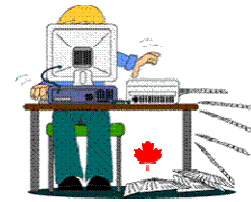


## Media Watch...

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.

## 23 November Edition | Issue #124



Compilation of Media Watch 2008, 2009 ©

Compiled & Annotated by Barry R. Ashpole

**National survey of U.K. GPs: Scroll down to [International](#) and 'Who wants to talk about it? The future delivery of end-of-life care.' (p.5)**

## Canada

### Trends impacting family caregiving

#### **Study finds boomers not anxious to jump into volunteer roles**

NEW BRUNSWICK | *Daily Gleaner* – 23 November 2009 – Public policy planners may be on thin ice if they expect baby boomers to swell the ranks of volunteer groups when they retire. "My research indicates North American policy planners assume boomers will retire early and create a flood of healthy, skilled and well-educated volunteers," said Dr. Patricia Seaman of the University of New Brunswick's nursing faculty. But, she said, the fabric of the boomer bulge is actually frayed and worn, with serious implications for both government and service agencies. The boomer generation includes those born from 1946-1964 and makes up one-third of Canadians. <http://dailygleaner.canadaeast.com/cityregion/article/866069>

#### **Home-care cuts prompt public outcry**

ONTARIO | *Ottawa Citizen* – 19 November 2009 – In an unusual and highly public gesture, at least 15 physicians and nurses at The Ottawa Hospital have signed a petition criticizing cuts to Eastern Ontario's home-care program and urging the province to intervene. In recent weeks, the doctors and nurses say, sudden cuts to home-care services have left a growing number of elderly patients languishing in hospital beds next to people suffering from highly infectious flu-like illnesses. At the same time, they say, dying patients are being denied their wish to spend their final days in their own homes, a more humane and cost-effective alternative to expensive hospital care. <http://www.ottawacitizen.com/health/Home+care+cuts+prompt+public+outcry/2239280/story.html>

## Quotable Quotes

*Always tell the truth. That way, you don't have to remember what you said.*  
**Mark Twain (1835-1910)**

## Compassionate Care Program

### **P.E.I. proposes employment standards overhaul**

PRINCE EDWARD ISLAND | *Canadian HR Reporter* – 19 November 2009 – Following the most extensive review of Prince Edward Island's Employment Standards Act in 15 years the [provincial] government has proposed wide-sweeping changes. The proposed changes to the act ... include an amendment to reflect federal government changes to the Compassionate Care Program. <http://www.hrreporter.com/ArticleView.aspx?l=1&articleid=7359>

From Media Watch dated 17 August 2009:

- NOVA SCOTIA HEALTH DEPARTMENT | Press release – 11 August 2009 – **'Nova Scotia allowance to aid caregivers.'** Eligible caregivers ... will be able to receive financial assistance, which recognizes their important role and supports their efforts to assist loved ones and friends. <http://www.gov.ns.ca/news/details.asp?id=20090811002>

### **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- QUEBEC | *Montreal Gazette* – 22 November 2009 – **'Pro- and anti-euthanasia advocates use different interpretations of the concept to bolster their arguments.'** Euthanasia advocates argue respect for human dignity requires that euthanasia be legalized and opponents of euthanasia argue exactly the opposite, that respect for human dignity requires it remain prohibited. In short, the concept of human dignity and what is required to respect it is at the centre of the euthanasia debate, but there is no consensus on what we mean by human dignity, its proper use, or its basis. <http://www.montrealgazette.com/health/Defining+human+dignity/2252612/story.html>
- B.C. | *Tri-City News* (OpEd) – 20 November 2009 – **'Assisted suicide should be a choice, a very personal choice.'** ...I believe that there is some merit in the Canadian Hospice Palliative Care Association's view that the debate on euthanasia or assisted suicide be refocused on providing quality care. But in the end, this is just fence-sitting. It isn't helpful for people who wish to die with dignity and want to make their decisions about when, in the face of certain death, to end it. [http://www.bcclocalnews.com/tri\\_city\\_maple\\_ridge/tricitynews/opinion/70563727.html](http://www.bcclocalnews.com/tri_city_maple_ridge/tricitynews/opinion/70563727.html)
- B.C. | *Tri-City News* (OpEd) – 20 November 2009 – **'There's no dignity to be found in suicide.'** If the hospice movement truly cares about providing quality care for the dying, it should take the strongest stand possible against [Private Member's] Bill C-384 and denounce doctor-assisted suicide. [http://www.bcclocalnews.com/tri\\_city\\_maple\\_ridge/tricitynews/opinion/70563752.html](http://www.bcclocalnews.com/tri_city_maple_ridge/tricitynews/opinion/70563752.html)

