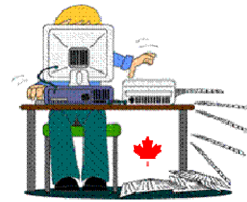
Media Watch...

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.

19 October Edition | Issue #119



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Effecting change in the illness experience: Scroll down to Specialist Publications and 'Impact of writing "comfort measures only" orders in a community teaching hospital.' (p.7)

Canada

Study finds cultures view medicine, death differently

ALBERTA | *Edmonton Journal* – 13 October 2009 – A patient's ethnic background can have a profound effect on how they want to be treated by doctors. The findings of a recent study [at the University of Alberta] highlight the need for countrywide training to make health-care professionals more culturally sensitive, said Earle Waugh, director of the team that conducted the research.[1] Although some cultural sensitivity training for medical students is done in other countries, that is not the case in Canada where more than 200 different ethnic groups live together, Waugh said. http://www.edmontonjournal.com/life/Study+finds+cultures+view+medicine+death+differently/2094914/story.html

1. *Impact of Cultural/Ethnic Perspectives on Dementia and End-of-Life Care in Five Communities in Northern Alberta. At the Interface of Culture and Medicine: Contemporary Canadian Studies,* University of Alberta Press (in print).

Hospice garners national award

NEW BRUNSWICK | *Telegraph Journal* – 13 October 2009 – Hospice of Greater Saint John is the recipient of the Services to Seniors Award from the Donner Canadian Foundation. This is the fifth time Hospice of Greater Saint John has been nominated for the award, its third win. The Donner Non-Profit Awards are Canada's largest non-profit recognition program. http://telegraphjournal.canadaeast.com/city/article/822216

Specialist Publications

Of particular interest:

'Lessons in living and dying from my first patient.' Scroll down to p.6 for an occupational therapists' perspective published in *Canadian Journal of Occupational Therapy*.

'Coping with the mystery of death.' Scroll down to p.6 for a physician's perspective published in the *Canadian Medical Association Journal*.

'Prognostic acceptance and the well-being of patients receiving palliative care for cancer.' Scroll down to p.7 for the findings of a Canadian multicenter study published in the *Journal of Clinical Oncology*.

'Costs associated with resource utilization during the palliative phase of care: a Canadian perspective.' Scroll down to p.9 for the findings of a study published in *Palliative Medicine*.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CBC | Cross Country Checkup – 18 October 2009 – The national 'phone-in program asked: "Is it time to legalize euthanasia? http://podcast.cbc.ca/mp3/checkup_20091018_21702.mp3

- CANADIAN FREE PRESS | Online report – 15 October 2009 – **'Oppose any liberalization of euthanasia laws...'** In the [Catholic Civil Rights] League's view, much of Canadians' presumed acceptance of euthanasia is driven by misinformation ... and the absence of palliative care facilities in many parts of Canada. http://canadafreepress.com/index.php/article/15796

- *NATIONAL POST* | Online OpEd – 15 October 2009 – **'Bill doomed to die again.'** Parliament ... has been notoriously shy ... even though prolonged agony continues to haunt thousands of Canadians who want an assisted way out of life, but are prevented from finding a legal exit. http://www.nationalpost.com/opinion/columnists/story.html?id=6a6b0c50-22e5-4af7-b2ef-26bf49dfd418

- B.C. | *Surrey Leader* – 13 October 2009 – **'From right to die, to duty to die?'** Bill C-384 is not limited to the terminally ill and does not define terminal illness. It does not require the patient suffering from a mental disorder to be seen by a specialist. It only requires that the patient "appear to be lucid." http://www.bclocalnews.com/opinion/letters/64133417.html

- QUEBEC | *Montreal Gazette* – 13 October 2009 – **'Quebec medical specialists in favour of euthanasia.'** In a survey of its members, the Quebec Federation of Medical Specialists [Fédération des médecins spécialistes du Québec[1]] found 84% of respondents are ready for a public debate on euthanasia and 74% "would certainly favour or probably be favorable" to euthanasia within a legal framework.http://www.canada.com/health/Quebec+medical+specialists+favour+euthanasia/2097506/story.html

