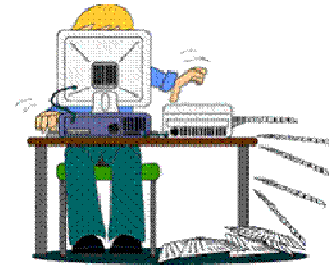


## Media Watch

...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.

13 October Edition | Issue #66



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Compiled & Annotated by Barry R. Ashpole

Ethics and end-of-life care: Scroll down to [Resources](#) and  
*From Birth to Death and Bench to Clinic: The Hastings Center Bioethics  
Briefing Book for Journalists, Policymakers, and Campaigns*

## Canada: National

### Palliative care group urges Canadians to learn more about end-of-life issues

OTTAWA, ONTARIO | Canadian Press – 9 October 2008 – It's a concept of care aimed at relieving suffering and improving quality of life for people with an advanced illness, but those working in palliative care say many Canadians lack knowledge and understanding about what's involved. This is despite the fact that more than two-thirds of deaths require palliative care, and patients with terminal illnesses such as cancer, heart and lung disease, benefit from the services it provides. The Canadian Hospice Palliative Care Association has released results of an online survey of adult Canadians, including those who had a close friend or family member in palliative care. While 86% of individuals said they had heard of the term, just 57% said they were familiar with palliative care. When asked to rate their knowledge on end-of-life care issues, 44% said they were "not very knowledgeable." <http://canadianpress.google.com/article/ALeqM5iWT-uDz3ZGvhX09QtbOmlQqEiUsA>

From Media Watch dated 09.29.08.

- *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>

Of related interest:

- *Ottawa Citizen*: 'Gatineau woman fights to improve benefits for those caring for ill relatives.'  
<http://www.canada.com/ottawacitizen/news/city/story.html?id=c0f45dba-2573-4331-8fef-b27dd7c770dd>

## Federal election

### **Canadian group protests the 'politicization of science'**

VANCOUVER, B.C. | Canadian Press – 9 October 2008 – A group of scientists is urging Canada's campaigning political leaders to take action on what they call "the mistreatment of science." An open letter to the five party leaders bears 85 signatures from a group calling itself Canadian Scientists Against the Politicization of Science. "I think people are very concerned that we cannot have an educated, evidence-based discussion in the current environment," said Dr. Julio Montaner, director of the B.C. Centre for Excellence in HIV-AIDS and president of the International AIDS Society. <http://www.thestar.com/federalection/article/514827>

Of related interest

- *Xtra*: '**Canada's fight against HIV shameful, say doctors and local AIDS organizations.**' [http://www.xtra.ca/public/Vancouver/Canadas\\_fight\\_against\\_HIV\\_shameful\\_say\\_doctors\\_and\\_local\\_AIDS\\_organizations-5661.aspx](http://www.xtra.ca/public/Vancouver/Canadas_fight_against_HIV_shameful_say_doctors_and_local_AIDS_organizations-5661.aspx)

## Federal election

### **Party leaders' responses to issues specific to palliative and end-of-life care**

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION (CHPCA) | CHPCA Policy and advocacy initiative – October 2008 – Immediately following the election call, the CHPCA sent letters to each of the party leaders: Stephen Harper, Conservative Party of Canada; Stéphane Dion, Liberal Party of Canada; Jack Layton, New Democratic Party of Canada; Gilles Duceppe, Bloc Québécois; and Elizabeth May, Green Party of Canada. CHPCA posed several questions, and requested a response in writing. To see the questions posed and the responses received: [http://www.chpca.net/public\\_policy\\_advocacy.htm](http://www.chpca.net/public_policy_advocacy.htm)

**N.B.** To date, neither the Conservative Party nor the Green Party supplied any response.

## [Canada: Provinces](#)

### Prolonging life: The Samuel Golubchuk case

#### **You matter to the last moment of your life**

MANITOBA | *Winnipeg Free Press* (Letter to the editor from Mary Williams, Executive Director, Hospice & Palliative Care, Manitoba) – 8 October 2008 – In 'Demand versus conscience – a physician speaks,' Dr. Adrian Fine writes that the intensive care unit physicians at Grace Hospital wanted to discontinue all but palliative care for Samuel Golubchuk, but a court injunction required that all active therapy be provided.<sup>1</sup> In the 'The deadly hubris of doctors,' Dr. Leon Zacharowicz writes that Golubchuk's family was informed ICU doctors, without the family's consent, would be abruptly ending their father's life by removing him from a ventilator, stopping all feedings and giving him narcotics.<sup>2</sup> (Fine calls this "palliative" care.) I am deeply distressed about the impression left by these articles regarding the nature of palliative care. Palliative care is not a negative, passive medical alternative that abandons patients and their families to hopelessness and medical inattention. This impression is totally misleading and the opposite of active palliative care. <http://www.winnipegfreepress.com/subscriber/westview/story/4236019p-4878809c.html>

