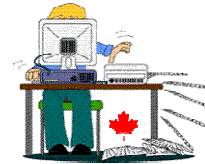


Media Watch...

is distributed weekly to my colleagues who are active or have a special interest in **hospice, palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

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Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Interprofessional approach to care: Scroll down to [Specialist Publications](#) and 'Physicians pressed to play nice' published in the *Canadian Medical Association Journal* (p.6).

Canada

Family criticizes attempted revival of dead relative

MANITOBA | CBC News – 21 January 2010 – A Winnipeg woman is speaking out after paramedics attempted to revive her mother when it was clear the terminally ill woman was dead. Teresa Scott's mother, Darlene, died at home last summer while out on a day pass from being treated for cancer at the St. Boniface Hospital. Scott said she approached the hospital for help and was told by a nurse to call 911 and tell the operator her mother had died. However, when paramedics arrived at her home more than an hour after Darlene died, Scott said they put tubes down the woman's throat and an intravenous drip in her arm in an effort to revive her. Paramedics were forced to attempt to revive Darlene because she did not obtain a do not resuscitate order issued by her doctor. If they had not tried, they could have faced sanctions or even have been fired. <http://www.cbc.ca/canada/manitoba/story/2010/01/21/man-dead-woman-paramedics-revival.html>

Fighting for palliative care again

ONTARIO | *The Star* (Sault Ste. Marie) – 19 January 2010 – **Letter:** My late husband ... died of bone cancer almost 15 years ago in Sault Ste. Marie. Then, I fought the closure of a relatively new Palliative Care Unit, to get him admitted to that unit, and after his death successfully fought to keep it open. Now, here I am fighting again only in a different city. My mother ... was diagnosed with multiple myeloma in September 2009. She was brought to St. Catharines General Hospital emergency as she could no longer walk or stand. I drove from Sault Ste. Marie to be with my mother. When I arrived ... she was still in emergency and had to persuade the ER doctor to admit her. He did so ... to the Palliative Care Unit. Her pain had increased. The palliative care doctor worked on getting her pain somewhat under control. The family was informed that she had days, possibly weeks, left to live. She required constant care. The rest of the family ... is readily accessible to her: able to be at the hospital at a moment's notice, able to come and support their mother, grandmother, sister without having to go out of the city to do so. I arrived at the hospital ... to sit with my mom. Approximately 1 p.m. the charge nurse informed me a transfer was put in motion to move my mother to the Douglas Memorial site in Fort Erie. She was transferred within an hour, without any prior consultation with the palliative care doctor. Neither I nor my family was given any consideration in this process. <http://www.saultstar.com/ArticleDisplay.aspx?e=2267479>

U.S.A.

Good grief

THE NEW YORKER | Online article – 1 February 2010 – Perhaps the stage theory of grief caught on so quickly because it made loss sound controllable. The trouble is that it turns out largely to be a fiction, based more on anecdotal observation than empirical evidence. Though Kübler-Ross captured the range of emotions that mourners experience, new research suggests that grief and mourning don't follow a checklist; they're complicated and untidy processes, less like a progression of stages and more like an ongoing process – sometimes one that never fully ends. Perhaps the most enduring psychiatric idea about grief, for instance, is the idea that people need to "let go" in order to move on; yet studies have shown that some mourners hold on to a relationship with the deceased with no notable ill effects. (In China, mourners regularly speak to dead ancestors, and one study has shown that the bereaved there suffer less long-term distress than bereaved Americans do.) At the end of her life, Kübler-Ross herself recognized how far astray our understanding of grief had gone. In *On Grief and Grieving*, she insisted that the stages were "never meant to help tuck messy emotions into neat packages." If her injunction went unheeded, perhaps it is because the messiness of grief is what makes us uncomfortable. http://www.newyorker.com/arts/critics/atlarge/2010/02/01/100201crat_atlarge_orourke

