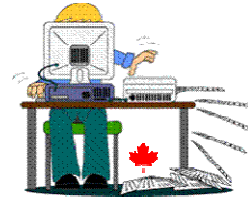


Media Watch...

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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Compiled & Annotated by Barry R. Ashpole

Contemporary notions of death: Scroll down to [Specialist Publications](#) and 'Humor and death: A qualitative study of *The New Yorker* cartoons (1986–2006).' (p.8)

Canada

Some 'benefits' are not worth it

MANITOBA | *Winnipeg Free Press* (OpEd) – 5 December 2009 – When the decisions concern what should or should not be covered in our publicly funded health-care system, we sometimes lose our ability to weigh the potential benefit and cost sensibly in the balance. Let's ponder a few rhetorical questions: Is there ever going to be an end to discoveries in health care that will bring some benefit to some people? Will there ever be a reduction in the demand for health-care services when they are available? Is there anyone out there who actually believes the public purse should pay for all drugs and services no matter how great the cost and how tiny the benefit they offer? With the present clamour for provincial governments to pay for the new anti-cancer drugs, for example, this is a good time for a reality check. Two essential issues are not usually discussed in the media, namely the benefit of the drug related to its cost and the consequences of allocating the necessary funds. For a test case, we can look at Avastin, which is claimed to prolong life in patients with recurrent or extensive colorectal cancer, but how much more life, at what cost and causing how much harm? The answers are an average of approximately four months, \$50,000 per patient and a stunningly wide range of adverse effects from high blood pressure to gastrointestinal problem to severe hemorrhage. Half of the patients given Avastin get no benefit whatsoever. <http://www.winnipegfreepress.com/opinion/westview/some-benefits-are-not-worth-it-78586822.html>

Dying to be green? Try "bio-cremation"

B.C. | Reuters (Newswire report) – 1 December 2009 – From coffins made of recycled cardboard to saying no to embalming chemicals that seep into the soil, people are increasingly searching for ways to make their final resting place a more environmentally-friendly one. Now cremation, the choice today of a third of Americans and more than half of Canadians, is getting a green makeover. A standard cremation spews into the air about 400 kilograms (880 pounds) of carbon dioxide – a greenhouse gas blamed for global warming – along with other pollutants like dioxins and mercury vapor if the deceased had silver tooth fillings. On top of that each cremation guzzles as much energy, in the form of natural gas and electricity, as a 500-mile (800 kilometer) car trip. <http://www.reuters.com/article/marketsNews/idUSN2533188520091201>

Couple lose court decision over baby's death

NATIONAL POST | Online report – 30 November 2009 – The parents of a baby with a genetic abnormality who died at Toronto's Hospital For Sick Children in 2005 have lost a major court decision over their claims that doctors killed her deliberately. Barbara and Timothy Farlow brought the ... malpractice claim in small claims court, naming two doctors and the hospital, and seeking a token penalty of \$10,000 for the death of their daughter Annie, the maximum allowed in what is often called the "people's court" because of its openness and simplicity. Self-represented, the Farlows alleged the doctors "provided medications to Annie which hastened her death" and that the hospital "practised a policy of non-treatment for infants with serious genetic disorders." They resisted efforts by the hospital and two defendant doctors to move the case up to Superior Court, with its more strict and elaborate rules of procedure, designed for complicated cases involving expert evidence. <http://www.nationalpost.com/news/canada/story.html?id=2284139>

