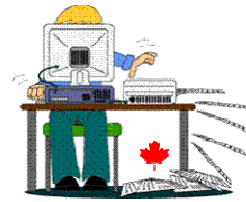


Media Watch...

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

The voice of firsthand experience: Scroll down to [International](#) and 'Minister calls for patients' views on palliative care.' (p.5)

[Canada](#)

Palliative care team's model sets gold standard

ONTARIO | *Niagara This Week* – 11 December 2009 – A gem of integrated health care is resting comfortably at West Lincoln Memorial Hospital from where a remarkable team of palliative care specialists reaches out to every care setting across west Niagara to support people nearing the end of life. Nurtured and championed by the Grimsby hospital in partnership with the Hamilton Niagara Haldimand Brant Community Care Access Centre, the Niagara West Palliative Care Team's shared-care framework for providing services has been chosen as a model for Canada and is being used by Local Health Integration Networks across the province.

<http://www.niagarathisweek.com/news/article/230293--palliative-care-team-s-model-sets-gold-standard>

Decisions at the end of life

Court backs sharia law for Muslim patriarch

ALBERTA | *Edmonton Journal* – 9 December 2009 – As 64-year-old Samir Sweiss lay dying in hospital after his heart stopped, his family grappled with a terrible but urgent decision – let doctors turn off his ventilator or fight to keep him alive in accordance with his religious beliefs. Samir had been in hospital many times before and, knowing he was sick, signed a declaration in August stating he wanted all Islamic law followed in his care. So when health officials issued a do-not-resuscitate order and decided in late September to unhook the ventilator that kept him breathing, his family took the rare step of going to court. Removing the ventilator when there was still evidence of basic reflex brain function went against Islamic sharia law, the family argued.

<http://www.edmontonjournal.com/life/Court+backs+sharia+Muslim+patriarch/2319342/story.html>

Issues in pain management

Opioid deaths skyrocket since 1991: Study

ONTARIO | CBC News – 7 December 2009 – Drugs like OxyContin® are killing users in Ontario at twice the rate they were in 1991, a new study suggests. The rate of deaths involving narcotic painkillers went from 13.7 per million in 1991 to 27.2 per million in 2004, said Dr. David Juurlink, a medical toxicologist at Sunnybrook Health Sciences Centre in Toronto. He and his colleagues published their findings in ... the *Canadian Medical Association Journal*.¹ Deaths from oxycodone – mainly marketed as OxyContin® – increased about five-fold after the drug was added to Ontario's formulary, the list of drugs covered by the province's health plan. The cause of death was deemed unintentional by the coroner in 54.2% of the cases and undetermined in 21.9%. <http://www.cbc.ca/health/story/2009/12/07/oxycotin-ontario-deaths.html>

1. *Canadian Medical Association Journal*, 2009;18(12):891-896. **'Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone.'** <http://www.cmaj.ca/cgi/content/abstract/181/12/891>

N.B. *Canadian Medical Association Journal* (Commentary), 2009;18(12):881-882. **'Deaths related to the use of prescription opioids.'** <http://www.cmaj.ca/cgi/content/full/181/12/881>

Funding end of life care

Exciting, stressful time at hospice

ONTARIO | *Alliston Herald* (Barrie) – 3 December 2009 – Ready or not, the doors of Barrie's Hospice House are opening. And it's going to take a community effort to keep them open, says a frustrated Jim McIntosh, Hospice Simcoe's current capital-campaign chairperson and its past president. It's been a matter of waiting and then hurrying up with the organization enduring severe growing pains along the way, he says. "It's an exciting and extremely stressful time," says McIntosh. The opening ... was pushed back a couple of days while last-minute preparations were made to welcome residents to the new end-of-life facility. After three years of unanswered appeals for the \$1.5 million necessary to operate the hospice each year (approximately 75% of its anticipated operating budget), Hospice Simcoe received a brief letter in September from the Ministry of Health & Long-term Care promising \$627,000. The funding was contingent on at least seven of the 10 beds being filled by 31 October. "We called and told them it was completely unrealistic," says McIntosh, adding they were simply not ready to open. Without a sustainable funding model in place, Hospice Simcoe had not yet secured the nursing staff or finalized the policies and procedures necessary to operate the residential component of the hospice. An extension to 1 December was granted. "In my opinion, it is a very constrained and inappropriate funding model," he adds. <http://www.allistonherald.com/allistonherald/article/151283>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- B.C. | Canwest News Service – 8 December 2009 – **'Vancouver man found guilty of aiding suicide...'** A Vancouver man ... has been found guilty of the rare criminal charge of aiding in the suicide of a friend. The trial judge, B.C. Supreme Court Justice Harry Slade, put the matter over to 16 December to fix a date for sentencing. <http://www.kelowna.com/2009/12/08/vancouver-man-found-guilty-of-aiding-suicide-of-milot/>