1. *Winnipeg Free Press* (09.21.08.): '**Demand versus conscience – a physician speaks.**' <http://www.winnipegfreepress.com/subscriber/westview/story/4228841p-4869818c.html>
2. *Winnipeg Free Press* (10.06.08.): '**The deadly hubris of doctors.**' <http://www.winnipegfreepress.com/subscriber/westview/story/4235173p-4877849c.html>

## Physician-patient communication

### **New law reduces legal barriers to apologies**

ONTARIO | Ministry of the Attorney General press release – 7 October 2008 – The McGuinty government is introducing legislation that would allow people and organizations to apologize without fear of the apology being used against them. Being able to offer a sincere apology without legal consequences can take away hard feelings, help resolve disputes and reduce the number of lengthy, costly lawsuits. The legislation would not affect a person's right to sue or their right to compensation for harm done. British Columbia passed its Apology Act in May 2006, followed by Saskatchewan in May 2007, and Manitoba in November 2007. Most Australian states and more than 30 states in the U.S. have enacted some form of apology legislation.

<http://www.newswire.ca/en/releases/archive/October2008/07/c3893.html>

## New funding to enhance end-of-life care

### **New work deal could help attract doctors**

ONTARIO | *Ottawa Citizen* – 6 October 2008 – The province's 25,000 doctors are preparing to vote on a new contract that would see them make an extra \$1 billion over the next four years. The raise of 12.25% should help Ontario keep its existing physicians and attract new ones as it continues to grapple with a doctor shortage, said Ken Arnold, president of the Ontario Medical Association. The tentative deal includes \$240 million in new funding to enhance end-of-life care, mental health and addictions services, and geriatrics care. Another \$100 million has been earmarked for doctors to hire up to 500 licensed nurses to work in care teams, freeing physicians to take more patients. <http://www.canada.com/ottawacitizen/news/story.html?id=a3ff4173-f5d2-4947-a0a6-edbf60a892fa>

## U.S.A.

### **For medical personnel, tending to own spiritual and emotional needs a must**

WISCONSIN | *The Post Crescent* – 12 October 2008 – A 6-year-old child is struck by a car and rushed by ambulance to the emergency room. Extensive efforts to revive the child barely succeed, and he's transferred to the ICU where, days later, it's discovered the boy is brain-dead. Life support is his only reason for being. One incident attended to by many, including several nurses, including one who has a 6-year-old son at home. His safety she now obsesses over. It is only natural. "Denying we as humans don't have compassion and feel for other human beings is not good," says Barbara Zenker, a pediatric palliative care and pediatric hematology/oncology clinical nurse specialist at St. Vincent's Hospital in Green Bay. "It's denying what's going on inside." Situations such as these define the need for spiritual care in a hospital setting, whether those needs are patient-related, patient- and family-related or, in increasing cases – when it comes to compassion fatigue, secondary traumatic stress disorder or burn out – staff-related.

<http://www.postcrescent.com/apps/pbcs.dll/article?AID=/20081012/APC04/810120513/1029>

### 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.

## Long term care: Crunching the numbers

### **The looming crisis in caregiving**

NEW YORK | *Investment News* – 10 October 2008 – Over the next two decades, the number of Americans over 65 will double and exceed 20% of the U.S. population. The number of people over 80, who generally need more health care, will quadruple. Unfortunately, despite the greater need for health care, the number of caregivers available to serve a larger senior population is projected to grow very little. Demography is the main culprit. The supply of long-term elder-care workers, traditionally drawn from a pool of women 25 to 44, is falling after decades of steady growth. In addition, more of the future elderly will be childless, which will increase total demand for paid caregiving. According to widely used estimates, about 40% of the nation's 76 million elderly will require chronic custodial long term care services for an average of 2.5 years. The resulting caregiver shortage will increase care costs at a 5% compound annual growth rate.