    1. Fédération des médecins spécialistes du Québec (English language) press release: http://www.fmsq.org/e/centredepresse/communiques/coms/20091013.html

  From Media Watch dated 20 July 2009:

  - QUEBEC | *Globe & Mail* – 15 July 2009 – **'Quebec physicians tentatively propose legal euthanasia.'** With great caution, the Quebec College of Physicians is prepared to cross the line on the controversial debate over euthanasia and propose that it be included "as part of the appropriate care in certain particular circumstances." http://www.theglobeandmail.com/news/national/quebec-physicians-tentatively-propose-legal-euthanasia/article1219957/

    N.B. The Collège des médecins du Québec is expected to shortly issue a position statement.

U.S.A.

Business perspective on end of life care

In the end, care tops cost

NEW YORK | Crain's – 18 October 2009 – The concept of cost-cutting, doom-dealing government panels scares many people... However, end-of-life care in New York and elsewhere around the nation has probably never been further removed from that grim vision. Rather, medical professionals say, the system in place is one in which insurers defer to the wisdom of doctors, who in turn defer to the will of patients and their family members in setting courses of treatment for people who have no hope of recovery. This system is free of cost considerations, let alone government controls. Fearing a possible backlash from lawmakers and the public, insurance executives, including those at Medicaid and Medicare, are increasingly taking a backseat in determining treatment plans. Nowadays, they will generally pay for care, as long as it's not considered experimental. http://www.crainsnewyork.com/article/20091018/SUB/310189985

Prison hospice

Fellow inmates ease the pain of dying in jail

NEW YORK | *New York Times* – 17 October 2009 – Allen Jacobs lived hard for his 50 years, and when his liver finally shut down he faced the kind of death he did not want. On a recent afternoon, Mr. Jacobs lay in a hospital bed staring blankly at the ceiling, his eyes sunk in his skull, his skin lusterless. A volunteer hospice worker, Wensley Roberts, ran a wet sponge over Mr. Jacobs's dry lips, encouraging him to drink. "Come on, Mr. Jacobs," he said. Mr. Roberts is one of a dozen inmates at the Coxsackie Correctional Facility who volunteer to sit with fellow prisoners in the last six months of their lives.[1] More than 3,000 prisoners a year die of natural causes in correctional facilities.http://www.nytimes.com/2009/10/18/health/18hospice.html?_r=1&hp=&adxnnl=1&adxnnlx=1255874576-76tWoqefWcze4zorEjoVWw

1. Coxsackie Correctional Facility images: http://www.nytimes.com/interactive/2009/10/18/health/20091018-hospice-audioss/index.html#

   N.B. Articles and reports focused on the provision and delivery of end of life care for prison inmates have been highlighted in Media Watch on a fairly regular basis. For those interested in prison hospice, a compilation of these articles and reports in a single document is available on request.

The new stages of grief: 5 tasks, no timeline

MSN.COM | Online article – 15 October 2009 – Bereaved people often brace for the so-called stages of grief , only to discover their own grieving process unfolds differently. The stages of grief – popularized from earlier theories put forth by Elisabeth Kubler-Ross in her 1969 book *On Death and Dying*, and later modified by others – initially described responses to terminal illness: denial, anger, bargaining, depression, acceptance. While some find those responses relevant to coping with death, psychologists increasingly believe that the idea of "stages" oversimplifies a complex experience. And grieving survivors seem to agree. "When we're confronted with emotional chaos, we yearn for clarity, and the Kubler-Ross stages of grief serve as a kind of road map," says Robert Neimeyer, a professor of psychology at the University of Memphis who studies grief. "But it's more accurate to think about phases of adaptation rather than stages of grief. And they overlap rather than fall in sequence." http://health.msn.com/health-topics/mental-health/articlepage.aspx?cp-documentid=100246813

