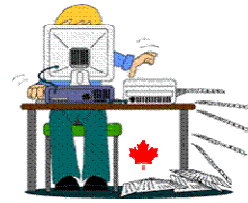


Media Watch...

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.

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Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Family dynamics: Scroll down to [Specialist Publications](#) and 'Villains and victims: Normative settings in the home care of the terminally ill.' (p.9)

Canada

Province extends palliative home care drug pilot project

PRINCE EDWARD ISLAND (PEI) | *Guardian* – 30 October 2009 – The province is extending the Palliative Home Care Drug Pilot Project, which provides drug coverage for pain and symptom management to those who wish to spend their last days in the location of their choice, including at home. The project is an extension of the Integrated Palliative Care Program, which aims to enhance client and family options for palliative care through access to trained, qualified health care teams in the most appropriate setting. Eligibility is based on a number of criteria that define the patient's need for end-of-life care. <http://www.theguardian.pe.ca/index.cfm?sid=298978&sc=98>

N.B. PEI Integrated Palliative Care Program:
http://www.youtube.com/watch?v=O3gO_qYXuQk

Queen's professor to head international end-of-life panel

ONTARIO | *Exchange* – 28 October 2009 – Queen's philosophy professor Udo Schuklenk has been selected to head an international panel on End-of-Life Decision Making in Canada. Appointed by the Royal Society of Canada, the expert panel will investigate key aspects of this critical issue – including voluntary euthanasia and physician-assisted suicide – and prepare a public report [expected] to be published in 2011. Other Canadian members of the panel include Jocelyn Downie, Canada Research Chair in Health Law & Policy at Dalhousie University, Ross Upshur, Canada Research Chair in Primary Care Research at University of Toronto, and Daniel Weinstock, Canada Research Chair in Ethics & Philosophy at the University of Montreal. <http://www.exchangemagazine.com/morningpost/2009/week44/Wednesday/102821.htm>

N.B. The Royal Society of Canada (i.e., The Academies of Arts, Humanities & Sciences of Canada) is a body of distinguished Canadian scholars, artists and scientists. http://www.rsc.ca/rscinfo_what.php

Specialist Publications

Of particular interest:

'Health care choices and decisions in the U.S. and Canada.' Scroll down to p.7 for a commentary in the *Journal of the American Medical Association*.

New palliative support group launches in Winnipeg

MANITOBA | *Winnipeg Free Press* – 27 October 2009 – Hospice & Palliative Care Manitoba is launching a new program to give support to people with life-limiting illnesses and their families. <http://www.winnipegfreepress.com/life/health/New-palliative-support-group-launches-in-Winnipeg-66584262.html>

From Media Watch dated 26 October 2009:

- MANITOBA | CJOB Radio – 20 October 2009 – **'Winnipeg lacking in hospice care.'** The province needs more places for people facing terminal illness to be able to die with dignity. <http://www.cjob.com/News/Local/Story.aspx?ID=1153095>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- QUEBEC | *Montreal Gazette* – 2 November 2009 – **'Paralyzed federal minister supports euthanasia, but won't vote on right-to-die bill.'** Conservative MP Steven Fletcher, a quadriplegic, says that despite his belief that terminally ill or physically disabled people should be allowed to choose death in some instances, he will not be voting yes to Bill C-384. <http://www.montrealgazette.com/health/Paralyzed+federal+minister+supports+euthanasia+vote+right+bill/2172048/story.html>

U.S.A.

Assisted (or facilitated) death

Ethical journalism

PENNSYLVANIA | *Philadelphia Inquirer* – 29 October 2009 – *The Ethical Journalist: Making Responsible Decisions in the Pursuit of News* (Wiley-Blackwell, 2009) is a guide to ethics for ... anyone interested in the media. The book focuses on the real-life experiences of working journalists and opens with an account of the dilemma journalists at the *Oregonian* faced when they covered the assisted suicide ... of a 62-year-old woman dying of lung cancer. Staffers ... asked themselves whether their coverage would influence the woman's actions. http://www.philly.com/inquirer/magazine/20091029_Ethical_journalism_A_book_goes_case_by_case.html

DEA crackdown hurts nursing home residents who need pain drugs

WASHINGTON DC | *Washington Post* – 29 October 2009 – Heightened efforts by the Drug Enforcement Administration to crack down on narcotics abuse are producing a troubling side effect by denying some hospice and elderly patients needed pain medication. Tougher enforcement of the Controlled Substances Act, which tightly restricts the distribution of pain medicines ... is causing pharmacies to balk and is leading to delays in pain relief for those patients and seniors in long-term-care facilities. <http://www.washingtonpost.com/wp-dyn/content/article/2009/10/28/AR2009102803146.html?hpid=moreheadlines>



November is National Hospice Palliative Care Month in the U.S.

