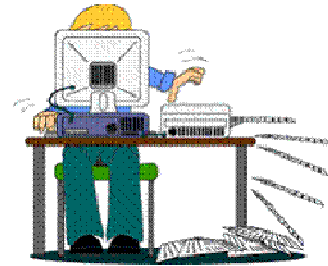


## Media Watch

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

## 29 September Edition | Issue #64



Compilation of Media Watch 2008 ©

Compiled & Annotated by Barry R. Ashpole

Patient-physician communication: Scroll down to [U.S.A.](#) and 'A time when listening is 'sacred,' and [Journal Articles](#) and 'Missed opportunities for ... empathy...'

## Canada: National

### **Dying patients and their families are suffering in silence according to Canadian survey on palliative care**

WYETH CANADA | Press release – 25 September 2008 – Inside Palliative Care in Canada, the largest survey of its kind, reveals that 58% of Canadians have never discussed end-of-life care, this despite the fact that approximately two-thirds of deaths in Canada each year require this specialized care. According to the survey, almost all Canadians believe that dying with dignity and comfort are of the utmost importance – 94% & 95%, respectively – yet survey results reveal Canadians neither know about nor are comfortable discussing some of the barriers to maintaining comfort and dignity at end-of-life. "The results of Inside Palliative Care in Canada are a call to action for Canadians to talk openly and honestly about end-of-life care," says Sharon Baxter, Executive Director of the Canadian Hospice Palliative Care Association (CHPCA). "Without discussion, families and loved ones are unprepared and often overwhelmed when they or their grandparent, parent, sibling, child or someone they know and love are unfortunately faced with the realities of end-of-life care." The survey was sponsored by Wyeth Canada in collaboration with CHPCA. <http://www.newswire.ca/en/releases/archive/September2008/25/c8274.html>

- *Ottawa Citizen*: 'Survey reveals most Canadians still 'scared' to talk about palliative care.'  
<http://www.canada.com/ottawacitizen/news/story.html?id=4bf77840-f9af-4322-9444-d430476a8074>

## Was 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.

## Canada: Provinces

### **A living will specifies what life-prolonging medical interventions you'll accept**

QUEBEC | *Montreal Gazette* – 29 September 2008 – Many seniors are uneasily aware that they may spend our last days, weeks or even years receiving end-of-life medical care for which we have no say. Similarly, we may dread watching a close relative or friend going through that sort of experience. But what can we do about that worry except hope for the best – or choose to think about it later or not at all? The answer is that ... we can make what's known as a living will, or advance directive, to spell out our wishes on medical treatment. In Quebec, the document is known as a mandate. Many Quebecers use a notary to make their will, and wishes regarding medical treatment can be included in a will. Notaries are not usually doctors (and) may not be equipped to help you understand the treatment choices available.

<http://www.canada.com/montrealgazette/columnists/story.html?id=76af4a2c-baa0-4f4b-be5a-ef72ead8c168>

### **Federal election**

### **Federal parties ignoring 64% of voters by not addressing their priorities, such as support for family caregivers**

CANADIAN ASSOCIATION FOR RETIRED PERSONS (CARP) | Press release – 23 September 2008 – After reviewing the party platforms, CARP finds that the federal parties fail to address the priorities of Canadians who are 45 years of age or more, and calls for a Universal Family Caregiver Benefit that mirrors the Universal Child Care Benefit. "Canadians 45 and over are the largest and most politically engaged demographic – 70% of them vote regularly and in 2004 they cast 9 million votes or 64% of all votes cast in that election. Why would the politicians ignore them?" asks Susan Eng. "Yet, the party websites and now their platforms continue to skirt the issues that matter to their most active voters so we will keep reminding them of what counts to us." added Eng. <http://www.newswire.ca/en/releases/archive/September2008/23/c7729.html>

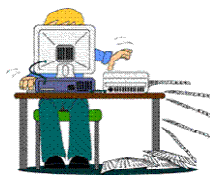
- United Press International: '**Family caregiver benefit sought in Canada.**' [http://www.upi.com/Health\\_News/2008/09/23/Family\\_caregiver\\_benefit\\_sought\\_in\\_Canada/UPI-18741222226939/](http://www.upi.com/Health_News/2008/09/23/Family_caregiver_benefit_sought_in_Canada/UPI-18741222226939/)