Studies: Some nursing home elderly get futile care

MASSACHUSETTS | Associated Press – 14 October – A surprising number of frail, elderly Americans in nursing homes are suffering from futile care at the end of their lives, two new federally funded studies reveal.[1] One found that putting nursing home residents with failing kidneys on dialysis didn't improve their quality of life and may even push them into further decline. The other showed many with advanced dementia will die within six months and perhaps should have hospice care instead of aggressive treatment. Medical experts say the new research emphasizes the need for doctors, caregivers and families to consider making the feeble elderly who are near death comfortable rather than treating them as if a cure were possible. http://www.google.com/hostednews/ap/article/ALeqM5hU4WyhNhnJuCwbUUt40Pb92SCQtwD9BB3NMO0

1. *NEW ENGLAND JOURNAL OF MEDICINE*, 2009;361(16):1529-1538. **'The clinical course of advanced dementia.'**

   N.B. Scroll down to **Specialist publication** for an abstract of the journal article (p.8).

Palliative care sets example for fundamental health reform

ARIZONA | *Daily Sun* (OpEd) – 13 October 2009 – Sometimes the right hand truly doesn't seem to know what the left hand is doing. Or if it does, there's still nothing being done to coordinate the two. Such appeared to be the case last week. On Monday, Cyndy Cole reported on the new palliative care specialists in Flagstaff, who are relieving or soothing the symptoms of a serious but not yet terminal illness enough to allow a patient to leave the hospital and be cared for at home. But then on Saturday she reported that state budget cuts will mean 95 elderly and disabled patients in Coconino County will lose low-cost home health visits, putting them at risk of being forced into a nursing or retirement home. So in addition to losing their independence and home settings that palliative care is designed to promote, these patients will be institutionalized at much more expense to the state ... [if they qualify for Medicaid]. Those who don't qualify immediately will draw down their private savings quickly and eventually qualify for state aid, too – if they live that long. We don't claim to be experts in how health care should be run in this country. But it doesn't take much more than common sense to see that there is something seriously wrong with this picture. http://azdailysun.com/articles/2009/10/13/news/opinion/20091013_opini_205478.txt

Specialist Publications

Of particular interest:

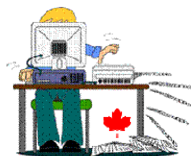
'Do end-of-life discussions have a role in health care reform?' Scroll down to p.10 for a commentary on the current debate in the U.S. published in *Urology*.

New law helps terminally ill students

MASSACHUSETTS | *Daily Free Press* (Boston University) – 13 October 20009 – Federal legislation enacted Michelle's Law, ensuring that college students diagnosed with terminal illnesses will still have medical insurance if they take time off from school to recover.[1] Before the law went into effect, students who were covered under their parents' health insurance were no longer eligible for their parents' plan if they needed to take time off to get treatment for an illness. http://www.dailyfreepress.com/new-law-helps-terminally-ill-students-1.1995092#5

N.B., "Michelle's Law" originated with New Hampshire's House Bill 37. AnnMarie Morse's daughter, Michelle, a full time student at Plymouth State University, was diagnosed with colon cancer. Her doctors recommended that she cut back her college course load knowing the toll chemotherapy treatments would take.

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.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- NEW HAMPSHIRE | *Nashua Telegraph* – 18 October 2009 – **'Assisted suicide a step toward euthanasia in New Hampshire.'** Physician prescribed suicide (Bill HB 304) is on the New Hampshire House of Representatives legislative agenda. It is currently passing through the House Judiciary Committee and will be forwarded to the full House for action sometime in January 2010. http://www.nashuatelegraph.com/apps/pbcs.dll/article?AID=/20091018/OPINION04/910189970/-1/opinion

- U.S. | *The Nation* – 12 October 2009 – **'Euthanasia – pro and con.'** Two experts debate the morality of euthanasia. http://www.thenation.com/doc/19500128/benjamin-gumpert

