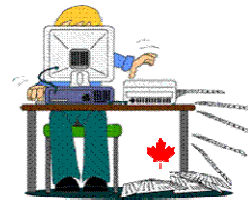


## Media Watch...

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.

## 31 August Edition | Issue #112



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by **Barry R. Ashpole**

**Building public understanding of hospice and palliative care:**  
Scroll down to **U.S.A.** and 'Counseling that helps the dying live,'  
and **International** and 'End-of-life care offers choices.'

## Canada

### **Proposed euthanasia bill could put doctors in a tight spot**

*NATIONAL POST* | Online article – 28 August 2009 – Dr. Jeff Blackmer knows the thin line that exists between helping someone die in comfort and purposely ending their life through medical euthanasia. The Ottawa physician, who also runs the Canadian Medical Association's office of ethics, deals mainly with spinal cord injuries, and a number of his patients are quadriplegics who depend on a respirator to stay alive. Some of those have asked to have their ventilators removed and be allowed to die. Dr. Blackmer, though an opponent of euthanasia, will prescribe drugs that allow the patient to pass without suffering. "So what's the difference between letting someone die and giving them drugs to make it easier and giving them drugs that will kill them?" he asked. "Some may argue it's splitting hairs, but for a physician it's a critical difference in that in the former case it's the underlying disease that is causing death – we're letting nature run its course. The second situation [of giving lethal drugs] is more active, and it's opposed to what doctors are supposed to stand for." <http://network.nationalpost.com/np/blogs/holy-post/archive/2009/08/28/proposed-euthanasia-bill-puts-doctors-in-a-tight-spot.aspx>

- NEW BRUNSWICK | *Telegraph-Journal* (OpEd) – 26 August 2009 – '**Assisted suicide is not death with dignity.**' "Death with dignity" is another heretofore perfectly good English language phrase that's been hijacked and turned on its head in service of a political and ideological agenda – in this instance the pro-euthanasia or physician assisted suicide movement. <http://telegraphjournal.canadaeast.com/opinion/article/773172>

### **Leaving no mark when your time comes**

ONTARIO | *Toronto Star* – 25 August 2009 – Cobourg Union Cemetery has opened ... Ontario's first truly eco-friendly burial ground. Now people for whom environmental consciousness is a way of life can do their part to save the planet after death. That means putting nothing in the body or ground that isn't harmless and biodegradable, doing nothing after burial to disturb the ecosystem. <http://www.thestar.com/news/gta/article/685975>

## U.S.A.

### Counseling that helps the dying live

WASHINGTON DC | *Washington Post* – 29 August 2009 – It has often been said that dying can be a full-time job. That was emphatically not the case with Brooke [Shearer]. Until her final days, she concentrated on living – a choice that end-of-life counseling helped make possible. Hospice care more than meets the standard of the Hippocratic oath: It not only does no harm – it does good; it is not about hastening death, but enhancing life. If counseling about hospice services and palliative care is a beneficiary of health care reform, many Americans will be as well. <http://www.washingtonpost.com/wp-dyn/content/article/2009/08/28/AR2009082803170.html>

#### Edward Kennedy [1932-2009]

##### The lessons of his dying

*TIME* | Online article – 26 August 2009 – Natural death did not come naturally to the Kennedy family. Two siblings brought down in flight; two others slain. But now two more siblings have modeled the death that most Americans say they want and fear they'll miss; both Edward Kennedy and his sister, Eunice, died within weeks of each other, at home, at peace, surrounded by family, after a race well run. For an eternally public clan that could not rise or fall or sin or stray without every move recorded, even death was a chance to shape the [health care] debate one more time. <http://www.time.com/time/politics/article/0,8599,1918959,00.html>

Of related interest:

- *NEW YORK TIMES* | Online letter – 29 August 2009 – **'Helping patients cope with death.'** 'At the end, offering not a cure but comfort' presented a detailed, sensitive look at one aspect of palliative care – hospice care – but could leave the impression that palliative care is only for patients who are dying.<sup>1</sup> [http://www.nytimes.com/2009/08/29/opinion/l29hospice.html?\\_r=1](http://www.nytimes.com/2009/08/29/opinion/l29hospice.html?_r=1)
  1. *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 ... if only because it goes against their training to save lives, not end them. [http://www.nytimes.com/2009/08/20/health/20doctors.html?\\_r=1&hp](http://www.nytimes.com/2009/08/20/health/20doctors.html?_r=1&hp)
- *U.S. NEWS & WORLD REPORT* | Online OpEd – 25 August 2009 – **'Misconceptions abound. Patients and families need not be afraid to ask for help.'** The impassioned discourse [of the health reform debate] may have you wondering about current practice to help a patient cope with serious illness or end-of-life realities. The term "palliative care" often conjures tones of a death knell, but the reality of what such services provide – and when they can and should be recruited – might be surprising. While death might ultimately become a part of the conversation, recruiting such care is not just about dying. <http://health.usnews.com/articles/health/living-well-usn/2009/08/25/8-facts-to-know-about-palliative-care.html>
- *WASHINGTON POST* | Online report – 25 August 2009 – **'(Sen.) Specter prods Veterans Affairs on end-of-life advice.'** (Democratic Senator) Arlen Specter has called on the Department of Veterans Affairs (VA) to consider suspending its use of an end-of-life planning document that critics have dubbed the "death book for veterans." VA officials said that the document has been misrepresented by critics and that ... *Your Life, Your Choices* is an educational resource meant to help veterans direct in advance the medical care they want in the event they are incapacitated.<sup>1</sup> <http://www.washingtonpost.com/wp-dyn/content/article/2009/08/24/AR2009082403018.html>
  1. *Your Life, Your Choices*, U.S. Department of Commerce, National Technical Information Service, 1998. [http://www.rihlp.org/pubs/Your\\_life\\_your\\_choices.pdf](http://www.rihlp.org/pubs/Your_life_your_choices.pdf)
- AMERICAN ACADEMY OF HOSPICE & PALLIATIVE MEDICINE (AAHPM) | Press release – 24 August 2009 – **'Organization sheds light on hospice and palliative care.'** The Academy has created a website to meet a growing public need for information about palliative care and hospice.<sup>1</sup> <http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/08-24-2009/0005082042&EDATE=>
  1. AAHPM website: [www.PalliativeDoctors.org](http://www.PalliativeDoctors.org)

## Cost of dying leads to more unclaimed bodies in Oregon

OREGON | KGW News (Portland) – 28 August 2009 – Death and taxes may be the two things in life that can't be escaped. But in this tough economy, more people are avoiding paying for the cost of dying. According the state medical examiner's office, the high cost of funerals is resulting in an increase in "unclaimed bodies." [http://www.kgw.com/news-local/stories/kgw\\_082809\\_news\\_unclaimed\\_bodies.124db8302.html](http://www.kgw.com/news-local/stories/kgw_082809_news_unclaimed_bodies.124db8302.html)

## Blue Cross to increase coverage, time in hospice

MICHIGAN | *Free Press* – 27 August 2009 – Blue Shield of Michigan announced that it has significantly expanded hospice coverage from six to 12 months. Blue Cross also will allow patients to undergo treatment even if they are in a hospice program. They can have surgery and medical interventions until they and their doctor decide not to opt for more aggressive interventions. The benefit enhancement may help set a new standard of care in Michigan. <http://www.freep.com/article/20090827/BUSINESS06/908270471/1002/BUSINESS/Blue-Cross-to-increase-coverage--time-in-hospice>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- MONTANA | *Great Falls Tribune* – 30 August 2009 – '**Court to hear arguments on assisted suicide.**' Montana Supreme Court hears arguments on Wednesday (3 September) in the state's appeal of a District Court ruling that Montanans have a constitutional right to physician-assisted suicide. <http://www.greatfallstribune.com/article/20090830/NEWS01/90830001/1002/Court+to+hear+arguments+on+assisted+suicide>
- LOUISIANA | Associated Press – 28 August 2009 – '**Doc: I "got rid of" patient after Katrina.**' Louisiana's top prosecutor says he will not reopen a probe into allegations of euthanasia at a hospital crippled by Hurricane Katrina. That's despite new statements from a Memorial Medical Center doctor who says he drugged a terminal patient to "get rid of her faster." <http://www.google.com/hostednews/ap/article/ALeqM5ihIz2BNe6PhkJfGQMahcpNZ4xedAD9AC4GH03>
- LOUISIANA | ProPublica – 27 August 2009 – '**The deadly choices at Memorial (Medical Center).**' Within days, the grisly tableau became the focus of an investigation into what happened when the floodwaters of Hurricane Katrina marooned Memorial Medical Center in Uptown New Orleans. The hurricane knocked out power and running water and sent the temperatures inside above 100 degrees. Still, investigators were surprised at the number of bodies in the makeshift morgue and were stunned when health care workers charged that a well-regarded doctor and two respected nurses had hastened the deaths of some patients by injecting them with lethal doses of drugs. <http://www.propublica.org/feature/the-deadly-choices-at-memorial-826>
- CHRISTIAN MEDICAL ASSOCIATION (CMA) | Press release – 26 August 2009 – '**CMA doctors warn of new pro-suicide bias in U.S. law and policy.**' The CMA ... warned of the potential for pro-suicide ideology to seep into law and government policy. The organization pointed to pro-suicide influence in a controversial Veterans Administration manual and a section of the main House healthcare overhaul bill. <http://www.earnedmedia.org/cmda0826.htm>

