston) – 31 March 2009 – Researchers from Victoria to St. John's will spend three years talking to hundreds of men and women aged 80 and older about the role that technology should play in their death. Dr. Daren Heyland, a critical care specialist at Kingston General Hospital and the lead researcher, said today's life-support machines are capable of keeping people alive for weeks and even months, blurring the line between saving their life and prolonging "the inevitable." "We're trying to make sure we understand what's important to people at the end of their life," said Heyland. <http://www.thewhig.com/ArticleDisplay.aspx?e=1502643>

From Media Watch dated 02.23.09.

- CANWEST NEWS | Newswire report – 18 February 2009 – **'Quality of end-of-life care to be examined by university.'** Researchers at Queen's University (Kingston, Ontario) will examine the quality of end-of-life care, survival rates and the financial burdens shouldered by families of elderly patients. <http://www.canada.com/Quality+life+care+examined+university/1301354/story.html>

U.S.A.

At the end of life, denial comes at a price

NEW YORK | *New York Times* – 3 April 2009 – Like the rest of us, doctors struggle to talk about dying. These conversations with patients occur haltingly, awkwardly and often not at all. But a (recent) study ... suggests just how costly that silence may be, both in health care dollars and in patients' suffering. <http://newoldage.blogs.nytimes.com/2009/04/03/at-the-end-of-life-denial-comes-at-a-price/?em>

From Media Watch 03.16.09.

- *ARCHIVES OF INTERNAL MEDICINE*, 2009;169(5):474-479. '**Abandonment at the end of life from patient, caregiver, nurse and physician perspectives.**' Patients and family members sometimes feel abandoned by their physicians at the transition to end-of-life care. <http://archinte.ama-assn.org/cgi/content/abstract/169/5/474>

Hospital ratings complicate care of sickest

MASSACHUSETTS | *Boston Globe* – 1 April 2009 – Public reporting of hospital death rates may be pushing Massachusetts' cardiac specialists to treat some very sick heart patients less aggressively, sparking debate among health officials and doctors over whether patients are being spared unnecessary and costly end-of-life treatment or denied procedures that might save their lives. http://www.boston.com/news/local/massachusetts/articles/2009/04/01/hospital_ratings_complicate_care_of_sickest/

A last kindness to the homeless

MISSOURI | *Kansas City Star* – 1 April 2009 – She's known among the social services agencies in Kansas City as the case manager of death. It's a title Jan Brown, the intensive case manager for the Kansas City Rescue Mission, is proud to hold. What Brown does is more of a calling than an actual occupation. When a homeless person who has been a resident of the mission is near death or has died, Brown springs into action, handling everything from estates to contacting their next of kin. She has a network of contacts in agencies ranging from the Social Security Administration to funeral homes. <http://www.kansascity.com/news/local/story/1119812.html>

From Media Watch dated 09.01.08.

- NORTH CAROLINA | *News & Record* – 28 August 2008 – '**Dying homeless.**' In our city of pretty buildings ... 10-20 homeless people die on the streets every year. http://www.news-record.com/content/2008/08/28/article/dying_homeless_mourning_death_of_drinking_buddy

Clinical Practice Guidelines for Quality Palliative Care, Second Edition

NATIONAL CONSENSUS PROJECT FOR QUALITY PALLIATIVE CARE | Press release – 1 April 2009 – A growing number of (palliative care) programs provide care in a variety of settings ... (with) dedicated teams of physicians, nurses, social workers, chaplains, counselors, nursing assistants, rehabilitation specialists, speech and language pathologists, and other healthcare professionals. They are devoted to special populations with palliative-care needs, assess and treat pain along with other symptoms; facilitate patient-centered communication and decision making; and coordinate continuity of care across settings throughout the disease continuum. The first edition of the *Clinical Practice Guidelines for Quality Palliative Care* was developed by the National Consensus Project (NCP). Two years later, the National Quality Forum (NQF) adopted the *Guidelines* within the document *A National Framework for Palliative & Hospice Care Quality Measurement & Reporting*. This second edition of the *Guidelines* continues the consensus process among the four consortium organizations that comprise the NCP. <http://www.nationalconsensusproject.org/AboutGuidelines.asp>

