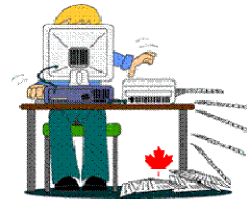
Media Watch... is distributed weekly to my colleagues who are active or have a special interest in **hospice**, **palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

8 March 2010 Edition | Issue #139



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Loss and separation: 'Bereavement in very old age: Impact on health and relationships of the loss of a spouse, a child, a sibling, or a close friend.' Scroll down to Specialist Publications for the findings of a Swiss study published in the *Journal of Death & Dying* (p.10).

Canada

The dying process isn't black and white

ONTARIO | *Kingston Whig Standard* (Letter) – 6 March 2010 – Gerald Walton Paul recommends poor dying souls choose what he calls the more "courageous act" – to stop lingering and graciously accept the inevitable by dying "peacefully with dignity."[1] It's a good thing Paul wasn't at my father's side for his final six months with terminal cancer. Dad did not die peacefully or quickly. His death was slow and painful. But the countless family and friends who stood by his side in his final days would also say his battle was courageous and dignified. Grieving his loss now, I am grateful for these last weeks when Dad lingered and together we remembered, cried, laughed and even planned his funeral. By his very choice to hang on (assuming it was even a choice), Dad helped those who loved him most prepare for life without him. What could be more gracious or courageous than that? Within days of Dad's death … our family lost a second loved one, also to cancer, but also with little warning. In the face of her terminal illness, Sybil let go. In so doing, her death was no less courageous than my father's. Death isn't black and white. Some people let go. Others hang on. Others still battle for a time and then die peacefully or with a roar. To say one path alone is the high road is narrow-minded and hurtful. How dare Paul presume to know the better way to die? http://www.thewhig.com/ArticleDisplay.aspx?e=2479725

1. *Kingston Whig Standard* (OpEd) – 27 February 2010 – **'Terminal illness: hanging on or letting go?'** http://www.thewhig.com/ArticleDisplay.aspx?e=2469554

   N.B. Noted in Media Watch dated 1 March 2010.

Quotable Quotes

No everything that matters can be counted. Not everything than can be counted matters.
Albert Einstein (1879-1955)

How far would parents go to ease their dying child's pain?

GLOBE & MAIL | Online article – 5 March 2010 – For parents, witnessing the death of their own child is one of the worst imaginable nightmares. And the experience is undoubtedly made worse if the child has a long and painful death. But how far would parents go to ease their child's suffering? A new … U.S. study suggests that a sizable number of parents would contemplate measures to hasten the child's death.[1] http://www.theglobeandmail.com/life/health/how-far-would-parents-go-to-ease-their-dying-childs-pain/article1490889/

1. Scroll down to **Specialist Publications** and **'Considerations about hastening death among parents of children who die of cancer'** for a link to the study published in *Archives of Paediatrics & Adolescent Medicine* (p.8).

Impending loss of important Alberta health ethics resource

ALBERTA | Provincial Health Ethics Network (PHEN) press release – 4 March 2010 – PHEN, a world-renowned organization, is facing a loss of all operational funding. Over its 14-year history, PHEN has produced high-quality health ethics resources and support for Alberta health care providers, policy-makers, ethics committees and the public. It is regarded as a leader in the field and a model for similar organizations developed across Canada. PHEN provides health ethics education, consultation and committee support throughout the province. It also develops accessible yet comprehensive resources for health care providers and the public, addressing a range of difficult questions from how to allocate resources to how to think about end-of-life issues. http://www.newswire.ca/en/releases/archive/March2010/04/c7126.html

Access to end of life care

Another take on the palliative care unit

ONTARIO | *Northumberland Today* (Letter) – 2 March 2010 – The sad reality is that hospital boards must operate within the fiscal realities placed upon them by the provincial government. Government funding is not keeping up with inflation and wage increases. This places the [Northumberland Hills] hospital in a no-win situation. One doesn't need a special unit to provide quality end-of-life care. A hospital unit is merely bricks and mortar. It's the people in the place that make it what it is. http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=2473498