U.S.A.

Health care reform

The health-care bill has no master plan for curbing costs. Is that a bad thing?

THE NEW YORKER | Online OpEd – 14 December 2009 – Cost is the spectre haunting health reform. For many decades, the great flaw in the American health-care system was its unconscionable gaps in coverage. Those gaps have widened to become graves – resulting in an estimated forty-five thousand premature deaths each year – and have forced more than a million people into bankruptcy. The emerging health-reform package has a master plan for this problem. By establishing insurance exchanges, mandates, and tax credits, it would guarantee that at least ninety-four per cent of Americans had decent medical coverage. This is historic, and it is necessary. But the legislation has no master plan for dealing with the problem of soaring medical costs. http://www.newyorker.com/reporting/2009/12/14/091214fa_fact_gawande

Patient Voice Project

Iowa program uses writing to help ill people

IOWA | *Chicago Tribune* – 12 December 2009 – Molly Baker is a 26-year-old who takes 53 pills a day to maintain her health in the face of cystic fibrosis. She has had seven sinus surgeries and admits that each year is a little bit harder, health-wise, than the last. "I know that my illness keeps invading my body, and therefore my life, and is not going to stop at my expense, so I can actually take a minute to process everything that is happening. I feel I am beginning to grapple with the mere beginning of an immensely lengthy death," Baker wrote in her essay, 'The Progression.' Baker wrote that as part of the Patient Voice Project, a University of Iowa Arts Share program that pairs people who have chronic or mental illness with Iowa Writers' Workshop graduate students for at least six weeks of free writing classes. Launched in 2004 by a workshop student, it has helped more than 100 people. <http://www.chicagotribune.com/news/chi-ap-ia-exchange-patientv.0,1131592.story>

In assisted living, death requires 30 days' notice

MARYLAND | *Baltimore Sun* (OpEd) – 10 December 2009 – The 88-year-old mother of Vicki King and Dee Dee Barnhill died in October, and the assisted living center where she resided wants to charge her surviving relatives \$929.17 because they didn't give 30 days' notice that their mother no longer would need her little apartment. Basically, the way they see it, they're being billed for not knowing the exact date their mother would die. Does this really happen in the world of assisted living? They charge people if they don't give a full 30 days' notice of death? <http://www.baltimoresun.com/news/opinion/oped/bal-op.rodricks10dec10,0,6468815.column>

Raising public awareness

Exhibit depicts hospice life

WISCONSIN | *Green Bay Gazette* – 9 December 2009 – Visitors to Bay Park Square mall ... can enjoy a traveling exhibit depicting hospice life throughout Wisconsin. 'Portraits of HOPE' [Hospice Organization & Palliative Experts], a state-wide organization, created the photography exhibit. <http://www.greenbaypressgazette.com/article/20091209/GPG0101/912090643/1207/GPG01>

N.B. The Hope of Wisconsin website: <http://www.wisconsinhospice.org/>

Ageing society challenges family caregivers

U.S. NEWS & WORLD REPORT | Online report – 8 December 2009 – According to a major survey, more than 65 million of us spend an average of 20 hours a week as unpaid caregivers.¹ Looking only at people being cared for who are at least 50 years old, 90% of them are family members. Half of all such caregiving is provided to a mother (36%) or father (14%). Grandparents and in-laws each receive 11% of all caregiving, and spouses care for one another in 6% of the cases. <http://www.usnews.com/money/blogs/the-best-life/2009/12/08/aging-society-challenges-family-caregivers.html>

1. *Caregiving in the U.S.*, National Alliance for Caregiving, 2009 http://assets.aarp.org/rqcenter/il/caregiving_09_fr.pdf