<http://www.investmentnews.com/apps/pbcs.dll/article?AID=/20081009/REG/810099987>

Of related interest:

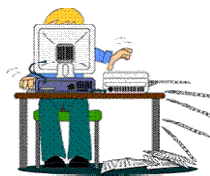
- *USA Today*: 'Many cancer patients forgoing care because of cost.'  
[http://www.usatoday.com/news/health/2008-10-12-cancer-costs\\_n.htm](http://www.usatoday.com/news/health/2008-10-12-cancer-costs_n.htm)

## Loss and separation

### **Phenomenon of spouses dying close together has medical, social roots**

WASHINGTON | NBC – 9 October 2008 – Studies have shown that the rate of mortality spikes among bereaved spouses soon after their beloved has died. One study by researchers at the University of Glasgow followed more than 4,000 couples and found that, on average, widows and widowers were at least 30% more likely to die of any cause in the first six months following a spouse's death than those who hadn't lost a partner. Another large study in Jerusalem found the bereaved spouse's risk of death during those first six months rose by up to 50%. "We see it all the time," says Hope Wechkin, medical director of Evergreen Hospice in Kirkland, Washington. "Often a patient will come on to [hospice] service and we find out their spouse has died six weeks earlier or so. I think it's about connection. For many people, their spouse represents their greatest sense of connection to this world." <http://www.msnbc.msn.com/id/26980587/>

### **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.

### **Communications strategies: The environmental scan.**

An environmental scan is an ongoing process of monitoring or tracking current and emerging issues or trends that have the potential to impact upon an organization's decision or policy making process and, consequently, effect change. The process involves analyzing and documenting information gathered from a broad range of sources that will inform strategic planning and provide direction in determining appropriate and effective short, medium or long term actions. If you are interested in discussing an environmental scan as a decision making or research tool please contact [barryashpole@bellnet.ca](mailto:barryashpole@bellnet.ca).

## End of life care in nursing homes: Survey

MARYLAND | *National Health Statistics Reports* – 8 October 2008 – Data from the 2004 National Nursing Home Survey (the most recent available) sheds light on end-of-life care (EOLC) in nursing homes. One in four residents began EOLC before being admitted to a nursing home. Nursing home residents receiving EOLC were older, more functionally and cognitively impaired, and more likely to have reported pain in the previous seven days compared with nursing home residents not receiving EOLC. However, no differences in services and treatments received were observed depending on whether EOLC started on or prior to admission or after admission to the nursing home. <http://www.cdc.gov/nchs/data/nhsr/nhsr009.pdf>

### Physician-patient communication

#### Is it better to discuss death with your doctor?

CALIFORNIA | *Los Angeles Times* – 7 October 2008 – When doctors are forthright with their patients about terminal illness and discuss end-of-life issues, the quality of the patient's life and the lives of their loved ones often improves, according to a study published in the *Journal of the American Medical Association (JAMA)*.<sup>1</sup> The study conclusions were drawn from interviews with 332 patients and their caregivers. After the patient died, investigators reviewed the patient's medical records and interviewed a spouse or family member. Researchers found that patients who discussed end-of-life care with their doctors did not suffer any increased emotional distress because of the frank conversation. Compared with patients who did not have end-of-life discussions with their doctors, they were more likely to accept that their illness was terminal and consent to comfort care rather than aggressive, life-extending therapies. They were more apt to enrol earlier in hospice programs, and their family members coped better with their deaths. Experts on end-of-life care urge doctors, patients with terminal illness and family members to have a conversation about what kind of care the patient wants to receive in the final stage of life, says Dr. Alexi Wright, the study's lead author and a hematology-oncology fellow at Dana-Farber Cancer Institute in Boston. [http://latimesblogs.latimes.com/booster\\_shots/2008/10/is-it-better-to.html](http://latimesblogs.latimes.com/booster_shots/2008/10/is-it-better-to.html)

1. **'Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment.'** *JAMA*, 2008;300(14):1665-1673. <http://jama.ama-assn.org/cgi/content/short/300/14/1665>

**N.B.** The study published in *JAMA* received extensive, worldwide press coverage.

Of related interest:

- *American Medical News*: **'Handoffs at teaching hospitals seen as harmful to patients.'** <http://www.ama-assn.org/amednews/2008/10/20/prbf1020.htm>
- *Support Care Cancer*, 2008;16(8):955-61. **'Family physicians' perceptions, beliefs, and attitudes regarding information sharing with prostate cancer patients throughout the course of the disease.'** <http://www.ncbi.nlm.nih.gov/pubmed/18043950>

### 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.

## Euthanasia and assisted suicide: Oregon's Dying with Dignity Act

### **Study finds patients who chose physician-assisted suicide may be clinically depressed**

OREGON | *The Oregonian* – 7 October 2008 – One in four Oregonians who seek to end their lives with a legally prescribed drug overdose may be clinically depressed, a new study reports. The study, by researchers at Oregon Health & Science University, evaluated 58 terminally ill patients who considered ending their lives under Oregon's unique law. Eighteen received a prescription. Nine died by taking the drug, including three who met criteria for a diagnosis of depression. Although the number is small, the study concluded that "the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression." The findings appear in the online edition of the *British Medical Journal (BMJ)*.<sup>1</sup> [http://www.oregonlive.com/news/index.ssf/2008/10/ohsu\\_study\\_finds\\_depression\\_in.html](http://www.oregonlive.com/news/index.ssf/2008/10/ohsu_study_finds_depression_in.html)

