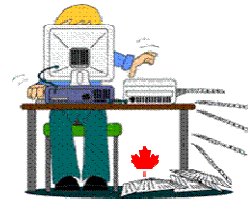


Media Watch...

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.

16 November Edition | Issue #123



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

Déjà vu: Scroll down to [U.S.A.](#) and 'Current 'death panel' uproar echoes decades-old controversy.' (p.3)

Canada

Paediatric palliative care

Canuck Place coming to Abbotsford

B.C. | ABBYNEWS.COM – 10 November 2009 – A \$10-million Canuck Place Children's Hospice will be built in Abbotsford. Two other facilities will be built on the same property – the Abbotsford Hospice Society and Matthew's House, a respite for severely disabled children. The entire project will be called Campus of Care. Canuck Place CEO Filomena Nalewajek said a land purchase and a lead donor – who will contribute up to \$5 million in support – are "very close" to being secured. http://www.bclocalnews.com/fraser_valley/abbynews/news/69709822.html

N.B. Canuck Place's Fraser Valley Extension Project:

http://www.canuckplace.org/our_program/care_program/fraser_valley_extension/main.php

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- B.C. | *Vancouver Sun* – 13 November 2009 – '**Robert Latimer parole appeal turned down.**' Latimer has been denied his second request to the National Parole Board to be away from his B.C. halfway house for five nights a week. Latimer ... convicted of second-degree murder in 1997 for killing his severely disabled daughter, has been living in a halfway house since his release on day parole. <http://www.vancouversun.com/health/Robert+Latimer+parole+appeal+turned+down/2221021/story.html>

Cont.

- CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION (CHPCA) | Press release – 12 November 2009 – **'Let's talk about the right to hospice palliative care instead.'** The CHPCA, the Canadian Society of Palliative Care Physicians and the Alzheimer Society of Canada believe it's time to refocus the debate on the right to have high quality hospice palliative care for all Canadians at the end of life. http://www.chpca.net/press_releases/2009-11-12_LTAHPC_MR.pdf

N.B. CHPCA 'Let's talk about the right to hospice palliative care instead' webpage: http://www.chpca.net/public_policy_advocacy/lets_talk_about_hpc_instead_campaign/lets_talk_about_hpc_instead_campaign.html
- ONTARIO | *Daily Observer* (Upper Ottawa Valley) – 12 November 2009 – **'Why are politicians so afraid to speak up?'** ...why is a topic that's all but settled among the citizenry still so taboo among policymakers? Perhaps it is because the public debate is dominated by fear-mongering special interest groups. <http://www.thedailyobserver.ca/ArticleDisplay.aspx?e=2174360>
- B.C. | *Castlegar Source* (OpEd) – 10 November 2009 – **'It's wrong to kill euthanasia debate.'** In May 2009, [Parti Québécois] MP Francine Lalonde introduced a Private Member's bill [C-384] to legalize euthanasia ... due to have the second hour of debate take place 1 December, with the vote taking place the next day. <http://castlegarsource.com/node/3737>

U.S.A.

Prison health-care costs rise as inmates grow older and sicker

CNN | Online report – 13 November 2009 – As health care sparks debate across the nation, the prison community faces its own battle against rising medical costs. The elderly constitute the fastest-growing sector of the inmate population, experts say. It is a group that needs more frequent and costlier treatment, which states are required to provide under the cruel and unusual punishment clause of the Eighth Amendment to the U.S. Constitution. An analysis of Bureau of Justice Statistics data found that the male prison population over age 55 ballooned by 82% in eight years, from 48,800 inmates in 1999 to 89,900 in 2007. The definition of "elderly" varies by state. The National Corrections Institute, a prison research organization, calls inmates over 55 elderly, and some states place inmates over 50 in that category. An inmate's body ages faster than the body of someone not in prison. <http://www.cnn.com/2009/CRIME/11/13/aging.inmates/>

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.

Quotable Quotes

Death is not the greatest loss in life. The greatest loss is what dies inside us while we live. **Norman Cousins (1915-1990)**

Specialist Publications

Of particular interest:

'The costs of end-of-life hospitalizations, 2007.' Scroll down to p.6 for the findings of a national study published by the U.S. Agency for Healthcare Research & Quality.

