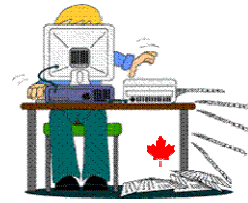


Media Watch...

is distributed weekly to my colleagues who are active or have 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 also inform discussion and to encourage further inquiry.

24 August Edition | Issue #111



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Quality of health care: Scroll down to [Specialist Publications](#) and 'We need minimally disruptive medicine.'

Canada

Hospice and the economy

Funding freeze could leave hospice society in the cold

B.C. | *Westerly News* – 20 August 2009 – Without access to about \$44,000 ... from the provincial government, a local hospice ... could close completely next year due to a freeze on \$36 million in voluntary sector funding. The hospice is rallying the community to speak out against the decision. <http://www.canada.com/Funding+freeze+could+leave+hospice+society+cold/1910904/story.html>

- B.C. | *Nanaimo Daily News* – 20 August 2009 – 'Lack of game funding will strain hospice.' The Nanaimo Hospice Society worries about the potential impact a lack of gaming funds could have on end-of-life support services and the strain put on already-taxed volunteers. <http://www.canada.com/Lack+game+funding+will+strain+hospice/1912156/story.html>

Family caregivers

CARP urges reform...

NATIONAL POST | Column – 17 August 2009 – Citing the World Bank and the 2002 Romanow report,¹ CARP (the Canadian Association for Retired Persons) views home care services as "the next essential service." Aging populations and hospital downsizing means heavier reliance on family and friends to fill the gaps in home care service. CARP cites a 2008 Statistics Canada report that found 2.7 million Canadians age 45 or over provided some unpaid care to seniors 65 or over.² It recommends a National Family Caregiver Strategy that would provide caregivers with financial support, workplace protection and integration with the formal health care system. <http://network.nationalpost.com/np/blogs/wealthyboomer/archive/2009/08/17/carp-urges-reform-of-all-four-retirement-pillars.aspx>

1. *Building on Values: The Future of Health Care in Canada*, Commission on the Future of Health Care in Canada, 2002. http://www.cbc.ca/healthcare/final_report.pdf
2. *Eldercare: What we know today*. Statistics Canada, 2008. <http://www.statcan.ca/english/freepub/11-008-XIE/2008002/article/10689-en.htm>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ALBERTA | *Western Catholic Reporter* – 24 August 2009 – **'Catholics called to speak out against euthanasia bill.'** Archbishop Richard Smith is approaching Edmonton area MPs to oppose a bill that would legalize euthanasia; he's asking the 360,000 Catholics in the archdiocese to do the same. <http://www.wcr.ab.ca/news/2009/0824/smith082409.shtml>
- CANADIAN ASSOCIATION FOR SUICIDE PREVENTION (CASP) | Press release – 23 August 2009 – **'CASP urges action on Canadian national suicide prevention strategy before parliament considers legislation on assisted suicide.'** In response to the proposed legislation before the House of Commons seeking to legalize assisted suicide, the association is asking the federal government to take action and support a Canadian National Strategy for Suicide Prevention. <http://www.pr-inside.com/casp-urges-action-on-canadian-national-r1448517.htm>
- MANITOBA | Canadian News Agency – 22 August 2009 – **'Canadian bishops urge opposition to radical assisted suicide bill.'** The Catholic bishops of Canada are urging Catholics to voice their opposition to a radical bill that would allow assisted suicide and euthanasia for those with severe chronic mental or physical pain or even depression ... insisting that killing is not compassionate. <http://www.catholicnewsagency.com/new.php?n=16915>

U.S.A.