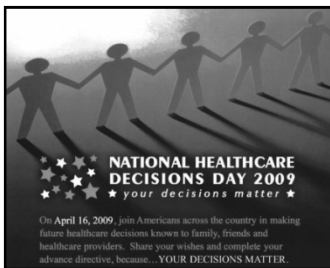
How nurses cope with grief on the job

Good grief, Nurse Brown

NEW YORK | *New York Times* – 1 April 2009 – It's hard to have a job where people die, to show up on Monday after a weekend off and find out that three patients, all well known and dear, are dead. Thanksgiving and Christmas were terrible this year – we had so many patients die that it felt like a massacre. The rate of deaths slowed down for awhile, then picked up again; that's the nature of oncology nursing. <http://well.blogs.nytimes.com/2009/04/01/helping-nurses-cope-with-grief/>

Funeral business feeling six feet under

WASHINGTON DC | *Washington Post* – 1 April 2009 – In case you've been dying for more bad news about the economy, here's a grave new indicator: Even the death industry is in a hole. It has long been suspected that the funeral business is immune from economic cycles, that the Grim Reaper tends not to follow the stock market. But this time, funeral homes are discovering that their clients' thrift – sheet-metal urns instead of bronze caskets, cheese-and-cracker nibbles instead of traditional funeral luncheons – is positively killing profits. So funeral directors did what everybody else does: They asked for a federal bailout. <http://www.washingtonpost.com/wp-dyn/content/article/2009/03/31/AR2009033103477.html>



Celebrate National Healthcare Decision Day 16 April

CALIFORNIA | *Ventura County Star* – 31 March 2009 – Camarillo Hospice encourages everyone to consider their wishes regarding their own healthcare and participate in National Healthcare Decision Day by completing an Advance Directive. A form called "Five Wishes," which is valid in California, provides one means of accomplishing this while also providing its maker the opportunity to name a person to be his or her voice for healthcare decisions if he or she cannot speak for him or herself. Five Wishes offers an alternative for naming a surrogate and also expressing preferences regarding medical treatment, spiritual support and general care. <http://www.venturacountystar.com/news/2009/mar/31/celebrate-national-healthcare-decision-day-april/>

- MINNESOTA | *Osakis Review* – 23 March 2009 – **'Advance directive lets your voice be heard at the end of your life.'** By considering your options early, you can ensure the quality of life that is important to you and avoid having your family "guess" your wishes or having to make critical medical care decisions for you under stress or in emotional turmoil. <http://www.theosakisreview.com/articles/index.cfm?id=3220>

Of related interest (from Media Watch dated 12.01.08.):

- MASSACHUSETTS | *Boston Globe* – 26 November 2008 – **'Bloggers urge a holiday confab on terminal care.'** Dying wishes are hardly traditional Thanksgiving conversation ... but, today a "blog rally" was launched on the Internet aimed at getting families to talk about dying and death during. http://www.boston.com/news/health/articles/2008/11/26/talking_turkey_about_death/

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.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- PENNSYLVANIA | *Daily Collegian* – 31 March 2009 – '**Act could offer end-of-life option.**' Terminally ill patients in Pennsylvania may soon have an alternative end-of-life option if a bill for physician-assisted suicide is passed by the State legislature.
http://www.collegian.psu.edu/archive/2009/03/31/act_could_offer_endoflife_opti.aspx

Hospice care becomes the norm

TEXAS | *Houston Chronicle* – 30 March 2009 – The Harrises are among a growing number of Texas families choosing hospice care to ease the transition as a loved one faces the end of life. Nationwide, one-in-three people rely on hospice care when they are dying. Last year, more than 1.4 million people received hospice services. Hospice care is palliative medicine, a medical approach designed to improve the quality of life for dying patients and to help their families cope with the grim circumstances. Usually, the ill person has a life expectancy of six months or less.
<http://www.chron.com/disp/story.mpl/metropolitan/6350816.html>

- TEXAS | *Amarillo Globe-News* – 2 April 2009 – '**Hospice must become part of health solution.**' It seems like an appropriate time to highlight part of our health care sector that works: hospice.
http://www.amarillo.com/stories/040609/opi_letters2.shtml