From Media Watch dated 16 November 2009:

- Canadian Hospice Palliative Care Association | Press release – 12 November 2009 – **'Let's talk about the right to hospice ... instead.'** [http://www.chpca.net/press\\_releases/2009-11-12\\_LTAHPC\\_MR.pdf](http://www.chpca.net/press_releases/2009-11-12_LTAHPC_MR.pdf)

#### **Specialist Publications**

Of particular interest:

**'Assisted suicide law would be affront to MDs: Canadian Medical Association.'** Scroll down to p.6 for a report in *The Medical Post*.

#### **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/>

## U.S.A.

### **The cost of dying**

CBS | 60 Minutes – 22 November 2009 – Every medical study ever conducted has concluded that 100% of all Americans will eventually die. This comes as no great surprise, but the amount of money being spent at the very end of people's lives probably will. Last year, Medicare paid \$50 billion just for doctor and hospital bills during the last two months of patients' lives - that's more than the budget of the Department of Homeland Security or the Department of Education. And it has been estimated that 20-30% of these medical expenditures may have had no meaningful impact. Most of the bills are paid for by the federal government with few or no questions asked. <http://www.cbsnews.com/video/watch/?id=5737138n>

### **National Institute of Nursing Research brochure highlights the benefits of palliative care**

NATIONAL INSTITUTES OF HEALTH | U.S. National Department of Health & Human Services press release – 20 November 2009 – *Palliative Care: The Relief You Need When You're Experiencing the Symptoms of Serious Illness*, produced by the National Institute of Nursing Research ... explains in easy-to-understand language what palliative care is, who it benefits, and how it works. The brochure also addresses certain misconceptions about palliative care, such as that it is only for the dying. Patients can request and receive palliative care during a hospital stay, where it is delivered in tandem with therapies meant to contain or cure illness, or in settings such as hospice, where such therapies cease but the need for comfort continues for those who are near the end of life. <http://www.nih.gov/news/health/nov2009/ninr-20.htm>

### **Doctors debate: Should city aid growth in palliative care?**

NEW YORK | *New York Times* – 20 November 2009 – Two New York City doctors, the head of the city's largest public hospital and a nationally known geriatrician, gently clashed on that topic ... at a City Council hearing to discuss how to deal with the demand for end-of-life care as the baby boomer generation ages. The geriatrician, Dr. R. Sean Morrison, argued that the city should embark on a campaign to increase public financing and awareness of palliative care... The city should promote palliative care consultations – by doctors who specialize in treating the dying ... But Dr. Eric Manheimer, medical director of Bellevue Hospital Center, New York City's flagship public hospital, raised concerns that overreliance on palliative care specialists would add to the fragmentation of medicine, to the detriment of patients who are seen by an often confusing and contradictory welter of specialists. <http://cityroom.blogs.nytimes.com/2009/11/20/doctors-debate-should-city-aid-growth-in-palliative-care/>