'New report sounds 'call to revolutionize chronic pain care.' Scroll down to p.6 and a new report posted on the American Academy of Family Physicians website.

'Are neurology residents prepared to deal with dying patients?' Scroll down to p.7 for the findings of a national study published in *Archives of Neurology*.

'Providing hospice care to children and young adults: A descriptive study of end-of-life organizations.' Scroll down to p.8 for the findings of a U.S. study published in the *Journal of Hospice & Palliative Nursing*.

Doctors gauge patients' religious views

TEXAS | United Press International – 13 November – U.S. sociologists find religion plays a greater role in medical decisions involving seriously ill children, especially when difficult decisions must be made. Researchers ... interviewed 30 doctors at top-tier U.S. medical centers and found pediatricians and pediatric oncologists had differing views on religion and spirituality. "Pediatric oncologists are more likely than the pediatricians interviewed to see the religion or spirituality of patients as relevant to their professional jurisdictions," the authors said in a statement. http://www.upi.com/Health_News/2009/11/13/Doctors-gauge-patients-religious-views/UPI-68441258154876/

From Media Watch dated 9 November 2009:

- *SOCIAL PROBLEMS*, 2009;56(4):702-721. **'Religion and spirituality: A barrier and a bridge...'** Physicians view religion and spirituality as a barrier when it impedes medical recommendations and as a bridge when it helps families answer questions medicine inherently cannot. <http://caliber.ucpress.net/doi/abs/10.1525/sp.2009.56.4.702>

Current 'death panel' uproar echoes decades-old controversy

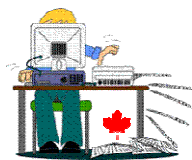
NATIONAL PUBLIC RADIO | Online article – 9 November 2009 – It was early summer. A senior federal health official wrote a memo suggesting that living wills ... could help curb health-care costs.¹ The memo leaked to the media. By August, a *New York Times* column said the official "likes euthanasia." Sound like this year's angry August? Well, this story unfolded in 1977, and the official in question was ... the first administrator of the Health Care Financing Administration, now the Centers for Medicare & Medicaid Services. "The cost-savings from a nationwide push toward 'Living Wills' is likely to be enormous" – a suggestion echoed in current Democratic proposals to pay doctors for counseling patients about end-of-life care. It also warned of "some negative public reaction." http://www.npr.org/blogs/health/2009/11/current_death_panel_uproar_ech_1.html

1. Additional cost savings initiative memorandum, Department of Health, Education & Welfare, 1977: <http://media.npr.org/assets/blogs/health/images/2009/11/Derzonmemo.pdf>

Of related interest:

- ASSOCIATED PRESS | Online report – 11 November 2009 – **'Few Americans make end-of-life wishes known.'** The health overhaul bill ... includes provision to nudge more people to confront ... choices: it would pay for end-of-life counseling for Medicare patients. Supporters say counseling would give patients more control and free families from tortuous decisions. Critics have warned it could lead to government "death panels." What few on either side note is that counseling could lead more people to choose less intensive care ... and ultimately trim government-funded health bills. <http://www.google.com/hostednews/ap/article/ALeqM5hkVtWLhdXeUfOmfNpHaS3MPPEeSAD9BTJ9B02>

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 | Associated Press – 11 November 2009 – **'Committee rejects ... assisted suicide bill.'** A bill to legalize assisted suicide in New Hampshire lost key backing ... from a legislative committee when both supporters and opponents joined forces to reject it [14-3 against]. http://www.boston.com/news/local/new_hampshire/articles/2009/11/11/committee_rejects_nh_assisted_suicide_bill/

International

End-of-life forum gets over 140 submissions

IRELAND | *Irish Times* – 13 November 2009 – A forum on the end of life, an initiative of the Irish Hospice Foundation, has announced it has completed the "listening phase" of a year-long public consultation on dying. As part of what was called "the national conversation on dying, death and bereavement," which included public meetings at regional locations, more than 140 written submissions were received. The Foundation expects to publish a draft report on its activities by March 2010. <http://www.irishtimes.com/newspaper/ireland/2009/11/13/1224258725833.html>