Specialist Publications

Of particular interest:

'Health care choices and decisions in the U.S. and Canada.' Scroll down to p.7 for a commentary in the *Journal of the American Medical Association*.

The health care reform debate we need

NEW JERSEY | *Star-Ledger* (OpEd) – 28 October 2009 – A study last year showed that New Jersey hospitals had the highest costs in the nation for end-of-life care. Dying patients saw the most doctors, had the most tests and spent the most time in hospitals and intensive care units. None of this excessive care translated into longer life or a better quality of life for patients in their last days. Most people want to die at home in their own beds, but the majority of us die in ICUs or nursing homes, tethered to machines and feeding tubes. We have a system that rewards doctors and hospitals for ordering more tests, more MRIs, more surgeries and other procedures – many of which don't improve the outcome for patients. So how do we change the incentives in our health care system from more care to better care? That, in a nutshell, is the heart of true health care reform. Yet it has not been the focus of the debate in Washington.

http://blog.nj.com/njv_editorial_page/2009/10/the_health_care_reform_debate.html

Of related interest:

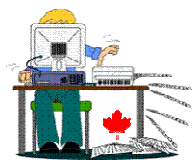
- WASHINGTON DC | Associated Press – 29 October 2009 – **'It's alive! End-of-life counseling in health bill.'** The end-of-life planning provision ... is staying in the latest Democratic health care bill. <http://www.google.com/hostednews/ap/article/ALeqM5hH5D8HNGJ05AvGKc7Fxd33wv8dXgD9BKUE500>
- WASHINGTON DC | *Washington Examiner* – 1 November 2009 – **'House calls as cost-saver in health care reform?'** In 1930, house calls accounted for 40 percent of doctor-patient encounters. By 1980, that had dropped to less than 1 percent. Today, about 4,000 of the nation's 800,000-plus doctors make house calls a substantial part of their practices, although nurses and physician assistants have picked up some of the slack, the American Academy of Home Care Physicians reports. <http://www.washingtonexaminer.com/nation/house-calls-as-cost-saver-in-health-care-reform-68058782.html>

International

Father fights to stop hospital withdrawing life support for baby son

U.K. | *Guardian* – 1 November 2009 – A father whose son was born with a rare neuromuscular condition will go to the high court ... in an attempt to stop a hospital withdrawing the support that keeps the child alive. Doctors treating the one-year-old say the boy's quality of life is so poor that it would not be in his best interests to save him. They are reportedly being supported in their action by the baby's mother, who is separated from his father. If the hospital succeeds in its application, it will be the first time a British court has gone against the wishes of a parent and ruled that life support can be discontinued or withdrawn from a child who does not have brain damage. <http://www.guardian.co.uk/uk/2009/nov/01/father-life-support-baby-court>

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.

Population trends

Crying out for palliative care

SINGAPORE | *Business Times* – 30 October 2009 – With the country's aging population, hospice care is fast becoming an urgent area of concern. The latest statistics show the median age of Singapore's resident population is 37 this year – way up from just 20 in 1970. The post-war baby boomers – aged five to 24 in 1970 – have now moved up to the age group 45-64. And almost half of Singapore's population is in the 35-64 age group. All this means that in the next few decades a large proportion of the population will be much older, and issues related to their care will become paramount. Singapore's population hit 4.99 million in 2008. Of that number, 3.73 million are residents here. And out of that number, some 1.66 million are aged between 35-64, up from 1.3 million a decade ago. This age group makes up 44.5% of the total resident population, up from about 40% just 10 years ago. Compare these numbers to the fact that there are just four hospices in the entire country with 125 beds between them – and the concerns about supply begin to make sense. <http://www.businesstimes.com.sg/sub/specialfocus/story/0,4574,356966,00.html>