Choices at the end of life

CALIFORNIA | *Los Angeles Times* – 22 January 2010 – Every year, billions of dollars are spent in the U.S. to treat terminally ill patients during their final year of life. Tests, procedures and hospitalizations do little to prolong or improve the quality of that life, research suggests, and in fact may make the final days of terminal illness more emotionally upsetting for patients and their families. The Centers for Medicare & Medicaid Services estimate that 5% of the beneficiaries who die each year take up 30% of the \$446-billion annual Medicare budget. About 80% of that money is spent during the final month, on mechanical ventilators, resuscitation and other aggressive life-sustaining care. Often, the aggressive steps taken to save someone's life are futile. A 2009 study published in the *New England Journal of Medicine* found that just 18% of adults older than 65 who received cardiopulmonary resuscitation in the hospital survived the procedure long enough to be discharged.¹ In addition, researchers found the procedure in some cases prolonged patients' suffering. "People may think that the more money spent on their healthcare, the better care and quality of life purchased. At the end of life, it doesn't work that way," says Holly G. Prigerson, director of the Center for Psycho-oncology & Palliative Care Research at the Dana-Farber Cancer Institute at Harvard Medical School. <http://www.latimes.com/features/health/la-he-end-of-life-costs25-2010jan25,0,6316828.story>

1. *NEW ENGLAND JOURNAL OF MEDICINE*, 2009;361(1)22-31. **'Epidemiologic study of in-hospital cardiopulmonary resuscitation in the elderly.'** The authors examined temporal trends in the incidence of CPR and the rate of survival after CPR, as well as patient- and hospital-level predictors of survival to discharge (and) identified 433,985 patients who underwent in-hospital CPR; 18.3% of these patients survived to discharge. <http://content.nejm.org/cgi/content/abstract/361/1/22>

N.B. The newspaper article also cites **'Health care costs in the last week of life: associations with end-of-life conversations,'** *Archives of Internal Medicine*, 2009;169(5):480-488. <http://archinte.amaassn.org/cgi/content/abstract/169/5/480>

Specialist Publications

Of particular interest:

'Bereavement needs assessment in specialist palliative care.' Scroll down to p.9 for a literature review published in *Palliative Medicine*.

'Bridging troubled waters: Family caregivers, transitions and long-term care.' Scroll down to p.7 for an article published in *Health Affairs*.

Hospice behind bars

LOUISIANA | *The Morning News* – 21 January 2010 – At a Louisiana prison best known for controversial rodeos and keeping the Angola 3 – Robert Hillary King, Albert Woodfox, and Herman Wallace – in solitary confinement for more than 29 years, there's a glimmer of hope and humanity: a hospice where inmate volunteers provide end-of-life care for dying prisoners. Over three years, Lori Waselchuk photographed the hospice at Angola prison; this work is now part of the traveling exhibit 'Grace Before Dying,' scheduled to show in most Louisiana correctional facilities this year. http://www.themorningnews.org/archives/galleries/hospice_behind_bars/

Of related interest:

- CALIFORNIA | KPBS TV – 21 January 2010 – '**Turning a lens on aging and sick in California prisons.**' As part of special coverage of life in California prisons, KPBS sent a team of journalists to the California Medical Facility at Vacaville. Producer Angela Carone went along to photograph life in the state's largest prison hospital. <http://www.kpbs.org/news/2010/jan/21/turning-lens-aging-and-sick-california-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. Media Watch is posted on the *Prison Terminal* website: <http://www.prisonterminal.com/news%20media%20watch.html>

Physician perspective

Offering care for the caregiver

NEW YORK TIMES | Online OpEd – 21 January 2010 – For all our assertions about the importance of caring in what we do, doctors as a profession have been slow to recognize family members and loved ones who care for patients at home. These "family caregivers" do work that is complex, physically challenging and critical to a patient's overall well-being, like dressing wounds, dispensing medication, and feeding, bathing and dressing those who can no longer do so themselves. Many of these caregiving tasks were once the purview of doctors and nurses, a central component of the "caring professions." But over the past century, as these duties increasingly fell to individuals with little or no training, doctors and even some nurses began to confer less importance, and status, to the work of caregiving. It comes as no surprise, then, that physicians now rarely, if ever, learn about what a family caregiver or health care aide must do unless they are faced with caring for their own loved ones. In other words, for the 37 million people attending to the health care needs of a relative, partner, friend or neighbor, our best care goes only so far. We doctors don't know or aren't always fully aware of what it takes to care for a patient after we leave the room. <http://www.nytimes.com/2010/01/22/health/21chen.html>