It's tough for terminally ill inmates to receive medical furloughs in Alabama

ALABAMA | *Montgomery Advertiser* – 23 August 2009 – Almost a year ago Alabama passed a law that would allow terminally ill inmates a chance to die at home and, it was hoped, save the state a little money. But the eligibility criteria for the new medical furlough are so strict that it could be a long time before the state Department of Corrections sees significant savings. <http://www.montgomeryadvertiser.com/article/20090823/NEWS02/908230335/1009/It-s-tough-for-terminally-ill-inmates-to-receive-medical-furloughs-in-Alabama>

- MAINE PUBLIC BROADCASTING NETWORK | Online report – 14 August 2009 – **'New law allows some terminally ill inmates to leave prison early.'** Recent amendments to the 'Act Regarding the Operation of County Jails and the State Board of Corrections' will allow terminally ill inmates to leave prison early if they do not pose a threat to public safety. Provisions in the home release program allow some inmates to be released early into nursing homes or a hospice. <http://www.mpbn.net/News/MaineNews/tabid/181/ctl/ViewItem/mid/3475/ItemId/8669/Default.aspx>

Hospice care extended to New Hampshire's most vulnerable

NEW HAMPSHIRE | *Foster's Daily Democrat* – 21 August 2009 – Hospice advocates are applauding the signing of a new bill to expand access to end-of-life services to another segment of the state's population. Gov. John Lynch signed Senate Bill 42 Tuesday, officially making New Hampshire the 49th state to make hospice programs available to Medicaid recipients. http://www.fosters.com/apps/pbcs.dll/article?AID=/20090821/GJNEWS_01/708219862

Life expectancy in U.S. hits a new high

GEORGIA | *Atlanta Journal-Constitution* – 19 August 2009 – Life expectancy in the U.S. has reached almost 78 years, a record high. Not only has life expectancy increased, but the death rate has dropped to an all-time low of 760.3 deaths per 100,000 people, according to report from the U.S. Centers for Disease Control & Prevention.¹ <http://www.ajc.com/health/content/shared-auto/healthnews/age-630189.html>

1. *Deaths: Preliminary Data for 2007*, Centers for Disease Control & Prevention. http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_01.pdf

Health care reform

End-of-life issues need to be addressed

NEW YORK TIMES | Online OpEd – 17 August 2009 – In all the discussion of health care reform, there is one issue that has received short shrift but has the potential to save billions of dollars and untold suffering if it is effectively addressed. I'm talking about futile treatments at or near the end of life. Even the most innocent suggestion – a provision in the House bill to reimburse doctors who discuss end-of-life options with patients and families – was attacked by two Republican congressional representatives as taking us on the path to "government-encouraged euthanasia." Nothing could be further from the truth. This accusation ... reveals a profound misunderstanding of how most people say they want to be treated when their chances for meaningful survival are nil. Yet few have put their wishes in writing or even discussed them with their next of kin, leaving doctors and families in the lurch when their lives hang in the balance. Most measures taken when

patients are terminally ill, including the use of feeding tubes, ventilators and cardiopulmonary resuscitation, do nothing to prolong meaningful life.

http://www.nytimes.com/2009/08/18/health/18brod.html?_r=1

Misperceptions abound on president's health overhaul initiative

In a recent NBC News poll, 45% of Americans surveyed think that health reform proposals would allow the government to make decisions about when to stop providing medical care for the elderly. The provision in the House legislation that critics have seized on – raising the specter of "death panels" or euthanasia – would simply allow Medicare to pay doctors for end-of-life counseling, if the patient wishes.

http://www.msnbc.msn.com/id/32464936/ns/politics-white_house/

Of related interest:

- *NEW YORK TIMES* | Online article – 20 August 2009 – **'Talking often, and calmly, about dying.'** The truth is that we never talk or even want to think about talking about dying because we are afraid of dashing our loved one's or our patient's hopes. The truth is that we fear – even abhor – these discussions because we believe that by talking about dying we are giving up. <http://www.nytimes.com/2009/08/20/health/20chen.html>
- *NEW YORK TIMES* | Online article – 19 August 2009 – **'At the end, offering not a cure but comfort.'** Most doctors do not excel at delivering bad news, decades of studies show, if only because it goes against their training to save lives, not end them. But Dr. (Sean) O'Mahony ... belongs to a class of doctors, known as palliative care specialists, who have made death their life's work. http://www.nytimes.com/2009/08/20/health/20doctors.html?_r=1&hp
- ASSOCIATED PRESS | Newswire report – 18 August 2009 – **'Study finds end-of-life counseling improves mood.'** As a political uproar rages over end-of-life counseling, a new study finds that offering such care to dying cancer patients improves their mood and quality of life.¹ <http://www.google.com/hostednews/ap/article/ALeqM5gGm964bw3rJ1swBa5CVPn-FQgxxQD9A5GGK83>
 1. *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2009;302(7):741-749. **'Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer.'**