### **Why this Wisconsin City is the best place to die**

WISCONSIN (La Crosse) | National Public Radio – 16 November 2009 – It might seem almost rude to ask a woman who just a few hours ago had reason to fear she was about to die – but who now knows she's OK – to think about how she does want to die some day. Yet it's a routine question in this Midwestern city. The specially trained nurse ... Laura Wiedman, will spend more than an hour with Colbert – and her husband Jim – and help them both think through the treatment they'd want at the end of life. Wiedman ... goes through the questions: Who do you want to make health care decisions for you if you can't make your own? If you reach a point where it is reasonably certain you will not recover your ability to interact meaningfully with friends and family, do you want tube feedings, IV hydration, a respirator, CPR and antibiotics? These are complicated questions. It's something that the Colberts – like most adults in this country – have put off. <http://www.npr.org/templates/story/story.php?storyId=120346411>

## Health care reform

### **My near death panel experience**

*NEW YORK TIMES* | Online OpEd – 14 November 2009 – I didn't mean to kill Grandma. I didn't even mean to create death panels. But now that I and my fellow lawmakers in the House [of Representatives] have passed a health care bill, I'm finally free to explain what I learned as the author of the now-famous end-of-life provisions. My experiences during the bizarre controversies of the summer should provide a note of caution about what potential troubles and political distortions might lie ahead as health care legislation moves forward in the Senate, through the reconciliation process and toward a final bill. This proposal was not even my top health-care priority. [http://www.nytimes.com/2009/11/15/opinion/15blumenauer.html?\\_r=2&em](http://www.nytimes.com/2009/11/15/opinion/15blumenauer.html?_r=2&em)

- WISCONSIN (La Crosse) | National Public Radio – 16 November 2009 – **'Intrepid reporter faces, survives 'death panel.'** La Crosse's near-universal use of advance directives came with an epiphany by Bud Hammes, the medical ethicist who started Respecting Choices in La Crosse.<sup>1</sup> [http://www.npr.org/blogs/health/2009/11/our\\_intrepid\\_reporter\\_faces\\_su.html](http://www.npr.org/blogs/health/2009/11/our_intrepid_reporter_faces_su.html)

1. Respecting Choices, Gundersen Lutheran Medical Foundation: <http://www.respectingchoices.org/>

### **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- *TIME MAGAZINE* | Online article – 16 November 2009 – **'Swiss government tries to stop 'suicide tourists.'** The Swiss government, concerned that Switzerland is becoming a destination for "suicide tourism," wants to tighten its decades-old assisted-suicide law. As it stands, the legislation permits assisted suicide if a physician is convinced that the patient has no chance of recovery, that he or she is mentally and physically capable of making the decision to die, and that the patient administers the drug – about 10 grams of sodium pentobarbital mixed with a fruit juice – in a private residence. <http://www.time.com/time/world/article/0,8599,1939686,00.html>

## International

### **Minister launches new palliative care resources**

AUSTRALIA | Minister of Ageing press release – 19 November 2009 – [The] Minister for Ageing ... launched *Provision of Palliative Care in Catholic Health & Aged Care* ... developed by Catholic Health Australia to assist staff and volunteers in aged care homes who provide care and support for palliative care patients. Each year more than 20,000 Australians receive specialist palliative care and more than 500,000 patients, carers, family members and friends are affected. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr09-je-je128.htm>

**N.B.** Catholic Health Australia website: <http://www.cha.org.au/site.php?id=4>

### **Neonatal Pathway for Babies with Palliative Care Needs**

U.K. | Association for Children's Palliative Care (ACT) press release – 19 November 2009 – The *Neonatal Care Pathway for Babies with Palliative Care Needs* ... has been developed to support professionals working in maternity and obstetric services, and neonatal and children's services as they care for young babies, up to 28 days old, who have life-limiting or life-threatening conditions. <http://www.act.org.uk/news.asp?itemid=378&itemTitle=Phil+Hope%2C+Minister+for+Care+welcomes+ACT%92s+Neonatal+Pathway&section=94&sectionTitle=News>

## National survey of GPs

### Who wants to talk about it? The future delivery of end-of-life care

U.K. | The King's Fund online posting – 19 November 2009 – Most people would imagine that their GP would be able to talk to them about the care they want at the end of their lives. But in fact more than two-thirds of GPs have not discussed preferences for their own end-of-life care with their doctor, family or friends – giving reasons such as "death feels like a long way off" or that they "have just never thought about it." Of those questioned in a survey 63% of GPs believe that their personal attitudes towards death will inevitably affect the advice they give patients about end-of-life treatment, with almost half admitting they would welcome some support to improve their ability to talk to patients about death and dying. These results are unexpected – especially as 76% of GPs saw end-of-life care as an integral part of their job – and patients might find it surprising to learn that even their doctors are reluctant to talk about these issues.