### Quotable Quotes

*What has surprised me is how little palliative care has to do with death. The death part is almost irrelevant. Our focus isn't on dying. Our focus is on quality of living. Balfour Mount*

## International

### **Aging in the company of loneliness**

INDIA | *Times of India* – 29 August 2009 – Rajesh Singh ... passed away before his 69th birthday. Both his sons work in Canada and their relation survived only through long telephonic conversations. But that surely wasn't enough. Confined to his bed at a palliative care centre in Lucknow, Singh exemplified loneliness. With eyes tightly closed, he remembered the happier days, and one day he didn't open his eyes at all to see the world. Singh would have lived a little longer. Only if his dear ones paid attention to his emotional and psychological needs. Experts from Chhatrapati Shahuji Maharaj Medical University's Geriatric Mental Health department ... feel he died of depression caused by dementia and lack of warmth. Dementia is chronic mental and emotional deterioration caused by organic brain disease. The condition worsens with loneliness and depression. <http://timesofindia.indiatimes.com/NEWS/City/Lucknow/TNN20-ishatimAging-in-the-company-of-loneliness/articleshow/4946771.cms>

### Quality of care

### **NHS apologises over patient letter**

U.K. | Press Association – 29 August 2009 – The NHS [National Health Service] has apologised after writing to a dead man to say sorry for leaving him to die in agony three-and-a-half-years after he died. Tom Milner, 76, was not given his prescribed pain-relieving morphine for terminal leukaemia in his last two days, his family say. Mr Milner's case was highlighted earlier this week by The Patients Association in a report on the treatment of the elderly by NHS nurses.<sup>1</sup>  
[http://www.google.com/hostednews/ukpress/article/ALeqM5hwm5LYrrwJ-0sTb\\_-FegXEmzE\\_5Q](http://www.google.com/hostednews/ukpress/article/ALeqM5hwm5LYrrwJ-0sTb_-FegXEmzE_5Q)

1. *Patients ...not numbers, People ...not statistics*, The Patient Association, 2009. <http://www.patients-association.org.uk/DBIMGS/file/Patients%20not%20numbers,%20people%20not%20statistics.pdf>

### "We do not torture the terminally ill."

### **End-of-life care offers choices**

U.K. | *Guardian* (Letter) – 26 August 2009 – Polly Toynbee is right in so far as palliative care is not a panacea for all pain and suffering; but as an experienced palliative care nurse I object strongly to her blanket condemnation of its effectiveness.<sup>1</sup> Toynbee says: "Because dying happens far from the public eye, the sheer scale of suffering is a secret garden the medical profession prefers to keep hidden". This is a gross exaggeration: the government's End of Life Care Strategy is working to ensure that death and dying are discussed openly so that as many people as possible who are terminally ill benefit from palliative care. She states that "morphine (and its derivatives) is no wonder drug, though it is the only effective painkiller available." Actually morphine (and its synthetic alternatives) is a great drug and – contrary to what she says – there are also many other forms of effective relief for pain not responsive to opiates. Yes, morphine-based drugs do have side effects, but all are manageable. With skilled and thoughtful care almost no one has to spend their last days in indignity. Believing that "the state not only permits but orders the torture of the terminally ill" because palliative care sometimes doesn't help people who are dying, Toynbee concludes that assisted suicide is the best alternative to inevitable suffering. However, a key aspect of the government's strategy is personal freedom to choose – people are able to make decisions about issues such as: treatment or comfort care, where to die, and who should be there. But when to die is excluded. For the minority of patients (not the "thousands" quoted) for whom palliative care is not the solution, the ability to make this fundamental choice may be crucial. <http://www.guardian.co.uk/society/2009/aug/26/palliative-care-choices-dying>