New Jersey natural burials and green funerals

NEW JERSEY | Archdiocese of Newark press release – 19 January 2010 – Maryrest Cemetery, one of ten cemeteries owned by the Archdiocese, has had its first interment in a new section of the cemetery dedicated entirely to natural burials and green funerals. It is believed this is the first Archdiocesan cemetery in the state, perhaps in the country, that has an entire area reserved for the eco-friendly burial consumer. <http://www.prweb.com/releases/2010/01/prweb3456794.htm>

Quotable Quotes

Thinking and talking about death need not be morbid; they may be quite the opposite. Ignorance and fear of death overshadow life, while knowing and accepting death erases this shadow. **Lily Pincus (1898-1981)**

Palliative care needs a positive spin

COLORADO | *Huffington Post* (Denver) – 15 January 2010 – Palliative care has a branding issue. Many people, doctors included, are ill-informed about this essential branch of medicine. As a result, it's rarely discussed, undervalued and underused. The purpose of palliative care is to make patients feel better – by managing pain, emphasizing nutrition and providing assistance in daily life. The goal is not, necessarily, to cure disease, but instead to help people cope with any chronic medical disorder. I think that palliative care matters now more than ever. That's because medical advances have expanded patients' care choices to such a point that health care decisions can overwhelm individuals caught up in the immediacy of an illness. In a specialist-driven system that aims to eradicate disease, sometimes we overlook the simpler need to alleviate patients' discomfort and distress. http://www.huffingtonpost.com/elaine-schattner/palliative-care-needs-a-p_b_423489.html

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- MONTANA | News One Now – 21 January 2010 – '**Legislation challenges assisted suicide.**' The Montana legislature will be dealing with the subject of doctor-assisted suicide next session as one lawmaker has already taken action. <http://www.onenewsnow.com/Politics/Default.aspx?id=861722>

International

Order to pay family carers challenged

NEW ZEALAND | *The Press* – 23 January 2010 – The Government has appealed a decision granting wages to carers of disabled family members, but says it is exploring other ways to help families. The Human Rights Tribunal ruled ... that family members who cared for their severely disabled children should be paid by the government. Non-family caregivers are paid. Health Minister Tony Ryall said the solicitor-general had "strongly advised" him that there were significant legal issues about the decision that needed to be examined. "Supporting family carers is an important issue ..." he said. <http://www.stuff.co.nz/national/3255667/Order-to-pay-family-carers-challenged>

A doctor's call on a patient's right to privacy

IRELAND | *Irish Times* – 18 January 2010 – Carers are set to play an ever increasing role in healthcare. Their value in preventive terms is probably incalculable. As early warning systems, carers ensure early intervention in acute illness. They prevent medical errors and help communicate with a myriad health professionals. The American College of Physicians published a position paper about the ethical challenges involved in collaborating with patients and caregivers.¹ It outlines four primary principles ... respect for the patient's dignity, rights and values should guide all patient- physician-caregiver interactions; effective communication and physician accessibility are fundamental to supporting the patient and family caregiver; the physician should recognise the value of family caregivers as a source of continuity regarding the patient's medical and psychosocial history; and, when the caregiver is a healthcare professional, the physician should draw appropriate boundaries to ensure the caregiver is not expected to function in a professional capacity and that he or she receives appropriate support, referrals, and services. <http://www.irishtimes.com/newspaper/health/2010/0119/1224262627644.html>

1. *JOURNAL OF GENERAL INTERNAL MEDICINE* | Online article – 9 January 2010 – '**Family caregivers, patients and physicians: Ethical guidance to optimize relationships.**' <http://www.springerlink.com/content/d7427r3717110213/?p=8937acb9410647a28dfb717b29a9c815&pi=0> [Listed in Media Watch dated 18 January 2010 (p.7)]