[http://www.kingsfund.org.uk/discuss/the\\_kings\\_fund\\_blog/who\\_wants\\_to\\_talk.html](http://www.kingsfund.org.uk/discuss/the_kings_fund_blog/who_wants_to_talk.html)

**N.B.** The King's Fund, a charitable foundation, studies the health system in England and uses that insight to shape policy, transform services and bring about behaviour change.

### Concerns over social care plans

U.K. | BBC News – 18 November 2009 – The government's plan to offer the most vulnerable people free social care in their own homes in England has been met with a cool response. Charities and care homes said other groups of people could lose out. It comes while the government is consulting on a much wider reform of social care, prompting suggestions it has been drawn up for the election. It would take until next autumn to implement the bill which was announced in the Queen's Speech. The plan affects only about half of the 500,000 people receiving care in their own home – most of these are elderly although some are people with disabilities. <http://news.bbc.co.uk/2/hi/health/8366050.stm>

### Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA | ABC News – 20 November 2009 – **'Euthanasia supporters 'hopeful' about bill.'** Euthanasia supporters in West Australia have their hopes pinned on a private members bill. <http://www.abc.net.au/news/stories/2009/11/20/2748408.htm>
- AUSTRALIA | *Sydney Morning Herald* – 18 November 2009 – **'South Australia parliament rejects euthanasia bill.'** Australian Greens' author of the bill, Mark Parnell ... believes voluntary euthanasia laws will be passed ... "one day." Mr Parnell's ... bill was defeated in the Upper House by a vote of 11 to nine. <http://news.smh.com.au/breaking-news-national/sa-parliament-rejects-euthanasia-bill-20091119-in5j.html>
- PORTUGAL | Catholic News Agency – 18 November 2009 – **'Euthanasia of any kind unacceptable...'** At the conclusion of their Plenary Assembly ... the bishops of Portugal stated that any form of euthanasia, or any "action or omission that, by its nature or intentions, provokes death," is unacceptable. <http://www.catholicnewsagency.com/new.php?n=17741>
- U.K. | *Guardian* – 18 November 2009 – **'Inside the Dignitas house.'** More than 1,000 people have travelled to Switzerland to end their lives. But what is it really like inside the world's first assisted suicide centre? <http://www.guardian.co.uk/society/2009/nov/18/assisted-suicide-dignitas-house>
- U.K. | *Guardian* – 13 November 2009 – **'Theology's unintended consequences.'** Of all the arguments against voluntary euthanasia, the most influential is the "slippery slope." Once we allow doctors to kill patients, we will not be able to limit the killing to those who want to die. There is no evidence for this claim ... but, recent revelations about what took place in a New Orleans hospital after Hurricane Katrina [in August 2005] point to a genuine danger from a different source. <http://www.guardian.co.uk/commentisfree/belief/2009/nov/17/katrina-double-effect-doctrine-catholic>

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

### **Comfort for the dying: Five year retrospective and one year prospective studies of end of life experiences**

*ARCHIVES OF GERONTOLOGY & GERIATRICS* | Online article – 13 November 2009 – Many cultures have reported end-of-life experiences (ELEs) as part of the dying process. Few studies have examined the mental states of the dying in the weeks and days before death. 38 nurses, doctors and end-of-life carers ... took part in a 5-year retrospective study followed by a 1-year prospective study. Interviewees ... suggested that ELEs are not uncommon ... [and] included deathbed phenomena such as visions, coincidences and the desire to reconcile with estranged family members. [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6T4H-4XP3BPY-1&\\_user=10&\\_rdoc=1&\\_fmt=&\\_orig=search&\\_sort=d&\\_docanchor=&\\_view=c&\\_acct=C000050221&\\_version=1&\\_urlVersion=0&\\_userid=10&md5=0ebfe97611d53cce00e3455c1e69c655](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T4H-4XP3BPY-1&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&_view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=0ebfe97611d53cce00e3455c1e69c655)