- ONTARIO | *Northumberland Today* – 5 March 2010 – **'Palliative care spared.'** The hospital's palliative care unit is safe. http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=2478294

New index quantifies risk of readmission or death after hospital discharge

CANADIAN PRESS | Newswire report – 1 March 2010 – Canadian researchers have developed a new index to score patients being discharged from hospital on their risk of dying or being re-admitted in the next 30 days. If someone scores high on the ... index, then it could be a signal to physicians and others providing care that the patient will need extra attention in the days to come. http://www.winnipegfreepress.com/canada/breakingnews/new-index-quantifies-risk-of-readmission-or-death-after-hospital-discharge-85825392.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/

The green final frontier: Eco-burial

CTV NEWS | Online report – 1 March 2010 – Going green has become a cradle-to-grave passion for many Canadians. But perhaps the hardest time to adopt environmentally friendly practices has been at the end of life itself, though some in the funeral and burial business are trying to catch up. Traditional funerals and burials are anything but environmentally friendly. A typical cemetery buries 4,500 litres of formaldehyde-based embalming fluid, 97 tonnes of steel, 2,000 tonnes of concrete and 56,000 board feet of tropical hardwood in every acre of space. Add to that the tonnes of cut flowers and carbon emissions from mourners' vehicles. If you think cremation reduces your carbon footprint, think again: it's estimated a single cremation uses 92 cubic metres of natural gas – enough to supply the average Canadian home for 12.5 days – and releases 0.8 to 5.9 grams of mercury. http://www.ctv.ca/generic/generated/static/business/article1485643.html

U.S.A.

Health care reform

Bunny's last days: When living will isn't enough

KAISER HEALTH NEWS | Online article – 5 March 2010 – Over the summer, the end-of-life issue touched off a political firestorm over the health care reform... The Democratic provisions included allowing Medicare to pay for periodic end-of-life counseling, but former Republican Govenor Sarah Palin of Alaska said the legislation would lead to "death panels." Some critics remain concerned that legislation that requirement reimbursement for palliative care could nudge people toward discontinuing aggressive medical care. "I would want to make sure that legislation would not tilt the decision-making," says Dennis Smith, senior fellow in health care reform at the Heritage Foundation. Any end-of-life decision, he says, must rest with patients, their families, their doctors and their spiritual advisers with no outside pressure. Supporters argue that palliative care strives to get patients and their families talking about their own values and wishes, and then carry them out. Studies show the frank discussions that palliative care engenders can ease pain, forestall guilt and increase the chances of a peaceful death. And, significantly, they can save money. http://www.kaiserhealthnews.org/Stories/2010/March/05/When-living-will-isnt-enough.aspx

From Media Watch dated 1 March 2010:

- MSNBC-TV | Countdown – 24 February 2010 – **'An American cry for help.'** Anchor Keith Olbermann shares his personal experience with a real life 'death panel' situation and scorns the unfairness of health insurance in America. http://www.msnbc.msn.com/id/35566903/ns/msnbc_tv-countdown_with_keith_olbermann

What to say when it's time to say goodbye

NEBRASKA | *Journal-Star* – 2 March 2010 – Before her mom died, Kathy Burger Johnson sat down and wrote her a letter. She did the same thing when her grandfather was slipping away in Table Rock and she was living far away in Virginia. Her mom had cancer. More than 20 years earlier, in 1981, her grandfather did, too. And when she sat down to tell him what he meant to her, the memories poured from her pen. "It was a five-page letter ... I just kept writing and writing and writing." Burger Johnson wrote to the newspaper last week. Her stepmom's mom had just died, but her stepmom didn't have a chance to say goodbye. And that was hard. "My stepmom lamented the fact that she didn't make it to her in time and never got to say a final 'I love you' or tell her how much she meant to her over the years." Burger Johnson wanted to know: "Why do people wait?" http://journalstar.com/news/local/article_53f8d364-2598-11df-bb66-001cc4c002e0.html