International

European Palliative Care Research Centre launched

EUROPE | *The Medical News* – 19 October 2009 – A first-ever pan-European centre devoted to improving patient palliative care and end of life care was officially launched ... at the Norwegian University of Science & Technology, with the opening of the European Palliative Care Research Centre. The centre is based at University's Faculty of Medicine and at St. Olavs Hospital/ Trondheim University Hospital. "We are too small and too few not to work together across national borders," says Professor Stein Kaasa, who is the leader of the new centre. The centre will focus on coordinating efforts between groups and individual researchers across Europe, specifically Scotland, England, Italy, Denmark, Germany and Switzerland, along with the U.S., Canada and Australia. Researchers hope to boost the amount of international multicentre studies, as well as to create an international PhD programme to educate young researchers in palliative care and to initiate and develop evidence-based guidelines for palliative care. http://www.news-medical.net/news/20091019/NTNU-launches-European-Palliative-Care-Research-Centre.aspx

Minister outlines new care for elderly strategy

U.K. (Scotland) | *Sunday Herald* – 18 October 2009 – Older people will use care homes only for specialist services and respite and will instead be supported by technology at home rather than being institutionalised, new government proposals envision. Public Health Minister Shona Robison believes that housing will have to be redesigned to allow services to help those living in "clusters" and that care homes will have to specialise in dementia or end-of-life care. Speaking exclusively to the *Sunday Herald*, she explained that demographic challenges will make such changes necessary. http://www.heraldscotland.com/news/health/minister-outlines-new-care-for-elderly-strategy-1.926809

Withdrawal of treatment

Guidelines on death with dignity ignites debate

SOUTH KOREA | *Korea Times* – 13 October 2009 – Doctors announced a set of guidelines over "death with dignity," that requires the full consent of patients, families and doctors. The guidelines relate to the removal of life support systems for terminally ill patients. In cases where patients are declared brain dead or are in a persistent vegetative state for a long time, life support machines can be turned off, the guidelines say. The announcement was made by the Korea Medical Association, the Korea Academy of Medical Science and the Korean Hospital Association. http://www.koreatimes.co.kr/www/news/nation/2009/10/113_53450.html

Survey shows north east is not happy talking about death

U.K. | *News Guardian* – 12 October 2009 – North east people are the least comfortable when it comes to talking about death, figures have shown. But now the region has been asked to tackle the taboo subject and talk about dying as part of 'A Good Death Charter,' which has been launched.[1] The charter is a public consultation which aims to find out the regions views on end of life care and support. Research in the north east showed that just under half (48%) of those asked want to die at home, against two per cent who want to die in a nursing home or a care home. http://www.newsguardian.co.uk/latest-news/Survey-shows-north-east-is.5724503.jp

1. 'A Good Death Charter.' http://www.phine.org.uk/news.php?nid=460

N.B. National Health Service North East's 'What is a Good Death' questionnaire: http://www.agooddeath.co.uk/

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA (TASMANIA) | ABC News – 12 October 2009 – **'Dying with Dignity Bill 'flawed.''** A joint [parliamentary] select committee has found [a private member's bill] in its current form does not provide an adequate or concise legislative framework for voluntary euthanasia. http://www.abc.net.au/news/stories/2009/10/13/2712901.htm

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

Lessons in living and dying from my first patient

CANADIAN JOURNAL OF OCCUPATIONAL THERAPY, 2009;76(4):309-316. This study examines challenges and rewards of a fieldwork student's first encounter with death in a clinical setting and describes occupational interventions that affirm the life of a client preparing for death. Findings include a description of what a student was and was not able to accomplish in end-of-life care.http://www.ingentaconnect.com/search/article?title=palliative+care&title_type=tka&year_from=1998&year_to=2009&database=1&pageSize=20&index=2

Coping with the mystery of death

CANADIAN MEDICAL ASSOCIATION JOURNAL, 2009;18(8):504-505. Encountering death is arguably our most difficult task as physicians. Questions that have long troubled humankind arise, the most obvious being: What awaits us when we die? Unfortunately, those with enough personal insight into the matter are dead and unable to enlighten the rest of us. Whether they smile knowingly down from a heavenly perch or slip into unconscious oblivion cannot be known while on this earth. http://www.cmaj.ca/cgi/reprint/181/8/504

Quotable Quotes

The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself. **Eric J. Cassell**[1]

1. 'The Nature of suffering and the goals of medicine,' *New England Journal of Medicine*, 1982;306(11):639-645.]

