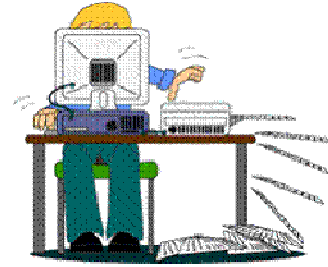


## Media Watch

...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.

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Compiled & Annotated by Barry R. Ashpole

Explaining clinical judgements: Scroll down to [Specialist Publications](#) and 'Essay requirement added to Medicare hospice referral process.'

## Canada

### Assisted (or facilitated) death

#### **Professor can proceed with suicide research**

B.C. (SURREY) | *Surrey North Delta Leader* – 23 April 2009 – A professor at Kwantlen Polytechnic University is allowed to proceed with his research on assisted suicide. The Canadian Association of University Teachers (CAUT) launched an inquiry last year to investigate whether Kwantlen officials violated the Dr. Russel Ogden's academic freedom by blocking him from observing illegal assisted suicides in the name of research. The inquiry, however, came to an end late last year when the university, Ogden and the faculty association came to a "mutually agreeable settlement," according to an April bulletin on the CAUT's website. Details of the agreement are confidential, but it does allow Ogden to continue research that was halted by the university in 2006. [http://www.bcclocalnews.com/surrey\\_area/surreyleader/news/43586322.html](http://www.bcclocalnews.com/surrey_area/surreyleader/news/43586322.html)

### Compassionate care benefit

#### **More federal assistance for seniors: Senate report**

ONTARIO (OTTAWA) | Canadian Press – 20 April 2009 – The federal government needs to do much more to assist the aging population, including beefing up pension, old age assistance and compassionate care benefits, says a new report. The final report of the special Senate committee on aging concludes there are serious gaps in health care, housing, transportation and support systems for seniors. And those problems are only going to grow as the baby boom generation enters the retirement years. "Our committee has heard from Canadians across the country and it's clear there are some serious gaps to be addressed," said committee chair Sharon Carstairs, a Liberal senator. <http://www.google.com/hostednews/canadianpress/article/ALeqM5gQAaeC5-Jvq65Ai0DuzULjQfgskA>

## U.S.A.

### **Dying is no reason to give up online social life**

ASSOCIATED PRESS | Online newswire report – 25 April 2009 – In today's world of always-connected social media, there's no reason to stop interacting online simply because you're dead. A wave of new companies are starting to offer services such as virtual cemeteries where guests can visit and e-mail alerts set up by funeral homes to remind relatives near and wide about the anniversary of your death. Some companies even offer to e-mail your wayward relatives in danger of being left behind when the Rapture whisks you to the threshold of the Pearly Gates. <http://www.syracuse.com/newsflash/business/index.ssf?/base/business-4/1240649308150670.xml&storylist=business>

### **Hospice collecting oral histories from veterans**

CALIFORNIA | *Ventura County Star* – 25 April 2009 – Clifford Cox served in Burma and India during World War II. His memories of that are clouded now, but he committed his life story to a tape recorder operated by hospice volunteers in 2005, when his recollections were still fairly strong. "We've been doing oral histories for quite some time now, but we just recently started doing them on digital voice recorders," said Laurie Davis, director of volunteers for the Camarillo Hospice. "The generation that fought, particularly in World War II, is dying off and we need to get their stories." Davis has put up fliers around the community to spread the word that hospice volunteers will record any veteran who wishes to share his or her story. The veteran's family will receive a CD with an introduction and the digital recording. "We've even had some interest in the stories from the Library of Congress and a few media outlets as well," Davis said. <http://www.venturacountystar.com/news/2009/apr/25/camarillo-hospice-collecting-oral-histories-from/>

### **Improving access to compassionate and high quality end of life care**

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 23 April 2009 – Advocates from across the country met with their U.S. Senators and Representatives urging them to protect access to compassionate and high-quality end-of-life care for the more than 1.4 million patients and families who depend on hospice each year. The meetings were part of the NHPCO's Capitol Hill Day. In addition to the meetings in Washington, D.C., thousands of 'phone calls were made to Congressional offices by hospice advocates, who participated in NHPCO's inaugural Virtual Hill Day. <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5698>