Plans for cemetery near hospice cause doubt and concern

U.K. | *The News* (Portsmouth) – 12 November 2009 – Plans to build a cemetery next to a hospice for the terminally-ill have been criticised for being 'insensitive.' Pam Cooper, of the Purbrook & Widley Residents' Association, said: "I think it's the most indelicate place to put a cemetery. The hospice is a very peaceful, a very treasured and almost precious place where people are looked after in the most difficult times of their lives. To have their last resting place put in their face, to put it crudely, is really totally insensitive." <http://www.portsmouth.co.uk/newshome/Plans-for-cemetery-near-hospice.5817491.jp>

Specialist Publications

Of particular interest:

'A new model of palliative care for oncology patients with advanced disease.'

Scroll down to p.9 for a report on the Cancer Ireland Centre model published in the *Journal of Hospice & Palliative Nursing*.

'One thousand care homes improve end-of-life care.'

Scroll down to p.9 for a report on the U.K.'s National Gold Standards Framework end-of-life training program published in *Nursing Practice*.

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/>

Father drops objection to switching off baby's life support

U.K. | Press Association – 10 November 2009 – The father of tragic "right to life" baby RB today withdrew his opposition to a High Court plea by doctors and the little boy's mother for permission to switch off his life support. The decision came on the seventh day of an emotionally-charged Family Court hearing in which a judge faced the formidable task of deciding whether chronically disabled one-year-old RB should be allowed to live or die in peace after withdrawal of his ventilation. <http://www.independent.co.uk/life-style/health-and-families/health-news/father-drops-objection-to-switching-off-babys-life-support-1817981.html>

N.B. Had the father of baby RB continued with his court challenge and the hospital succeeded in its application, it would have been the first time a British court had 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.

Oldest hospice in Africa marks 30th anniversary

ZIMBABWE | eGov monitor – 9 November 2009 – This year marks the 30th Anniversary of the Harare-based organisation – a pioneer in the provision of palliative care and support to people with life-threatening illnesses, their families and caregivers. No stranger to operating in extremely difficult circumstances, Island Hospice has become known for its creativity and efficiency in responding to challenges and developing programmes to address emerging needs. The organisation has recently evolved its service to provide more tailored support to child carers, in response to the growing numbers of children being left to care for dying parents and siblings, and facing bereavement at a very young age. <http://www.egovmonitor.com/node/30640>

Of related interest:

- ZIMBABWE | Radio Nederland – 12 December 2009 – '**Death, an expensive business.**' An average salary in Zimbabwe these days is between 100 and 500 U.S. dollars which makes the cost of dying an extremely expensive affair for an average Zimbabwean family. <http://www.rnw.nl/africa/article/letter-zimbabwe-death-expensive-business>
- ALLAFRICA.COM | Online report – 11 November 2009 – '**Conference on growing cancer pandemic...**' Pain medicine and palliative care are rarely available in Africa for those who suffer from late stage cancers. <http://allafrica.com/stories/200911110973.html>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA | ABC News – 13 November 2009 – '**Euthanasia laws still too murky...**' Euthanasia campaigners say raids on the offices of right-to-die group Exit International show the need for clearer guidelines about when people will be prosecuted for helping others take their own lives. <http://www.abc.net.au/news/stories/2009/11/13/2742660.htm?section=justin>
- U.K. | *Daily Telegraph* – 13 November 2009 – '**Elderly and disabled could be 'forced to commit suicide' under changes to rules.**'¹ A group of leading lawyers, peers and former judges including ... are warning that the plans pose "serious dangers for public safety." They are warning proposed changes go against the will of Parliament and risk reducing the Director of Public Prosecutions ... to an arbitrator. <http://www.telegraph.co.uk/news/newsttopics/politics/lawandorder/6562682/Elderly-and-disabled-could-be-forced-to-commit-suicide-under-changes-to-rules.html>
 1. Interim policy for prosecutors in respect of cases of assisted suicide, Crown Prosecution Service, November 2009. http://www.cps.gov.uk/consultations/as_policy.html
- U.K. | *Daily Telegraph* (OpEd) – 10 November 2009 – '**Our great doctors will kill off the euthanasia lobby.**' It will be doctors who kill off the nasty and sinister attempt of Law Lords to introduce euthanasia to the U.K. through Parliament's back door, mark my words. <http://blogs.telegraph.co.uk/news/georgepitcher/100016287/our-great-doctors-will-kill-off-the-euthanasia-lobby/>