Of related interest:

- ALABAMA | University of Alabama at Birmingham online posting – 10 December 2009 – **'Seniors teach med students the finer points of elder care.'** Lorain Devito is an expert on the elderly. She knows their tendencies, their likes and their dislikes. She knows how strong their will can be. She also knows their fears. <http://main.uab.edu/Sites/reporter/articles/71646/>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- HAWAII | *Honolulu Advertiser* – 13 December 2009 – **'Attempted killing puts issue of terminally ill back in spotlight.'** A 71-year-old man's alleged attempt to kill his terminally ill wife could reignite the discussion about physician-assisted suicide in the Islands, some say, while others argue the case points to the need for more family education and counseling about end-of-life issues. <http://www.honoluluadvertiser.com/article/20091213/NEWS01/912130366/Attempted+killing+puts+issue+of+terminally+ill+back+in+spotlight>

International

Online help at the end of life

U.K. | *The Star* (South Yorkshire) – 14 December 2009 – A new website has been launched in Sheffield to provide patients at the end of their lives with information about support services in the city. The site also provides advice to carers and families looking after loved-ones with incurable conditions.¹ The website came about after a citywide advisory group looked at ways of improving end-of-life care. <http://www.thestar.co.uk/news/Online-help-at-the-end.5906771.jp>

1. Palliative Care in Sheffield: www.sheffield.nhs.uk/palliativecare

Support to upgrade palliative care equipment

AUSTRALIAN AGEING AGENDA | Online report – 10 December 2009 –The Commonwealth Government has allocated \$2.6 million to assist 187 palliative care services to upgrade their equipment. The funds will go to hospitals, aged care facilities, hospice services and community organisations ... [to] replace out-of-date equipment with equipment that meets the national standard. <http://www.australianageingagenda.com.au/2009/10/12/article/Support-to-upgrade-palliative-care-equipment/BQLPFXZLJH.html>

Specialist Publications

Of particular interest:

'Support needs of informal hospice caregivers: A qualitative study.' Scroll down to p.8 for the findings of a recent study published in the *Journal of Palliative Medicine*.

Minister calls for patients' views on palliative care

U.K. (WALES) | *Western Mail* – 9 December 2009 – Doctors will be inviting those who have had experience of end-of-life healthcare to submit their opinions under the Dying Well Matters initiative. Health Minister Edwina Hart said: "Watching a loved one die from a long illness is one of the hardest things anyone has to go through. That's why it's vital that specialist palliative care teams have the views of individuals and families who experience end-of-life care to ensure the support provided is as good as it can be." The Welsh Assembly Government established the palliative care strategy implementation board. The group aims to ensure patients have a direct influence on future service development. <http://www.walesonline.co.uk/news/wales-news/2009/12/09/minister-calls-for-patients-views-on-palliative-care-91466-25351574/>

Bereavement leaflet aimed at same-sex partners

IRISH HOSPICE FOUNDATION | Online posting – 8 December 2009 – Describing what can happen when one of the partners in a gay or lesbian relationship dies, Odhran Allen, of the Gay & Lesbian Equality Network (GLEN), said: "Often the relationship is not recognised, the loss is not recognised and the griever is not recognised. This has led to lifelong partners sitting at the back of the church, unacknowledged, unsupported and alone." *Coping with the Death of Your Same-Sex Partner* is published by the Foundation in association with GLEN. http://www.hospice-foundation.ie/index.php?option=com_content&task=view&id=520&Itemid=11

Specialist Publications

Of particular interest:

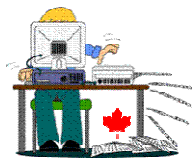
'Dying, death and bereavement.' Scroll down to p.9 for a selection of papers from the 'Forum on the End of Life in Ireland,' published in the journal *Studies*.

Dalai Lama visits hospice

NEW ZEALAND | *North Shore Times* – 8 December 2009 – The Dalai Lama made a special visit to North Shore Hospice [Auckland] ... and gave some patients a Buddhist blessing. The meeting was arranged just a week before and was kept secret. The Dalai Lama took time to speak to patients and their families. He told them that "death is a part of living and you have to accept you are here. You are here and there are many dedicated people taking care of you. Many of you have lived long lives. In Africa many of them die very young and that is very, very sad. Here in New Zealand it's a very happy society and you are very fortunate," the Dalai Lama said. <http://www.stuff.co.nz/auckland/local-news/north-shore-times/3134743/Dalai-Lama-visits-hospice>

N.B. North Shore Hospice: <http://www.nshospice.co.nz/default.asp>

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.