FDA acts to halt marketing of certain unapproved prescription narcotic drugs

WASHINGTON DC | Food & Drug Administration press release – 21 March 2009 – The FDA has warned nine companies to stop manufacturing 14 unapproved narcotic drugs that are marketed in several dosage forms and are widely used to treat pain. The FDA's warning letters notified the companies they may be subject to enforcement action if they do not stop manufacturing and distributing prescription unapproved products that include high concentrate morphine sulfate oral solutions and immediate release tablets containing morphine sulfate, hydromorphone or oxycodone. <http://www.fda.gov/bbs/topics/NEWS/2009/NEW01983.html>

International

A palliative care physician's perspective

Heal our hospitals: Doctors now treat traumas caused by hospital stays

U.K. | *Daily Telegraph* (Letter) – 5 April 2009 – I am a consultant in community palliative medicine and a great deal of my time is now taken up with trying to heal the psychological traumas that patients have endured while in hospital. For example, I visited an elderly patient in a cancer centre to find him filthy, dehydrated (the cold cup of tea was out of his reach), and with pus sticking his eyes together. He begged me to get him home before "they kill me." I telephoned his wife who told me that she had been complaining for three days about his eyes and nothing had been done. Six weeks after we engineered his "escape," he is being beautifully cared for at home by his wife, GP, district nurse and our Macmillan team, with rehydration delivered by drip when required. <http://www.telegraph.co.uk/comment/letters/5108982/Heal-our-Hospitals-Doctors-now-treat-traumas-caused-by-hospital-stays.html>

Quotable Quotes

Live as if you were to die tomorrow. Learn as if you were to live forever.
Mahatma Gandhi (1869-1948)

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BELGIUM | Expatica – 4 April 2009 – **'Belgian woman dead after fighting for assisted suicide.'** A 93-year-old Belgian woman has died after going on a 10-day hunger strike last month to force doctors to help her die. http://www.expatica.com/be/news/local_news/Belgian-woman-dead-after-fighting-for-assisted-suicide_51240.html
- SWITZERLAND | *The Guardian* (U.K.) – 2 April 2009 – **'Dignitas prepares legal challenge over assisted suicide for healthy people.'** Founder of Swiss assisted-suicide clinic wants to test legality of helping healthy person end life alongside terminally ill partner. <http://www.guardian.co.uk/society/2009/apr/02/assisted-suicide-swiss-clinic-dignitas>
- U.K. | *The Economist* – 2 April 2009 – **'The great euthanasia debate.'** Two European countries, Britain and Belgium, have had cause in recent weeks to ponder the same ethical question: What happens when doctors decide a patient has no chance of a bearable life? http://www.economist.com/world/europe/displaystory.cfm?story_id=13403910
- U.K. | *The Times* – 1 April 2009 – **'Assisted suicide is fine in a perfect world. We don't live (or die) in one.'** A doctor's job is to treat the sick and relieve pain (and) that cannot be squared with helping the terminally ill to end their lives. http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article6011095.ece
- U.K. (SCOTLAND) | *Christian Today* – 30 March 2009 – **'Kirk (Church of Scotland) demands outlawing of suicide websites.'** The Church of Scotland is concerned that a long-overdue Bill which will, among other things, outlaw internet websites that promote or encourage suicide is being used by those who want to legalise assistance with suicide. http://www.christiantoday.com/article/kirk_demands_outlawing_of_suicide_websites/22944.htm

Survey shows death attitudes in Singapore

SINGAPORE | Channel News Asia – 3 April 2009 – Being a burden to one's family, medical cost and pain are Singapore residents' top three fears about the dying process, as revealed in a first ever survey on death attitudes in Singapore. Commissioned by the Lien Foundation, the island-wide survey polled 800 people between the ages of 25 and 59 from October 2008 to January 2009. <http://www.channelnewsasia.com/stories/singaporelocalnews/view/419858/1.html>