Of related interest

- COLORADO | *Durango Herald* – 26 April 2009 – A bill that would create an interim committee to study the provision and delivery of hospice and palliative care was passed in the state legislature. [http://durangoherald.com/sections/Opinion/Columnists/Life\\_in\\_the\\_Legislature/2009/04/26/Rush\\_is\\_on\\_to\\_wrap\\_up\\_legislation/](http://durangoherald.com/sections/Opinion/Columnists/Life_in_the_Legislature/2009/04/26/Rush_is_on_to_wrap_up_legislation/)

### **Release of new pediatric standards of care**

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 23 April 2009 – Care for children and families facing serious illness and death figured prominently at NHPCO's recent Management & Leadership Conference. NHPCO released *Standards of Practice for Pediatric Palliative Care & Hospice* developed by the organization and the members of the Children's Project for Palliative/Hospice Services. In conjunction with the release of its pediatric standards, the organization released facts and figures on pediatric palliative and hospice care in America.<sup>1</sup> <http://www.nhpc.org/i4a/pages/index.cfm?pageID=5599>

1. *Facts & Figures: Pediatric Palliative & Hospice Care in America*, NHPCO, April 2009. [http://www.nhpc.org/files/public/quality/Pediatric\\_Facts-Figures.pdf](http://www.nhpc.org/files/public/quality/Pediatric_Facts-Figures.pdf)

## Patient-physician communication

### **When the patient gets lost in translation**

NEW YORK | *New York Times* (OpEd) – 23 April 2009 – Pressed for time and acutely aware that a couple dozen more patients were always waiting, I never called an interpreter to Armando's room during my daily rounds after his operation. Although interpreters were available at all times, it would take time ... for one to arrive, and then the translation itself could slow things down. While I always asked for interpreters to help with discussions about potential complications, worrisome lab results, or the complex immunosuppressive medication regimen, I tried to get by on my own during what I thought were more routine checks. For over a decade now, researchers have documented the effects of language barriers on health care. Patients who speak English poorly or not at all face longer hospital stays, an increased risk of misdiagnoses and medical errors, and decreased access to acute and preventive care services, often regardless of socioeconomic or insurance status. These disparities exist, in part, because of a lack of access to trained medical interpreters and translation services. But according to a new study published in *The Journal of General Internal Medicine*, doctors' assumptions about communication ... may also have a role.<sup>1</sup>  
<http://www.nytimes.com/2009/04/23/health/23chen.html?hpw>

1. *JOURNAL OF GENERAL INTERNAL MEDICINE*, 2009;24(2):256-262. **'Getting by: Underuse of interpreters by resident physicians.'** Residents at the study institutions with interpreters readily available found it easier to "get by" without an interpreter, despite misgivings about negative implications for quality of care. <http://www.springerlink.com/content/g935m81354731116>

**N.B.** Scroll down to [Specialist Publications](#) for a link to an abstract of the journal article.

### **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- WASHINGTON | Associated Press – 23 April 2009 – **'Two prescriptions filled for ... assisted suicide.'** A spokesman said that the Health Department has received two forms from pharmacists saying they have dispensed the drugs that people say they want to use to end their lives ...but, no forms certifying that a person has committed suicide under the state law that took effect in early March. [http://www.seattlepi.com/local/6420ap\\_wa\\_assisted\\_suicide.html?source=myspi](http://www.seattlepi.com/local/6420ap_wa_assisted_suicide.html?source=myspi)
- VERMONT | Vermont Legislature – 17 April 2009 – An assisted-suicide bill (S.144) was introduced in Vermont. <http://www.leg.state.vt.us/docs/2010/bills/Intro/S-144.pdf>

### **Two Boulder women share stories of battling cancer, facing death**

COLORADO | The Denver (T.V.) Channel – 21 April 2009 – Often in our society, we talk around death, not about it. We use euphemisms like "passed away" and rarely discuss death directly. "It's a topic few people really want to talk about when really it's something that if you really face it you're really going to have a much richer life if you appreciate the days that you have," said David Liban, a College of Arts & Media professor at the University of Colorado Denver. In the past few years, Liban has produced six documentary films. His most recent work is gaining recognition at film festivals across the U.S. and Canada. 'Mortal Lessons' is a documentary told through the life experiences of a variety of Coloradoans. The personal journeys of two Boulder women stand out.  
<http://www.thedenverchannel.com/entertainment/19244754/detail.html>