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

The costs of end-of-life hospitalizations, 2007

[U.S.] AGENCY FOR HEALTHCARE RESEARCH & QUALITY | Online report – November 2009 – It is well known that end-of-life care is a major expenditure in the Medicare program. However, there has been very little recent empirical research on the costs of end-of-life care outside of Medicare, across the whole population and all payers. Since most of the financial burden of care in the last month of life is inpatient care, in this Statistical Brief the authors present the latest statistics on the inpatient costs of patients who die in the hospital for the whole U.S. population and all payers in 2007. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb82.jsp>

New report sounds 'call to revolutionize chronic pain care'

AMERICAN ACADEMY OF FAMILY PHYSICIANS | Online report – 11 November 2009 – Chronic pain costs the U.S. more than \$100 billion a year in direct medical costs and lost productivity, and it leads to more than 50 million lost workdays annually. That's according to a new report from the Mayday Fund that has been endorsed by the Academy and more than 30 other professional medical organizations.¹ <http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-public/20091111chronic-pain.html>

1. *A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform*, 2009. <http://maydaypainreport.org/>

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.

Palliative care in Yorkshire U.K. 1987-2008; survival and mortality in a hospice

ARCHIVES OF DISEASE IN CHILDHOOD | Online article – 5 November 2009 – There are a disproportionate number of children from areas of higher deprivation being referred for palliative care services. There has been a recent increase in the number of children from South Asian families being referred to palliative care services in Yorkshire. Survival times for children and young people receiving care from a hospice can vary from hours and days to more than 20 years. <http://adc.bmj.com/cgi/content/abstract/adc.2009.158774v1>

National U.S. survey

Are neurology residents prepared to deal with dying patients?

ARCHIVES OF NEUROLOGY, 2009;66(11):1427-1428. Palliative care and symptom-based management play a central role in the care of patients with neurologic disease. With daily frequency, neurologists diagnose and treat patients with life-threatening, life-limiting, or significantly life-altering disease. It is, therefore, surprising that such a pervasive theme is inadequately addressed during neurology residency training. The purpose of this study was to assess the basic palliative care knowledge of neurology residents throughout the country. <http://archneur.ama-assn.org/cgi/content/extract/66/11/1427>

Liverpool Care Pathway

Care or killing?

CANADIAN MEDICAL ASSOCIATION JOURNAL | Online report – 10 November 2009 – It's been lauded as an evidence-based framework for delivering appropriate end-of-life or palliative care to the terminally ill, and slugged a self-fulfilling proposition that should be known as the "Liverpool Death Pathway," rather than the Liverpool Care Pathway.¹ A recent care audit given to dying patients in British hospitals, though, has reviewed the medical protocol favourably. The controversial pathway, which was modelled on care provided at U.K. hospices for the terminally ill, was initially developed by the Royal Liverpool Hospital and the Marie Curie Cancer Care, a charity providing home or hospice care to terminally ill patients. Although initially developed for cancer patients, the program was later adapted for other conditions. The pathway is meant to be applied during a dying patient's last few days and hours. It offers guidance in such areas as symptom control, comfort measures, the discontinuation of inappropriate measures and anticipatory prescribing of medication, along with psychological and spiritual care of the patient and family. <http://www.cmaj.ca/earlyreleases/10nov09-care-or-killing.shtml>

1. *Liverpool Care Pathway for the Dying Patient*: <http://www.mcpcil.org.uk/liverpool-care-pathway/>
2. *Deaths in Acute Hospitals: Caring to the End*, National Confidential Enquiry into Patient Outcome & Death, 2009. Summary: http://www.ncepod.org.uk/2009report2/Downloads/DAH_summary.pdf

From Media Watch dated 9 November 2009:

- U.K. | BBC News – 5 November 2009 – **'National Health Service communication failure 'rife.'** Poor communication between hospital staff and with their patients is far too common and deeply damaging ... according to the findings of a confidential review that looked at the care of over 3,000 terminal patients. <http://news.bbc.co.uk/2/hi/health/8338746.stm>

Gender disparity in the rate of partner abandonment in patients with serious medical illness

CANCER, 2009;115(22):5237-5242. Life-threatening illness creates severe stress that may result in marital discord, separation, or divorce and may adversely impact treatment, quality of life, and survival. The few studies that are available to date have suggested that the risk of divorce is not higher in cancer patients ...but, to the authors' knowledge, no data exist to date that have examined the effect of gender on this rate. In this study, the authors found that female gender was found to be a strong predictor of partner abandonment in patients with serious medical illness. <http://www3.interscience.wiley.com/journal/122527377/abstract>

Hospice service based on bus...

COMMUNITY CARE (U.K.) | Online report – 12 November 2009 – Necessity is often deemed the mother of invention and so it was with the establishment of the U.K.'s first mobile hospice. In March 2007, the local primary care trust in Braintree, Essex, from which Farleigh Hospice rented one of its premises, wanted the property back, leaving Farleigh one year to find a new site. <http://www.communitycare.co.uk/Articles/2009/11/12/113141/farleigh-mobile-hospice-takes-end-of-life-care-into-community.htm>

1. Hospice Outreach Project (HOP): <http://www.farleigh.org/hop.cfm>

Fired up or burned out? Understanding the importance of professional boundaries in home healthcare and hospice

HOME HEALTHCARE NURSE, 2009;27(10):590-597. Understanding the power of relationships, the professional's role, recognizing potential areas of vulnerability, and the challenges with dual relationships are explained within the context of two case examples. This article emphasizes that intentional self-awareness can offset the potential for compassion fatigue and burnout. Specific self-care suggestions help the reader understand ways to develop healthy, effective professional relationships that ensure continued satisfaction and wellness both personally and professionally. http://journals.lww.com/homehealthcareonline/Abstract/2009/11000/Fired_up_or_BURNED_OUT_Understanding_the.3.aspx

Dying old in the 21st century

INTERNATIONAL SOCIAL WORK, 2009;52(6):713-725. Dying in old age has become ... [more common place in] ...the developed world, yet older people are routinely denied palliative care, their dying characterized by failure to facilitate choice and recognize their needs. Social workers in all settings should embrace their [potential] contribution to quality end-of-life care for older people. <http://isw.sagepub.com/cgi/content/abstract/52/6/713?rss=1>

Paediatric palliative care

Providing hospice care to children and young adults: A descriptive study of end-of-life organizations

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2009;11(6):315-323. The purpose of this study was to describe the characteristics of end-of-life care organizations that admit children and young adults to hospice care. Analysis revealed that these organizations had similar profit status, ownership, and payor mix when compared with the hospice industry. However, they differed in agency type, referrals, organizational size, geographic location, team member caseload, and revenues. They also found important differences in organizations that provide hospice care by age groups ... in geographic location, region, agency type, accreditation, and team member caseload. http://journals.lww.com/jhpn/Abstract/2009/11000/Providing_Hospice_Care_to_Children_and_Young.8.aspx

A new model of palliative care for oncology patients with advanced disease

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2009;11(6):324-331. The Cancer Support Team, formerly known as the Safe Conduct Team, of the Ireland Cancer Center practices under a new model that emphasizes the variable timing of palliative care needs of patients and families across the cancer disease trajectory. This new model assumes that palliative care is offered in conjunction and as a component of disease-oriented care, but unlike previous models, it does not follow a linear pattern of use. Care needs fluctuate throughout the course of life-limiting disease. http://journals.lww.com/jhpn/Abstract/2009/11000/A_New_Model_of_Palliative_Care_for_Oncology.9.aspx

One thousand care homes improve end-of-life care

NURSING PRACTICE (U.K.) | Online report – 12 November 2009 – A care home in Rotherham has become the one thousandth to sign up for the [National] Gold Standards Framework end-of-life care training programme.¹ The milestone has been reached in five years, with growing numbers of care homes applying for the training each year. The ...accreditation process ... began only two years ago, with up to 50 homes accredited twice a year, and about 100 homes have already received their Quality Hallmark Award, accredited with delivering Gold Standard end of life care. <http://www.nursinginpractice.com/default.asp?title=Onethousandcarehomesimproveend-of-lifecare&page=article.display&article.id=19314>