Study: Parents consider hastening end for dying children

TIME MAGAZINE | Online report – 2 March 2010 – Watching a child suffer from a fatal illness is undoubtedly one of the greatest agonies a parent can face. Less discussed, however, are the lengths to which a parent may be willing to go to end such pain. An intriguing new study led by cancer doctors at the Dana-Farber Cancer Institute in Boston aimed to explore that question through a series of interviews conducted with 141 parents whose children had died of cancer.[1] The study reports that 19 parents said they had thought about asking the doctor to hasten their child's death, and that 13 parents actually discussed it with caregivers. When asked by the study authors, an additional 34% of parents surveyed said in retrospect they would have considered intentionally ending their child's life if the child had been in uncontrollable pain. "The fear of pain is the critical factor for parents with regard to hastening death," says Dr. Joanna Wolfe, one of the study's authors and director of pediatric palliative care at Dana-Farber and Children's Hospital Boston. http://www.time.com/time/health/article/0,8599,1968978,00.html

1. Scroll down to **Specialist Publications** and **'Considerations about hastening death among parents of children who die of cancer'** for a link to the study published in *Archives of Paediatrics & Adolescent Medicine* (p.8).

Of related interest:

- VERMONT | *Burlington Free Press* – 3 March 2010 – **'Open palliative care to children.'** Pediatric diseases often have a more gradual trajectory, and it can be hard to estimate when children with cystic fibrosis or muscular dystrophy are in their last months of life. Moreover, in pediatrics there is a strong presumption toward aggressive treatment. A 90-year-old with cancer may not opt for chemotherapy, but everyone's going to give a 9-year-old with the same condition every chance to live. http://www.burlingtonfreepress.com/article/20100303/OPINION02/3030315/My-Turn-Open-palliative-care-to-children

N.B. Scroll down to **Specialist Publications** and **'Pediatric palliative care: Feedback from the pediatric intensivist community'** for a link to a study published in *American Journal of Hospice & Palliative Medicine* (p.6).

Assisted (or facilitated) death

2009 Summary of Oregon's Death with Dignity Act

OREGON | State Department of Human Services (Public Health Division) Report – 3 March 2010 – In 2009, 95 prescriptions for lethal medications were written under the provisions of the State's Death with Dignity Act. Of these, 53 patients took the medications, 30 died of their underlying illness, and 12 were alive at the end of 2009. Enacted in 1997, the Act allows terminally-ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. Since the law was passed, 460 patients have died from ingesting medications prescribed under the Act. http://oregon.gov/DHS/ph/pas/docs/year12.pdf

Of related interest:

- CONNECTICUT | *Hartford Courant* – 6 March 2010 – **'Should doctors be allowed to help patients fulfill wish to die?'** Two Fairfield County doctors, backed by the national end-of-life care advocacy group Compassion & Choices, have asked the court to interpret a statute that outlaws helping another person commit suicide. http://www.courant.com/health/hc-doctor-assisted-suicide-0306.artmar07,0,5694973.story

- WASHINGTON | *Seattle Times* – 6 March 2010 – **'Why some couldn't die on their own terms.'** A year after Washington's Death with Dignity law went into effect, dozens of people have used it to end their lives. Hard lessons emerged with the stories of those who weren't able to get the lethal medicine. http://seattletimes.nwsource.com/html/localnews/2011277544_deathdignity07m.html

Cont.

- SOUTH DAKOTA | Kota TV News – 5 March 2010 – **'End-of-life issues are more than a political battle.'** Even though end-of-life decisions have become controversial, certain states go as far to offer suicide prescriptions for the elderly or terminally ill, including Oregon, Washington and Montana. http://www.kotatv.com/global/story.asp?s=12093867

- PHYSICIANS FOR COMPASSIONATE CARE EDUCATION FOUNDATION | Press release – 4 March 2010 – **'More conspiracy and control.'** The report is very brief, consisting of a two-page summary report and a 2½ page Table. This is not consistent with the "surveillance" responsibility of the Department of Human Services in Oregon. http://www.pccef.org/pressreleases/press36.htm