N.B. Scroll down to [Specialist Publications](#) for a link to the journal article.
- NATIONAL PUBLIC RADIO | 'All Things Considered' – 18 August 2009 – **'A chat now could mean more control at life's end.'** Dr. David Casarett, associate professor of medicine at the University of Pennsylvania, talks about the rhetoric around the end-of-life issues addressed in some of the proposed ... legislation. http://www.npr.org/blogs/health/2009/08/end_of_life_and_casarett.html

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- NEW HAMPSHIRE | Associated Press – 17 August 2009 – **'Committee to work on assisted suicide bill.'** The State's House of Representatives held an assisted suicide bill for further study and a (possible) vote in January (of 2010). Committee work sessions probably will start next month. http://www.bostonherald.com/news/national/northeast/view/20090817nh_committee_to_work_on_a_sisted_suicide_bill/srvc=home&position=recent

International

Palliative care to get a boost

SINGAPORE | *The Straits Times* – 20 August 2009 – More doctors, nurses and social workers will be recruited to cope with the rising demand for community palliative care. The country's Health Ministry is working with hospice service providers to train more palliative care workers, and it will also try to influence the country's large number of family doctors to provide such care. http://www.straitstimes.com/Breaking%2BNews/Singapore/Story/STIStory_419199.html

Health board to offer carers help with death

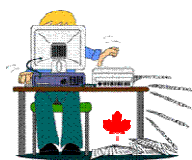
U.K. (SCOTLAND) | *Press & Journal* – 18 August 2009 – National Health Service (NHS) Forth Valley has been chosen to draw up information to be used by other health boards to help patients and carers cope with the prospect of dying. The Scottish Government has awarded the health board almost £35,000 for the project, aimed at producing a range of resources to help people be better informed about what to expect. The project will take one year to complete and will involve extensive consultations with patients and carers, the voluntary sector and health professionals <http://www.pressandjournal.co.uk/Article.aspx/1356921?UserKey>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CHINA (HONG KONG) | *Asia Sentinel* – 22 August 2009 – **'Discussing the unspeakable – euthanasia.'** In many Chinese communities, talking about death is an absolute social taboo and some as ill boding ... thus consider the mere mention of the word, "euthanasia" is probably a subject that few Hong Kongers are interested in, or are informed about. http://asiasentinel.com/index.php?option=com_content&task=view&id=2019&Itemid=352
- U.K. | Medical Protection Society (MPS) press release – 12 August 2009 – **'Clinicians need clarification on assisted suicide says leading doctors' body.'** The MPS is seeking clarification about the position of doctors who become aware that their patient is considering ending their life in circumstances that might amount to criminal charges. <http://www.medicalprotection.org/uk/press-releases/Clinicians-need-clarification-on-assisted-suicide-says-mps>

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.