Population trends

The nation's elderly

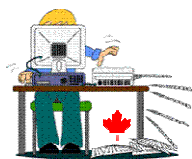
STATISTICS CANADA | Online report – 27 November 2009 – Canada still has one of the lowest proportions of seniors among OECD [Organization for Economic Cooperation & Development] countries. As of 1 July 2009, seniors aged 65 and over accounted for a record high 13.9% of the Canadian population... Canada's proportion of seniors was below the OECD average of 14.3%. Projections show that seniors could account for close to 25.0% by the end of the 2030s. As of 1 July 2009, there were 1,291,600 people aged 80 and over in Canada. They represented 3.8% of the Canadian population. The nation also had an estimated 6,000 people aged 100 and over. In 2001, the earliest year for which population estimates of centenarians are available, they numbered 3,400. According to the latest population projections, the number of centenarians could reach 15,000 persons at the beginning of the 2030s. <http://www.statcan.gc.ca/daily-quotidien/091127/dq091127b-eng.htm>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CBC RADIO | White Coat, Black Art – 5 December 2009 – **'Corridors of Medicine.'** In October the Quebec College of Physicians opined that euthanasia should be considered to be an appropriate option for end-of-life care in situations where death is both inevitable and imminent. It's a first for a Canadian medical college, and it has ignited debate in the corridors of medicine about euthanasia. http://podcast.cbc.ca/mp3/whitecoat_20091205_24069.mp3
- QUEBEC | *Montreal Gazette* – 4 December 2009 – **'Euthanasia debate: Commission to seek input of public, experts.'** Acting on a pitch from the Parti Québécois opposition, the Liberal government ... agreed to create a non-partisan *ad hoc* commission that will seek out Quebecers' opinions and the views of experts on the controversial issue of euthanasia. <http://www.montrealgazette.com/health/Quebec+matter+life+death/2300797/story.html>

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.

U.S.A.

Hospice in the hot seat: Medicare expenses bring rules to weed out wasteful spending

MICHIGAN | Crain's Detroit Business – 6 December 2009 – New federal hospice payment regulations are in the pipeline to eliminate inappropriate billing practices that have driven up Medicare costs. According to a March report to Congress from the Medicare Payment Advisory Commission [MedPAC], large and mostly for-profit providers have been blurring the line between hospice and long-term care with lengthy hospice stays and fuzzy admission criteria to maximize profits. <http://www.craigslist.com/article/20091206/HEALTH/312069992/1103#>

Of related interest:

- **NEW YORK TIMES** | Online report – 5 December 2009 – '**Senate clears way for home health care cuts.**' By a vote of 53 to 41, the Senate ... rejected a Republican effort to block cutbacks in payments to home health agencies that provide nursing care and therapy to homebound Medicare beneficiaries. Republicans voted against the cuts, saying they would hurt some of the nation's most vulnerable citizens. Most Democrats supported the cutbacks, saying they would eliminate waste and inefficiency in home care. <http://www.nytimes.com/2009/12/06/health/policy/06health.html>

Oregon launches state-wide registry for end-of-life care wishes

OREGON | *The Oregonian* – 3 December 2009 – Oregon's POLST [Physician Orders for Life-Sustaining Treatment] program, a national model for ensuring that doctors and paramedics follow people's medical wishes near the end of life [has] launched its ... state-wide registry. The POLST ... form instructs workers what kind of treatment to use in an emergency when a patient is incapacitated. http://www.oregonlive.com/health/index.ssf/2009/12/oregon_launches_statewide_registry.html

In hospice, care and comfort as life wanes

NEW YORK TIMES | Online column – 30 November 2009 – I spent a day last month shadowing hospice workers from the Visiting Nurse Service of New York. With each visit to the homes of four patients whose lives were ebbing, the caring, patience, attention and expertise I observed left me wondering why all medicine is not like this – focused on the whole person, not just a disease. Hospice workers never know what they may find when they enter the homes of people whose doctors expect them to die within six months. But they are prepared to handle almost anything and have a team of specialists to call upon when needed: doctor, nurse, social worker, spiritual care counselor, bereavement counselor. The home hospice service is but a phone call away 24 hours a day, 7 days a week. The needs of patients and families are met within hours, if not sooner; moreover, the cost is usually covered by Medicare or Medicaid. With hospice, death assumes a more natural trajectory, unencumbered by frightening machines and sometimes grotesque interventions of modern medicine that do little, if anything, to prolong life and often make dying more painful for patients and families, as well as costlier for society. <http://www.nytimes.com/2009/12/01/health/01brod.html>

Quotable Quotes

The future depends on what we do in the present. **Mahatma Gandhi**

International

Doctor's orders: for medicinal purposes only

AUSTRALIA | *Sydney Morning Herald* – 5 December 2009 – In the palliative care ward of Greenwich Hospital, Happy Hour starts at 11 a.m. This is when John Whalan, a volunteer, begins pushing his trolley, garlanded with leis and clinking with bottles of brandy and gin, through the ward, mixing tall ones for the terminally ill. "I don't know a patient who has refused a drink," Mr Whalan, 91, says. "Champagne is fairly popular – we have little plastic flutes for that – and so is gin and tonic. We have a few whisky drinkers in the ward, too, and a lot of the men like a beer." Mr Whalan's trolley, which is paid for by the hospital, also carries a selection of red and white wines, and cheese, biscuits, soft-drinks and chocolates, all of it free for patients. Launched at the suggestion of the hospital's volunteer group, the Happy Hour service has been running since the beginning of the year. <http://www.smh.com.au/national/doctors-orders-for-medicinal-purposes-only-20091204-kaxx.html>