## U.S.A.

### **Survey shows need for end-of-life preparation**

NEW YORK | *Post-Journal* – 29 September 2008 – A recent survey done by Univera Healthcare highlights the disparity between values and actions taken in reference to creating a living will and designating a healthcare proxy in Upstate New York. <http://post-journal.com/page/content.detail/id/512792.html>

### **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 workshops for frontline care providers.

## **Coordinated care should be a top priority in health care reform plans**

FLORIDA | *Times-Union* – 25 September 2008 – Coordinated care must be a top priority when the new president and the next Congress address health care reform. Coordination is necessary to provide the value that we all desire from health care: high quality at an affordable cost. But coordinated care is not easy. According to a consumer survey conducted by the Mayo Clinic Health Policy Center, the majority of Americans (53%) have a chronic condition requiring long-term care, which often requires care from more than one doctor. Preferably, such care should be coordinated by a primary care physician who is geographically near to the patient but who can work efficiently with specialists when the need for such services arises. The Mayo Clinic Health Policy Center has been working for more than two years to craft a plan for health care reform. [http://www.jacksonville.com/tu-online/stories/092608/opl\\_336853541.shtml](http://www.jacksonville.com/tu-online/stories/092608/opl_336853541.shtml)

- New York (DailyNews.com): **'Telehealth program serves growing elderly population.'** [http://www.newsday.com/about/ny-subscribe-promo\\_0\\_6435212.htmlstory](http://www.newsday.com/about/ny-subscribe-promo_0_6435212.htmlstory)

### **Patient-physician communication**

#### **A time when listening is 'sacred'**

NEW YORK | *New York Times* – 25 September 2008 – It is Dr. Diane E. Meier's goal to make palliative care "part of the genome of American medicine." Dr. Meier, director of the Center to Advance Palliative Care and professor of geriatrics and medical ethics at Mount Sinai School of Medicine in New York, parted ways a decade ago with an outspoken group of physicians nationwide who sought the legalization of assisted suicide. Her argument then – and even more vociferously now – is that the American health care system reimburses doctors for doing procedures, not spending hours plumbing the souls of their patients. Thus no physician has time for the discussion, reflection and explanation necessary to conclude, knowledgeably and honorably, that helping a patient die is a reasonable and ethical choice. "I don't know if there will ever be a health care system that affords the time to talk through this kind of despair," Dr. Meier said. "And it's naïve optimism to think we can set public policy that will protect vulnerable patients" from end-of-life decisions made by doctors who spend "ten minutes per patient." <http://newoldage.blogs.nytimes.com/2008/09/25/a-time-when-listening-is-sacred/?ref=health>

N.B. Of related interest: Scroll down to [Journal Articles](#) and **'Missed opportunities for ... empathy...'**

#### **Oklahoma's attorney general makes case for better end-of-life care**

OKLAHOMA | *The Oklahoman* – 25 September 2008 – A health care system that's set up to keep people alive must adapt so people can die according to their wishes, with dignity and without pain.. That was the consensus of a panel of experts, including Oklahoma Attorney General Drew Edmondson, who testified before the Senate's Special Committee on Aging. Edmondson, who has approached end-of-life care as an advocate for Oklahoma consumers, made the issue his priority five years ago when he was president of the National Association of Attorneys General. "The stories that we heard were frightening and shocking," he said. Patients' stated wishes about foregoing treatment were ignored, he said, and their pain wasn't managed. Senators said they want to determine how to get more people to communicate their wishes about end-of-life care and how to get physicians and hospitals to honor those wishes. <http://newsok.com/oklahomas-attorney-general-makes-case-for-better-end-of-life-care/article/3302476/?tm=1222320584>