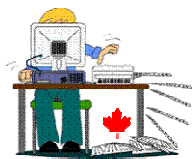
### **Concept of unbearable suffering in context of ungranted requests for euthanasia: qualitative interviews with patients and physicians**

*BRITISH MEDICAL JOURNAL* | Online article – 16 November 2009 – In this study, not all patients who requested euthanasia thought their suffering was unbearable, although they had a lasting wish to die. Patients and physicians seemed to agree about this. In cases in which patients said they suffered unbearably there was less agreement about what constitutes unbearable suffering; patients put more emphasis on psychosocial suffering, such as dependence and deterioration, whereas physicians referred more often to physical suffering. [http://www.bmj.com/cgi/content/abstract/339/nov16\\_1/b4362](http://www.bmj.com/cgi/content/abstract/339/nov16_1/b4362)

Of related interest:

- *COMMUNITY CARE* (U.K.) | Online report – 20 November 2009 – '**Assisted suicide policy no threat to disabled people.**' Director of public prosecutions Keir Starmer has defended his interim policy on prosecutions for assisted suicide against charges it would put vulnerable people, including the disabled, at risk. <http://www.communitycare.co.uk/Articles/2009/11/20/113212/dpp-assisted-suicide-policy-no-threat-to-disabled-people.htm>
- *THE MEDICAL POST* (Canada) | Online report – 3 November 2009 – '**Assisted suicide law would be affront to MDs: Canadian Medical Association.**' Canadian physicians should not participate in euthanasia or assisted suicide, says the Canadian Medical Association. And the national lobby group says it opposes legislation that could make such practices available to them. <http://www.canadianhealthcarenetwork.ca/physicians/news/assisted-suicide-law-would-be-affront-to-mds-cma-5143>
- *NURSING TIMES* (U.K.) | Online article – 18 November 2009 – '**Royal College of Nursing criticised for lack of leadership on assisted suicide.**' A leading professor of nursing has questioned the College's decision to move to a neutral position on assisted suicide. <http://www.nursingtimes.net/whats-new-in-nursing/news-topics/ethics-and-law-in-nursing/rcn-criticised-for-lack-of-leadership-on-assisted-suicide/5008641.article>

### 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.

### **A desire to be seen: Family caregivers' experiences of their caring role in palliative home care**

*CANCER NURSING* | Online article – 17 November 2009 – Primary health care is the base of Swedish healthcare, and many terminally ill patients are cared for at home. A dying relative has a profound impact on his/her family members' situation, including negative effects on roles, well-being, and health. The aim of this study was to explore how the informal carers of a dying relative in palliative home care experienced their caring role and support during the patient's final illness and after death. The findings revealed that being an informal carer was natural when a relative became seriously ill. More or less voluntarily, the family member took on a caring role of control and responsibility. The informal carers felt left out and had feelings of powerlessness when they did not manage to establish a relationship with the healthcare professionals. For the informal carers to feel seen, it was necessary for them to narrate about their own supporting role.