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

We need minimally disruptive medicine

BRITISH MEDICAL JOURNAL | Online article – 11 August 2009 – Chronic disease is the great epidemic of our times, but the strategies we have developed to manage it have created a growing burden for patients. This treatment burden induces poor adherence, wasted resources, and poor outcomes. Against this background, the authors call for minimally disruptive medicine that seeks to tailor treatment regimens to the realities of the daily lives of patients ...(to) greatly improve the care and quality of life for patients. http://www.bmj.com/cgi/content/extract/339/aug11_2/b2803

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 August 2009 – '**Compassionate silence in the patient-clinician encounter: A contemplative approach.**' The authors describe a typology of silences, and describe a type of compassionate silence, derived from contemplative practice, along with the mental qualities that make this type of silence possible. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0175>

From Media Watch dated 12 May 2008:

- WASHINGTON | *Seattle Times* – 6 May 2008 – '**At the end of life, a turn to "slow medicine."**' Slow medicine encourages physicians to put on the brakes when considering care that may have high risks and limited rewards for the elderly, and it educates patients and families how to push back against emergency-room trips and hospitalizations designed ... not the inevitable erosion of advanced age. http://seattletimes.nwsourc.com/html/health/2004394499_slowmed06.html

Going to meet death: The art of dying in the first part of the twenty-first century

HASTINGS CENTER REPORT, 2009;39;37-45 (OpEd). I have talked with many different groups about the end of life – health professionals, church and civic groups, ministers and chaplains, adult continuing education groups, AARP (American Association of Retired Persons) chapters, and college students. I talk a little about the traditional fear that death will come too soon. Then I ask, "How many of you are afraid that death will come too late for you?" The result is always the same: about half the audience members raise their hands. Obviously, this fear is widespread and close to the surface. Subsequent discussion reveals that for many of them, too late is not restricted to conditions of chronic or terminal illness, but also can include situations where they are lucid and free of significant pain or illness, yet nevertheless believe they have reached a good time to die. This article is an attempt to give voice to their conviction that death may often be worth pursuing. <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=3728>

Literature review

End of life care for community dwelling older people with dementia

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY | Online article – 17 August 2009 – The authors review the evidence for end-of-life care for community dwelling older people with dementia (including those resident in care homes). They conclude that research on end-of-life care for people with dementia has yet to develop interventions that address the particular challenges that dying with dementia poses; there is a need for investigation of interventions and outcome measures for providing end-of life care in the settings where the majority of this population live and die. <http://www3.interscience.wiley.com/journal/122553183/abstract>

Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;302(7):741-749. There are few randomized controlled trials on the effectiveness of palliative care interventions to improve the care of patients with advanced cancer. The objective of this study was to determine the effect of a nursing-led intervention on quality of life, symptom intensity, mood, and resource use in patients with advanced cancer. Compared with participants receiving usual oncology care, those receiving a nurse-led, palliative care-focused intervention addressing physical, psychosocial, and care coordination provided concurrently with oncology care had higher scores for quality of life and mood, but did not have improvements in symptom intensity scores or reduced days in the hospital or ICU or emergency department visits. <http://jama.ama-assn.org/cgi/content/abstract/302/7/741>

Of related interest:

- *EUROPEAN JOURNAL OF CANCER CARE* | Online article – 17 August 2009 – '**Significant improvement in quality of life of patients with incurable cancer after designation to a palliative homecare team.**' The authors describe and compare quality of life before and after designation to a palliative homecare team in patients with different cancer diagnoses. Patients' quality of life improved in the physical, psychological, medical and global areas. <http://www3.interscience.wiley.com/journal/122553197/abstract>
- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 August 2009 – '**Surgeons' attitudes and practices in the utilization of palliative and supportive care services...**' Through collaboration with the palliative care service at the University of Alabama (Birmingham), trauma–burn surgeons and neurosurgeons are better equipped to manage the multidimensional nature of suffering and provide a holistic approach to care for patients and families dealing with a sudden advanced illness. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0120>

Effort under way to prepare physicians to care for growing elderly population

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;302(7):727-728. In 2008, the Institute of Medicine recommended that all physicians develop competency in geriatrics to help them provide good care for the growing population of older individuals in the US.. Now leaders from a variety of medical specialties have drafted a roadmap for providing such training. In May, the American Geriatrics Society, the American Medical Association, and the Council of Medical Specialty Societies convened a meeting to address the need for geriatric training in all specialties of medicine. The meeting yielded a white paper that recommends that all medical specialty groups develop and incorporate into their residency programs a set of geriatric competencies that residents should master.¹ <http://jama.ama-assn.org/cgi/content/extract/302/7/727>