1. **'Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey.'** *BMJ* 2008;337:a1682. [http://www.bmj.com/cgi/content/full/337/oct07\\_2/a1682](http://www.bmj.com/cgi/content/full/337/oct07_2/a1682)

**N.B.** The study published in *JAMA* received extensive, worldwide press coverage.

Of related interest:

- California (*American Thinker*): **'The Lords of Life and The Lords of Death.'** [http://www.americanthinker.com/2008/10/the\\_lords\\_of\\_life\\_and\\_the\\_lord.html](http://www.americanthinker.com/2008/10/the_lords_of_life_and_the_lord.html)
- Montana (*Montana News Station*): **'Helena judge hears assisted suicide arguments.'** [http://www.montanasnewsstation.com/Global/story.asp?S=9162108&nav=menu227\\_2](http://www.montanasnewsstation.com/Global/story.asp?S=9162108&nav=menu227_2)
- Washington (*Associated Press*): **'Washington weighs lethal meds for terminally ill.'** <http://ap.google.com/article/ALeqM5gEOj2lhkuVJCGiPp-q1UD2ehPnEAD93OEFLO0>
- Washington (*Herald*): **'Some say assisted suicide is about choice. Others say it could end up being about money.'** <http://www.heraldnet.com/article/20081012/NEWS01/710129880&news01ad=1>
- Washington (*The Olympian*): **'1-1000 backers have money edge in assisted suicide fight.'** <http://www.theolympian.com/118/story/615372.html>

### **Program to increase access to hospice and palliative care for rural and homeless veterans**

VIRGINIA | National Hospice Palliative Care Organization (NHPCO) press release – 7 October 2008 – The NHPCO has received funding from the Department of Veterans Affairs (VA) to launch a program to improve access to hospice and palliative care for veterans, with a specific focus on reaching those who are homeless or living in rural areas. 50,000 veterans die each month; 28% (roughly) of all deaths in the U.S. <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5744>

#### **Quotable Quotes**

*Caregivers of patients who received any aggressive care were at higher risk for developing a major depressive disorder, experiencing regret and feeling unprepared for the patient's death, compared with caregivers of patients who did not receive aggressive care. Better patient quality of life was associated with better caregiver quality of life at follow-up.*

Source: 'Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment.' *Journal of the American Medical Association*, 2008;300(14):1665-1673.

## Withholding or withdrawing of life-sustaining treatment

### **Incapacitated, alone and treated to death**

NEW YORK | *New York Times* – 6 October 2008 – New York prohibits withholding or withdrawing of life-sustaining treatment without a signed health care proxy or “clear and convincing” evidence of a patient’s wishes. A “do not resuscitate” order can be put in place by doctors, but only in the absence of identified surrogates and only if resuscitation is considered futile. Other states, to varying extents, allow family members, friends or guardians to make the decision about life support, even without knowledge of a patient’s prior wishes. A few states grant it to the doctor in the absence of such surrogates. A treatment that preserves a heartbeat but offers no hope of recovery – long-term ventilator support in a vegetative state, say – may be withdrawn. New York permits no such possibility. Physicians not wanting to find themselves at the center of precedent-setting test cases on patients’ rights will treat, treat and treat – no matter the cost to the patient or their own souls. <http://www.nytimes.com/2008/10/07/health/views/07case.html?ref=health>

## International

### **End of life care training aids set up by Skills for Care**

U.K. | *Caring Business* – 13 October 2008 – Help is at hand for care workers and care managers looking to deliver the National Health Service’s End of Life Care programme in their care home. Skills for Care has teamed up with Skills for Health to develop a set of common core principles that will improve the competency of health, social care and others who have a role in end of life care through training and education.<sup>1</sup> This autumn a draft set of principles will be published. [http://www.caringbusiness.co.uk/c/portal/layout?p\\_l\\_id=259730&CMPI\\_SHARED\\_articleId=1386646&CMPI\\_SHARED\\_ImageArticleId=1386646&CMPI\\_SHARED\\_articleIdRelated=1386646&CMPI\\_SHARED\\_ToolsArticleId=1386646&CMPI\\_SHARED\\_CommentArticleId=1386646&articleTitle=End%20of%20life%20care%20training%20aids%20set%20up%20by%20Skills%20for%20Care](http://www.caringbusiness.co.uk/c/portal/layout?p_l_id=259730&CMPI_SHARED_articleId=1386646&CMPI_SHARED_ImageArticleId=1386646&CMPI_SHARED_articleIdRelated=1386646&CMPI_SHARED_ToolsArticleId=1386646&CMPI_SHARED_CommentArticleId=1386646&articleTitle=End%20of%20life%20care%20training%20aids%20set%20up%20by%20Skills%20for%20Care)

1. *Common Core Principles for End of Life Care*: [www.endoflifestaffdevelopment.org.uk](http://www.endoflifestaffdevelopment.org.uk).