- WASHINGTON | State Department of Health Report – 3 March 2010 – **'2009 Death with Dignity Act report.'** Sixty-three prescriptions for a lethal dose of medication were written under the provisions of the State's Death with Dignity Act between 5 March 2009, when the Act was first enacted, and 31 December 2009. http://www.doh.wa.gov/dwda/forms/DWDA_2009.pdf

International

Death need not disorient us

U.K. | *Guardian* (OpEd) – 6 March 2010 –The speed of life in the 21st century creates a momentum that makes us oblivious to death and dying. Now more than ever, death has the power to disorient us. The time has come to "out" death and dying. Over the years we have heard ... about the importance of sustainable communities, but not nearly enough about caring communities. Part of the challenge of caring communities is to bring "dark" subjects such as death into the light, to expunge any sense of taboo so that individuals can consider their wishes while the sun shines rather than be rushed into a decision as the end nears. All lives are worth living. None should feel burdensome. Caring communities ... create a safeguard against a situation in which the weak, the disabled, the ill and the lonely can feel that the world would be better off without them. In practical terms this means that our communities run bereavement support groups and visit the sick. It means we give each other the opportunity and courage to speak about that which we would otherwise avoid, and we value the contribution of experts in palliative and end-of-life care.http://www.guardian.co.uk/commentisfree/belief/2010/mar/06/dying-death-disorient

Dying Matters Awareness Week

15-21 March 2010 the Dying Matters Coalition in England are organising an awareness week as part of its ongoing work to change public knowledge, attitudes and behaviours towards the experiences of death, dying and bereavement.

Dying Matters website: http://www.dyingmatters.org.uk/

Access to end of life care

Fears over future of ward where patients spend their last days

U.K. | *The News* – 3 March 2010 – Staff at Portsmouth's Queen Alexandra Hospital are fighting to save a ward where terminally-ill patients spend their last days. Hospital workers and relatives of patients at the superhospital are furious at plans to close a palliative care ward, used by patients aged over 65 who are nearing the end of their lives. Angry staff and relatives believe the potential move is down to cost-cutting and say closing the ward would be detrimental to patients. http://www.portsmouth.co.uk/newshome/Fears-over-future-of-ward.6118948.jp

Guide on the spiritual care of the dying person

CATHOLIC CHURCH IN ENGLAND & WALES | Press release – February 2010 – A ... draft of a guide on the spiritual care of the dying person has been published by the Bishops' Conference. The aim ... is to provide ... practical pointers ... in the delivery of good spiritual care at the end of life ... [and] includes sections on ethical issues regarding treatment at the end of life, and the use of the Liverpool Care Pathway. It also includes a more reflective exploration of death, and some of the specific issues that arise in delivering care to Catholic patients and those of other faiths. http://www.catholicchurch.org.uk/catholic_church/media_centre/press_releases/press_releases_2010/consultation_guide_on_the_spiritual_care_of_the_dying_person

Of related interest:

- U.S. | *CHRISTIANITY TODAY* – 3 March 2010 – **'The medical hazards of spiritual care.'** New studies are finding that terminal cancer patients do better when doctors and medical staff are spiritually supportive. http://www.christianitytoday.com/ct/2010/marchweb-only/19-31.0.html

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CHINA (HONG KONG) | *The Standard* – 5 March 2010 – **'Euthanasia fears over plan for 'living wills.''** The Elderly Commission has backed a call to let people spell out what health treatment they want before they reach the stage of being unable to make a decision due to illness or incapacity. http://www.thestandard.com.hk/news_detail.asp?pp_cat=11&art_id=95369&sid=27296713&con_type=1

- U.K. (SCOTLAND) | *Scotsman* – 3 March 2010 – **'Call for views over assisted suicide Bill.'** A committee of MSPs [Members of the Scottish Parliament] set up to look at Margo MacDonald's [End of Life Assistance (Scotland)] Bill on assisted dying is to ask for public comments on the proposals. http://news.scotsman.com/politics/Call-for-views-over-assisted.6118614.jp