Death and Islam

U.K. | *New Statesman* – 3 April 2009 – For Muslims, life decides the afterlife. Death is divinely willed and when it arrives it should be readily accepted. There should, therefore, be no reasoning by the bereaved as to why they have lost their loved one. Islamic scholars such as the twelfth century theologian, Al Ghazali stress that death is unpredictable and can happen at any time and as such Muslims should always be prepared for the inevitable and for what is about to occur. It is but a gateway from this short but mortal existence to a life of immortality in the afterlife. <http://www.newstatesman.com/blogs/the-faith-column/0000/00/holy-qur-muslims-life-death>

Of related interest:

- THE NETHERLANDS | *Islam in Europe* – 31 March 2009 – **'Muslims refusing pain management treatment.'** Palliative care for Muslims is often hindered by cultural barriers and prejudices. <http://islamineurope.blogspot.com/2009/03/netherlands-muslims-refusing-pain.html>

Should doctors encourage advance treatment decisions?

U.K. | *The Times* – 3 April 2009 – The medical profession is divided over its role in helping patients to decline future treatment. This article presents two opposing points of view. http://business.timesonline.co.uk/tol/business/industry_sectors/public_sector/article6024784.ece

'Grit and grace' – who takes care of the carers?

UNITED ARAB EMIRATES | Gulf News – 2 April 2009 – Administering medication on time and checking vital signs is only the tip of the iceberg for those who shoulder the responsibility of caring for terminally ill patients. Often taken for granted, these caregivers centre themselves in the eye of the storm and hold the hand of the dying as they gradually approach their end. Dr Padmaraju V., a senior psychiatrist at New Medical Centre Specialty Hospital, Abu Dhabi, said an important question was often lost in the process: "Who takes care of the caregivers?" The very nature of palliative care involves providing complete support to people who suffer from terminal illnesses, with the full knowledge that death is certain. Dr Padmaraju said: "It is a highly underrated field, and can be both physically and emotionally draining for the caregiver." <http://www.gulfnews.com/nation/Health/10300686.html>

Faith and bereavement

U.K. | *New Statesman* – 31 March 2009 – Whether beliefs are mature and intellectually robust or less well-defined they will almost certainly be challenged. Bereavement may strengthen or undermine religious beliefs. In the latter case, loss of faith may cut people off from support networks previously important to them. In an increasingly secular society, those who are bereaved may turn to counselling or therapists as a way of coping with their bereavement. In the multi-cultural society in which we now live there is a diversity of communities and religious traditions, with differing expectations and beliefs surrounding death and bereavement. How people cope with this most challenging life event will depend on a combination of factors including beliefs, the circumstances of the bereavement, their own vulnerabilities and the support available. <http://www.newstatesman.com/blogs/the-faith-column/0000/00/bereavement-care-cruse-support>

Of related interest:

- HOSPICE FOUNDATION OF AMERICA (HFA) | Press release – 1 April 2009 – The HFA announces the publication of *Living With Grief: Diversity and End-of-Life Care*. <http://sev.prnewswire.com/health-care-hospitals/20090401/DC9305901042009-1.html>

Advancing palliative care in Portugal

Help is at hand

PORTUGAL | *The Portugal News* (Online) – 21 March 2009 – Coping with bereavement, with the imminent death of a dear relative or with care for the terminally ill is a harrowing experience, an experience for which most of us are ill-prepared. Modern medicine provides palliatives and sedatives but these do little to help either carers or their patients overcome their deep inner suffering and their fears. Realising that in these circumstances little, if any, help is at hand in Portugal, other than from near relatives, three pioneering ladies have set up AMARA – Associação pela Dignidade na Vida e na Morte. This is a Lisbon-based not-for-profit association and its mission is to provide quality end-of-life psycho-social accompaniment to the dying and their loved ones. Through its publications and activities AMARA works to promote medical and psychological palliative care and, in the future, aims to set up a hospice. <http://www.the-news.net/cgi-bin/google.pl?id=1002-17>

[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/>

Specialist Publications (e.g. in-print and online journal articles, reports)

Assisted (or facilitated) death

Oregon's experience: Evaluating the record

AMERICAN JOURNAL OF BIOETHICS, 2009;9(3):19-27. Prior to passage of the Oregon Death with Dignity Act, opponents of assistance in dying argued that legalization would have serious harmful consequences. They argued that the quality and availability of palliative care would decline, that the harms of legalization would affect certain vulnerable groups disproportionately, that legal assisted dying could not be confined to the competent terminally ill who voluntarily request assistance, and that the practice would result in frequent abuses. Data from Oregon's decade-long experience decisively refute the first three predictions. As to abuses, the record is not quite as clear, but if an appropriate framework for analysis is utilized, the most reasonable conclusion is that the risks of abuse do not outweigh the benefits of legalization.