1. *Guardian* (OpEd) – 31 July 2009 – 'The 1961 Suicide Act is an instrument of state torture.'  
<http://www.guardian.co.uk/commentisfree/2009/jul/31/assisted-suicide-law-debbie-purdy>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. (WALES) | *Daily Mail* – 29 August – '**Top police officer warns over danger of relaxing assisted suicide law.**' Relaxing legislation on assisted suicide could see families using new laws as [an] easy way to get rid of elderly relatives, according to a senior police officer. Barbara Wilding, the longest serving female chief constable, has warned that changing the law could lead to abuse as the elderly population continues to grow. <http://www.dailymail.co.uk/news/article-1209846/Top-police-officer-warns-danger-relaxing-assisted-suicide-laws.html>
- AUSTRALIA | *Brisbane Times* – 28 August 2009 – '**Court rejects ACT (Australian Capital Territory) bid to let man starve.**' A mentally ill man starving to death must be force-fed despite ACT Health's protestations, a judge has found. <http://news.brisbanetimes.com.au/breaking-news-national/court-rejects-act-bid-to-let-man-starve-20090828-f21i.html>
- AUSTRALIA | ABC News – 24 August 2009 – '**Doctors label euthanasia bill 'poison.'**' An inquiry into proposed voluntary euthanasia laws in Tasmania has heard strong opposition from doctors and nurses. <http://www.abc.net.au/news/stories/2009/08/25/2665886.htm>

From Media Watch dated 3 August 2009:

- AUSTRALIA | ABC News – 29 July 2009 – '**(U.S.) Doctors warn Tasmanian death bill too strict.**' Doctors in the U.S. are warning that a Tasmanian private member's bill (to decriminalize assisted suicide and euthanasia) is too restrictive. <http://www.abc.net.au/news/stories/2009/07/30/2640813.htm>

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

### Patient perceptions on the use of advance directives and life prolonging technology

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE*, 2009;26(4):270-276. This study was undertaken to determine [patient] use and opinions of advance directives: 25.2% [of the participants] had a durable power of attorney; 14.7% had living wills. Of these, 73.9% responded that it was important to make health care wishes known to their doctor; only 15.9% had done so. 86.9% felt it was important to discuss health care wishes with their family and only 60.1% had done so. While adequately describing use and attitudes toward advance directives, it is significant to note that patients believe their wishes for end-of-life care will be honored; however, they fail to take the necessary steps to guarantee this. <http://ajh.sagepub.com/cgi/content/abstract/26/4/270>

### Hastening death

#### Stopping eating and drinking

*AMERICAN JOURNAL OF NURSING*, 2009;109(9):52-61. Voluntarily stopping eating and drinking, in which death occurs within one to three weeks of beginning the fast, is increasingly explored in the literature and mainstream media as an option to be discussed with "decisionally capable," suffering patients who want to hasten their dying. The author ... describe[s] ... clinical practices associated with hastening dying; explores whether this practice can or should be distinguished from suicide; and, discusses the ethical and legal implications for nurses. [http://journals.lww.com/ajnonline/Fulltext/2009/09000/Stopping\\_Eating\\_and\\_Drinking.28.aspx](http://journals.lww.com/ajnonline/Fulltext/2009/09000/Stopping_Eating_and_Drinking.28.aspx)

From Media Watch dated 15 June (Worth Repeating):

- *AMERICAN JOURNAL OF CRITICAL CARE*, 2006;15(3):312-314 (OpEd). '**Questions concerning the goodness of hastening death.**' Hastening death, as long as it is what the individual has chosen voluntarily, is likely to be seen as the best action based on utilitarian calculation and on a balancing of the principles of autonomy, beneficence, and justice. <http://ajcc.aacnjournals.org/cgi/content/full/15/3/312>

## A legislator's perspective

### **Assisted suicide: Doctors, steer clear**

*BRITISH MEDICAL JOURNAL* | Online letter – 25 August 2009 – Fortune is naive to believe that "formal legislation to cover physician assisted suicide and euthanasia will make the situation a lot safer both for people at the end of their lives and for those caring for them." As a legislator for nearly 20 years, I know the pitfalls of trying to draft legislation and the consequences of it being used as a tool to deal with difficult moral issues that require wisdom and judgment, not legal certitude. The medical profession is the most toasted of all professions because in the public mind there is no ambivalence as to its purpose. It is there to treat, cure, and care for sick and disabled people. Once lawyers get involved the whole premise changes: bitterness, strife, and serious money take over, families are divided, and suspicion reigns.