Vulnerability and the 'slippery slope' at the end-of-life: A qualitative study of euthanasia, general practice and home death in The Netherlands

FAMILY PRACTICE (U.K.) | Online article – 14 October 2009 – Euthanasia practice typically involves extensive deliberations, the majority of which do not end in a euthanasia death. Euthanasia discussions ... share at least two consequences: 1) the talk puts the onus on patients to continue discussions towards a euthanasia death; and, 2) there is a socio-therapeutic component, which tends to affirm social bonds and social life. While this qualitative evidence cannot disprove existence of abuse, it suggests that euthanasia practices have evolved in such a way that patients are more likely to talk about euthanasia than to die a euthanasia death. http://fampra.oxfordjournals.org/cgi/content/abstract/cmp065v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=and&titleabstract=slippery+slope&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT

Hope, self-efficacy, spiritual well-being and job satisfaction

JOURNAL OF ADVANCED NURSING, 2009;65(11):2376-2385. This paper is a report of a study of the relations of spiritual well-being, global job satisfaction, and general self-efficacy to hope in continuing care assistants. Healthcare providers have described their hope as an important part of their work and a form of work motivation. Hope may be an important factor in preventing burnout and improving job satisfaction. Hope is an important concept in the work life of continuing care assistants. http://www3.interscience.wiley.com/journal/122591671/abstract

Prognostic acceptance and the well-being of patients receiving palliative care for cancer

JOURNAL OF CLINICAL ONCOLOGY | Online article – 13 October 2009 – A Canadian multicenter prospective national survey was conducted of patients diagnosed with advanced cancer with an estimated survival duration of 6 months or less receiving palliative care services ... to identify the impact of prognostic acceptance/non-acceptance on the physical, psychological, and existential well-being of patients with advanced cancer. Of the total number of participants, 74% reported accepting their situation and 8.6% reported accepting with "moderate" to "extreme" difficulty. http://jco.ascopubs.org/cgi/content/abstract/JCO.2009.22.9799v1

How does culture show?

A case study of an international and interprofessional course in palliative care

JOURNAL OF INTERPROFESSIONAL CARE, 2009:23(5):474-485. This paper discusses an attempt to develop innovative forms of palliative care education: an international, interprofessional and IT-supported undergraduate course for Swedish and Slovenian students of nursing, medicine, occupational therapy, physiotherapy, psychology and social work. One of the aims [of a course developed by the authors] ... has been to address differences in professional and national cultures relevant to quality in palliative care. Results show that the interprofessional approach ... enabled students to get to know other professions, as well as enabling them to work together as a team and resolve conflicts. http://informahealthcare.com/doi/abs/10.1080/13561820903163512

Impact of writing "comfort measures only" orders in a community teaching hospital

JOURNAL OF PALLIATIVE MEDICINE | Online article – 14 October 2009 – The authors compared end-of-life care for [40] patients with and without orders for "comfort measures only" (CMO) and evaluated whether standards for palliative medicine were met. Appropriate use of medications and interventions and documentation of symptoms and family consultation were examined. The authors concluded that CMO orders alone were insufficient for redirecting changes in care at the end-of-life. http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0257

A Jewish ethical approach to the use of pain medication with potentially dangerous side effects

JOURNAL OF PALLIATIVE MEDICINE | Online article – 14 October 2009 – Palliation of pain is universally regarded as a cardinal aspect of end-of-life care. In the early days of the palliative care and hospice movement there was concern that aggressive pain control with opioids could potentially hasten the death of the patient primarily through respiratory depression. For many ethicists and theologians who were opposed to active euthanasia, this raised the difficult question of whether it is permissible to use these potentially harmful medications. The purpose of this article is to analyze the view of three highly respected authorities on the use of pain medications with potentially significant side effects in terminal patients. Jewish medical ethics … is highly pluralistic because there is no central body that determines policy and a wide spectrum of opinions are usually found. However, regarding pain treatment there appears to be a broad consensus mandating its aggressive use even at the risk of significant side effects as long as the motivation is relief of suffering. http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0182