End-of-life care 'under-funded'

U.K. | Press Association – 5 December 2009 – Lack of investment in "end of life care" is leading to "disproportionate" numbers of people dying in hospital, an under-fire health boss has said. Michael Large, chairman of Basildon & Thurrock Hospital [in Essex] said a shortage of hospice beds meant that many patients were not in the most suitable surroundings when they die. "It is a matter of concern and sadness that there is a lack of provision in this area for end-of-life care," said Mr Large. <http://www.google.com/hostednews/ukpress/article/ALeqM5jlAWgW-JlhWPJtBRlhBfvX93Vsyg>

More patients set to decide where to die

U.K. (SCOTLAND) | *Scotsman* – 4 December 2009 –Thousands more people will be able to choose where they want to die under new NHS [National Health Services] proposals. A plan has been drafted, which aims to cut deaths in hospital by a significant number to improve palliative care in the region. By allowing more people to die at home, it will also free up hospital beds which are taken up by very ill people not benefiting from medicine. The Living & Dying Well in Lothian project should see a raft of significant changes made by 2015. It was devised by health chiefs in response to a growing elderly population in the Lothians, which is expected to continue rising for the next 10 years. At that point, it is anticipated that the number of annual deaths will rise, going up from around 7,500 a year to 8,200. <http://news.scotsman.com/health/More-patients-set-to-decide.5884760.jp>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Telegraph* – 7 December 2009 – '**Assisted suicide: disabled campaigner in 11th hour court challenge.**' A disabled campaigner will launch an 11th hour challenge to plans to relax the laws on assisted suicide at the Supreme Court ... [claiming] that a legal ruling that forced the change was unsound. <http://www.telegraph.co.uk/news/newstopics/politics/6729832/Assisted-suicide-disabled-campaigner-in-11th-hour-court-challenge.html>
- U.K. (SCOTLAND) | *Scotsman* – 4 December 2009 – '**Assisted suicide bill moves closer.**' Independent Lothians MSP [Member of the Scottish Parliament] Margo MacDonald will unveil the full details of the bill [to legalise assisted deaths in Scotland] in January having completed a long consultation process. <http://news.scotsman.com/politics/Assisted-suicide-bill--moves.5883852.jp>

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

End-of-life care education for psychiatric residents: Attitudes, preparedness, and conceptualizations of dignity

ACADEMIC PSYCHIATRY, 2009;33(6):451-456. This is the first study to examine the end-of-life educational experience of psychiatric residents. Despite conceptualizing quality care and the construct of dignity similarly to dying patients, psychiatric residents feel poorly prepared to deliver such care, particularly the non-physical aspects of caring for the dying.

<http://ap.psychiatryonline.org/cgi/content/abstract/33/6/451>

Palliative care in congestive heart failure

AMERICAN COLLEGE OF CARDIOLOGY | Online article – 18 November 2009 – The author reviews symptom etiology and palliation in heart failure as well as practical aspects of communication and end-of-life care. Palliative care to address symptoms and strategies to cope with heart failure should be provided at the same time as evidence-based disease-modifying treatments. <http://www.cardiosource.com/expertopinions/hottopics/article.asp?paperID=367>

[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](#)

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5. Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

[Something Missed or Overlooked?](#)

If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

Hospice-palliative medicine: A look back and into the future

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2009;26(6):429-431. Hospice originally was a resting place for weary travelers in the fourth century and continued so for centuries. Even the monks in a 15th Century Switzerland hospice raised and trained Saint Bernard dogs, establishing the legendary portrait of the keg carrying dog. In the 19th century, a religious order established hospices for the dying in Ireland and London and in 1967, St Christopher's hospice began. In the U.S., there were only 59 identifiable hospices in 1978, which expanded to 440 by 1981. In subsequent years, the number of hospices grew exponentially to 4200 now. <http://ajh.sagepub.com/cgi/reprint/26/6/429>