1. 'Retooling for an Aging America: Building the Health Care Workforce: A National Conference on Advancing Physician Competence in Care of Older Adults,' 2009. http://www.americangeriatrics.org/education/white_paper.pdf

Quotable Quotes

Clinical ethics concern decision-making and the resolution of certain doubts, dilemmas or value conflicts, which arise at the patient's bedside. There are also on occasion conflicting perceptions, presuppositions and beliefs. Clinical ethics should lead to a practical judgement of what is best done now to help one particular patient survive or die, in a way, which respects the patient's dignity as a man or woman. David J. Roy PhD

Cinemeducation: Teaching end-of-life issues using feature films

JOURNAL OF GERONTOLOGICAL NURSING, 2009;35(8). Given the rapidly escalating older adult population and the need to strengthen content on end-of-life care in nursing curricula, finding creative strategies to encourage student thinking about the dying process and personal choice in end-of-life care is a timely challenge for nurse educators. There is an evolving body of literature in a variety of disciplines on cinemeducation, or the use of films to promote learning and personal awareness. This article describes an innovative assignment incorporating feature films designed not only to enhance student knowledge of the stages and process of grief and the complexity of human reactions when facing end-of-life situations, but also to engage students in thinking about the importance of quality of life in palliative care. <http://www.jognonline.com/view.asp?rID=41710>

Computer technology

Screening for psychological distress in palliative care

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online article – 19 August 2009 – This study examined the criterion validity of computer-based screening tools in detecting any form of psychological distress in palliative care patients, compared with a semi-structured psychiatric interview. Findings of the study indicate that more than one-third of palliative care patients experience psychological distress. The three touch screen-based screening tools (used in the study) performed equally well in identifying distress compared with a psychiatric interview. Depressive disorders may be rarer in this population than commonly thought, in comparison to adjustment disorders. [http://www.jpmsjournal.com/article/S0885-3924\(09\)00601-0/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)00601-0/abstract)

Estimating survival in patients with cancer receiving palliative care: Is analysis of body composition using bioimpedance helpful?

JOURNAL OF PALLIATIVE MEDICINE | Online article – 21 August 2009 – The authors investigated whether bioimpedance spectroscopy (BIS) has the potential to improve prognostication in an outpatient clinic for patients with cancer receiving palliative care. Results confirm that elevated metabolic rate and accumulation of body fluid are indicators of a poor prognosis in patients with cancer receiving palliative care. Because BIS is simple for clinicians to use, is non-invasive, and allows early detection of these parameters, it has the potential to improve prognostication. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0093>

Of related interest:

- *CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE*, 2009;3(3):203-206. **'Determining prognosis and predicting survival in end-of-life care.'** The authors review recent studies ... (on the) capacity to predict death during the final stages of disease. http://journals.lww.com/co-supportiveandpalliativecare/Abstract/2009/09000/Determining_prognosis_and_predicting_survival_in.10.aspx

From Media Watch dated 2 June 2008

Top 10 palliative care films

PALLIMED: ARTS & HUMANITIES | Hospice & Palliative Medicine Blog – 17 May 2008 – We hope over the upcoming weeks and months you will enjoy learning and exploring the more "creative" side of palliative medicine! As a way to get things rolling we thought it would be fun to spend some time thinking about our top 10 palliative-minded films. As you may imagine, the decision was tough. There are actually a lot of movies out there that deal with things like death, grief, mortality, etc. We tried to have each film cover a particular unique theme. We will undoubtedly spend time in future posts exploring these great films. <http://arts.pallimed.org/2008/05/top-10-palliative-films.html>