[http://journals.lww.com/cancernursingonline/Abstract/publishahead/A\\_Desire\\_to\\_Be\\_Seen\\_Family\\_Caregivers\\_99936.aspx](http://journals.lww.com/cancernursingonline/Abstract/publishahead/A_Desire_to_Be_Seen_Family_Caregivers_99936.aspx)

### **A palliative care resource for professional carers of people with learning disabilities**

*EUROPEAN JOURNAL OF CANCER CARE* | Online article – 16 November 2009 – People with learning disabilities who have a life-threatening illness, are as entitled as other members of the population to receive good palliative care in their home of choice. However, professional carers of people with learning disability are generally unaware of the meaning of palliative care, and how they can access palliative care support. More importantly, they may feel they are not capable of caring for a resident with a life-threatening illness in the home environment. This article uses a case study to help illustrate the value of compiling a resource booklet for professional carers of people with learning disabilities. <http://www3.interscience.wiley.com/journal/122683462/abstract>

Of related interest:

- *PALLIATIVE MEDICINE* | Online article – 12 November 2009 – '**Can you hear me now? The experience of a deaf family member surrounding the death of loved ones.**' These findings [of this study] provide a framework for future research concerning the needs of deaf individuals facing the end of life. <http://pmj.sagepub.com/cgi/content/abstract/0269216309348180v1>

### **Socio-demographic divides**

#### **Even in death...**

*JOURNAL OF PALLIATIVE MEDICINE* (OpEd), 2009;12(11):983-984. We can learn much about our health and social systems by looking at demographic patterns related to access and uptake of services across our communities and the outcomes these variations deliver. These patterns relate to our gender, where we live, the education we received, and the income we generate and are strong predictors, at a population level, of many health and social outcomes during life. Such outcomes include morbidity during life and ultimately our life expectancy, whether measured absolutely or by disability adjusted life expectancy. Sadly, it comes as no surprise that even in death the service and clinical issues affecting the dying person and their caregivers maintain the socio-demographic divides that are seen in rest of our lives. These differences are ruthlessly and predictably delineated by a few key population-wide factors. The questions have to be asked: Why is such variation seen in countries that invest large proportions of their resources on health and health care? How should hospice and palliative care services respond to these data?

<http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9944>

### **Physician self-disclosure at the end of life: Is it beneficial?**

*JOURNAL OF PALLIATIVE MEDICINE* (OpEd), 2009;12(11):993-994. Physician self-disclosure (PSD) occurs when a physician shares personal information or experiences during a clinical encounter in an effort to strengthen the physician-patient relationship. However, PSD remains mired in controversy, with opinions divided and a paucity of literature to support its use. Proponents of PSD argue that self-disclosure affords an opportunity to affect health behavior and outcomes and foster intimacy and trust. Opponents contend that PSD promotes boundary transgression, and that self-disclosure in and of itself misuses patients to satisfy one's own need for comfort or sympathy. Moreover, it has been suggested that patients may find sharing health concerns difficult in an encounter where a physician self-discloses; however, one study disputed that contention and found patients' concerns were satisfactorily addressed following PSD. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9942>

### **A tale of two deaths: A palliative care chaplain reflects**

*JOURNAL OF PALLIATIVE MEDICINE* (OpEd), 2009;12(11):1057-1058. As a palliative care chaplain, I work daily with patients and families struggling with end-of-life issues. New technologies and life-saving measures now make it possible to live longer, healthier lives. But as I make daily rounds, I often wonder just how far Americans live in denial about their mortality. We do our best to push the mere thought into the farthest recesses of our mental closet of anxieties. Then when illness or disability do force us to seek treatment, we are ill-equipped mentally, emotionally and spiritually to deal with the idea that we are not designed to live forever. Of course, we knew this back in the day – before death was effectively removed from the home and relegated to the sterile environment of the hospital. Our grandparents often died in the same beds in which they were born. Death, neither welcome nor invited, was accepted for the reality it was... <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.0169>

Of related interest:

- U.S. | Tanenbaum Center for Interreligious Understanding press release – 20 November 2009 – **'Tanenbaum launches the first comprehensive guide for religiously conscious healthcare providers.'** <http://www.prurgent.com/2009-11-20/pressrelease65176.htm>