Understanding how advance care planning is approached in the residential aged care setting: A continuum model of practice as an explanatory device

AUSTRALASIAN JOURNAL ON AGEING, 2009;28(4):211-215. The majority of facilities do not have a systematic approach to ACP [Advance Care Planning], but tend to initiate discussions about end-of-life treatments late in a resident's illness. There are varying degrees to which these discussions are used in ongoing care planning or made explicit if the resident is transferred to hospital. A number of factors are identified that support the implementation of ACP. A continuum model of practice is proposed that describes four broad approaches to practice under the domains of initiation, scope, follow-up and documentation of ACP as well as the organisational leadership adopted around ACP. <http://www3.interscience.wiley.com/journal/123191175/abstract>

Of related interest:

- *AMERICAN JOURNAL OF MANAGED CARE*, 2009;15(11):817-825. **'Effectiveness of care coordination and health counseling in advancing illness.'** AICCP [Advanced Illness Coordinated Care Program] improved communication and care delivery, advance planning, and do-not-resuscitate or do-not-intubate orders in a population at risk to use them. AICCP had fewer admissions. Coordination and health counselling seem matched for those coping with advancing illness. http://www.ajmc.com/media/pdf/AJMC_09Nov_Engelhardt817to825.pdf
- *JOURNAL OF CLINICAL ONCOLOGY* | Online article – 30 November 2009 – **'Use of video to facilitate end-of-life discussions with patients with cancer: A randomized controlled trial.'** Compared with participants [in this study] who only heard a verbal description, participants who viewed a goals-of-care video were more likely to prefer comfort care and avoid CPR, and were more certain of their end-of-life decision making. Participants reported feeling comfortable watching the video. <http://jco.ascopubs.org/cgi/content/abstract/JCO.2009.24.7502v1>
- *OPEN MEDICINE* | Online article – Accessed 1 December 2009 – **'Discussing prognosis with patients and their families near the end of life: Impact on satisfaction with end-of-life care.'** Although discussions about prognosis occur infrequently for patients who have advanced terminal disease, such discussions with patients and their families may facilitate advance care planning and improve satisfaction with end of life [EOL] care. <http://www.openmedicine.ca/article/view/160>

Liverpool Care Pathway

End of life care in the acute hospital setting

BRITISH MEDICAL JOURNAL | Online OpEd – 2 December 2009 – Most deaths occur in hospital, yet effective management of dying patients in this environment is challenging. The Liverpool Care Pathway was developed as a framework to guide practice and extend the excellence of hospice care into hospital, where there was evidence of poor quality care. An updated version (version 12) of this care pathway was ratified on 2 December 2009. A recent media debate during the consultation period raised criticisms that the pathway is prescriptive and inevitably leads to the patient's death; it also highlighted concerns about inappropriate sedation and dehydration. The debate has produced welcome political and professional interest in the care of the dying. http://www.bmj.com/cgi/content/extract/339/dec01_2/b5048

The role of the home-care worker in palliative and end-of-life care in the community setting

INTERNATIONAL JOURNAL OF PALLIATIVE NURSING, 2009;15(11):526-532. Home-care workers play a vital role in enabling patients to be cared for in their own homes; however, there is a lack of research on their role, focusing specifically on palliative and end-of-life care. A broad literature search was undertaken as part of a research study to explore the role of home-care workers in palliative and end-of-life care in the community. Key questions for the review included: exploring the role of home-care workers; factors that affect this role and examining training and support needs of home-care workers in providing palliative and end-of-life care in the community. Positive aspects of their contribution were identified in terms of providing physical and social support, and having a key role to play in caring for patients at home. However, several studies highlighted negative aspects of the role, including limited availability of services, lack of continuity of care, time constraints, lack of flexibility and poor quality of communication with other services. http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=45491;article=IJPN_15_11_526_532

Of related interest:

- INTERNATIONAL LONGEVITY CENTER | Online report – Accessed 4 December 2009 – **'Study documents the negative emotional, physical and financial impacts of caregiving on boomer women.'** Notwithstanding the contributions by several organizations and governmental agencies, most experts agree that more needs to be done to support boomer women and other family caregivers. Download *Caregiving in America: The Health Consequences on Boomer Women* at: http://www.ilcusa.org/media/pdfs/Boomer_Women_Health_Caregiving.pdf