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *Daily Telegraph* – 23 January 2010 – **'Britons travelling to Dignitas-style clinics to commit suicide face new £30,000 death tax.'** To end so-called 'death tourism,' right-wing Swiss politicians have launched an initiative that would make it extremely costly for foreigners to end their life in clinics. <http://www.telegraph.co.uk/news/newstopics/politics/lawandorder/7052696/Britons-travelling-to-Dignitas-style-clinics-to-commit-suicide-face-new-30000-death-tax.html>
- U.K. | *Daily Telegraph* – 20 January 2010 – **'Royal College of Physicians warns that proposed guidance could 'open door' to doctor-assisted suicide.'** In a strongly-worded submission to the Crown Prosecution Service, England's oldest medical institution says that any clinician suspected of helping someone die should be investigated by police. It also warns that the draft clarification of the Suicide Act will mean doctors are "coerced" into speculating on how long a patient has to live, so that their loved ones are able to escape prosecution for assisted suicide by claiming they were terminally ill. <http://www.telegraph.co.uk/news/newstopics/politics/lawandorder/7029204/Royal-College-of-Physicians-warns-that-proposed-guidance-could-open-door-to-doctor-assisted-suicide.html>
- U.K. (SCOTLAND) | STV TV – 20 January 2010 – **'MSPs to "vote with conscience" on assisted suicide proposals.'** MSP [Member of Scottish Parliament] Margo MacDonald will formally launch her End of Life Care Bill at Holyrood [Scottish parliament]. <http://news.stv.tv/scotland/151928-msps-to-vote-with-conscience-on-assisted-suicide-proposals/>
- U.K. (SCOTLAND) | *Edinburgh Journal* – 20 January 2010 – **'Assisted suicide bill faces fierce opposition.'** Margo MacDonald MSP's controversial 'End of Life Choices Bill' is likely to face fierce opposition when it is debated in parliament this month. <http://www.journal-online.co.uk/article/6233-assisted-suicide-bill-faces-fierce-opposition>
- U.K. (SCOTLAND) | *Edinburgh Journal* – 20 January 2010 – **'Dignity is not the same as choice.'** Margo MacDonald's assisted suicide legislation before the Scottish Parliament asks the wrong questions at the wrong time. <http://www.journal-online.co.uk/article/6249-dignity-is-not-the-same-as-choice>

Specialist Publications

Of particular interest:

'New end of life assistance bill in Scottish parliament.' Scroll down to p.8 for an article on the position of the Scottish Council on Human Bioethics with regard the proposed 'End of Life Choices Bill,' published in *Medical News Today*.

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

Life-support interventions at the end of life: Unintended consequences

AMERICAN JOURNAL OF NURSING, 2010;10(1):32-39. Patients and family members often aren't aware that the use of life-support interventions at the end of life – when the body's systems and organs are failing – can have unintended consequences. Nurses need to be knowledgeable and able to communicate what they know about those consequences to patients, family members and others on the health care team, leading to better decision making at this difficult time.

http://journals.lww.com/ajnonline/Fulltext/2010/01000/Life_Support_Interventions_at_the_End_of_Life_.26.aspx

Changing emphasis in end-of-life care

BRITISH JOURNAL OF HOSPITAL MEDICINE, 2010;71(1):6-7. This month's issue ... [focuses] on palliative medicine without any sections relating directly to cancer. The need for the adoption of the palliative care approach beyond the confines of oncology has long been recognized. Four years before the opening of the first modern hospice at St Christopher's in Sydenham, John Hinton (1963) demonstrated that the morbidity of patients with non-malignant conditions was as great or greater than those with cancer (National Council for Palliative Care, 2007). Contents page: http://www.bjhm.co.uk/cgi-bin/go.pl/library/contents.html?uid=2925;journal_uid=8

N.B. Topics include palliative care in patients with heart failure, respiratory disease, neurone disease, Parkinson's disease, dementia, and learning disabilities. There is an article on paediatric palliative care.