Dementia and end of life care

The clinical course of advanced dementia

NEW ENGLAND JOURNAL OF MEDICINE, 2009;361(16):1529-1538. Dementia is a leading cause of death in the U.S., but is under recognized as a terminal illness. The clinical course of nursing home residents with advanced dementia has not been well described. The authors followed 323 nursing home residents with advanced dementia and their health care proxies for 18 months in 22 nursing homes. The authors concluded that atients with health care proxies who have an understanding of the prognosis and clinical course are likely to receive less aggressive care near the end of life. http://content.nejm.org/cgi/content/abstract/361/16/1529

Of related interest:

- *NEW ENGLAND JOURNAL OF MEDICINE*, 2009;361(16):1529-1538. **'Dying from dementia.'** http://content.nejm.org/cgi/content/extract/361/16/1595

As reported in the lay press:

- REUTERS | Newswire report – 14 October 2009 – **'Aggressive treatments for frail elderly questioned.'** Uninformed relatives responsible for the care of advanced Alzheimer patients often seek overly aggressive treatments, and doctors treating frail elderly with kidney failure should be wary of using dialysis. http://abcnews.go.com/Health/wireStory?id=8830345

Dialysis in frail elders – a role for palliative care

NEW ENGLAND JOURNAL OF MEDICINE, 2009;361(16):1597-1598. The methods and availability of dialysis and transplantation have improved, and patients who are beginning to undergo dialysis have become sicker and more debilitated than in the past. Increased numbers of elderly, ill patients with end-stage renal disease (ESRD) increase the costs of ESRD programs, despite an overall decrease in the cost of dialysis for each patient. Although dialysis can prolong life, the benefit to individual patients varies widely. Randomized trials are lacking to evaluate the benefits of dialysis in the elderly. http://content.nejm.org/cgi/content/extract/361/16/1597

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. http://www.pcn-e.com/community/

National survey of U.K. general practices

What progress has been made towards implementing national guidance on end of life care?

PALLIATIVE MEDICINE | Online article – 16 October 2009 – The objectives of this study were to establish the extent to which U.K. primary care has adopted recommended practices on supportive and palliative care of adults with cancer, and to relate this to participation in national initiatives. In total, 60.0% of practices (2096 of 3495) responded to the [cross-sectional postal questionnaire survey]: 61.5% reported involvement with the Gold Standards Framework[1]; 24.4% with the Liverpool or other End of Life Care Pathway[2]; 12.3%, with the Preferred Place of Care[3] initiative; and, 8.4% with Advance Care Planning.[4] The authors' findings appear to support the role of national initiatives in improving the quality of end-of-life care delivery in general practice. http://pmj.sagepub.com/cgi/content/abstract/0269216309346591v1

1. The Gold Standards Framework: http://www.goldstandardsframework.nhs.uk/
2. Liverpool Care Pathway for the Dying Patient: http://www.mcpcil.org.uk/liverpool-care-pathway/
3. Preferred Place of Care (renamed Preferred Priorities for Care): http://www.endoflifecareforadults.nhs.uk/eolc/CS310.htm
4. Advance Care Planning: http://www.endoflifecare.nhs.uk/eolc/acp.htm

Canadian perspective

Costs associated with resource utilization during the palliative phase of care

PALLIATIVE MEDICINE | Online article – 16 October 2009 – This study aimed to evaluate prospectively the resource utilization and related costs during the palliative phase of care in five regions across Canada. The survey questions prompted participants to provide information on the types and number of goods and services they used, and who paid for these goods and services. The largest cost component for study participants was inpatient hospital care stays, followed by home care and informal caregiving time. In regard to cost sharing, the public health care system, the family, and not-for-profit organizations sustained respectively 71.3%, 26.6% and 1.6% of the mean total cost per patient. http://pmj.sagepub.com/cgi/content/abstract/0269216309346546v1

Preliminary report of the integration of a palliative care team into an intensive care unit