End of Life Care Manifesto 2010

U.K. | National Council for Palliative Care online report – Accessed 8 December 2009 – The way in which we care for people who are dying is a litmus test for our society. The Council calls on all political parties to commit ... to the continuous improvement of end of life care as a major national priority for the next parliament and beyond. Everyone should: 1) have the right to access high-quality palliative care services appropriate to their needs; and, 2) be able to exercise choice about their place of care at the end of their life and to die in the place that they want to, where possible. <http://www.ncpc.org.uk/download/publications/2010Manifesto.pdf>

Eco-friendly funerals

Aussie undertakers turn funeral business on its head... by offering to bury people upright

AUSTRALIA | *Daily Mail* (U.K.) – 7 December 2009 – A new company is turning the funeral business on its head and will bury people vertically. The unique scheme ... is being offered as a simple, natural and economical approach to burial. The deceased are placed in [a] biodegradable bag and then lowered feet first into a cylindrical hole just over two feet wide and about ten feet deep. Upright Burials claims it is a world first and the method produces less carbon dioxide than a regular burial. <http://www.dailymail.co.uk/news/worldnews/article-1233820/Aussie-undertakers-turn-funeral-business-head--offering-bury-people-upright.html>

[Real estate] Agents targeting bereaved

NEW ZEALAND HERALD | Online article – 6 December 2009 – Real estate agents are under fire for preying on families grieving a loved one's death. At least one victim has complained to a new industry watchdog after her elderly mother mourning her husband received a condolence card from an agent she had never met. Janet McDougall said the card contained ownership and also valuation details of her parents' North Shore home and the agent's business card. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10613781

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Mail* – 14 December 2009 – '**Christian doctors in boycott of 'back door euthanasia.'**' Thousands of Christian doctors have boycotted a public consultation on assisted suicide. They fear a 'slippery slope' to legalising euthanasia without parliamentary approval. <http://www.dailymail.co.uk/news/article-1235587/Christian-doctors-boycott-door-euthanasia.html>
- THE NETHERLANDS | *Daily Mail* (U.K.) – 9 December 2009 – '**Now the Dutch turn against legalised mercy killing.'** Legalised euthanasia has led to a severe decline in the quality of life for terminally-ill patients in Holland, it has been claimed (by the architect of the controversial law, Dr. Els Borst, the former Health Minister). <http://www.dailymail.co.uk/news/article-1234295/Now-Dutch-turn-legalised-mercy-killing.html>

[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/>

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

Making hospital mortality measurement more meaningful: Incorporating advance directives and palliative care designations

AMERICAN JOURNAL OF MEDICAL QUALITY | Online article – 4 December 2009 – This study evaluates the benefits and caveats of incorporating care-limiting orders, such as do not resuscitate (DNR) and palliative care (PC) information, in a general multivariate model of mortality risk, wherein the unit of observation is the patient hospital encounter. In a model of the mortality gap, DNR explains 8% to 24% of the gap variation. PC provides additional explanatory power to some disease groupings, especially heart and digestive diseases. One caveat is that DNR information, especially if associated with the later stages of hospital care, may mask opportunities to improve care for certain types of patients. But that is not a danger for PC, which is unequivocally valuable in accounting for patient risk, especially for certain sub-populations and disease groupings. <http://ajm.sagepub.com/cgi/content/abstract/1062860609352678v1>

Population trends

The graying of America's prisons

THE CRIME REPORT (U.S.) | Online OpEd – 7 December 2009 – Longer sentences and harsher parole standards have led to overcrowded prisons, overtaxed state budgets, and devastated families and communities. Now, yet another consequence is becoming visible in the nation's prisons and jails: a huge and ever-growing numbers of geriatric inmates. Increasingly, the cells and dormitories of the U.S. are filled with old, often sick men and women. They hobble around the tiers with walkers or roll in wheelchairs fill prison infirmaries. They fill prison infirmaries, assisted living wings, and hospices faster than the state and federal governments can build them – and since many are dying behind bars, they are filling the mortuaries and graveyards as well. The care these aging prisoners receive, while often grossly inadequate, is nonetheless cripplingly expensive. <http://thecrimereport.org/2009/12/07/the-graying-of-americas-prisons/>

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.