### 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.

## Making choices for end of life care

NORTH CAROLINA | *Lincoln Tribune* – 21 April 2009 – A recent study ... found that of the 3,586 North Carolina respondents who participated, 70% said they would not want machines used to prolong their lives; only 11% had discussed their wishes with their physician; 47% of respondents had completed written advance directives. Because people are living longer, many with chronic diseases, talking about choices must become an important part of any comprehensive health care plan. <http://www.lincolntribune.com/modules/news/article.php?storyid=11819>

Of related interest:

- NEW YORK | *New York Times* – 22 April 2009 – **'Why do we avoid advance directives?'** It's startling how few Americans have advance directives, an umbrella term including living wills that state your wishes and health care proxies that designate someone to carry them out if you can't. <http://newoldage.blogs.nytimes.com/2009/04/20/why-do-we-avoid-advance-directives/>
- MISSOURI | *Columbia Daily Tribune* – 20 April 2009 – **'Movement grows in planning end-of-life strategy: Kinder to press idea in Missouri.'** A new proposal might encourage Missourians to talk about end of life decisions. [http://lakeexpo.com/articles/2009/04/20/top\\_news/09.txt](http://lakeexpo.com/articles/2009/04/20/top_news/09.txt)
- CALIFORNIA | *Californian* – 15 April 2009 – **'Patients get new option to direct end-of-life care.'** A new state law that took effect earlier this year requires medical professionals to comply with Physician's Orders for Life-Sustaining Treatment – a document that elderly or seriously ill patients complete ... to specify their wishes for end of life treatment. <http://www.bakersfield.com/news/local/x44131074/Patients-get-new-option-to-direct-end-of-life-care>

### **Catherine's choice**

#### **To plan a death with dignity**

MASSACHUSETTS | NPR (National Public Radio) – 3 April 2009 – In December of 2006, Catherine Royce contributed an essay for the NPR series 'This I Believe' series.<sup>1</sup> She had been a dancer, arts consultant, theater manager and deputy arts commissioner for the City of Boston. In 2003, she was diagnosed with amyotrophic lateral sclerosis (ALS) – Lou Gehrig's Disease. Catherine Royce died recently. It was her well-considered choice. <http://www.npr.org/templates/story/story.php?storyId=102923424>

1. 'I always have a choice.' <http://www.npr.org/templates/story/story.php?storyId=6560320>

## Paid family leave: Not a good idea

OREGON | *The Oregonian* (OpEd) – 18 April 2009 – Bill 966 ... would tax wage earners of all incomes to supply a benefit to many families who don't need one. The law would take 2 cents per hour from all employees in companies with 25 or more workers and use the money to create a program that gives \$300/week for six weeks to those who take time off to care for a newborn or ailing family member. If approved, the tax would start in January 2011 and benefits would begin in 2012. [http://www.oregonlive.com/hovde/index.ssf/2009/04/paid\\_family\\_leave\\_not\\_a\\_good\\_i.html](http://www.oregonlive.com/hovde/index.ssf/2009/04/paid_family_leave_not_a_good_i.html)

### **Quotable Quotes**

*The complex diversity of human suffering ...in particular, the suffering of the dying ...can never be adequately encompassed by any one viewpoint or set of arguments about euthanasia. The whole reality of human suffering underlying the euthanasia discourse and activity ... is never visible to anyone at any given moment. Over time, new and diverse bits and pieces of that reality come into view and we are invited ... if not forced ...to re-think our old and frozen thoughts all over again.*

**David Roy, *Journal of Palliative Care* (Editorial), 2002.**

## **Governor signs hospice bill**

WASHINGTON | Seattle PI – 17 April 2009 – Bill 1926 will allow special religious considerations for hospice care and has been passed by the state's House and Senate, and is now signed into law. [http://blog.seattlepi.com/witnessingalzheimers/archives/166759.asp?from=blog\\_last3](http://blog.seattlepi.com/witnessingalzheimers/archives/166759.asp?from=blog_last3)