### **Palliative care is more than end-stage morphine shot: Experts**

Qatar | *The Peninsula* – 11 October 2008 – Palliative care ... is still misleading to ordinary folks who think it’s all about administering morphine when death looms. But it’s more, a branch of medical care that addresses the overall wellbeing of a patient who requires long-term treatment. [http://www.thepeninsulaqatar.com/Display\\_news.asp?section=World\\_News&subsection=India&month=October2008&file=World\\_News2008101105919.xml](http://www.thepeninsulaqatar.com/Display_news.asp?section=World_News&subsection=India&month=October2008&file=World_News2008101105919.xml)

- Philippines (*Inquirer*): **'Terminal patients' can die with dignity.** <http://showbizandstyle.inquirer.net/lifestyle/lifestyle/view/20081012-165972/Terminal-patients-can-die-with-dignity>

### **First charter of rights for older Australians receiving home care**

AUSTRALIA | Minister of Ageing press release – 10 October 2008 – The nearly 56,000 older Australians who receive help at home through community aged care packages will get a greater say in the provision of services. The Australian government is developing a Charter of Rights & Responsibilities for community care and flexible care packages. Australians have the world’s second longest life expectancy – at 81.4 years after the Japanese. By 2060, an Australian woman can expect to reach the age of 90 and by mid-century most Australians can expect to reach the mid-to-late 80s. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr08-je-je190.htm>

## Minister publishes 'fair deal' nursing home Bill

IRELAND | *Irish Times* – 9 October 2008 – The long-awaited Nursing Homes Support Scheme Bill underpins the “fair deal” nursing home funding scheme. The scheme had been due to come into effect last January but was delayed because of legal difficulties surrounding applications for people who no longer had the mental capacity to look after their own affairs. Under the scheme, people moving into a nursing home will pay a maximum of 80% their income towards the cost of their care, based on a Health Service Executive (HSE) assessment of their assets. If this does not cover the cost, the State pays the remainder and can recover this cost from the sale of the person's house after their death. These costs are levied only up to 15% of the value of the house and their recovery can be deferred until after death of a spouse, co-habiting partner or dependent child or relative. The scheme is voluntary. New and existing nursing home residents are eligible to apply. <http://www.irishtimes.com/newspaper/breaking/2008/1009/breaking67.html?via=mr>

Of related interest:

- Ireland (*Herald*): 'HSE plan includes nine new hospices.' <http://www.herald.ie/national-news/hse-plan-includes-nine-new-hospices-1497360.html>

## Revamp for controversial 'living wills' law

U.K. | *Daily Mail* – 8 October 2008 – Labour's controversial 'living wills' law is to be re-written a year after being introduced. Ministers have promised a far-reaching shake-up of the legislation which was introduced to help families when a relative loses the power to make their own decisions. Tens of thousands of families have been hit with problems since the Mental Capacity Act came into force. The pledge to revamp the Act followed a watchdog report which condemned 'significant disruption and delays' for families caught up in crisis. The watchdog for the Act, the Public Guardian Board, said that in the first year of the new law there had been 'huge' numbers of complaints. It cited long delays, and ill-trained call centre staff who gave wrong, misleading and sometimes 'insensitive' information to the public. <http://www.dailymail.co.uk/news/article-1072334/Revamp-controversial-living-wills-law-year-chaos.html>

## Legacy

### Dying mother left letters of advice for young sons

U.K. | *Daily Telegraph* – 8 October 2008 – Sandra Carey-Boggans devoted her final years to preparing her boys to cope with life without her, after her terminal condition was diagnosed in 2004. In letters placed inside personalised boxes to be opened after her death, she advised Jacob, 13, and Lewis, 10, to think of others, never be afraid to make mistakes, and not to complain when life goes against them. The boxes also included photos, scrapbooks, her lipstick, bottles of her perfume and CDs of a song she recorded called 'My Journey (Angels and Mountains)', so her sons would never forget the sound of her voice. Mrs Carey-Boggans died at the age of 44 on Sunday evening with her family at her bedside at St Barnabas Hospice in Worthing, West Sussex. <http://www.telegraph.co.uk/news/uknews/3157820/Dying-mother-left-letters-of-advice-for-young-sons.html>