End-of-life care ethics forum

Defending patient autonomy: The case of the challenging spouse

JOURNAL OF PAIN & PALLIATIVE CARE PHARMACOTHERAPY, 2009;23(4):368-370. A case of a 61-year-old patient with advancing cancer is presented. His care was confounded by his wife challenging the care being delivered. The case report is followed by commentaries on the case from three scholarly perspectives, medicine, philosophy, and law. <http://informahealthcare.com/doi/abs/10.3109/15360280903324325>

N.B. Journal contents page (scroll down to 'End-of-life care ethics forum' for links to commentaries): <http://informahealthcare.com/toc/ppc/23/4>

Impact of a contemplative end-of-life training program: Being with dying

PALLIATIVE & SUPPORTIVE CARE, 2009;7(4):405-414. Health care professionals report a lack of skills in the psychosocial and spiritual aspects of caring for dying people and high levels of moral distress, grief and burnout. To address these concerns, the 'Being with Dying: Professional Training Program in Contemplative End-of-Life Care' (BWD) was created. The premise of BWD, which is based on the development of mindfulness and receptive attention through contemplative practice, is that cultivating stability of mind and emotions enables clinicians to respond to others and themselves with compassion. This article describes the impact of BWD on the participants. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6681232&fulltextType=RA&fileId=S1478951509990411>

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/>

Humor and death: A qualitative study of *The New Yorker* cartoons (1986–2006)

PALLIATIVE & SUPPORTIVE CARE, 2009;7(4):487-493. American's experiences with dying and death have changed throughout the course of our history. As an agrarian society death, was seen first-hand on, often, a daily basis. Industrialization brought with it removal of the dying process to the hospital and burial became the responsibility of the undertaker. This separation of dying and death from society resulted in not only a physical barrier but a psychological one as well. Technology in health care once again raised issues of the dying process by asking people to make decisions about their health care in the realm of resuscitation, respirators, and the use of artificial food and fluids. One way that Americans have been known handle the difficult times in their lives is through humor. When it becomes difficult to cope, tears and laughter are both cathartic. This study analyzes cartoons from *The New Yorker* in an effort to categorize contemporary notions of death as well as establish the correlation between societal events related to dying and death and the overall percent of death-related cartoons in this media. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6681328&fulltextType=RA&fileId=S1478951509990496>

Parental experience at the end-of-life in children with cancer: 'preservation' and 'letting go' in relation to loss

SUPPORTIVE CARE IN CANCER | Online article – 3 December 2009 – This study explored, from a parental perspective, the process parents go through when cure is no longer a possibility. A timely completion of this transition positively influences the child's well-being as well as the evaluation of enacted parenthood. For parents the essence of the palliative process is not to accept death but to deal with the loss of their child. Although the need to avoid loss and gain control by means of preservation is fully understandable, the study indicated that parents who made the transition to letting go had an increased receptiveness of their child's real situation and needs. http://www.ncbi.nlm.nih.gov/pubmed/19956979?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=6

Worth Repeating

Death, dying and bereavement: a survey of dental practitioners

SPECIAL CARE IN DENTISTRY, 2008;28(2):58-60. The dentist's role following the death of a patient in his/her practice has received little attention in the literature. This study determined the prevalence of death within a dental practice. It also investigated methods by which dentists supported grieving survivors, and how frequently dentists received formal bereavement education in dental school. A survey ... found: 1) the vast majority of respondents (86%) had experienced the death of a patient within the past 12 months; 2) support methods included sending sympathy cards (79.3%), sending flowers (34.5%), attending the funeral or wake (23%), or visiting/calling survivors (11.5%); 3) only 4% of respondents reported receiving formal bereavement education during dental school; and, 4) 61% believed bereavement education should be included in the dental school curricula. While the majority of dentists in this study provided bereavement support and believed they could effectively comfort grieving persons, these dentists experienced significant stress when dealing with issues of death and bereavement. The stress may be explained by inadequate education and exposure to the issues of death and dying. <http://www3.interscience.wiley.com/journal/119401608/abstract>

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