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

Pediatric palliative care: Feedback from the pediatric intensivist community

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article – 2 March 2010 – With the emergence of a more formalized field of pediatric palliative care (PPC), it is important for individuals and organizations involved in PPC to gather input from patients with life-threatening/life-limiting conditions, their families, and their health care providers. The authors report the results of a survey completed in late 2007. The respondents provided information regarding their clinical and educational experiences, perceived barriers to the provision of palliative care in the intensive care environment, currently available PPC resources, and the usefulness of palliative care specialization in the pediatric intensive care unit. http://ajh.sagepub.com/cgi/content/abstract/1049909109360410v1

N.B. NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (NHPCO) | Online posting – 5 March 2010 – **'Standards of practice for pediatric palliative care and hospice.'** The NHPCO, in collaboration with the Children's Project of Palliative/Hospice Services, has released its set standards for pediatric palliative care and hospice. http://www.nhpco.org/i4a/pages/index.cfm?pageid=3409

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

AMERICAN JOURNAL OF MEDICAL QUALITY, 2010;25(1):24-33. Accounting for patients admitted to hospitals at the end of a terminal disease process is key to signaling care quality and identifying opportunities for improvement. 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. 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 subpopulations and disease groupings. http://ajm.sagepub.com/cgi/content/abstract/25/1/24

Of related interest:

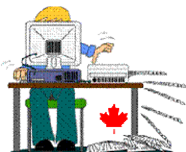
- CALIFORNIA HEALTHCARE FOUNDATION | Online report – February 2010 – **'Creating a palliative care program: Insights from hospital leaders.'** This report outlines benefits to hospitals in creating palliative care programs, such as cost savings and shorter hospital stays, as well as implementation challenges, such as overcoming resistance and includes case summaries. http://www.chcf.org/documents/chronicdisease/PalliativeCareInsightsHospitalLeaders.pdf

Nationwide survey

Management of implantable cardioverter-defibrillators in hospice

ANNALS OF INTERNAL MEDICINE, 2010;152(5):296-299. Communication about deactivation of implantable cardioverter-defibrillators (ICDs) in patients near the end of life is rare. The objective of this study was to determine whether hospices are admitting patients with ICDs, whether such patients are receiving shocks, and how hospices manage ICDs. Hospices are admitting patients with ICDs, and patients are being shocked at the end of life. Ensuring that hospices have policies in place to address deactivation may improve the care for patients with these devices. The authors provide a sample deactivation policy. http://www.annals.org/content/152/5/296.abstract

- *CARDIOLOGY TODAY* | Online report – 3 March 2010 – **'Implantable cardioverter defibrillators may cause hospice patients unnecessary pain.'** Patients with implantable cardioverter defibrillators rarely have the devices deactivated upon admission to hospice care – possibly resulting in discomfort due to unnecessary electrical shocks that may cause greater stress and anxiety for family members. http://www.cardiologytoday.com/view.aspx?rid=61549



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.

Considerations about hastening death among parents of children who die of cancer

ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE, 2010;164(3): 231-237. A total of 19 of 141 parents [i.e., participants in a cross-sectional survey conducted at two tertiary care U.S. pediatric institutions] considered requesting hastened death for their child and 9% discussed hastening death; consideration of hastening death tended to increase with an increase in the child's suffering from pain. In retrospect, 34% of parents reported that they would have considered hastening their child's death had the child been in uncontrollable pain, while 15% or less would consider hastening death for non-physical suffering. In response to vignettes, 50% of parents endorsed hastening death while 94% endorsed intensive pain management. Parents were more likely to endorse hastening death if the vignette involved a child in pain compared with coma. Attention to pain and suffering, and education about intensive symptom management, may mitigate consideration of hastening death among parents of children with cancer. http://archpedi.ama-assn.org/cgi/reprint/164/3/231

Representative sample of media coverage of the cross-sectional survey published in *Archives of Pediatrics & Adolescent Medicine*:

U.K. | *Independent* – 2 March 2010 – **'Parents of child cancer victims considered hastening death.'** Parents whose children are dying of cancer may consider hastening the process to reduce the length of time they spend suffering. http://www.independent.co.uk/life-style/health-and-families/health-news/parents-of-child-cancer-victims-considered-hastening-death-1914299.html

ASSOCIATED PRESS | Newswire report – 1 March 2010 – **'Parents say doctors hastened death for dying kids.'** A small but provocative study suggests that doctors may be giving fatal morphine doses to a few children dying of cancer, to end their suffering at their parents' request. http://www.google.com/hostednews/ap/article/ALeqM5jM2Zt7wjNUQ-FijKH7W_bSPz_SsAD9E62R600

U.S. | *Palm Beach Post* (Florida) – March 1 2010 – **'Some parents consider hastening a sick child's death.'** Watching a child die of cancer is unimaginably heartbreaking for parents, and now a survey shows that the urge to protect terminally ill children from any further pain led one in eight parents to consider hastening their child's death. http://www.palmbeachpost.com/health/some-parents-consider-hastening-a-sick-childs-death-306456.html

Of related interest:

- *ARCHIVES OF PEDIATRICS & ADOLESCENTS MEDICINE*, 2010;164(3):225-230. **'Palliative care of children with brain tumors.'** The neurologic deterioration that characterizes the dying trajectory of children with brain tumors may create significant challenges for health care professionals and the children's parents, supporting the need for increased awareness of the distinct issues in the palliative care of children with brain tumors and for early anticipatory guidance provided for families. http://archpedi.ama-assn.org/cgi/content/abstract/164/3/225

- *JOURNAL OF PALLIATIVE MEDICINE*, 2010;13(2):171-178. **'Pediatricians' management practices for chronic pain.'** While research has established that pediatric pain is undertreated, it is unclear who should have primary responsibility for its management. Our findings illustrate that pediatricians' theoretical approaches to chronic pain management are more collaborative than independent. http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.0265

From Media Watch dated 18 January 2010:

- *MEDICAL JOURNAL OF AUSTRALIA*, 2010;192(2):71-75. **'Symptoms and suffering at the end of life in children with cancer.'** Many [Australian children dying of cancer] suffer from unresolved symptoms, and greater attention should be paid to palliative care for these children. http://www.mja.com.au/public/issues/192_02_180110/hea10080_fm.html

In their own words: Patients and families define high-quality palliative care in the intensive care unit

CRITICAL CARE MEDICINE, 2010;38(3): 808-818. Although the majority of hospital deaths occur in the intensive care unit and virtually all critically ill patients and their families have palliative needs, we know little about how patients and families, the most important "stakeholders," define high-quality intensive care unit palliative care. The authors conducted this study to obtain their views on important domains of this care. A shared definition of high-quality intensive care unit palliative care emerged: timely, clear, and compassionate communication by clinicians; clinical decision-making focused on patients' preferences, goals, and values; patient care maintaining comfort, dignity, and personhood; and family care with open access and proximity to patients, interdisciplinary support in the intensive care unit, and bereavement care for families of patients who died. Participants endorsed specific processes to operationalize the care they considered important. http://journals.lww.com/ccmjournal/Abstract/2010/03000/In_their_own_words__Patients_and_families_define.11.aspx

Of related interest:

- *CRITICAL CARE & RESUSCITATION*, 2010;12(1):28-35. **'Palliative care teams in the intensive care unit: a randomised, controlled, feasibility study.'** This feasibility study was difficult to conduct and did not generate any robust conclusions about the utility of involving palliative care teams in end-of-life care in the ICU. Larger studies are technically possible, but unlikely to be feasible.http://www.ncbi.nlm.nih.gov/pubmed/20196711?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=8

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.