- *Long Term Care & Assisted Living*: **'Senate committee to look into end-of-life issues.'** <http://www.mcknights.com/Aging-committee-to-look-into-end-of-life-issues/article/118276/>
- *Tulsa World*: **'Doctors' legal fears leave patients in pain, attorney general says.'** [http://www.tulsaworld.com/news/article.aspx?articleID=20080925\\_16\\_A7\\_WASHIN110403](http://www.tulsaworld.com/news/article.aspx?articleID=20080925_16_A7_WASHIN110403)

## Do not resuscitate

### Hospital bracelets face hurdles as they fix hazard



NEW YORK | *New York Times* – 24 September 2008 – New York's 11 public hospitals are at the forefront of a national movement to standardize color coding of hospital wristbands to designate patient conditions, in which purple – the color of amethyst – means 'Do Not Resuscitate.' The drive was spurred, in part, by a notorious 2005 Pennsylvania case in which a patient nearly died because a nurse used a yellow band thinking it meant "restricted extremity" (don't draw blood from that arm), as it did at another hospital where the nurse sometimes worked, when at this hospital it meant D.N.R. <http://www.nytimes.com/2008/09/25/nyregion/25bracelets.html?hp>

- *Wall Street Journal*: 'Should patient bracelets announce end-of-life choices?' <http://blogs.wsj.com/health/2008/09/25/should-patient-bracelets-announce-end-of-life-choices/>

### How to manage employees who are also family caregivers

*EXCHANGE MORNING POST* (Waterloo, Ontario, Canada) | Online report – 22 September 2008 – With a growing number of Americans providing care for a loved one at home, businesses need to address this growing trend in a way that's equitable for employees and employers alike. Today, more than 50 million Americans are 'family caregivers' – the primary caregiver for a sick, disabled or elderly family member. Since nearly half of all family caregivers also hold full-time jobs, employers need to be aware of the stress and emotional aspects that come with a caregiving situation. Compounding the challenge is the fact that as the U.S. population ages, and as the average life span continues to rise, more employees will take on family caregiving roles. More workers are dividing their attention and time between work demands and caregiving demands. <http://www.exchangemagazine.com/morningpost/2008/week39/Monday/0922014.html>

- N.B.** Letter to the editor regarding the *Exchange Morning Post* article:  
<http://www.exchangemagazine.com/morningpost/2008/week39/Tuesday/092307.html>

## Medicare reimbursement rates for hospice palliative care

### Public support for stopping hospice rate cuts grows

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Press release – 22 September 2008 – Public attention in support of the integrity of hospice care has been growing steadily since the Centers for Medicare & Medicaid Services (CMS) published a rule that will, effectively, cut hospice reimbursement rates, reports the NHPCO. Nationally, hospice supporters have been reaching out via local media and through community forums to voice concern over the CMS rule. <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5731>

## [Back Issues of Media Watch](#)

Back issues of Media Watch are held on file for a limited time and available on request.

## HIV/AIDS and aging

### 'A lot of unknowns'

NEWSWEEK | Online report – 22 September 2008 – Medical advances are helping many HIV patients live into old age. But that blessing presents its own set of tribulations. Researchers know that HIV and age make for a complicated balancing act – a convoluted interplay of the disease itself, natural aging symptoms, and the side effects of antiretroviral medication that may enhance those symptoms. Part of the aging process is already about a loss of immunity. So the fact that HIV is an immune disease may be one reason why its sufferers tend to age fast, in everything from body changes to cardiovascular disease. <http://www.newsweek.com/id/159517>

Of related interest:

- U.K. (Press Association): **'Millions infected with HIV.'** [http://ukpress.google.com/article/ALeqM5g3JBrCBppEBaYowD\\_3pMi0gW01Vw](http://ukpress.google.com/article/ALeqM5g3JBrCBppEBaYowD_3pMi0gW01Vw)
- U.K. (*The Guardian*): **'The first, most acute stage of the AIDS epidemic may be over, but with 7,500 new infections every day ...'** <http://www.guardian.co.uk/alloutonpoverty/health.aids>

## Euthanasia and assisted suicide: Washington's Initiative 1000

### Washington State's assisted-suicide measure: Don't go there

OREGON | *Oregonian* – 20 September 2008 – As Washington state voters decide this fall on a physician-assisted suicide law much like Oregon's, we won't be repeating the warnings we raised more than a decade ago when this state was debating the issue. Ten years' experience with Oregon's ... Death With Dignity Act has shown that our deepest concerns were unfounded. Safeguards built into the law appear to be working. Terminally ill people from other states have not flocked to Oregon to commit suicide, and Oregonians themselves are not using the law in large numbers. It has not targeted the disabled as feared, nor has it steamrolled vulnerable people into taking their lives. Still, even though Washington's initiative closely parallels Oregon's law, we (the *Oregonian* Editorial Board) won't be endorsing it.