- U.K. (*Daily Mail*): 'Goodbye my beloved boys: The moving diary of a dying mother's last months.' <http://www.dailymail.co.uk/femail/article-1074183/Goodbye-beloved-boys-The-moving-diary-dying-mothers-months.html>

Of related interest:

- U.S. (National Public Radio): 'The give and take of grief.' <http://www.npr.org/templates/story/story.php?storyId=95536681>

## Advance care directives

### **Consultation sought on care issues for terminally ill**

IRELAND | *Irish Times* – 7 October 2008 – A public information campaign is needed to inform people about end-of-life issues, including the nature of resuscitation in a hospital environment where people are very seriously ill, a leading figure in the hospice movement has said. Mervyn Taylor, programme manager with the hospice-friendly hospitals programme of the Irish Hospice Foundation, was speaking in advance of a public consultation process on advance care directives – “living wills” – whereby people leave instructions on how they would like to be cared for if they are terminally ill. There is currently no legal framework recognising such advance care directives and the Law Reform Commission will initiate a public consultation process on these issues next week. <http://www.irishtimes.com/newspaper/health/2008/1007/1223323538630.html>

**N.B.** The Irish Hospice Foundation (IHF) is setting up a forum on end-of-life care to develop a vision of how modern Ireland can address the challenges of dying, death and bereavement ... to help shape public policy for decades to come, according to the IHF. [http://www.hospice-foundation.ie/index.php?option=com\\_content&task=view&id=328&Itemid=11](http://www.hospice-foundation.ie/index.php?option=com_content&task=view&id=328&Itemid=11)

## Euthanasia and assisted suicide

### **One in three adults believe assisted suicide legal**

U.K. | Press Association – 7 October 2008 – Nearly one in three adults believe that assisted suicide is legal. A poll commissioned by Dignity in Dying exposes widespread public uncertainty about a terminal patient's end of life decisions. However, assisted suicide is illegal in the U.K., an offence punishable by up to 14 years in prison. The survey reveals other areas of confusion. Over two thirds (67%) of those surveyed believe that you have the right to hospice care if you are dying or have a terminal illness, however, this is not currently the case. More than a quarter (27%) of those surveyed think a patient cannot refuse medical treatment in advance if they lose the ability to communicate. Again this is incorrect and patients can make an advance decision – sometimes called a living will – to detail what treatment to refuse should they lose their ability to communicate. <http://ukpress.google.com/article/ALeqM5iINGXuIEFVsyrQjbXH4J3oonhHOg>

- Australia (Australian Broadcasting Corporation): '**Nitschke slammed over online euthanasia manual.**' <http://www.abc.net.au/news/stories/2008/10/13/2389521.htm>
- Holland (Radio Netherlands): '**Right to die row: Do not resuscitate tags legal.**' <http://www.radionetherlands.nl/currentaffairs/region/netherlands/081009-tags-legal>
- U.K. (*Daily Mail*): '**Ashes of Britons who go to Switzerland to die 'being dumped in lakes.'**' <http://www.mailonsunday.co.uk/news/worldnews/article-1076218/Ashes-Britons-Switzerland-die-dumped-lakes.html>
- U.K. (*Guardian*): '**The UK's legal stand on euthanasia is too muddy – with an ageing population, we must get off the fence and face facts.**' <http://www.guardian.co.uk/commentisfree/2008/oct/13/death-assistedsuicide>
- U.K. (*The Independent*): '**Ethics expert calls for drugs to 'enhance' death.**' <http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/ethics-expert-calls-for-drugs-to-enhance-death-959300.html>
- U.K. (*The Times*): '**A duty to ease death.**' <http://www.timesonline.co.uk/tol/comment/letters/article4908963.ece>
- U.K. (*The Times*): '**You'll kill patient trust if you let doctors help suicides.**' <http://www.timesonline.co.uk/tol/news/uk/scotland/article4923128.ece>

## Journal Articles

### Comparison of home care and hospice social workers

#### **Actualizing 'professional altruism'**

*HOME HEALTH CARE MANAGEMENT & PRACTICE*, 2008;20(6):474-481. The author presents the findings of interviews he conducted with 34 home care social workers and 42 hospice social workers. In contrast to the home care social workers, the hospice social workers felt more able to actualize their altruism professionally: their training is more relevant to actual practice; their patients and (family) caregivers have fewer unmet psychosocial needs; and, care is less constrained and is enhanced to a great extent by "payer" requirements. The Medicare Home Health Benefit (MHHB) and the Medicare Hospice Benefit (MHB) differ significantly in social work coverage, with social work being only 1%-2% of home health visits compared to about 10% of home hospice visits. <http://hhc.sagepub.com/cgi/content/abstract/20/6/474>