<http://www.informaworld.com/smpp/content~content=a909094028~db=all>

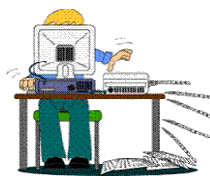
Of related interest:

- *JOURNAL OF MEDICAL ETHICS*, 2009;35:238-244. **'French hospital nurses' opinion about euthanasia and physician-assisted suicide: a national phone survey.'** Many French hospital nurses uphold the legalisation of euthanasia and physician assisted suicide, but these nurses may be the least likely to perform what proponents of legalisation call "good" euthanasia. <http://jme.bmj.com/cgi/content/abstract/35/4/238>
- *THE LANCET NEUROLOGY*, 2009;8(4):310-311. **'Assisted suicide: a matter of life and death'** A British woman with multiple sclerosis lost her (court) battle ... she had sought clarification on the law on assisted suicide. [http://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(09\)70072-9/fulltext](http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(09)70072-9/fulltext)
- *OMEGA – JOURNAL OF DEATH & DYING*, 2009; 58(4):299-311. **'The influence of death attitudes and knowledge of end of life options on attitudes toward physician assisted suicide.'** This study considers knowledge of end of life options and death attitudes as predictors of attitudes toward physician assisted suicide. <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,6;journal,1,231;linkingpublicationresults,1:300329,1>

Pet hospice movement gaining momentum

AMERICAN VETERINARY MEDICAL ASSOCIATION NEWS | Online article – 15 April 2009 – Leaders in the animal hospice field have been busy in an attempt to codify and coalesce the palliative care movement by launching an affiliated association. Modeled after human hospice, pet hospice emphasizes managing a patient's terminal illnesses while preparing the family for the end. This is done in a number of ways, from the use of grief counselors to pain management techniques. <http://www.avma.org/onlnews/javma/apr09/090415o.asp>

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.

Patient catechism: no prayers please

CANADIAN MEDICAL ASSOCIATION JOURNAL (News), 2009;180(7):E8. A British nurse who was suspended without pay after offering to pray for a patient has been reinstated following an investigation by the National Health Service (NHS). Caroline Petrie, a part-time visiting nurse, had been accused of "failing to demonstrate a personal and professional commitment to equality and diversity" as a consequence of a 15 December 2008 visit to a 79-year-old woman, during which she inquired: "would you like me to pray for you?" Petrie, a Baptist, says that she did not mention Christianity or any other religion. The patient declined, and later mentioned the offer to another caregiver, which led, in turn, to Petrie's suspension, without pay, 2 days later. She was reinstated in February but the North Somerset Primary Care Trust informed her that she must hereafter inquire whether her patients "have a faith" or any spiritual needs before offering to pray for them. <http://www.cmaj.ca/cgi/reprint/180/7/E6>

From Media Watch dated 02.09.09.

- U.K. | *Daily Telegraph* (OpEd) – 3 February – '**National Health Service religion guidelines are bad for the nation's health.**' While I wasn't the reporter who broke the story of Caroline Petri ... I am going to try to take some credit for being the first to write about the NHS guidelines on religion. http://blogs.telegraph.co.uk/martinbeckford/blog/2009/02/03/nhs_religion_guidelines_are_bad_for_the_nations_health

Palliative care framework expected to address historical funding imbalances

IRISH MEDICAL NEWS | Online report – 30 March 2009 – A draft national framework for the development of specialist palliative care services to address historical imbalances in funding of palliative care country-wide is awaiting the Health Minister's approval. Health Services Executive (HSE) West Regional Health Forum said it was likely that future funds would be disbursed on the basis of the framework. <http://www.irishmedicalnews.ie/index.php/component/content/article/1-news/1201-palliative-care-framework-expected-to-address-historical-funding-imbalances>