### **Creating social work competencies for practice in hospice palliative care**

*PALLIATIVE MEDICINE* | Online article – 19 November 2009 – Social workers play an important role in the delivery of Hospice Palliative Care in many diverse settings. The profession brings a unique perspective to end-of-life care that reflects and supports the holistic philosophy of Hospice Palliative Care. Despite the prominent and longstanding position of social work in this area, the role and functions of social workers had not been clearly defined. A Canadian task group of social work practitioners and educators utilized a modified Delphi process to consult front line clinicians nationally, and thereby achieved consensus regarding the identification and description of eleven core competencies in Hospice Palliative Care. These competencies are relevant for social workers at different experience levels across care settings. They can be used to inform social work practice, as well as professional development and educational curricula in this area. <http://pmj.sagepub.com/cgi/content/abstract/0269216309346596v2>

## Literature review

### **What evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions?**

*PALLIATIVE MEDICINE* | Online article – 19 November 2009 – Relatively little is known about the type of physical environment which is needed and preferred by patients aged 65 and over, with a prognosis of one year or less, who are receiving care in hospitals, care homes and hospices, and their families and staff. A narrative literature review was conducted to identify and analyse evidence on this issue... The patients were found to have a wide range of views on their environment, but there was some variation between the views of patients and those of their families and staff. Four main themes emerged: the physical environment should be 'homely'; it should support patients' need for social interaction and privacy; it should support the caring activities of staff, family members and patients; and it should allow opportunities for spiritual expression. It is evident that the physical environment contributes significantly to the quality of life of older people with a life-limiting illness, and there is a need for more research in this area. Regular assessment of patients' environmental needs should form part of care planning.  
<http://pmj.sagepub.com/cgi/content/abstract/0269216309350253v1>

From Media Watch dated 9 November 2009:

- *BRITISH JOURNAL OF GENERAL PRACTICE*, 2008;58(549):229-231. **'Place of death – how much does it matter?'** The authors opine: "While we sympathise with and support the aspiration to allow patients to die at home if they choose, we question how realistic this objective really is at the present time." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2277105/>

### **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.

## **Evaluation and comparison of two prognostic scores and the physicians' estimate of survival in terminally ill patients**

*SUPPORT CARE CANCER*, 2010;18(1):43-49. Most terminally ill patients request information about their remaining life span. Professionals are not generally willing to provide prognosis on survival, even though they are expected to be able to do so from their clinical experience. This study aims to find out whether the standardized instruments Palliative Prognostic Index (PPI) and the Palliative Prognostic Score (PaP-S) are appropriate, specific, and sensitive to estimate survival time in patients receiving inpatient palliative care in Germany. Survival time was compared with physicians' estimations and prognostic scores in 83 patients. Whereas the estimates of the PPI and the PaP-S correlate highly, even higher correlations are found for the physicians' prognosis and the scores. Correlations between survival time and the prognostic scores or physicians' prognosis were lower. Physicians' estimations overestimated survival time on average fourfold. Estimations were more often correct for very good and very bad prognosis. <http://www.springerlink.com/content/40v12483g7q47231/fulltext.pdf>

### **Worth Repeating**

#### **Truth telling, autonomy and the role of metaphor**

*JOURNAL OF MEDICAL ETHICS*, 2007;33(1):11-14. This paper examines the potential role of metaphors in helping healthcare professionals to communicate honestly with patients and in helping patients gain a richer and more nuanced understanding of what is being explained. One of the ways in which doctors and nurses may intentionally, or unintentionally, avoid telling the truth to patients is either by using metaphors that obscure the truth or by failing to deploy appropriately powerful and revealing metaphors in their discussions. This failure to tell the truth may partly account for the observation by clinicians that patients sometimes make decisions that, from the perspective of their clinician, and given all that the clinician knows, seem unwise. For example, patients with advanced cancer may choose to undergo further, aggressive, treatment despite the fact that they are likely to accrue little or no benefit as a result. While acknowledging that the immediate task of telling patients the truth can be difficult for all those concerned, the author argues that the long-term consequences of denying patients autonomy at the end of life can be harmful to patients and can leave doctors and nurses distressed and confused. <http://jme.bmj.com/content/33/1/11.abstract>

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