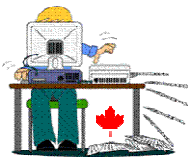
Interprofessional approach to care

Physicians pressed to play nice

CANADIAN MEDICAL ASSOCIATION JOURNAL | Online report – 22 January 2010 – Canadian public health officials and provincial medical associations at a summit on primary health care ... faced sustained criticism for failing to more widely implement collaborative approaches to primary health care delivery. "Public health has become overly-specialized and removed from primary care," Vivek Goel, president and CEO of the Ontario Agency for Health Protection & Promotion told the Canadian Institutes of Health Research Primary Care Summit. "What we now really want to get to are primary health care teams working with communities." Noting that well-established team-based approaches to primary health care ... were built in the face of "fighting all the way" from government health authorities, Goel said Canada suffers from "too many pilot projects" experimenting with team-based approaches and not enough commitment to permanently integrate them into provincial health systems. Even in Ontario's Chronic Disease Prevention & Management Framework – which was aimed at delivering health care through teams comprised of doctors, pharmacists, psychologists, nurses and other health workers – the primacy of physicians "is still over-emphasized," Goel added. <http://www.cmaj.ca/earlyreleases/22jan10-physicians-pressed-to-play-nice.dtl>

End-of-life care pathways for improving outcomes in caring for the dying

COCHRANE REVIEWS | Online article – 20 January 2010 – End-of-life pathways are used for people who are in the last days of their life to guide care, aid decision making and provide efficient care. This review examined whether using end-of-life care pathways in caring for the dying was effective. No studies meeting the inclusion criteria were found that used an end-of-life care pathway in caring for the dying. Therefore, there is insufficient data at present to make recommendations regarding the use of such end-of-life care pathways for the dying. <http://www.cochrane.org/reviews/en/ab008006.html>



N.B. The author's literature search identified 920 potentially relevant titles, but no studies met the author's criteria for inclusion in the review.

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.

Music therapy for end-of-life care

COCHRANE REVIEWS | Online article – 20 January 2010 – Music therapy is increasingly used in end-of-life care, with a growing number of music therapists being employed in hospices and hospital-based palliative care programs each year. Music therapy in end-of-life care aims to improve a person's quality of life by helping relieve symptoms, addressing psychological needs, offering support and comfort, facilitating communication, and meeting spiritual needs. In addition, music therapists assist family and caregivers with coping, communication, and grief/bereavement. Music therapy requires the implementation of a music intervention by a trained music therapist, the presence of a therapeutic process, and the use of personally tailored music experiences. These music experiences may include listening to live, therapist-composed, improvised, or pre-recorded music, performing music on an instrument, improvising music spontaneously using voice or instruments, composing music, and music combined with other modalities (e.g., movement, imagery, art). Results indicate that music therapy may have a beneficial effect on the quality of life of people in end-of-life care. However, the results stem from a limited number of studies and the quality of the evidence is not strong. More research is needed.

<http://www.cochrane.org/reviews/en/ab007169.html>

Bridging troubled waters: Family caregivers, transitions and long-term care

HEALTH AFFAIRS, 2010;29(1):116-124. Families are the bedrock of long-term care, but policymakers have traditionally considered them "informal" caregivers, as they are not part of the formal paid caregiving workforce. As chronic and long-term care systems have become more complex and as more demanding tasks have been shifted to families, this view is no longer sustainable. The care transition process offers a critical opportunity to treat family caregivers as important care partners. Enhancing their involvement, training, and support will contribute to reducing unnecessary re-hospitalizations and improving patient outcomes. The contributions and experiences of family caregivers should be considered in gathering information to shape policies and practice; training health care professionals; developing programs; and, reforming financing.

<http://content.healthaffairs.org/cgi/content/abstract/29/1/116>

Using the values-based history to fine-tune advance care planning for oncology patients

JOURNAL OF CANCER EDUCATION | Online article – 16 January 2010 – One approach to discussing advanced care planning involves the use of a values history. The values history focuses on questions related to overall health, personal relationships, and independence, as well as symptoms ... [and] facilitates communication with the patient and allows the patient to express their view. This approach ... is less threatening to patients and does not force the patient into thinking that they need the right answer. Values-based directives are less intrusive on a doctor's skill in making appropriate clinical decisions. They ask questions that require no technical skill and are easily done by other members of the health-care team. Compared to ... medicalized advance directives, values histories are less subject to the objections of not being clearly established at the time of their writing, or applicable in the circumstances that subsequently arise as in this case. They can help to validate preferences about treatment and ... indicate appropriate courses of action that were not, or could not, be covered by traditional advance directives alone.