The beginning of the End (of Life Care Strategy)

JOURNAL OF CLINICAL NURSING (Editorial), 2009;18(7):935-937. The authors discuss aspects of end of life care and reflect on the (Department of Health of England) End of Life Strategy and the health care approach of letting people die at home. They argue that for some patients, death in a hospital may be preferred, and that health care professionals must be accommodating to patient preferences. <http://www3.interscience.wiley.com/journal/122240907/abstract>

Spouse beliefs about partner chronic pain

JOURNAL OF PAIN – Online journal article – 3 April 2009 – This study describes a new measure that can be used to assess significant others' beliefs about their partners' pain problems. Little is known about the beliefs of family members ... so, this measure is expected to provide a way for clinicians and researchers to assess and track changes in those beliefs. [http://www.jpain.org/article/S1526-5900\(08\)00860-2/abstract](http://www.jpain.org/article/S1526-5900(08)00860-2/abstract)

[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.

Young adults' opinions about hospice and home death

JOURNAL OF PALLIATIVE MEDICINE, 2009;12(4):337-342. Exploring preferences for and barriers to quality end-of-life care is essential to improving care for dying individuals. Young adults often are involved or will be involved in decisions about the care of a loved one, and little research has examined opinions about end-of-life care among this population. The current study examined factors that may affect young adults' opinions about hospice care and home death. Approximately 44% of the participants reported experience with the death of a loved one from a terminal illness. Hospice knowledge was higher among females, and females were more likely to report a positive opinion about hospice care as well as a greater likelihood of recommending hospice services for a loved one. Caucasians had a more positive opinion of home death than African Americans. Individuals describing their prior experience with the death of a loved one as negative had a more positive opinion of home death than those with no prior experience or a non-negative experience. Young adults' opinions about hospice and home death vary significantly with respect to gender and race. Large percentages of neutral responses suggest that interventions targeted at young adults could significantly impact their views of and ultimate choices about of end-of-life care. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2008.0265>

Roman Catholic doctrine guiding end-of-life care: A summary of the recent discourse

JOURNAL OF PALLIATIVE MEDICINE, 2009;12(4):373-377. Recent statements emanating from high-level church authorities have reignited discussion over the traditional Roman Catholic doctrine guiding end-of-life care. Although these statements concerned the specific issue of artificial nutrition and hydration for patients in a persistent vegetative state, they contain principles that might be applied to other life-prolonging interventions. This paper examines the origins of the Catholic moral tradition that guides end-of-life care. Included is a discussion of the "ordinary extraordinary" distinction, as well as the Catholic definition of "euthanasia by omission." Further discussion focuses on those recent statements that have reaffirmed the Church's teaching regarding life-sustaining interventions. Although a source of some consternation, these statements should spark healthy discussion within Catholic health care facilities and among patients seeking advice about advance care planning within a Catholic framework. Moreover, the statements rightly reaffirm the Church's unwavering commitment to delivering compassionate palliative care. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2008.0162>

Expressions of grief

Ritual and memory for siblings of infants who died in the intensive care nursery

JOURNAL OF PEDIATRICS | Online journal article – 2 April 2009 – Although death in the Neonatal Intensive Care Unit often has a brief course, consequences for survivor siblings can be life-long. Siblings born both before and after the death of an infant may be at risk and in need of psychological support. Family rituals and photos are important vehicles of communication, grieving, and memory for siblings and parents alike. Clinicians should allow siblings to be active participants in the infant's brief life and death. [http://www.jpeds.com/article/S0022-3476\(08\)01058-5/abstract](http://www.jpeds.com/article/S0022-3476(08)01058-5/abstract)

Feedback sought on medicines issues in palliative care paper

MEDICAL NEWS TODAY (U.K.) | Online report – 5 April 2009 – The National Prescribing Service (NPS) invites health professionals and interested health organisations to provide feedback on a consultation report about medicines issues in palliative care and end of life, which will guide future NPS programs in this area. In mid 2008, NPS consulted key health organisations and individuals on the perceived gaps in achieving quality use of medicines in palliative or end of life care. Following these consultations, *Understanding the issues and exploring the strategies to achieve quality use of medicines in palliative care and end of life* was developed in collaboration with Palliative Care Australia. <http://www.medicalnewstoday.com/articles/145009.php>