Museum looks death in the eyes

MEXICO | *USA Today* – 29 October 2009 – Dead men may tell no tales, but death itself – well, in Mexico, the subject fills an entire museum. The National Museum of Death, founded two years ago, explores the country's macabre interest in death and dying, from the mass human sacrifices of the Aztecs to modern-day Day of the Dead celebrations. "Mexicans have death imprinted all over their art and culture," museum director Jose Antonio Padilla said. "So why not a museum about it?" http://www.usatoday.com/news/offbeat/2009-10-30-mexicomuseum_N.htm

N.B. El Día de los Muertos (the Day of the Dead) is celebrated 1-2 November in Mexico and by Latin Americans living in the U.S. and Canada. The holiday focuses on gatherings of family and friends to pray for and remember friends and family members who have died.

Of related interest:

- U.S. | *San Francisco Chronicle* – 29 October 2009 – **'Wal-Mart joins Costco in the coffin business.'** Wal-Mart has started selling coffins on its web site at prices that undercut many funeral homes, long the major seller of caskets. The move follows a similar one by discount rival Costco. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/10/28/BU1F1ABTSG.DTL&type=business>
- U.K. | BBC (Beyond This Life) – 25 October 2009 – Tim Gardam ... attends the National Funeral Exhibition and encounters an industry where physical immortality is now marketed as a desirable commodity to those who have lost their belief in life after death but who are terrified of oblivion. http://www.bbc.co.uk/iplayer/episode/b00ncwwt/Beyond_This_Life_Episode_2/

N.B. BBC programming is often only available for a limited time.

India: Provide access to pain treatment

INDIA | Human Rights Watch press release – 28 October 2009 – Hundreds of thousands of patients in India unnecessarily experience excruciating pain, Human Rights Watch said in a new report.¹ Restrictive drug regulations, lack of training for health care workers, and poorly integrated care result in needless suffering for patients because they cannot get inexpensive and effective pain medications. Many major cancer hospitals in India do not provide patients with morphine, despite the fact that more than 70% of their patients are incurable and likely to require pain treatment and palliative care. <http://www.hrw.org/en/news/2009/10/28/india-provide-access-pain-treatment>

1. *Unbearable Pain: India's Obligation to Ensure Palliative Care*, Human Rights Watch, 2009 <http://www.hrw.org/en/node/86153>

Organ donation and bereaved families

U.K. | BBC (Thinking Allowed) – 28 October 2009 – While nine out of ten people agree organ donation is a good thing, a recent audit found 40% of bereaved families, when approached, didn't agree to donate. Laurie Taylor discusses new research which uncovers some of the reasons behind this apparent anomaly. Magi Sque, from the University of Southampton, was part of a team who interviewed families who had declined organ donation.¹ While many agreed in principle, carried organ donor cards and knew their relatives desire to donate, they still didn't feel able to let their loved ones organs be used. The most common reason families gave for this was a simple desire to keep the body intact. They didn't want the dead to be 'hurt' any more.

http://www.bbc.co.uk/iplayer/episode/b00nfqzg/Thinking_Allowed_28_10_2009/

1. 'Why relatives do not donate organs for transplants...' *Journal of Advanced Nursing*, 2007;61(2):134-144. http://www.soton.ac.uk/mediacentre/news/2008/jan/transplant_refusal.pdf

N.B. BBC programming is often only available for a limited time.

Continued good practice will radically improve our end of life care

U.K. | *Times* (OpEd) – 28 October 2009 – In the past 20 years palliative care has been incorporated into teaching in U.K. medical schools, but not into all schools of nursing, and those trained outside Britain may have had no specific training. At postgraduate level, junior doctor training often covers aspects of palliative care, but not always. If we can improve this, and make sure that doctors keep up to date with good practice, we will radically improve care at the end of life. http://www.timesonline.co.uk/tol/life_and_style/health/article6893003.ece