[http://www.bmj.com/cgi/content/extract/339/aug25\\_1/b3422](http://www.bmj.com/cgi/content/extract/339/aug25_1/b3422)

- *BRITISH MEDICAL JOURNAL* | Online letter – 26 August 2009 – '**Assisted dying: what's disability got to do with it?**' Assisted dying, assisted suicide, assisted killing: call it what you will, I'm in favour of it as an option for terminally ill adults of sound mind who want to die. Nevertheless, I try hard to keep up with the arguments against it. I think I understand them all, with the exception of those emanating from various disability lobby groups.

[http://www.bmj.com/cgi/content/extract/339/aug26\\_1/b3446](http://www.bmj.com/cgi/content/extract/339/aug26_1/b3446)

### **Palliative access through care at home: Experiences with an urban, geriatric home palliative care program**

*JOURNAL OF THE AMERICAN GERIATRICS SOCIETY* | Online article – 21 August 2009 – The aging of the U.S. population has resulted in a large number of persons with multiple, chronic illnesses and gradual functional decline. Many older adults with these conditions are homebound and have great difficulty accessing medical care. They are also more likely to suffer from unaddressed symptoms and end-of-life care needs. Certain groups, such as African-American patients and patients with dementia, are even less likely to access palliative care and hospice services. Although the informal caregivers attending to such persons may become overwhelmed without adequate support, palliative care, which covers a broad population, is an optimal way to address many of these needs. This article describes a unique, urban, home-based geriatrics palliative care program, Palliative Access Through Care at Home (PATCH), designed to address some of these unmet needs. <http://www3.interscience.wiley.com/journal/122573550/abstract>

### **The landscape of distress in the terminally ill**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 27 August 2009 – The aim of this study was to use the Patient Dignity Inventory, a novel, reliable, and validated measure of end-of-life distress, to describe a broad landscape of distress in patients who are terminally ill. A clear articulation of the landscape of distress, including insight regarding those who are most at risk, should pave the way toward more effective, dignity-conserving end-of-life care.

[http://www.jpsmjournal.com/article/S0885-3924\(09\)00636-8/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00636-8/abstract)

## Barry R. Ashpole



My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class courses, and facilitating issue specific workshops for frontline care providers.

## Effect of a pediatric palliative care program on nurses' referral preferences

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 August 2009 – Florida was the first state to develop and implement a publicly funded pediatric palliative care program, which provides supportive care services to children and families from the point of diagnosis onward. This study provides evidence that nurses who have experience with a pediatric palliative care program are more likely to refer children to programs before the end of life. While the study results are encouraging, they also suggest that as...[existing] program[s] expand nurse training will be essential for equitable and appropriate referrals across a diverse set of illnesses. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0146>

Of related interest (from Media Watch dated 4 May 2009):

- *PEDIATRICS*, 2009;123(5):e777-e782. '**Pediatricians' perceptions of and preferred timing for pediatric palliative care.**' Despite recommendations to refer children to palliative care early in the course of illness, [this study suggests that] most pediatricians define palliative care as similar to hospice care and [as a consequence] refer patients once curative therapy is no longer an option. <http://pediatrics.aappublications.org/cgi/content/abstract/123/5/e777>

## Palliative sedation is not controversial

*LANCET ONCOLOGY*, 2009;10(8):747-478. Materstvedt & Bosshard rightly consider the philosophical question of personhood as an ethical concern for continuous palliative sedation.<sup>1</sup> However, their qualification of sedated patients as "living dead" seems highly problematic. <http://www.thelancet.com/journals/lanonc/article/PIIS1470204509702104/fulltext?rss=yes>