The challenge of shared decision making among patients with lower literacy

MEDICAL DECISION MAKING | Online article – 19 August 2009 – There have been major advances in techniques to increase patient involvement in health decisions with the benefits of greater involvement and shared decision making now widely recognized. However, there has been little attention in the development of tools and strategies to support patient participation among adults with lower literacy, a group with poor health knowledge, limited involvement in health decisions, and poor health outcomes. The authors put forward a framework to consider the different stages of shared health decision making and the tasks and skills required to achieve each stage. <http://mdm.sagepub.com/cgi/content/abstract/0272989X09342279v1>

Of related interest:

- *JOURNAL OF SOCIAL SERVICE RESEARCH*, 2009;35(4):311-321. **'Advance care planning in the delivery of adult protective services.'** This study surveyed adult protective services (APS) workers in (U.S.) 21 states regarding encounters with end-of-life situations and the practice of future care planning. Recommendations to enhance advance care planning among APS workers are discussed. <http://www.informaworld.com/smpp/content~db=all~content=a913912486>

Health care reform

Palliative care docs push directives, but won't imperil reform

MEDPAGE TODAY | Online report – 20 August 2009 – Dr. Christine Cassel, a palliative care physician, worked on the language in the House of Representative's healthcare reform bill that would authorize Medicare to pay doctors for talking with patients about end-of-life care. The provision itself seemed innocuous ... pay physicians about \$75 to do what many geriatricians and palliative care specialists already do for free: create a written plan with patients who still have cognitive function to specify the type medical care they want – or don't want – at the end of their lives. But the language she helped craft ignited a firestorm of what proponents say was fear-mongering and outright lies. <http://www.medpagetoday.com/PrimaryCare/Geriatrics/15623>

Of related interest:

- KANSAS CITY INTERNAL MEDICINE | Online OpEd – 22 August 2009 – **'The elderly and disabled would be protected.'** As one of the co-authors of the Report to Congress on Advance Care Planning, I feel compelled to set the record straight. There is confusing language in (the relevant) subsection of the health care reform bill. It is problematic in that it doesn't clearly identify a shift from generally healthy adults to those living with advanced or terminal disease. The shift is important because of the special needs of those persons – their life sustaining treatment directives and how doctors' orders can protect them. <http://www.kansascity.com/273/story/1398871.html>
- *AMERICAN MEDICAL NEWS* | Online article – 24 August 2009 – **'End-of-life care provision stirs angst in health reform debate.'** The public outrage over reimbursement for patient counseling catches doctors by surprise but shows how delicate the discussion over advance-care planning can be. <http://www.ama-assn.org/amednews/2009/08/24/prsa0824.htm>

A loss in the family: Silence, memory, and narrative identity after bereavement

MEMORY | Online article – 12 August 2009 – Grief theories have converged on the idea that the sharing of autobiographical memory narratives of loss and of the deceased person, especially within the family, is a major way to maintain and/or reconfigure a healthy sense of identity after a loss. In contrast, the authors examine unspoken memory ... as a way to either conserve an existing narrative identity or assert a new narrative identity. Depending on its context and function, silence about memory can play either a positive or a negative role in an individual griever's ongoing narrative identity, as well as in the larger family narrative in which the griever's identity is embedded. <http://www.informaworld.com/smpp/content~db=all~content=a913881651>

'A bed in the middle of nowhere'

Parents' meanings of place of death for adults with cystic fibrosis

SOCIAL SCIENCE & MEDICINE | Online article – 18 August 2009 – An individual's ability to choose the location of their end-of-life care and death is increasingly considered important in the provision of good healthcare. However, considering meanings of place of end-of-life care and death is complex for young adults with life-limiting conditions where the disease course is variable and uncertain, and aggressive and palliative treatments are administered both at home and in hospital often until death. Although 'place' is a pivotal element in healthcare, there has been little attempt to understand the meaning and importance of place in understanding experiences of care at end of life. [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4X1KC7H-3&_user=10&_coverDate=08%2F18%2F2009&_rdoc=6&_fmt=high&_orig=browse&_srch=doc-info\(%23toc%235925%239999%23999999999%2399999%23FLA%23display%23Articles\)&_cdi=5925&_sort=d&_docanchor=&_ct=52&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=1bb13a04f7ff00c70d27d45df454c57a](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4X1KC7H-3&_user=10&_coverDate=08%2F18%2F2009&_rdoc=6&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%239999%23999999999%2399999%23FLA%23display%23Articles)&_cdi=5925&_sort=d&_docanchor=&_ct=52&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=1bb13a04f7ff00c70d27d45df454c57a)