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.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ISRAEL | *Jerusalem Post* – 2 November 2009 – **'...assisted-suicide bill.'** After four years of Health Ministry "dawdling" in implementing the law allowing passive euthanasia of terminal patients ... Meretz MK [Member of the Knesset] Haim Oron has prepared a bill to allow physician-assisted suicide. <http://www.jpost.com/servlet/Satellite?cid=1256799064387&pagename=JPost%2FJPArticle%2FShowFull>
- U.K. | *Guardian* – 1 November 2009 – **'U.S. and Canadian opponents of right to die laws swamp U.K. internet polls.'** A powerful umbrella organisation is mobilising opponents of euthanasia ... to swamp British internet polls so they record comprehensive "no" votes against proposed changes in mercy-killing laws. <http://www.guardian.co.uk/society/2009/nov/01/anti-euthanasia-poll-no-campaign>
- AUSTRALIA | *The Age* – 29 October 2009 – **'Reclaim the 'good death.'** Palliative care needs to reclaim the idea of "a good death" because it has been hijacked by euthanasia advocates, a leading expert says. <http://www.theage.com.au/national/reclaim-the-good-death-20091028-hl0s.html>
- SWITZERLAND | Break News 24/7 – 28 October 2009 – **'Swiss govt proposes restrictions on groups like Dignitas that offer assisted suicide.'** Justice Minister Eveline Widmer-Schlumpf says the cabinet wants groups that help people commit suicide – like Dignitas – to follow strict guidelines or risk prosecution. <http://blog.taragana.com/n/swiss-govt-proposes-restrictions-on-groups-like-dignitas-that-offer-assisted-suicide-209925/>
- U.K. | *Independent Catholic News* – 27 October 2009 – **'House of Lords rejects assisted suicide.'** Lord Alderdice yesterday withdrew an amendment to the Coroners & Justice bill, which would have made assisted suicide legal, after the ruling was opposed by a majority of those Lords who spoke in the debate. <http://www.indcatholicnews.com/news.php?viewStory=15055>

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

Pastoral & Spiritual Care

Physicians' experience and satisfaction with chaplains

ARCHIVES OF INTERNAL MEDICINE, 2009;169(19):1808-1810. Religion and spirituality (R/S) are important resources for coping with serious illnesses, but research indicates that patients' R/S needs often go unmet. Professional chaplains help patients make effective use of R/S resources in the context of illness, but one-third of U.S. hospitals do not have chaplains. Even hospitals with chaplaincy programs rarely have sufficient staff to address the needs of all patients. Given these constraints, physicians and other clinical staff play critical roles in directing chaplains to patients who will benefit from their services. Unfortunately, little is known about physicians' experience with and impressions of chaplains. Some evidence suggests that in the absence of ... training, physicians' referral patterns are shaped by their own R/S values and experiences. <http://archinte.ama-assn.org/cgi/content/extract/169/19/1808>

Of related interest:

- *PALLIATIVE MEDICINE*, 2009;23(7):601-607. **'Improving training in spiritual care: a qualitative study exploring patient perceptions of professional educational requirements.'** This study provides "palliative patient" perspectives to strengthen recommended models of spiritual care delivery. <http://pmj.sagepub.com/cgi/content/abstract/23/7/601>

Cont.

- U.S. (NORTH CAROLINA) | *Mooresville Tribune* – 29 October 2009 – '**Hospice chaplains provide spiritual comfort to patients, families.**' The four chaplains at Hospice & Palliative Care of Iredell County have the unique role of assisting patients, families and even staff members with their spiritual needs. <http://www2.mooresvilletribune.com/content/2009/oct/29/hospice-chaplains-provide-spiritual-comfort-patien/>

From Media Watch dated 12 October 2009:

- *JOURNAL OF PALLIATIVE MEDICINE*, 2009;12(10):885-904. '**Improving the quality of spiritual care as a dimension of palliative care.**' This conference report ... outlines seven key areas for improving spiritual care: spiritual care models; spiritual assessment; spiritual treatment/ care plans; interprofessional team; training/certification; personal and professional development; and quality improvement. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0142>