Don't let terminal diagnosis end patient communication

THE MEDICAL POST (CANADA) | Online OpEd – 23 March 2009 – Historically, health-care professionals characterized a terminal disease as one for which there was little effective treatment and for which the time of diagnosis until the end was relatively short and fairly predictable. One of the great achievements of modern medicine is the transformation of many previously untreatable diseases into what is now conceptualized as chronic disease management – conditions that can be controlled for years or decades with good function if necessary treatment regimens are followed. Rather than thinking of diseases as terminal or not, it's preferable to think of all diseases as having a course which at some point may enter a terminal phase. We might consider referring to such individuals as being in the terminal phase of their disease.
http://www.medicalpost.com/opinions/oped/article.jsp?content=20090323_155258_8144

Diversity of pediatric palliative care patients documented

MEDPAGE (U.S.) | Online report – 30 March 2009 – Pediatric palliative care programs serve a diverse group of patients that defies the stereotypes that many professionals outside the discipline might have. Investigators at six centers in North America performed a prospective observational cohort study involving each center's pediatric palliative care program. Patients with genetic and congenital conditions accounted for the largest numbers, but a substantial proportion had neuromuscular, respiratory, or gastrointestinal conditions, as well as cancer. The study, presented at the recent Annual Assembly of the American Academy of Hospice & Palliative Medicine, represented an attempt to characterize the patient population referred for pediatric palliative care. <http://www.medpagetoday.com/MeetingCoverage/AdditionalMeetings/13457>

N.B. Abstracts from the Academy's meeting: http://www.eurekalert.org/pub_releases/2009-03/aaoh-sa-031909.php

An evaluation of two decision-making scales for children with life-limiting illnesses

PALLIATIVE MEDICINE | Online journal article – 3 April 2009 – Annually, about 500,000 children are coping with life-limiting illnesses. Many of these children could benefit from pediatric palliative care which provides supportive services. These services can also aid parents in decision making. In order to measure the effect of pediatric palliative care programs on decision making, a valid and reliable tool must be identified. This study aims to validate the psychometric properties of the Decisional Conflict Scale and the COMRADE instruments for children with life-limiting illnesses. <http://pmj.sagepub.com/cgi/content/abstract/0269216309104892v1>

Ratings of symptoms and comfort in dementia patients at the end of life: comparison of nurses and families

PALLIATIVE MEDICINE | Online journal article – 3 April 2009 – After-death reporting by proxies on end-of-life outcomes is used in research and can also be used to target institutions directly to improve practice. The authors compared the scores of family caregivers and nurses on two End-of-Life in Dementia Scales. Mean evaluations of end of life with dementia corresponded reasonably well between family and professional caregivers, but correspondence of individual observations was poor to moderate, suggesting serious differences in individual ratings but little systematic difference. <http://pmj.sagepub.com/cgi/content/abstract/0269216309103124v1>

Worth Repeating

Illness trajectories and palliative care

BRITISH MEDICAL JOURNAL, 2005;330:1007-1011. When people with life threatening illnesses and their carers ask about prognosis ("How long have I got?"), they are often doing more than simply inquiring about life expectancy. Within this question is another, often unspoken, question about likely patterns of decline ("What will happen?"). One aid to answering both questions may be through the use of typical illness trajectories. Thinking in terms of these trajectories provides a broad timeframe and patterns of probable needs and interactions with health and social services that can, conceptually at least, be mapped out towards death. Such frameworks may help clinicians plan and deliver appropriate care that integrates active and palliative management. If patients and their carers gain a better understanding by considering illness trajectories this may help them feel in greater control of their situation and empower them to cope with its demands. <http://www.bmj.com/cgi/content/extract/330/7498/1007>

Of related interest:

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2003;289:2387-2392. '**Patterns of functional decline at the end of life.**' Trajectories of functional decline at end of life are variable. Differentiating among expected trajectories and related needs would help shape tailored strategies and better programs of care prior to death. <http://jama.ama-assn.org/cgi/reprint/289/18/2387>

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