### Advancing best practice

#### **Regulating palliative care: the case of hospice**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2008;36(2):107-16. Palliative care services provided to patients and families vary substantially across hospices. Literature suggests regulation can act as a standardizing force in health care delivery. However, little is known about the effect of regulation on the delivery of palliative care in hospice and whether its effect differs for different types of hospice providers. This study is the first to demonstrate the substantial association between the regulation of hospices and the provision of a multidisciplinary range of services to patients and families. <http://www.ncbi.nlm.nih.gov/pubmed/18395400>

**N.B.** American Academy of Hospice & Palliative Care (AAHPM): '**AAHPM Selects *Journal of Pain & Symptom Management* as ... official journal.**' <http://www.aahpm.org/membership/Journal.html>

## Resources

### Physician-patient communication

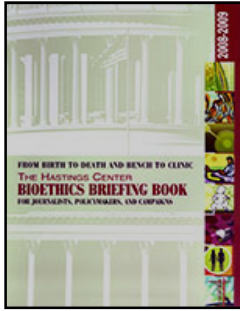
#### **Training CD shows oncologists where they missed opportunities to better connect with patients**

CANADA | *The Waterloo Record* (Ontario) – 10 October 2008 – Oncologists are sad when their patients are dying, but they may not show empathy because they aren't trained in dealing with patients' emotions, an American researcher says. A quick and effective remedy for this may lie in a 60-minute educational CD-ROM developed as part of a research study into communication between oncologists and patients about end-of-life matters. Oncologists who completed the CDs training modules were twice as likely to show empathy when a patient expressed negative emotions such as fear, depression, anger and anxiety, says Prof. Kathryn Pollak, one of the study's researchers. Pollakis a social psychologist and University of Waterloo's Hallman lecture for visiting professors. <http://news.therecord.com/Life/article/427361>

From Media Watch dated 09.29.08.

- *Archives of Internal Medicine*, 2008;168(17):1853-1858. '**Missed opportunities for interval empathy in lung cancer communication.**' <http://archinte.ama-assn.org/cgi/content/short/168/17/1853>

## End of life care: Issues in bioethics



### ***From Birth to Death and Bench to Clinic: The Hastings Center Bioethics Briefing Book for Journalists, Policymakers, and Campaigns***

U.S. | The Hastings Center – October 2008 – This latest, online Briefing Book from The Hastings Center, which is located in Garrison, New York, contains 36 overviews of issues in bioethics of high public interest. While viewed from an American point of view, the issues are universal in nature. Each chapter is written by a leading ethicists, is non-partisan and presents reasonable considerations from various perspectives that are grounded in good scientific and ethical facts. The Briefing Book is designed to give journalists, policymakers, and political campaigns the tools they need to best write and respond to the challenges posed by advances in medicine and science that directly affect individuals, families and communities. The goal is to provide the publication's users with a comprehensive starting place from which to write an article, seek guests for a television interview, find experts to testify in Congress, or seek the bipartisan solutions that are at the heart of our social system.

Chapters specific to end-of-life care:

- **'Brain injury: The vegetative and minimally conscious states.'** (Author: Joseph J. Fins)  
<http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2166>
- **'End of life care.'** (Author: Alan Meisel)  
<http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2270>
- **'Family caregiving.'** (Author: Carol Levine)  
<http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2172>
- **'Physician assisted death.'** (Authors: Timothy E. Quill & Jane Greenlaw)  
<http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2202>

N.B. Contents page: <http://www.thehastingscenter.org/Publications/BriefingBook/Default.aspx>

## Books

### ***Euthanasia and Law in Europe***

HART | Publisher's online posting – October 2008 – *Euthanasia and Law in Europe* focuses on recent legal developments and new research, and includes descriptions of the legal situation and what is known about actual practice in a number of European countries. The book covers the law applicable to euthanasia, physician-assisted suicide, withholding and withdrawing treatment, use of pain relief in potentially lethal doses, palliative and terminal sedation, and termination of life without a request; the process of legal development that has led to the current state of the law; the system of legal control, and its operation in practice; and, the results of empirical research concerning actual medical practice. The authors go on to explore general questions that arise out of the material presented. <http://www.hartpub.co.uk/books/details.asp?isbn=9781841137001>