Pulling the plug on the conscience clause

FIRST THINGS, 2009;198(10):41-44. The author comments on the intolerance of medical conscience in the U.S., which asserts that patient rights and respect for patients' choices should trump the consciences and moral beliefs of medical professionals. He discusses how courts and notable professional medical organizations are growing hostile in protecting medical conscience rights of medical personnel. An overview of legislation and proposed legislation supporting euthanasia and abortion is provided. He suggests principles that should be applied in crafting legal conscience protections. <http://www.firstthings.com/article/2009/11/pulling-the-plug-on-the-conscience-clause>

Quotable Quotes

No one individual can provide palliative and end-of-life care on their own. In the context of treating the "whole person" – addressing their needs in body, mind and spirit – a whole person needs a whole care provider, and until we find one we use the interdisciplinary team approach in palliative and end-of-life care. Balfour Mount

"Trying to be a good parent" as defined by interviews with parents who made Phase I, terminal care, and resuscitation decisions for their children

JOURNAL OF CLINICAL ONCOLOGY, 2009;27(35):5979-5985. When a child's cancer progresses beyond current treatment capability, the parents are likely to participate in noncurative treatment decision making. One factor that helps parents to make these decisions and remain satisfied with them afterward is deciding as they believe a good parent would decide. Because being a good parent to a child with incurable cancer has not been formally defined, the authors conducted a descriptive study to develop such a definition. Among the aspects of the definition qualitatively identified were making informed, unselfish decisions in the child's best interest, remaining at the child's side, showing the child that he is cherished, teaching the child to make good decisions, advocating for the child with the staff, and promoting the child's health. They also identified 15 clinician strategies that help parents be a part of making these decisions on behalf of a child with advanced cancer. <http://jco.ascopubs.org/cgi/content/abstract/27/35/5979>

Of related interest:

- *PEDIATRICS*, 2009;124(6):e1142-e1148. **'Attitudes of adolescent cancer survivors toward end-of-life decisions for minors.'** This study investigate the attitudes of adolescent cancer survivors toward end-of-life decisions with life-shortening effects, including non-treatment decisions, intensified alleviation of pain and symptoms, and euthanasia ...and, the influence of illness experience on these attitudes. <http://pediatrics.aappublications.org/cgi/content/abstract/124/6/e1142>

Support needs of informal hospice caregivers: A qualitative study

JOURNAL OF PALLIATIVE MEDICINE, 2009;12(12):1101-1104. Informal caregivers of hospice patients experience multiple stressors that can negatively impact physical, psychological, and emotional health. The goal of this qualitative study was to understand caregivers' needs to inform the feasibility, structure, and content of a telephone-based counseling intervention. Based on these qualitative findings, the authors are pilot-testing a telephone-based cognitive-behavioral stress management program for informal caregivers of hospice patients. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0178>

Culture of death denial: Relevant or rhetoric in medical education?

JOURNAL OF PALLIATIVE MEDICINE, 2009;12(12):1105-1108 (Editorial). We are living in a death-defying culture; we fear death, and we avoid it at all cost, a viewpoint sanctioned by innumerable writings and discussions in popular Western culture. Indeed, writers of social science literature have propagated this position. The existence, and detrimental impact, of societal death denial and fear prevails in the clinical medical literature, and death denial is offered as a contributing component to a difficult death. While physicians and other health professionals are situated in the unique position of repeated exposure to death and dying, they are instilled with the concept that death is to be avoided at all cost. Trained to further entrench death as failure, physicians must struggle with their own conceptualization of the meaning of death. Most medical curricula do not address these issues, nor do they acknowledge the existence of this struggle. Physicians in training are left to face the beast single-handedly and to bargain with their inner demons and society to find a space where they can be comfortable in the conversations and presence of death. When reactions to death and subsequent behaviours of physicians are poorly managed, they adversely affect both their own sense of well being and their management of dying patients. We must address the struggle of physicians in training as they approach death and dying, and how the culture of death denial impacts on their reactions and behaviors. We must offer an alternative to the death-denying discourse of today's Western society and some hope for the cultivation of a culture of death acceptance in the medical field and in medical education. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.0234>