http://www.ncbi.nlm.nih.gov/pubmed/20082179?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2

Of related interest:

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2010;303(3):269-270. **'Garnering support for advance care planning.'** The recent transfiguration in the popular press of a proposal to provide Medicare reimbursement to physicians for advance care planning (ACP) into the creation of "death panels," which would decide the fates of older and disabled individuals, can be seen as more than a political maneuver to discredit health care reform efforts. It provides valuable insights into how the notion of ACP is perceived by the general public and a lesson for the medical community about how to promote ACP. <http://jama.ama-assn.org/cgi/content/extract/303/3/269>

The therapeutic effect of good humour in palliative care

JOURNAL OF MEDICINE & MOVIES | Online article – Accessed 24 January 2010 – Facing a serious issue with humour does not necessarily mean "lightly," such that humour can be used as a therapeutic tool and to treat the stress of individuals facing such circumstances. The holistic care ... for terminal patients includes, where possible and indicated, the courteous and spontaneous use of a sense of humour, because the end of life is also a useful time to share moments of laughter and fun as another way of improving the quality of life of such patients and their families. The authors review the possibilities of laughter and humour as co-adjuvants to improve the wellbeing of patients and some guidelines for their use in terminal patients. <http://revistamedicinacine.usal.es/index.php/en/vol5/num1/originals/257>

New end of life assistance bill in Scottish parliament

MEDICAL NEWS TODAY | Online article – 24 January 2010 – The Scottish Council on Human Bioethics (SCHB) indicated that it was very concerned about the consequences this Bill may have on vulnerable individuals and society. The SCHB recognises that crossing the boundary between acknowledging that death is inevitable and taking active steps to bring about death, changes fundamentally the role of the physician, changes the doctor-patient relationship, and changes the role of medicine in society. In this regard ... "Assisted suicide is unnecessary since physical suffering can now be adequately alleviated in all but the rarest cases by appropriate palliative care. And even in the very exceptional cases where physical suffering does not fully respond to treatment there is the possibility of using artificial transient or (very occasionally) total permanent sedation in patients to keep them asleep in order to address physical and/or mental distress." <http://www.medicalnewstoday.com/articles/176894.php>

Terminal care and the value of life near its end

[U.S.] NATIONAL BUREAU OF ECONOMIC RESEARCH | Online article – 18 January 2010 – Medical care at the end of life ... often encounters scepticism from payers and policy makers who question its high cost and often minimal health benefits. However, though many observers have claimed that such spending is often irrational and wasteful, little explicit analysis exists on the incentives that determine end of life health care spending. This paper attempts to provide the first rational and systematic analysis of the incentives behind end of life care. The main argument the authors make is that existing theoretical and empirical analysis of the value of life do not apply, and often under-values, the value of life near its end and terminal care. They argue that several factors drive up the value of life near its end including the low opportunity cost of medical spending near ones death, the value of hope including living into new innovations, and the potential positive effect of on the value of life from being frail. <http://www.nber.org/papers/w15649>

Systematic review of measures

The quality of dying and death

PALLIATIVE MEDICINE | Online article – 19 January 2010 – Papers that described a quality of dying and death measure or that aimed to measure the quality of dying and death were selected for review. The evaluation criteria included a description of the measure development, the provision of a definition of quality of dying and death, an empirical basis for the measure, the incorporation of multiple domains and the subjective nature of the quality of dying and death construct, and responsiveness to change. Eighteen measures met the selection criteria. Six were published with some description of the development process and 12 were developed *ad hoc*. Less than half were based on an explicit definition of quality of dying and death and even fewer relied on a conceptual model that incorporated multidimensionality and subjective determination. The specified duration of the dying and death phase ranged from the last months to hours of life. Further research is required to understand the factors influencing the ratings of the quality of dying and death. <http://pmj.sagepub.com/cgi/content/abstract/0269216309351783v1>