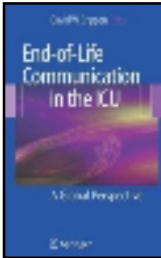
### [Back Issues of Media Watch](#)

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



### ***Beyond the Good Death: The Anthropology of Modern Dying***

PENN PRESS | Publisher's online posting – October 2008 – Death is political, as the controversies surrounding Jack Kevorkian and, more recently, Terri Schiavo have shown. While death is a natural event, modern end-of-life experiences are shaped by new medical, demographic and cultural trends. People who are dying are kept alive, sometimes against their will or the will of their family, with powerful medications, machines and "heroic measures." Current research on end-of-life issues is substantial, involving many fields. *Beyond the Good Death* takes an anthropological approach, examining the changes in our concept of death over the last several decades. <http://www.upenn.edu/pennpress/book/14446.html>



### ***End-of-Life Communication in the ICU: A Global Perspective***

SPRINGER | Publisher's online posting – October 2008 – Advances in technology have led to a global network of physicians in which information, data and practices can be openly shared to help ensure high-quality care. *End-of-Life Communication in the ICU* is a manifestation of this belief that a multiplicity of perspectives can assist in the decision-making process. The book examines how different cultures view death and explores how healthcare providers around the world communicate to patients and family members such sensitive issues as withholding or withdrawing life support and discussing options when the outcome is uncertain. The author offers a thoughtful dialogue about the emotional, ethical and legal complexities of making end-of-life decisions. <http://www.springer.com/medicine/book/978-0-387-72965-7>

## **Arts & Entertainment**

### **Paediatric cancer**



### **Gut-wrenching film on kids with cancer is 'mandatory viewing'**

U.S. | *Portsmouth Herald* (New Hampshire) – 9 October 2008 – This year the New Hampshire Film Festival (NHFF) decided to take a chance by showing a difficult documentary called *A Lion in the House*. Nicole Gregg, director of the NHFF, wasn't sure how well this film would be received and hesitated at first to include it in the program. Despite the film's many awards, including acclaim from the Sundance Film Festival, it's not a piece most people would rush to fill the seats to view. Gregg's final decision to run the film was both bold and wise. If you have the guts to watch it, you'll see the dilemma as well as the necessity. These children are strangers to you. They could have been any children off the street. Some of them were spoiled. Some were heroic from the start. All of them grew up too fast, because they knew ahead of time that they might not have the time to grow up. They didn't get to be just like any of the other children off the street. These children had cancer. Two of the children lived. They weren't any braver, they weren't any more pampered, they weren't any more special than the ones who didn't make it. They were just luckier. <http://www.seacoastonline.com/articles/20081009-LIFE-810090321>

**N.B.** With support from the Centers for Disease Control & Prevention, the team behind *A Lion in the House* created a series of short educational video modules on DVD. Each module is a focused case study based on expanded stories from the documentary 'The Impact of Cancer on Family Life,' which can be viewed at: <http://video.google.com/videoplay?docid=-4911128917055073830>

Of related interest:

- *Medical News Today*: **'The International Children's Palliative Care Network launches International Charter of Rights for Children with Life Limiting & Life Threatening Illnesses.'** <http://www.medicalnewstoday.com/articles/125008.php>

## Worth Repeating

### **An approach to advance care planning in the (physician's) office**

*CANADIAN FAMILY PHYSICIAN (CFP)*, 2006;52:459-464. Palliative care physician Romayne Gallagher discusses how advance care planning (ACP) is a process of communication among patients, their families and health care providers regarding appropriate care for patients when they are no longer able to make decisions for themselves. Family physicians can help prevent the suffering of patients with chronic illnesses by facilitating discussion of end-of-life issues. The approach suggested in this article will help reduce avoidance of the issues and minimize the difficulty of discussing issues crucial to patients and their families. ACP can prevent suffering and enable patients to receive care congruent with their goals at the end of their lives. Family physicians can be key to facilitating this process (and) become skilled at helping patients to state preferences for care at the end of life.

- Physicians should plan to spend a visit discussing advance care planning as part of managing chronic diseases.
- Using scenarios with various outcomes can help clarify patients' values and goals for end-of-life care.
- Physicians should always raise the issue of resuscitation but should focus on what will be done to promote quality and length of life rather than making "do not resuscitate" sound like "do not treat."
- All information should be recorded, and patients should be urged to complete legal advance directives and share them widely.
- Advance directives should accompany patients and be presented during hospital admission and when patients meet new health care providers.

Link to *CFP* article: <http://www.cfpc.ca/cfp/2006/Apr/vol52-apr-cme-1.asp>

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