Compassionate silence in the patient–clinician encounter: A contemplative approach

JOURNAL OF PALLIATIVE MEDICINE, 2009;12(12):1113-1117. In trying to improve clinician communication skills, we have often heard clinicians at every level admonished to "use silence," as if refraining from talking will improve dialogue. Yet we have also noticed that this "just do it," behavior-focused "use" of silence creates a new, different problem: the clinician looks uncomfortable using silence, and worse, generates a palpable atmosphere of unease that feels burdensome to both the patient and clinician. The authors think that clinicians are largely responsible for the effect of silence in a clinical encounter, and in this article they discuss what makes silence enriching – enabling a kind of communication between clinician and patient that fosters healing. They describe a typology of silences, and describe a type of compassionate silence, derived from contemplative practice, along with the mental qualities that make this type of silence possible. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.0175>

- *JOURNAL OF PALLIATIVE MEDICINE* (Editorial), 2009;12(12):1085. **'The good news about bad news and oncologists.'** An essential skill for oncologists is to formulate and communicate the diagnosis and prognosis of cancer to patients and families in a way that is therapeutic. Over the past 40 years of the development of the field of hospice and palliative medicine, it has been a source of considerable distress that this was not a formal part of oncologist training. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9928>

Inviting the absent members: examining how caregivers' participation affects hospice team communication

PALLIATIVE MEDICINE | Online article – 10 December 2009 – Analysis found that team meetings with participating caregivers had better team outcomes, with more patient-centered goals, increased discussion of bio-psychosocial problems, and the development of interdisciplinary care plans occurring more often than in the traditional hospice team meetings. <http://pmj.sagepub.com/cgi/content/abstract/0269216309352066v1>

Forum on the End of Life in Ireland

Dying, death and bereavement

STUDIES, 2009;98(392):729. Death itself cannot be discussed freely in contemporary Western society. Our ancestors were far more comfortable with the idea of death: both the event itself and its rituals. Nowadays, we have a lot of euphemisms to describe death: "passed on," "passed away" or, simply, "passed." All of these are ways of not saying the obvious: that a person has died. Modern longevity has increased the tendency to avoid talking about death. Youth has become such an unquestioned value that the wisdom of age is largely discounted. The greatest compliment is to be told that "you don't look your age," so it is hardly surprising that there is a vast industry devoted to helping us look younger than our biological age. It is not surprising that many of us are so uncomfortable with our mortality that we cannot make a will. Older people, therefore, are to be avoided, not least because their decline, which brings increasing dependence on others, is an unwelcome reminder of our own future. It is, therefore, impossible for our society to look steadily at death. This is an aspect of our broader disengagement from illness and from death: we do not have time and we do not wish to be disturbed. We prefer it when the chronically ill and the dying are kept out of sight. We have an unspoken assumption that all illness can be cured, and medical dramas on television give us nightly reassurance about the almost limitless powers of modern medicine. <http://www.studiesirishreview.ie/j/page729>

N.B. The issue of *Studies*, published in association with the Irish Hospice Foundation, includes papers from 'The Forum on the End of Life in Ireland.' Contents page: <http://www.studiesirishreview.ie/j/page77>

Worth Repeating

Not always a happy ending: The complexities of the doctor-patient relationship in end-of life care

JOURNAL OF PALLIATIVE MEDICINE, 2004;7(1):77-78. On reflection, I have learned the importance of advocating for children, even if the outcome is not what you had hoped for. I found that I needed to devise new ways to reach closure with Keosha's death. I was not able to do it through my usual mechanisms of comforting the mother, attending the funeral, or arranging a follow-up visit. I realize now that those gestures, which I had always thought were helpful to the parents, also helped to comfort me. With Keosha [a pediatric patient], I reached closure by having personal contact with her after her death, writing the letter to her mother and writing this article now, two years later. My hope is that my experience may support other health care professionals who struggle through difficult experiences that do not always result in a "happy ending."
<http://www.liebertonline.com/doi/pdf/10.1089/109662104322737304>

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.

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