1. *LANCET ONCOLOGY*, 2009;10(6):622-627. '**Deep and continuous palliative sedation (terminal sedation): clinical-ethical and philosophical aspects.**' The authors focus on the clinical-ethical issues, with an aim to provide clinicians with ways of framing the issue from an ethical point of view. [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(09\)70032-4/abstract](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(09)70032-4/abstract) [Listed in Media Watch dated 2 June 2009]

From Media Watch dated 17 August 2009:

- *BIOETHICS* | Online article – 29 July 2009 – '**Early terminal sedation' is a distinct entity.**' A particularly contentious practice concerns deep, continuous sedation given to patients who are not imminently dying and given without provision of hydration or nutrition, with the end result that death is hastened. <http://www3.interscience.wiley.com/journal/122525567/abstract>

From Media Watch dated 6 July 2009:

- *ANNALS OF ONCOLOGY*, 2009;20(7):1163-1169. '**Palliative sedation therapy does not hasten death.**' The authors conclude that palliative sedation therapy does not shorten life when used to relieve refractory symptoms and does not need the doctrine of double effect to justify its use from an ethical point of view. <http://annonc.oxfordjournals.org/cgi/content/abstract/20/7/1163>

From Media Watch dated 8 June 2009:

- *LANCET ONCOLOGY*, 2009;10(6):622-627. '**Deep and continuous palliative sedation (terminal sedation): clinical-ethical and philosophical aspects.**' In this paper the authors focus on the clinical-ethical issues, with an aim to provide clinicians with ways of framing the issue from an ethical point of view. [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(09\)70032-4/abstract](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(09)70032-4/abstract)

From Media Watch dated 13 April 2009:

- *PALLIATIVE MEDICINE* | Online journal article – 7 April 2009 – '**Deciding about continuous deep sedation: physicians' perspectives.**' The authors conclude that physicians' decision-making about continuous deep sedation is characterized by balancing the interests of patients with their own feelings. <http://pmj.sagepub.com/cgi/content/abstract/0269216309104074v2>

## 'Mature' minors can gain right to refuse treatment

*MEDICAL POST (CANADA)* | Online OpEd – 18 August 2009 – One of the most long-standing rules in medical law is that if a patient does not wish to be treated, you can't force them. There are of course exceptions. For instance, if the patient is younger than 16, the law in many jurisdictions allows a court to order medical treatment, regardless of what the patient says. On the theory that people under 16 are basically too young to know what's best for them, their protestations against being treated can be overridden. But what if we're dealing with a "mature minor," someone younger than 16, but mature enough that their views ought to be taken into account? That question came before the Supreme Court of Canada in regards to the child protection law in Manitoba, which says that if you're under 16, a court can order medical treatment upon you. This legislation came under fire as being unconstitutional in a recent case involving a patient who was 14 years, 10 months old, suffering from lower gastrointestinal bleeding caused by Crohn's disease. She was a devout Jehovah's Witness and ... had signed an advance medical directive containing her written instructions not to be given blood under any circumstances. [http://www.medicalpost.com/opinions/columns/article.jsp?content=20090818\\_095733\\_1464](http://www.medicalpost.com/opinions/columns/article.jsp?content=20090818_095733_1464)

From Media Watch dated 6 July 2009:

- MANITOBA | *Globe & Mail* (OpEd) – 1 July 2009 – **'Immaturity is no mere stereotype.'** In the name of children's rights, the Supreme Court of Canada would allow a boy or girl 15 or under to reject lifesaving medical treatment for religious or other reasons, if he or she is deemed mature enough. <http://www.theglobeandmail.com/news/opinions/editorials/immaturity-is-nomere-stereotype/article1203067/>

From Media Watch dated 10 November 2008:

- CANADIAN PAEDIATRIC SOCIETY (CPS) | Press release – 5 November 2008 – **'Provinces should recognize the wishes of children and youth with life-threatening illnesses...'** "It's important for all voices to be heard when it comes to health care decision-making," said Dr. Ellen Tsai, medical director of the paediatric intensive care service at Kingston General Hospital, chair of the CPS Bioethics Committee, and author of a new Canadian Pediatric Society position statement.<sup>1</sup> <http://www.cps.ca/english/Media/NewsReleases/2008/LifeThreateningIllnesses.htm>

1. 'Advance Care Planning for Paediatric Patients,' Canadian Paediatric Society, November 2008 <http://www.cps.ca/english/statements/B/b08-02.htm>