Health care choices and decisions in the U.S. and Canada

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 2009;302(16):1803-1804. Media speculation about the scope of proposals for health care reform in the U.S. has led many Americans to be "very concerned" that changes will limit their choices in the future. Health care choices are made on three levels: insurance plans, sources of care (physicians and hospitals), and clinical decisions (diagnostic tests and treatments). The extent to which Americans currently are able to exercise choices is discussed. For context, the U.S. environment is compared with that in Canada, partly because the Canadian health system, with much greater government involvement, is often publicly portrayed in the U.S. as limiting choice. <http://jama.ama-assn.org/cgi/content/extract/302/16/1803>

Of related interest:

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2009;302(16):1805-1806. '**Patient-centered care and preference-sensitive decision making.**' Over the past 20 years or so, there has been a rise of 2 parallel movements, one toward the explicit use of clinical trial data to guide clinical practice (evidence-based medicine) and the other toward patient empowerment through explicit informed consent, shared decision making, and patient-centered care. <http://jama.ama-assn.org/cgi/content/extract/302/16/1805>
- NURSE.COM (U.S.) | Online article – 2nd November 2009 – '**New Jersey bundles improve communication about palliative care.**' Many hospitals are responding to ... [decisions regarding] end-of-life issues with systems of palliative care bundles. The bundles are a collection of best practices so medical teams can partner with families to make the right care decisions at the right time for patients. <http://news.nurse.com/article/20091102/NJ02/111020038>

The effect of health and penal harm on aging female prisoners' views of dying in prison

JOURNAL OF DEATH & DYING, 2009;60(1):2009-1010. With tougher sentencing laws, an increasing number of individuals are finding themselves spending their final years of life in prison. This article provides personal accounts from inmates that serve to reinforce death fears when engaging the prison health care system. [Research findings indicate that] both mental and physical health measures were important indicators of death anxiety. Qualitative information discovered that ... concerns about dying in prison were often influenced by the perceived lack of adequate health care and the indifference of prison staff and other instances of penal harm. <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,5;journal,1,236;linkingpublicationresults,1:300329,1>

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.

Continuous deep sedation in medical practice: A descriptive study

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online article – 26 October 2009 – In the Netherlands and Belgium, Continuous deep sedation (CDS) is sometimes regarded as an alternative to euthanasia, and the involvement of palliative care specialists is low. This study investigates the use of CDS in the U.K. In total, 18.7% of the doctors [i.e., survey respondents] attending a dying patient reported the use of CDS. CDS was more likely when patients were younger or were dying of cancer. Specialists in care of the elderly were least likely to report the use of CDS; doctors in other hospital specialties were most likely to report its use. CDS was associated with a higher rate of requests from patients or relatives for a hastened death and with a greater incidence of other end-of-life decisions containing some intent to end life by the doctor. Doctors supporting legalization of euthanasia or physician-assisted suicide, or who were non-religious, were more likely to report using CDS. There was palliative care team involvement in half of all CDS cases, and prescription of opioids alone for sedation occurred in one-fifth of the cases but was not reported by specialists in palliative care. This study provides baseline data for monitoring future trends in the U.K. and highlights the need for a fuller understanding of the circumstances in which CDS occurs in particular care settings.

[http://www.jpsmjournals.com/article/S0885-3924\(09\)00786-6/abstract](http://www.jpsmjournals.com/article/S0885-3924(09)00786-6/abstract)

Of related interest:

- *PALLIATIVE MEDICINE*, 2009;23(7):577-579. **'Palliative sedation: welcome guidance on a controversial issue.'** The ethical justification of palliative sedation is based upon the principles of double effect, autonomy and proportionality. Double effect is predicated upon the primary intent being to relieve suffering, despite potential foreseeable, but unintended, adverse effects. <http://pmj.sagepub.com/cgi/reprint/23/7/577>
- *PALLIATIVE MEDICINE*, 2009;23(7):581-593. **'European Association for Palliative Care recommended framework for the use of sedation in palliative care.'** The Association considers sedation to be an important and necessary therapy in the care of selected palliative care patients with otherwise refractory distress. <http://pmj.sagepub.com/cgi/content/abstract/23/7/581>

From Media Watch dated 5 October 2009:

- *PALLIATIVE & SUPPORTIVE CARE*, 2009;7(3):331-337. **'Attitudes of Quebec doctors toward sedation at the end of life.'** The goal of this study was to explore the practice [of sedation at the end of life] from both a clinical and ethical point of view. There are still very few guidelines regarding end-of-life sedation in Québec, and its normative framework is more implicit than explicit. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6238488&fulltextType=RA&fileId=S1478951509990265>