[http://www.oregonlive.com/opinion/index.ssf/2008/09/washington\\_states\\_assistedsuic.html](http://www.oregonlive.com/opinion/index.ssf/2008/09/washington_states_assistedsuic.html)

- Oregon (*Oregonian*): **'In slight turnabout, *Oregonian* opposes I-1000.'** <http://www.theolympian.com/126/story/592775.html>
- Oregon (*Oregonian*): **'Assisted suicide: Conspiracy and control.'** [http://www.oregonlive.com/opinion/index.ssf/2008/09/assisted\\_suicide\\_conspiracy\\_an.html](http://www.oregonlive.com/opinion/index.ssf/2008/09/assisted_suicide_conspiracy_an.html)
- Seattle (*Post-Intelligencer*): **'I-1000 provides a personal choice.'** [http://seattlepi.nwsourc.com/opinion/380241\\_gordon24.html](http://seattlepi.nwsourc.com/opinion/380241_gordon24.html)
- Seattle (*Times*): **'Doctors divided on assisted suicide.'** [http://seattletimes.nwsourc.com/html/localnews/2008194843\\_death22m.html](http://seattletimes.nwsourc.com/html/localnews/2008194843_death22m.html)

Of related interest:

- California (Caring.com): **'Euthanasia for end-stage Alzheimer's? How about humanity instead?'** <http://www.caring.com/blogs/caring-currents/euthanasia-for-end-stage-alzheimers-how-about-humanity-instead>
- California (*Progress Report*): **'California terminal patients have the right to know their treatment options.'** [http://www.californiaprogressreport.com/2008/09/governor\\_califo.html](http://www.californiaprogressreport.com/2008/09/governor_califo.html)
- RenewAmerica.us: **'The ugly side of dying.'** <http://www.renewamerica.us/columns/brown/080924>
- Wisconsin (Catholic News Agency): **'Court rules that assisting in suicide is not 'killing.''** <http://www.catholicnewsagency.com/new.php?n=13918>

## International

### **MS sufferer fights to change law on assisted suicide**

U.K. | *Times* – 28 September 2008 – Debbie Purdy won the right to a judicial review of the law on assisted suicide in June. Her condition has deteriorated to the point where she is no longer able to walk, the least effort makes her exhausted and her sight and hearing have begun to fail. Despite all that, she has a wonderfully cheery smile and insists that she “loves life.” Yet she knows she is inexorably heading towards the point where she will find her life intolerable. When that time comes, she wants to be able to end her life by travelling to the Dignitas clinic in Switzerland. If her husband helps her do it, he faces up to 14 years in prison. “I really want to have a legacy,” she says, “and I don’t want my legacy to be that my husband gets locked up.” [http://women.timesonline.co.uk/tol/life\\_and\\_style/women/the\\_way\\_we\\_live/article4836537.ece](http://women.timesonline.co.uk/tol/life_and_style/women/the_way_we_live/article4836537.ece)

- India (*Top News*, State of Kerala): **'Mercy killing should be legalized: Kerala Law Reforms Commission.'** <http://www.topnews.in/mercy-killing-should-be-legalized-kerala-law-reforms-commission-270008>