## **International**

### **'Angel care': Nurses seek to give dignity to the dead**

JAPAN | *Mainichi Daily News* – 27 April 2009 – There is a new trend making its way through the nursing community: caring for patients even after they have passed away, or "angel care." In general, nurses wash the bodies of patients that have died and conduct other basic preparations. However, in a recent development centered on hospices for patients near the end of their lives, nurses armed with an understanding of rigor mortis and other phenomena that follow death have been joining bereaved family members in preparing the dead for their journey to the next world. This is care for mourning families, and for the nurses themselves, who saw the patients through their last days. <http://mdn.mainichi.jp/features/news/20090427p2a00m0na013000c.html>

### **Project launched to provide palliative care for children**

INDONESIA | *Jakarta Globe* – 26 April 2009 – Indonesia's first palliative care project for children was launched by Rachel House, a local nongovernmental organization working with terminally ill children, and the Singapore International Foundation on 21 April. The Singapore Volunteers Overseas project is a two-year program, which pairs medical specialists from Singapore with their Indonesian counterparts and caregivers from organizations such as Rachel House and the Dharmais Cancer Centre. <http://www.thejakartaglobe.com/life-times/article/17760.html>

## **Expressions of grief**

### **Bereavement centre still on hold**

U.K. | BBC News – 25 April 2009 – Plans for a Bereavement Centre for Muslims in Leicestershire are still on hold. The Muslim community wants the new centre to provide physical space for mourning rituals. There are also plans to open it up to people of other Faiths, and none. But so far an affordable site for the new building has not been found. Currently Muslim families use one of several local mosques to lay out the bodies of deceased relatives, and perform ritual cleansing ceremonies before burial. [http://news.bbc.co.uk/2/hi/uk\\_news/england/leicestershire/8016229.stm](http://news.bbc.co.uk/2/hi/uk_news/england/leicestershire/8016229.stm)

### **Care choice bid defeated in (House) Commons**

U.K. | Associated Press – 24 April 2009 – A senior MP's bid to give patients the right to choose where they receive end-of-life care has been defeated in the House of Commons. Caroline Spelman said all patients suffering from an advanced or terminal illness should be able to choose to receive care away from hospital. She said it was expensive to keep someone in an acute hospital ward and the money should "follow the patient" rather than being "tied to the bed." But the Government opposed her Palliative Care Bill, saying councils and hospital trusts were "not yet in a position" to deliver the full range of options. Health Minister Dawn Primarolo said the Government's End of Life Care Strategy would give people more choice over their place of death. <http://www.google.com/hostednews/ukpress/article/ALeqM5gjquvem6o6ia4jJnwINCtwKTJdMg>

## Quality palliative care being delivered

AUSTRALIA (TASMANIA) | Press release – 23 April 2009 – Health Minister Lara Giddings re-stated the State Government's commitment to delivering quality palliative care. Ms. Giddings said that the State already met the benchmark for beds set down by Palliative Care Australia. She added that the State Government had invested in the education of health professionals to ensure they were able to provide palliative care services outside of an acute hospital or dedicated palliative care setting, that is, to patients in their own homes, in district hospitals or in aged care homes. <http://www.media.tas.gov.au/release.php?id=26503>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CZECH REPUBLIC | Czech News Agency – 22 April 2009 – '**Liberálové.cz redraft bill to legalise euthanasia.**' The non-parliamentary political party Liberálové.cz presented its second draft bill that would legalise euthanasia. <http://aktualne.centrum.cz/czechnews/clanek.phtml?id=635432>
- U.K. | Religious Intelligence – 22 April 2009 – '**British Parliament blocks bid to legalise assisted suicide.**' The British House of Commons has voted against an amendment to make it legal to assist someone in suicide. <http://www.religiousintelligence.co.uk/news/?NewsID=4291>
- AUSTRALIA | *Christian Today* – 20 April 2009 – '**No compelling reason to re-open euthanasia debate.**' Euthanasia advocates should take note of last year's resounding defeat of Victoria's euthanasia bill and stop continually trying to push for laws which would put at risk the lives of vulnerable sick and elderly people. <http://au.christiantoday.com/article/no-compelling-reason-to-re-open-euthanasia-debate/6051.htm>
- U.K. | BBC News – 20 April 2009 – '**Fears of 'culture of euthanasia.'**' At the inquests into deaths at a Hampshire hospital, a professor of pharmacology raised concerns that there may have been a "culture of involuntary euthanasia..." ...and, he went on to claim levels of diamorphine administered through syringe drivers were "reckless" and "poor practice" ... but, his report was not introduced into evidence. [http://news.bbc.co.uk/2/hi/uk\\_news/england/hampshire/8000568.stm](http://news.bbc.co.uk/2/hi/uk_news/england/hampshire/8000568.stm)
- U.K. (SCOTLAND) | *Scotsman* – 20 April 2009 – '**Assisted suicide proposals criticised by ethics body.**' Proposals to legalise assisted suicide were branded "dangerous and unnecessary" by a medical ethics council. <http://news.scotsman.com/scotland/Assisted-suicide-proposals-criticised-by.5186903.jp>