Literature review

Bereavement needs assessment in specialist palliative care

PALLIATIVE MEDICINE, 2010;24(1):46-59. Bereavement needs assessment for specialist palliative care services has been highlighted as important by NICE [National Institute for Clinical Excellence] guidance on palliative care for adults with cancer. This paper identifies and reviews bereavement measurement tools to determine their suitability for use within bereavement services and hospice settings. Some tools had been tested on specific populations which limited transferability to specialist palliative care settings; some lacked adequate theoretical links and were not effective in discriminating between normal and complicated grief reactions; and some lacked clear evidence of validity or reliability. Conclusions are drawn about the suitability of particular tools for ... bereavement services and hospice settings where intervention is delivered by both trained professionals and volunteers. <http://pmj.sagepub.com/cgi/content/abstract/24/1/46>

U.K. National End of Life Care Strategy

What progress has been made towards implementing national guidance on end of life care?

PALLIATIVE MEDICINE, 2010;24(1):68-78. The objectives of this study were to establish the extent to which U.K. primary care has adopted recommended practices on supportive and palliative care of adults with cancer, and to relate this to participation in national initiatives. The authors conducted a cross-sectional postal questionnaire survey of a random sample of U.K. general practices. In total, 60.0% of practices responded to the survey: 61.5% reported involvement with the Gold Standards Framework; 24.4% with the Liverpool or other End of Life Care Pathway; 12.3%, with the Preferred Place of Care initiative; and 8.4% with Advance Care Planning. Findings of the study appear to support the role of national initiatives in improving the quality of end-of-life care delivery in general practice. A population-based study would be required to assess the effect of end of life care on clinical outcomes and patient or carer experience. <http://pmj.sagepub.com/cgi/content/abstract/24/1/68>

Of related interest:

- [U.K.] ROYAL COLLEGE OF NURSING | Online posting – January 2010 – **'End of life care road show.'** The Palliative, Complementary Therapies & Pain Forum has developed a series of road shows to engage with nurses working at a local level to help them understand the end of life care strategy. http://www.rcn.org.uk/newsevents/event_details/rcn_events/end_of_life_care_road_show_-_exeter
- U.K. DEPARTMENT OF HEALTH | Online posting – 21 January 2010 – **'E-learning for end-of-life care launched.'** End of Life Care for All is an e-learning project, commissioned by the Department of Health and delivered by e-Learning for Healthcare in partnership with the Association for Palliative Medicine of Great Britain & Ireland to support the implementation of the Department of Health's national End of Life Care Strategy. <http://www.e-lfh.org.uk/projects/e-elca/index.html>

Health care in a multicultural society

Dimensions of trust: The tensions and challenges in provider-interpreter trust

QUALITATIVE HEALTH RESEARCH, 2010;20(2):170-181. In this study, the authors examined the challenges to providers' and interpreters' collaboration in bilingual health care. The authors identify four dimensions of trust, theoretical constructs that can strengthen or compromise provider-interpreter trust: interpreter competence, shared goals, professional boundaries, and established patterns of collaboration. In this article they describe how these dimensions highlight tensions and challenges that are unique in provider-interpreter relationships. The authors conclude with practical guidelines ... and, propose future research directions in bilingual health care. <http://qhr.sagepub.com/cgi/content/abstract/20/2/170>

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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1. Links are checked and confirmed as active before each edition of Media Watch is distributed.
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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.

Media Watch Online

The weekly report can be accessed at several websites, among them:

Canada

Ontario | Hamilton Niagara
Haldimand Brant Hospice
Palliative Care Network:
<http://www.hnhbhpc.net/Resources/UsefulLinks/MediaWatch/tabid/97/Default.aspx>

Ontario | HPC Consultation
Services:
<http://www.hpcconnection.ca/newsletter/inthenews.html>

U.S.A.

Prison Terminal:
<http://www.prisonterminal.com/news%20media%20watch.html>

International

Palliative Care Network:
<http://www.pcn-e.com/community/>

Barry R. Ashpole
Beamsville, Ontario CANADA

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