### Dying at home

### **Death in their loving arms**

AUSTRALIA | *Sydney Morning Herald* – 27 September 2008 – Caring for her dying husband at home was the hardest job – and the most rewarding – Janet Willis has ever undertaken. "It was incredible to have the person you love take their last breaths in your arms at home with the children and the animals around, and the Monopoly game unfinished in the next room," she said. Most terminally ill patients say they want to die at home but fewer than one in three end up doing so, Australian research shows. Part of the problem, according to Melanie Greblo, chief executive officer of Home Hospice, is the reluctance of hospital staff to entrust a dying patient to a family's care out of concern for the family's ability to cope. But as the euthanasia movement attracts publicity ... an alternative approach to dying is also growing. The Home Hospice movement aims to restore death to the more natural place it had 100 years ago when people died in their own homes in the midst of a community of carers. "Home is where we feel most comfortable and free to be our real selves," says Ms Greblo. But the home can also be a lonely and all-too-private space in a time of need, she says. Home Hospice's role is to harness family and friends to free the carers to look after the dying person. And in the process, says Greblo, everyone's fear of death is diminished through familiarity. <http://www.smh.com.au/news/national/death-in-their-loving-arms/2008/09/26/1222217517595.html>



### Quotable Quotes

*This painting ... contrasts events in a hallway with what is happening in an adjoining room. A group of three doctors are having a discussion outside the room, while inside we see a patient lying in bed, and a visitor. I wanted this painting to be about the subtleties of communication and exchange of information in a cancer situation: doctors talk differently among themselves than they do to the patient or the family. In*

*the hall the language is scientific, factual and blunt; meanwhile, in the room the communication is of a more nurturing and emotional nature. I based the composition for this painting on another painting about privilege and lack of it: The Flagellation of Christ by Piero Della Francesca.*

**Robert Pope** (1956-1992), *Illness & Healing: Images of Cancer* (Lancelot Press, 1991)

## Evaluating palliative care skills for community matrons

U.K. | *Nursing Times* – 24 September 2008 – All community matrons need to develop and enhance their role and work closely with palliative and specialist palliative care teams. This audit provided information to support the need for training and development in this area of care. We expect to repeat it annually to ensure the learning and development has been applied ... to monitor patients nearing their end of life, ensuring they have appropriate advanced care planning and open discussions to choose their preferred place of care at the end stage of their life. [http://www.nursingtimes.net/ntclinical/clinical\\_extra/2008/09/evaluating\\_palliative\\_care\\_skills\\_for\\_community\\_matrons.html](http://www.nursingtimes.net/ntclinical/clinical_extra/2008/09/evaluating_palliative_care_skills_for_community_matrons.html)

### Technology in hospice palliative care

#### Video conferencing improves palliative care

U.K. (Wales) | *Western Mail* – 22 September 2008 – MacMillan nurses in Wales are using video-conferencing equipment to help improve palliative care services. The equipment ... has helped to provide distance learning between the palliative care teams in Aberystwyth and Penarth. And it is also being used to allow patients to talk to their consultants face-to-face, without having to travel up to 120 miles for an appointment. A partnership was set up between the Ceredigion division of Hywel Dda National Health Services Trust, the Marie Curie Hospice in Penarth, and Marie Curie Cancer Care to establish and develop video-conferencing and tele-medicine services between the two sites. <http://www.walesonline.co.uk/news/health-news/2008/09/22/video-conferencing-improves-palliative-care-91466-21868568/>

- U.K. (WalesOnline.com): '**Learning about life – and death – at the sharp end of medical care.**' <http://www.walesonline.co.uk/news/wales-news/2008/09/29/learning-about-life-and-death-at-the-sharp-end-of-medical-care-91466-21918861/>

## Journal Articles

### Patient-physician communication

#### Missed opportunities for interval empathy in lung cancer communication

*ARCHIVES OF INTERNAL MEDICINE*, 2008;168(17):1853-1858. Empathy is important in patient-physician communication and is associated with improved patient satisfaction and adherence to physicians' recommendations. The author's conducted a qualitative thematic analysis of 20 audio-recorded, transcribed consultations between patients with lung cancer and their thoracic surgeons or oncologists. They identified 384 empathic opportunities and found that physicians had responded empathically to 39 (10%) of them. Otherwise, physicians provided little emotional support, often shifting to biomedical questions and statements ... defined as missed opportunities for 'interval empathy.' When empathy was provided, 50% of these statements occurred in the last one-third of the encounter, whereas patients' concerns were evenly raised throughout the encounter. Physicians rarely responded empathically to the concerns raised by patients with lung cancer, and empathic responses that did occur were more frequently in the last third of the encounter. <http://archinte.ama-assn.org/cgi/content/short/168/17/1853>