## Paramedics told: 'Let accident victims die if they want to' in new row over patient rights

U.K. | *Daily Mail* – 18 April 2009 – Health Service paramedics have been told not to resuscitate terminally-ill patients who register on a controversial new database to say they want to die. It has been set up by the ambulance service in London for hundreds of people who have only a few months to live so that they may register their 'death wishes' in advance. It is believed to be the first in the country, but other trusts around the country are expected to follow suit to comply with government guidelines which state that patients' wishes should be taken into account, even at the point of death. <http://www.dailymail.co.uk/news/article-1171167/Paramedics-told-Let-accident-victims-die-want-new-row-patient-rights.html?printingPage=true>

### [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.

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

### **Stigma associated with "palliative care": Getting around it or getting over it**

CANCER (OpEd), 2009;115(9):1808-1812.

<http://www3.interscience.wiley.com/journal/122211365/abstract>

N.B. Abstract of (or link to) the journal article is at present unavailable.

### **Decision-making for acutely ill nursing home residents: nurses in the middle**

*JOURNAL OF ADVANCED NURSING*, 2009;65(5):1001-1009. Most research concerning clinical decision-making in nursing homes focuses on the perspectives of doctors. Much less is known about the perspectives and actions of nurses with regard to decision-making, despite the centrality of their roles in nursing homes. Nurses strive to create a plan of care acceptable to family members and doctors, consistent with wishes of residents and most comfortable for residents. A unifying theme of satisfying all sides emerged (in this study) as representative of the negotiation strategies used by nurses to address these competing points of view. Four phases in this negotiation occurred: weighing the significance; notifying the family; feeling it out; and playing the middleman. The outcome was either a decision for life-prolongation or for palliative care. Decisions for nursing home residents are complex and involve weighing and balancing the interests and preferences of many concerned participants, including residents, families and doctors. <http://www3.interscience.wiley.com/journal/122246792/abstract>

### **Continuity of outpatient and inpatient care by primary care physicians for hospitalized older adults**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2009;301(16):1671-1680. Based on a retrospective cohort study, the authors describe the continuity of care in older hospitalized patients, change in continuity over time, and factors associated with discontinuity. In 1996, 50.5% of hospitalized patients were seen by at least one physician that they had visited in an outpatient setting in the prior year, and 44.3% of patients with an identifiable primary care physician were seen by that physician while hospitalized. These percentages decreased to 39.8% and 31.9%, respectively, in 2006. <http://jama.ama-assn.org/cgi/content/abstract/301/16/1671>

### **Tragic choices: Autonomy and emotional responses to medical decisions**

*JOURNAL OF CONSUMER RESEARCH*, 2009 | Online journal article – 2 April 2009 – The authors investigate how making highly consequential, highly undesirable decisions affects emotions and preference for autonomy. They examine individuals facing real or hypothetical decisions to discontinue their infants' life support who either choose personally or have physicians choose for them. Findings from a multidisciplinary approach consisting of a qualitative analysis of in-depth interviews and three laboratory studies reveal that perceived personal causality for making tragic decisions generates more negative feelings than having the same choices externally made. Tragic decisions also undermine coping abilities, weakening the desire for autonomy. Consequently, participants disliked making decisions but also resented relinquishing their option to choose. <http://www.journals.uchicago.edu/doi/abs/10.1086/598969><sup>1</sup>