From Media Watch dated 3 August 2009:

- *CURRENT OPINION IN PULMONARY MEDICINE* | Online article – 30 July 2009 – '**Palliative and end-of-life care in cystic fibrosis: what we know and what we need to know.**' The authors examine what is now known about palliative and end-of-life care for cystic fibrosis patients ... and outline a brief research agenda to guide further work in this area. http://journals.lww.com/co-pulmonarymedicine/Abstract/publishahead/Palliative_and_end_of_life_care_in_cystic.99942.aspx

From Media Watch dated 25 May 2009:

- *PALLIATIVE MEDICINE* | Online journal article – 21 May 2009 – '**An integrated model of provision of palliative care to patients with cystic fibrosis.**' The authors developed an integrated model of provision of palliative care whereby most care is delivered by the cystic fibrosis team using palliative guidelines and pathways, with additional support from the specialist palliative care team when needed. <http://pmj.sagepub.com/cgi/content/abstract/0269216309106312v1>

Media Watch: Editorial Practice

Each listing in Media Watch represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of an abstract or introductory paragraph. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced and representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy tool or change document.

Links to Sources

1. Links are checked and confirmed as active before each edition of Media Watch is distributed.
2. Links often remain active, however, for only a limited period of time.
3. Access to a complete article, in some cases, may require a subscription or one-time charge.
4. If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
5. Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

Something Missed or Overlooked?

If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- U.K. | *Law Society Gazette* – 20 August 2009 – '**Human rights: clarifying the law on assisted suicide.**' There are several remarkable features about the case of Debbie Purdy. For one, the case started with judicial review proceedings in April 2008, concluding with the House of Lords judgment on 30 July 2009 – less than 15 months later. Second, this was the very last judgment of the House of Lords before the Lords rose to re-emerge as the Supreme Court in October. Third, the Lords made new law by overturning the decision in the *Pretty* case, deciding that article 8 was engaged. And of course the case has turned public opinion, sparking a fresh debate about assisted suicide. <http://www.lawgazette.co.uk/in-practice/human-rights-clarifying-law-assisted-suicide>

Worth Repeating

On saying goodbye

Acknowledging the end of the patient-physician relationship with patients who are near death

ANNALS OF INTERNAL MEDICINE, 2005;142(8):682-685. Ms. White, a woman with metastatic colon cancer, has been seeing Dr. B. at least once per month for two years, and now she is dying. If asked, Dr. B. would acknowledge that "see you later" is not quite true; he doesn't actually think he will ever see her again. Dr. B. intends to be casual and cheerful, but he is missing an opportunity to acknowledge with Ms. White that their relationship is ending. In this paper, the authors offer guidelines for physicians about how to say goodbye to a patient who is in the last phase of life. While other physicians have described how to talk about dying and what to do after a patient dies, such as write a condolence letter, go to the funeral, or grieve privately, they know of no medical literature that describes how a physician can say goodbye to a patient who will probably never make another visit to the clinic or hospital. The authors think that saying goodbye is an expert practice worth learning for the sake of both the patient and the physician. Saying goodbye is a powerful gesture that values patients and the challenging work of being a physician. <http://www.annals.org/cgi/reprint/142/8/682.pdf>

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

Palliative Care Network-e (PCN-e) promotes education amongst health care providers in places around the world where the knowledge gap may be wider than the technology gap ... to foster teaching and interaction, and the exchange of ideas, information and materials. PCN-e link (click on 'Projects'): <http://www.pcn-e.com/>

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