Sample of lay press coverage of the *Archives of Internal Medicine* article:

- *Los Angeles Times*: '**Don't look to a doctor for understanding.**' [http://latimesblogs.latimes.com/booster\\_shots/2008/09/dont-look-to-a.html](http://latimesblogs.latimes.com/booster_shots/2008/09/dont-look-to-a.html)
- *U.S. Today*: '**Study: Doctors show little empathy.**' [http://www.usatoday.com/news/health/2008-09-22-doctor-empathy\\_N.htm](http://www.usatoday.com/news/health/2008-09-22-doctor-empathy_N.htm)

## **Barriers to Pain Management: Caregiver perceptions and pain talk by hospice interdisciplinary teams**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2008;36(4):374-382. As patients are cared for in their homes by family caregivers, several challenges arise in effective pain and symptom management. Despite hospice's reputation as the gold standard for terminal care, there is still a need to improve pain management practices, including challenges that caregivers face, related to pain assessment, reluctance and fear of administering medication, noncompliance with pain medicine regimens, and hesitance to report pain. The hospice philosophy of care promotes service for both patients and their family by an interdisciplinary team, and total pain management is a goal of this care. The aim of this control phase of a larger National Cancer Institute-funded mixed methods study was to understand the current practice of hospice assessment and collaboration on informal caregiver issues related to pain management. Although caregiver concerns were identified with the Caregiver Pain Medicine Questionnaire by the research team, there was only one discussion of caregiver pain-related concerns during the hospice team meeting. This despite the finding that 38% of the time involved in a patient discussion is spent on pain-related talk. <http://www.jpmsjournal.com/article/PIIS0885392408002005/abstract?rss=yes>

### **News media influence on public understanding**

## **Media coverage of the persistent vegetative state and end-of-life decision-making**

*NEUROLOGY*, 2008;71:1027-1032. Conflicting perspectives about the diagnosis and prognosis of the persistent vegetative state (PVS) as well as end-of-life (EOL) decision-making were disseminated in the Terri Schiavo case. This study examined print media coverage of these features of the case. We retrieved print media coverage of the Schiavo case from the LexisNexis Academic database and used content analysis to examine headlines and text of articles describing Schiavo's neurologic condition, behavioral repertoire, prognosis, and withdrawal of life support. The accuracy of claims about PVS was assessed. Media coverage included refutations of the PVS diagnosis, attributed behaviors inconsistent with PVS, and used charged language to describe EOL decision-making. Strategies are needed to achieve better internal agreement within the professional community and effective communication with patient communities, families, the media, and stakeholders. <http://www.neurology.org/cgi/content/short/71/13/1027>

From Media Watch dated 09.08.08.

- University of California San Francisco News Office (press release regarding a study published in the *Journal of General Internal Medicine*): '**Schiavo case showed media's potential influence on health care decisions, study says.**' <http://pub.ucsf.edu/newsservices/releases/200809041/>

### **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.

## Books & Resources



### Documentary on local funeral home wins Emmy

U.S. | Hometown Weeklies (Michigan) – 25 September 2008 – *The Undertaking*, PBS Frontline's look into the lives and work of Lynch & Sons funeral directors in Milford and Clawson, won best News & Documentary at the recent 29th Annual Emmy Awards. Based on the book of the same name by Thomas Lynch, the one-hour film follows several families through the process of

terminal illness, decisions about funerals, burials, cremations and into the early months of bereavement. It also examines the role of funeral directors, hospice workers and others in caring for the living and the dead. The documentary is unconventional in several ways. Tom Lynch narrates the film rather than a standard narrator from PBS. Former Birmingham Mayor Bob Kelly is recorded doing advance planning for his wife Jean, who died during the filming. "They wanted an honest look at what goes on at a funeral home," Pat Lynch said. "They wanted a real picture without rehearsal or setting up of scenes. We received permission from the families so that nothing was staged, nothing was done differently." For PBS, *The Undertaking* received more positive responses from viewers than any other documentary developed by Frontline. The University of Michigan created a study guide inspired by the documentary that's being distributed to major seminaries, hospice programs and mortuary schools across the county.