1. Article available online in authors' draft:

[http://www.columbia.edu/~ss957/articles/TragicChoices\\_BottiOrfalliyengar.pdf](http://www.columbia.edu/~ss957/articles/TragicChoices_BottiOrfalliyengar.pdf)

## Patient-physician communication

### **Getting by: Underuse of interpreters by resident physicians**

*JOURNAL OF GENERAL INTERNAL MEDICINE*, 2009;24(2):256-262. Language barriers complicate physician-patient communication and adversely affect healthcare quality. Research suggests that physicians underuse interpreters despite evidence of benefits and even when services are readily available. The reasons underlying the underuse of interpreters are poorly understood. Although previous research has identified time constraints and lack of availability of interpreters as reasons for their underuse, the authors' data suggest that the reasons are far more complex. <http://www.springerlink.com/content/g935m81354731116>

### **Essay requirement added to Medicare hospice referral process**

MED PAGE TODAY (U.S.) | Online report – 22 April 2009 – Medicare coverage of hospice care will require physicians to write a "short narrative" describing the patient's clinical condition, under a proposed rule. The requirement, to take effect in fiscal year 2010, comes on top of a planned 1.1% cut in hospice care reimbursement rates, according to the proposed Hospice Wage Index rule announced late yesterday by Centers for Medicare & Medicaid Services. The agency said it was concerned about a rising number of hospice patients who survive longer than six months. Currently, physicians must certify that patients have a life expectancy of six months or less to trigger Medicare payments. But they are not required to explain their clinical judgment. In the proposed narratives, to be required for every certification or recertification for hospice care, physicians would have to describe the clinical evidence supporting a life expectancy of six months or less. <http://www.medpagetoday.com/PublicHealthPolicy/Medicare/13853>

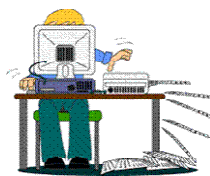
### **Can you measure compassion?**

*NURSING TIMES* (U.K.) | Online article – 21 April 2009 – At the same time as nurses and other healthcare professionals are often praised for their high levels of compassion, there is a common lament that the "heart has gone out" of nursing and that today's nurses are not as "caring" as those of the past. The public's perception seems to be that the level of compassion with which nurses care for patients has decreased over time, an impression perhaps driven by a succession of national news stories involving high-profile cases ... and, more isolated examples involving care of older people. The argument has also been made that the development of nursing careers into more advanced roles has taken nurses away from core values and into the more technical aspects of care. <http://www.nursingtimes.net/whats-new-in-nursing/management/a-measure-of-compassion/5000543.article>

Of related interest:

- *JOURNAL OF ADVANCED NURSING*, 2009;65(6):1318-1327. **'Learning for holistic care: addressing practical wisdom (phronesis) and the spiritual sphere.'** Nursing quality could be enhanced if adequate opportunities for acquiring phronesis through experiential learning were provided in nursing curricula. <http://www3.interscience.wiley.com/journal/122211093/abstract>

### **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.

## **Palliative care: Using palliative nursing skills in clinical practice**

*NURSING TIMES* (U.K.) | Online article – 21 April 2009 – Implementing a philosophy of care which emphasises quality of life, holism, futility, family involvement, and which sees death as a natural end of life is an enormous challenge for nurses in current complex healthcare environments. This article explores the practice-based reality of using the palliative approach in multiple settings and the challenges in such care. <http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/palliative-care-3-using-palliative-nursing-skills-in-clinical-practice/5000510.article>

From Media Watch dated 04.20.09.

- *NURSING TIMES* (U.K.) | Online article – 14 April 2009 – '**Palliative care: Exploring the skills that nurses need to deliver high-quality care.**' The second article in this series on palliative care outlines the skills nurses need to deliver effective care. <http://www.nursingtimes.net/nursing-practice-clinical-research/palliative-care-2-exploring-the-skills-that-nurses-need-to-deliver-high-quality-care/5000347.article>

From Media Watch dated 04.06.09.