PALLIATIVE MEDICINE | Online article – 13 October 2009 – This is a ... report of a ... sample of 157 consecutive patients served by a palliative care team ... integrated into operations of an ICU (intensive care unit). A separate ... study was conducted comparing the length of hospital stay for persons who died in the ICU during the final 6 months of the project, prior to and post-palliative care consultation for 22 patients at the hospital campus where the project team was located versus 24 patients at the other campus. Pharmaco-economic data were evaluated for 22 persons who died with and 43 who died without a palliative care consultation ... to evaluate whether the project intervention was associated with an increase in the use of pain medications or alterations in the use of potentially non-beneficial life-prolonging treatments in persons dying in the ICU. Preliminary evidence suggest that such [palliative care] models may be associated with improved quality of life, higher rates of formalization of advance directives and utilization of hospices, as well as lower use of certain non-beneficial life-prolonging treatments for critically ill patients who are at the end of life. http://pmj.sagepub.com/cgi/content/abstract/0269216309346540v1

Impact of a pediatric palliative care program

PEDIATRIC BLOOD & CANCER | Online article – 14 October 2009 – The authors instituted a palliative care program ... and hypothesized that a significant number of families would prefer that their child be at home rather than at a hospital at the end-of-life and that the overall quality of care would thereby improve. After a palliative care program was instituted, 69% of families preferred their child to be at home at the end-of-life, compared with 18% before the program was instituted. Satisfaction with the medical services was high, independent of locale at time of death. http://www3.interscience.wiley.com/journal/122651018/abstract

Health care reform in the U.S.

Do end-of-life discussions have a role in health care reform?

UROLOGY, 2009;6(10)524-525 (OpEd). With the debate over health care reform ... being at center stage, focusing primarily on cost reduction, how can we best serve our cancer patients in their final days? The administration is attempting to rapidly transform the entire heath care system in the name of cost containment. Avoiding costly and futile measures at the end of life is one small way to help save money. The discussions on the best way to handle these difficult heath care decisions should be neither rushed nor mandated as a line item on a diverse, thousand-page legislative proposal. End-of-life discussions have a role in health care reform and deserve ... thoughtful public dialog. http://www.nature.com/nrurol/journal/v6/n10/pdf/nrurol.2009.192.pdf

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 the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, 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.

Distribution

Media Watch is distributed at no cost to colleagues active or with a special interest in hospice, palliative care and end of life issues. Recipients are encouraged to share the weekly report with *their* colleagues. The distribution list is a proprietary one, used exclusively for the distribution of the weekly report and occasional supplements. It is not used or made available for any other purpose whatsoever – to protect the privacy of recipients and also to avoid generating undue e-mail traffic.

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.

Worth Repeating

Where people die (1974-2030): past trends, future projections and implications for care [in the U.K.]

PALLIATIVE MEDICINE, 2008;22(1):33-41. Ageing nations have growing needs for end of life care, but these have never been projected in detail. The authors analysed past trends in place of death (1974-2003) and projected likely trends to 2030 in England & Wales, and from these [the] need for care. Annual numbers of deaths fell by 8% from 1974 to 2003, but are expected to rise by 17% from 2012 to 2030. People will die increasingly at older ages, with the percentage of deaths among those aged 85 and expected to rise from 32% in 2003 to 44% in 2030. Home death proportions fell from 31% to 18% overall, and at an even higher rate for people aged 65 and over, women and noncancer deaths. If recent trends continue, numbers of home deaths could reduce by 42% and fewer than 1 in 10 will die at home in 2030. Annual numbers of institutional deaths (currently 440,936) will be 530,409 by 2030 (20% increase). In England & Wales home deaths have been decreasing. The projections underline the urgent need for planning care to accommodate a large increase of ageing and deaths. Either inpatient facilities must increase substantially, or many more people will need community end of life care from 2012 onwards. http://pmj.sagepub.com/cgi/content/abstract/22/1/33

Barry R. Ashpole 'phone: 905.563.0044
Beamsville, Ontario CANADA e-mail: barryashpole@bellnet.c