<http://www.hometownlife.com/apps/pbcs.dll/article?AID=/20080925/NEWS02/809250368>

**N.B.** To view *The Undertaking*: <http://www.pbs.org/wgbh/pages/frontline/undertaking/>

Of related interest:

- *American Chronicle*: 'The practice of creating a personal and deeply meaningful funeral for your loved one at home.' <http://www.americanchronicle.com/articles/75089>

### *The Caregivers*

#### Documentary depicts challenges of caregiving

UNIVERSITY OF CALIFORNIA SAN FRANCISCO (UCSF) | *UCSF Today* – 22 September 2008 – The UCSF's Osher Center for Integrative Medicine, in association with the UCSF's Department of Neurological Surgery, has created a documentary about family caregiving for loved ones with aggressive forms of brain cancer. UCSF teamed with Open Eye Pictures, an award-winning, non-profit production company, to create *The Caregivers*, a film that follows patients and families as they struggle through an unmapped course within a complex and imperfect medical system. It reveals the complexities and challenges of caregiving and patient-doctor-caregiver communications. <http://pub.ucsf.edu/today/cache/news/200809193.html>

- *News & Advance* (Lynchburg, VA): 'Who cares for the caregivers?' (Review of *The Caregivers*) [http://www.newsadvance.com/Ina/news/opinion/darrell\\_laurant/article/who\\_cares\\_for\\_the\\_caregivers/8757/](http://www.newsadvance.com/Ina/news/opinion/darrell_laurant/article/who_cares_for_the_caregivers/8757/)

**N.B.** To view *The Caregivers*: <http://www.uctv.tv/search-details.asp?showID=14328>

## Worth Repeating

### What happens when we die?

CANADA | *Montreal Gazette* – 10 February 2007 – The term "nearing death awareness" was coined in 1992 by two U.S. hospice nurses, Maggie Callanan and Patricia Kelley. They were among the first medical professionals to identify a phenomenon that is now recognized worldwide. After following hundreds of terminally ill patients, Callanan and Kelley documented the phenomenon, which is characterized by premonitions, visions, dreams and unusual physical findings, in a book. *Final Gifts* went on to become a sort of bible for hospice workers. Now, closer to home, nurses at the West Island Palliative Care Centre (WIPC) in Kirkland are engaged in a similar qualitative exercise, collecting intimate details about the human experience leading up to death. In the process of caring for the more than 650 patients that have received care at the centre since it opened in 2003, (Teresa) Dellar (Executive Director of the WIPC) said the centre's 25 nurses have listened and learned and now want to share some of their observations. An estimated 98% of patients accurately predict when they will die – often within a day or two, but sometimes even to the exact hour. In the final 72 hours, the dying person often experiences a burst of energy and mental clarity that they used to declare their love, say goodbyes and right past wrongs. <http://www.canada.com/montrealgazette/story.html?id=f317b0cd-95ed-4991-8782-7268fa6fb721&k=1257>

## Arts & Entertainment

### Funeral cortege



### **Cirque du Soleil's new show *Corteo* spellbinding**

CANADA | *Ottawa Citizen* – 25 September 2008 – We should all be so lucky as to have funerals like this: No hushed church and tear-stained cheeks; instead, a mammoth circus tent and 60-plus limber performers walking high wires, spinning across the stage inside giant hoops, and generally carrying on in joyful, acrobatic fashion. Almost makes dying worthwhile. We're talking about *Corteo*. In *Corteo* (an Italian word meaning funeral cortege), a clown dreams of his own death and carnival-like funeral. <http://www.canada.com/ottawacitizen/news/arts/story.html?id=9df2fdd4-feb7-4fe1-9c23-c3f857387ed8>

**N.B.** Cirque du Soleil's *Corteo* website:

<http://www.cirquedusoleil.com/CirqueDuSoleil/en/showtickets/corteo/intro/intro.htm>

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