## Rituals, death and the moral practice of medical futility

*NURSING ETHICS*, 2009;16(3):292-302. Medical futility is often defined as providing inappropriate treatments that will not improve disease prognosis, alleviate physiological symptoms, or prolong survival. This understanding of medical futility is problematic because it rests on the final outcomes of procedures that are narrow and medically defined. The authors' examine how certain critical care interventions that are considered futile actually have broader social functions surrounding death and dying. By examining cardiopulmonary resuscitation and life-sustaining intensive care measures as moral practices, they show how so-called futile interventions offer ritualistic benefit to patients, families, and health care providers, helping to facilitate the process of dying. <http://nej.sagepub.com/cgi/content/abstract/16/3/292>

### [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/>

## What do palliative care patients and their relatives think about research in palliative care?

*SUPPORTIVE CARE IN CANCER* | Online article – 24 August 2009 – Research in palliative care patients has been controversial and is often challenging. It is important to know the views of potentially eligible patients themselves in order to determine the appropriateness of research in the palliative care population and to develop realistic studies that are practical and achievable in this population. This review aims to identify the views of palliative care patients and their families towards research, the factors that are important when considering participation, and the types of research trial they would support or reject. The authors conclude that research to date suggests that patients are interested in participating in research and may actually benefit from doing so.

<http://www.springerlink.com/content/e5g066p3669j734t/?p=333cc67a80354be0b570e3ccc57326d3&pi=1>

From Media Watch dated 9 March 2009:

- *JOURNAL OF PALLIATIVE MEDICINE*, 2009;12(3):215-217 (Editorial). **'The culture of research in palliative care: 'You Probably Think This Song Is About You.'** "But is it right?" If my memory can be trusted, the question came after a presentation by Eduardo Bruera on the importance of research in palliative care.  
<http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9662>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;37(3):373-386. **'A framework for generalizability in palliative care.'** This article provides a suggested framework for classifying palliative care research sub-populations and the clinical sub-populations to which the research findings are being applied to improve the ability of clinicians, health planners, and funders to interpret and apply palliative care research in real-world settings.  
[http://www.jpsmjournal.com/article/S0885-3924\(08\)00438-7/abstract](http://www.jpsmjournal.com/article/S0885-3924(08)00438-7/abstract)

## Providing culturally sensitive palliative care in the desert

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2009;38(2):315-321. The Bedouin population of the Negev region in Israel consists of 180,000 Muslims, half of whom live in six townships. The other half is dispersed in small temporary settlements (huts, tents) with no running water or electricity. Accessibility is quite difficult, with no paved roads or any form of motorized public transportation. For patients with advanced illnesses near the end of life, adequate palliative treatment is not available in their rural homestead. A mobile palliative care unit (MPCU) has been established, with the aims of delivering palliative care to terminal patients living in remote regions not easily accessible to the community health care teams and to provide palliative care consultation services to the local primary care teams. The authors' experience in establishing a culturally sensitive MPCU can be a model to provide palliative care services in remote areas.

[http://www.jpsmjournal.com/article/S0885-3924\(09\)00073-6/abstract](http://www.jpsmjournal.com/article/S0885-3924(09)00073-6/abstract)



10 October 2009 <http://www.worldday.org/>

## Worth Repeating

### When the tumor is not the target

#### **Just say die**

*JOURNAL OF CLINICAL ONCOLOGY*, 2008;26(1):157-159. Physicians are making progress in talking to their patients about dying. Field's review suggests that physician's are increasingly willing to disclose terminal diagnoses to patients. It's time to take the next step in opening up the discussions we have with our dying patients.<sup>1</sup> The next time you must let someone know they are dying, the best way of doing this may be to say, "You are dying." It's more than just semantics. Using the word "die" will clarify our conversations with patients and let them know that death doesn't need to be considered unnatural or a failure. Reintroducing words like "death" and "dying" into those conversations will allow us to take better care of our patients as they live, and as they die. <http://intl-jco.ascopubs.org/cgi/content/full/26/1/157>

1. *PALLIATIVE MEDICINE*, 1999;13(6):459-468. '**Communication and awareness about dying...**' <http://pmj.sagepub.com/cgi/reprint/13/6/459?ijkey=d542ae036b2a96cc1b75e6ba72ad8899cf31711d>

### 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

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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.

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