Bereavement in very old age: Impact on health and relationships of the loss of a spouse, a child, a sibling, or a close friend

JOURNAL OF DEATH & DYING, 2010;60(4):301-325. This article deals with the ... questions: In very old age, which are the main sources of bereavement? And what are the consequences of such losses on health and on relationships? Data revealed that ... the great majority of the dear ones who died were either siblings or close friends. Taken as a whole, the bereaved suffered a marked and lasting increase in depressive symptoms, together with a short-term deterioration in their functional status; those bereft of a spouse or a child saw their functional status worsen and exhibited enduring depressive symptoms but they also benefited from support in the form of increased interaction; those bereft of siblings only suffered from a mild, short-term deterioration in functional status; those who had lost a close friend suffered a ... significant increase in depressive symptoms. http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,1,7;journal,1,239;linkingpublicationresults,1:300329,1

Of related interest:

- *JOURNAL OF DEATH AND DYING*, 2010;60(4):327-349. **'Internet method in bereavement research: Comparison of online and offline surveys.'** This study compares online survey method with traditional paper-and-pencil method in grief assessment. Findings suggest that the internet-based methods can be a suitable and valid alternative to more traditional paper-and-pencil methods. http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,2,7;journal,1,239;linkingpublicationresults,1:300329,1

Factors associated with congruence between preferred and actual place of death

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online article – 29 January 2010 – Congruence between preferred and actual place of death may be an essential component in terminal care. Most patients prefer a home death, but many patients do not die in their preferred location. Specialized (physician, hospice, and palliative) home care visits may increase home deaths, but factors associated with congruence have not been systematically reviewed. This study sought to review the extent of congruence reported in the literature and examine factors that may influence congruence. Physician support, hospice enrolment, and family support improved congruence in multiple studies. Research in this important area must consider potential sources of bias, the method of eliciting patient preference, and the absence of a single ideal place of death. http://www.jpsmjournal.com/article/S0885-3924(09)01137-3/abstract

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

Global | Palliative Care Network Community: http://www.pcn-e.com/community/

U.K. | Omega, the National Association for End of Life Care: http://www.omega.uk.net/media-watch-provides-global-roundup-of-end-of-life-issues-n-96.htm

Cont.

From Media Watch dated 20 July 2009:

- *BRITISH MEDICAL JOURNAL* | Online article – 15 July 2009 – **'Exploring preferences for place of death with terminally ill patients: qualitative study of experiences of general practitioners and community nurses in England.'** Generally, interviewees did not find discussing preferred place of death an easy area of practice, unless the patient broached the subject or led the discussions. http://www.bmj.com/cgi/content/abstract/339/jul15_1/b2391

Ways of talking about illness and prognosis in palliative cancer care consultations

SUPPORTIVE CARE IN CANCER, 2010;18(4):399-408. The purpose of the study was to describe how interaction about changes in illness and prognosis was shaped by participants in outpatient palliative cancer care consultations. The person-to-person and the patient-professional conversation frames were found to be in use as patients, significant others and physicians talked about the patients' illness and prognosis. Within the patient-professional frame, three interactional patterns were found: the patient emphasising emotional experiences of illness or well-being and the physicians responding by toning down strategies, patients asking direct questions and getting straight answers and finally interaction marked by cautiousness and avoidances. Within the person–person frame, the interactions were described as: playful talk, collegial talk and existential talk.http://springerlink.com/content/4k0h569623494887/?p=bf7beaf028b94c35861dbc737e25322e&pi=0

Worth Repeating

Existential loneliness in a palliative home care setting

JOURNAL OF PALLIATIVE MEDICINE, 2006;9(6):1376-1387. The body of a person with a life-threatening disease is very vulnerable. When it is touched by "speedy hands, impatient hands" that "hasten to get ready," those hands do not merely give signals about stress. They limit or make communication and mutual togetherness impossible, and open up for feelings of existential loneliness. On the contrary, sensitive hands can give reassurance and reduce aloneness. It is not always possible to distinguish between body and soul, especially not in a palliative care setting. The disease induces bodily suffering and these symptoms affect both mind and soul. One of the consequences is heightened awareness of existential loneliness. Therefore, it is necessary to focus on total care and use all those resources that a multi-professional team approach can offer. http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2006.9.1376

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