From Media Watch dated 21 September 2009:

- *ANNALS OF INTERNAL MEDICINE*, 2009;151(6):421-424. **'Last-resort options for palliative sedation.'** Despite receiving state-of-the-art palliative care, some patients still experience severe suffering toward the end of life. Palliative sedation is a potential way to respond to such suffering, but access is uneven and unpredictable, in part because of confusion about different kinds of sedation. <http://www.annals.org/cgi/content/abstract/151/6/421>

[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/>

Bad news for the patient and the family?

The worst part of being a health care professional.

JOURNAL OF PALLIATIVE CARE, 2009;25(3):191-6. In Spain, there is a general tendency to conceal the prognosis from a terminally ill patient. The authors ...found most health professionals believe that although patients don't ask questions, they know what is happening to them. Many professionals feel bad when communicating bad news. In hospitals, doctors take responsibility for doing so. The attitudes of professionals are influenced by their sense of responsibility and commitment to the principle of patient autonomy, as well as to the level of their agreement with the cultural context. The tacit agreement of silence makes communication impossible: the patient does not ask questions, the health professional does not want to be interrogated, and family members don't talk about the disease and want health professionals to follow their example.

http://www.ncbi.nlm.nih.gov/pubmed/19824280?itool=EntrezSystem2.PEntrez.Pubmed.PubmedResultsPanel.Pubmed_RVDocSum&ordinalpos=8

Villains and victims: Normative settings in the home care of the terminally ill

MORTALITY, 2009;14(4):325-337. The article analyses how the everyday life of terminally ill people nursed at home is influenced by construction processes that allocate 'victim' and 'villain' roles to the dying and their relatives. By enlisting theory on the construction of social problems, the article reflects how we construct normative settings for acceptable behaviour on the part of dying people and their relatives. Dying people have to behave according to preconceived standards for a 'good family member,' e.g., they should not be too demanding; they have to cooperate on terms set by healthcare professionals by accepting their interventions. For relatives, the normative settings dictate that they have to accept the autonomy of the dying person; they must be modest and humble, obliging towards healthcare professionals and trusting that the professionals are doing the right thing. Such settings stand in complete contrast to the recent development [in Denmark that] stresses the importance of acknowledging autonomy, integrity and user involvement. <http://www.informaworld.com/smpp/content~db=all~content=a916382747>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *PHARMACY NEWS* (Australia) | Online report – 29 October 2009 – '**Support for euthanasia growing.**' Pharmacists could have a new moral issue to grapple with if results of a new survey that suggested overwhelming support in Australia for voluntary euthanasia lead to the enactment of the controversial policy in the future. <http://www.pharmacynews.com.au/article/support-for-euthanasia-growing/503695.aspx>

Quotable Quotes

As a society we can strive for a vision in which people are born into the welcoming arms of a loving community and die from the reluctant arms of a loving community. Ira Byock

Worth Repeating

Searching for "the dying point"

Providers' experiences with palliative care in pediatric acute care

PEDIATRIC NURSING, 2007;33(4):335-341. The purpose of this study was to describe the experiences and views of health care providers in giving care to children who have undergone intensive therapies for life-threatening illnesses. Findings [of the authors' research] were organized into three categories: a) palliative care as an added dimension in the illness trajectory; b) palliative care moves away from curative treatment; and, c) professional Issues. Most participants viewed palliative care as a changed dimension of care that is instituted once it is known that a child is dying. Three challenges in employing palliative care to acutely ill infants and children were identified: a) finding the true dying point; b) making the transition to palliative care; and, c) turning care over to an outside palliative care team at a critical juncture of caring. Professional issues in providing palliative care included inadequate preparation and, especially for nurses, the crossing of professional boundaries. An integrated model of palliative care is needed that is initiated at diagnosis and allows for the bidirectional transitioning across the illness and treatment trajectories. <http://www.pediatricnursing.net/issues/07julaug/abstr5.html>

N.B. Complete article available at: <http://www.medscape.com/viewarticle/563199>

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