- *NURSING TIMES* (U.K.) | Online article – 7 April 2009 – '**Principles of palliative care nursing and end-of-life care.**' The first (article) in this series examines the diversity and challenges inherent in nurses' contribution to palliative care. <http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/palliative-care-1-principles-of-palliative-care-nursing-and-end-of-life-care/2007480.article>

## **Assisted suicide and voluntary euthanasia**

OnMedica (U.K.) | Online OpEd – 16 April 2009 – Assisted suicide and voluntary euthanasia are rarely out of the news these days. Aside from the patients themselves, politicians, journalists and philosophers are taking the limelight to express their views. They demand that the law is relaxed in favour of allowing people the "right to die", or, at the very least, the freedom from potential prosecution of their relatives if they help them on their suicidal journeys. But amongst these vehement and polarised views, we need to elucidate the salient facts and the ethical issues. <http://www.onmedica.com/NewsArticle.aspx?ID=e640d159-2fea-48f6-b75d-ccbb55fba98f>

## **Novel approach, using end-of-life issues, for identifying items for public health surveillance**

*PREVENTING CHRONIC DISEASE*, 2009;6(2):1-8. Using end-of-life (EOL) issues to provide context, the authors introduce a novel approach to identify potential items for public health surveillance. Their method involved an environmental scan of existing EOL surveys and included: 1) consulting experts for advice on critical EOL topics; 2) identifying a broad sample of EOL surveys; and, 3) using an abstraction tool to characterize surveys and survey items. As a result of this process, the authors identified topics for which many EOL items already exist and topics for which items should be developed. [http://origin.cdc.gov/pcd/issues/2009/apr/pdf/08\\_0120.pdf](http://origin.cdc.gov/pcd/issues/2009/apr/pdf/08_0120.pdf)

## **End-of-life issues in the acute and critically ill patient**

*SCANDINAVIAN JOURNAL OF TRAUMA, RESUSCITATION & EMERGENCY MEDICINE*, 2009; 17:21. | Online journal article – 22 April 2009 – The challenges of end of life care require emergency physicians to utilize a multifaceted and dynamic skill set. Such skills include medical therapies to relieve pain and other symptoms. Physicians must demonstrate aptitude in comfort care, communication, cultural competency and ethical principles. It is imperative that emergency physicians demonstrate a fundamental understanding of end of life issues in order to employ the versatile, multidisciplinary approach required to provide the highest quality end of life care for patients and their families. <http://www.sjtem.com/content/17/1/21/abstract>

## **Evaluation and comparison of two prognostic scores and the physicians' estimate of survival in terminally ill patients**

*SUPPORTIVE CARE IN CANCER*, 2009 | Online journal article – 21 April 2009 – Professionals are not generally willing to provide prognosis on survival, even though they are expected to be able to do so from their clinical experience. This study focused on the Palliative Prognostic Index (PPI) and the Palliative Prognostic Score (PaP-S). Survival time was compared with physicians' estimations and prognostic scores in 83 patients. Physicians' estimations overestimated survival time on average fourfold. Estimations were more often correct for very good and very bad prognosis. The prognostic scores are not able to produce a precise reliable prognosis for the individual patient. <https://commerce.metapress.com/content/40v12483g7q47231/resource-secured/?target=fulltext.pdf&sid=45tol5e0bfr1oi450i3212vr&sh=www.springerlink.com>

### **Worth Repeating**

#### **Current approaches to helping children cope with a parent's terminal illness**

*CA: A CANCER JOURNAL FOR CLINICIANS*, 2006;56(4):197-212. Much has been learned about childhood bereavement in the last few decades as studies have increasingly focused on the direct interviewing of children about their recovery from the tragic loss of a parent. It has been shown that children do indeed mourn, although differently from adults. Important moderating and mediating variables have been identified that impact their recovery from the loss of a parent, which can be the focus of intervention. When death is expected, the terminal phase of an illness has been found to be particularly stressful for children, yet seldom investigated. Similarly, few studies have explored the impact of development on children's experience and expression of grief. The authors present research findings that clarify phases in children's experience during the terminal illness, hospital visits, the death, and its immediate aftermath, as well as how the parent is mourned and issues in longer term reconstitution. Variations in children's responses in these phases are described as they were experienced by 87 children from 3 different developmental groupings: 3 to 5 years, 6 to 8 years, and 9 to 11 years. Recommendations are suggested for parents and professionals about ways to understand and support children during the terminal illness, at the time of death, and during the phase of reconstitution. <http://caonline.amcancersoc.org/cgi/reprint/56/4/197>

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