N.B. National Gold Standards Framework website: <http://www.goldstandardsframework.nhs.uk/>

Cultural conceptualizations of hospice palliative care: More similarities than differences

PALLIATIVE MEDICINE | Online article – 12 November 2009 – While mainstream hospice palliative care (HPC) has been well described in many Western countries, there is no conceptual clarity regarding the meaning of HPC among minority cultures and ethnicities. In this article, the authors describe and critically appraise the findings of a literature synthesis of 15 qualitative studies regarding the conceptualization of HPC among culturally diverse populations. <http://pmj.sagepub.com/cgi/content/abstract/0269216309351380v1>

Bad blood: Doctor-nurse behavior problems impact patient care

PHYSICIAN EXECUTIVE JOURNAL, 2009;November-December:6-11. This article examines the findings of the 2009 Doctor-Nurse Behavior Survey by the American College of Physician Executives. http://net.acpe.org/MembersOnly/pejournal/2009/NovDec/Johnson_Carrie_1.pdf

Being a nurse in nursing home for patients on the edge of life

SCANDINAVIAN JOURNAL OF CARING SCIENCES, 2009;23(4):651-659. The result [of this study] shows that when facing a patient on the edge of life, the nurses were challenged as professionals and as human beings. Two main themes were identified, which included two sub-themes each. The first main theme: "striving to do right and good for everyone" included the sub-themes "feeling certain, but accompanied by uncertainty" and "being caught between too much responsibility and too little formal power." The second main theme: "being a vulnerable helper - the prize and the price," contained the sub-themes "needing emotional protection in professional commitment" and "feeling undervalued in spite of professional pride." The essence was: "being a lonely and enduring struggler between opposite poles." The findings revealed paradoxes in nurses' work which might threaten nurses' professional identity and put heavy demands on their professional performance. There is a need for formal involvement in end-of-life decisions from nurses, further education and support to nurses related to patients on the edge of life. http://www.ingentaconnect.com/search/article?title=end+of+life+care&title_type=tka&year_from=1998&year_to=2009&database=1&pageSize=20&index=5

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *NURSING TIMES* (U.K.) | Online OpEd – 13 November 2009 – '**The Royal College of Nursing should reconsider its neutral position on assisted suicide.**' It is difficult for the Royal College of Nursing to maintain a neutral position on assisted suicide as it is a moral issue that affects all nurses. <http://www.nursingtimes.net/nursing-practice-clinical-research/clinical-subjects/palliative-care/the-royal-college-of-nursing-should-reconsider-its-neutral-position-on-assisted-suicide-/5008531.article>

Worth Repeating

Doctors' delicate balance in keeping hope alive

U.S. | *New York Times* – 24 December 2005 – Dr. Joseph Sacco's young patient lay gasping for breath; she had advanced AIDS and now she was failing. Assessing her, Dr. Sacco knew her medical options amounted to a question of the lesser of two evils: either the more aggressive ventilator, on which she would probably die, or the more passive morphine, from which she would probably slip into death. But there was also a slender chance that either treatment might help her rally. He also knew that how he presented her options would affect her decision, the feather that would tip the balance of her hope scale. As Dr. Sacco, a palliative care specialist ... spoke to the woman on that chilly morning earlier this month, her eyes widened with terror: no intubation. He ordered morphine. He agonized about his approach. "She's only 23," he said... "Maybe I was too grim. Maybe I was conveying false hopelessness to her. Maybe I just should have said, 'Let's put you on the ventilator.' I may have spun it wrong." The language of hope – whether, when and how to invoke it – has become an excruciatingly difficult issue in the modern relationship between doctor and patient. <http://www.nytimes.com/2005/12/24/health/24patient.html>

Barry R. Ashpole
Beamsville, Ontario CANADA

'phone: 905.563.0044
e-mail: barryashpole@bellnet.ca