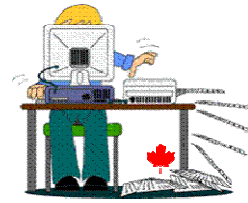


Media Watch...

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

Discussing transitions in care: 'Training providers and patients to talk about end-of-life care.'
Scroll down to [Specialist Publications](#) for an article published in the U.S. *National Cancer Institute Bulletin* (p.8).

Canada

Case of Samuel Golubchuk

Crisis in the ICU

NATIONAL POST | Online report – 29 March 2010 – The doctor for a dying Jewish man at the heart of an emotional court battle has spoken out about the case for the first time, calling for a public inquiry to help clear up the growing debate over who should decide the care of gravely ill patients. Dr. Joel Zivot suggests in a journal article that it is wrong to give physicians the final say over whether to halt life-extending treatment of such patients, and argues that ICU doctors are in a conflict of interest, since they both try to save people and provide palliative care when they consider treatment hopeless. Dr. Zivot volunteered to care for Samuel Golubchuk in 2008 when a Winnipeg court ordered Grace Hospital to keep the 84-year-old on life-support systems – and three intensive-care doctors originally involved in his care quit in protest. Dr. Zivot also raised eyebrows when he acted as a pallbearer at his patient's funeral. "As a practising critical care physician, my ethical role is to save lives, not take them," the doctor wrote in the *American Journal of Bioethics*.¹
<http://www.nationalpost.com/news/canada/story.html?id=2738063>

Life and death week

ONTARIO | TVO press release – 26 March 2010 – Will technology allow us to live longer, and is that a good thing? And have views about death and an afterlife shifted. As a significant portion of the population ages, more and more people are contemplating their future and beyond. From 29 March to 2 April (at 8 p.m. and repeated at 11 p.m.), TVO's The Agenda, will take an in-depth look at how views about aging and dying are evolving.
<http://www.newswire.ca/en/releases/archive/March2010/26/c5612.html>

1. Scroll down to [Specialist Publications](#) and 'The case of Samuel Golubchuk and the right to live,' for an abstract of the journal article and a link to the publication (p.5).

University of Alberta cuts ethics centre funds

ALBERTA | *Edmonton Journal* – 26 March 2010 – Another centre that focuses on health ethics is in jeopardy after its funding was cut by the University of Alberta. The John Dossetor Health Ethics Centre will lose its funding from the university's Health Sciences Council, which represents eight different faculties. Simultaneously, the Provincial Health Ethics Network – the first and largest such network in North America – has also lost its annual \$350,000 from Alberta Health & Wellness. <http://www.edmontonjournal.com/news/cuts+ethics+centre+funds/2728927/story.html>

The problem of saying no to the sick

GLOBE & MAIL | Online OpEd – 26 March 2010 – Modern health-care systems don't work very well. Despite the best efforts by the U.S. Congress, despite the single-payer system in Canada, there is no easy resolution of the fundamental policy issue. This is the conflict between the need to supply health care as a matter of right and the need to control costs. It wasn't this way in earlier eras when health care was often ineffectual and marginal. But, by the mid-20th century, health care had become so important in advanced societies that demand for it became virtually insatiable. Wonder drugs, lab tests, artificial joints, organ transplants, imaging, expertise, home care, end-of-life care, brain surgery, research breakthroughs – we want it all, and we want to be insured against its costs. Because we are compassionate, we tend to believe that no one should be denied access to health care for financial reasons. Even in the highly individualistic United States, access to high-quality health care is seen as a fundamental human right. Nowhere, however, have insurers, public or private, succeeded in controlling the consequence of meeting demands for high-quality universal health care. Costs increase faster than inflation, faster than economic growth. <http://www.theglobeandmail.com/news/opinions/the-problem-of-saying-no-to-the-sick/article1512418/>

Of related interest:

- CANWEST NEWS SERVICE | Online report – 28 March 2010 – '**Chronic pain lowering economy's productivity.**' Misunderstood and often under treated, pain is taking a toll on the economy and "debilitating" productivity in the Canadian workplace according to a [new] survey. <http://www.windsorstar.com/life/diversions/kids/mahjong2/Chronic+pain+lowering+economy+productivity/1643030/story.html?id=1643030>

Where's BC's plan to support the dying?

BRITISH COLUMBIA | *The Tyee* – 24 March 2010 – The final months and days of a terminally ill person's life can be less painful and lonely if spent in palliative care designed to support dying patients and their families. But in 2000, most British Columbians died in the hospital – and fewer than one in ten of them were given palliative support. That's what public health researchers discovered in 2002 as they prepared *A Discussion Paper on a Provincial Strategy for End-of-Life Care* meant to pave the way towards a strategy and action plan to help the dying in B.C.¹ Eight years later, no such plan has emerged, and people who care for and advocate for the terminally ill are wondering

what's holding up a policy change that could benefit so many. As it stands now palliative care in B.C. is hit and miss, available or not, in varying levels of quality depending on where you happen to be dying, say experts. <http://thetyee.ca/News/2010/03/24/PalliativePlan/>

Specialist Publications

Of particular interest:

'On the road again: Patient perspectives on commuting for palliative care.' Scroll down to p.9 for the findings of a B.C. study published in *Palliative & Supportive Medicine*.

1. *A Discussion Paper on a Provincial Strategy for End-of-Life Care*, Ministry of Health Services, British Columbia, 2002: <http://www.health.gov.bc.ca/library/publications/year/2002/elcpaper.pdf>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *MACLEANS NEWS MAGAZINE* | Online interview – 25 March 2010 – '**Maclean's interview: Bernice Packford.**' The 95-year-old on why she wants to kill herself, despite being healthy, and why she thinks a doctor should be allowed to help. <http://www2.macleans.ca/2010/03/25/macleans-interview-bernice-packford/>
- ONTARIO | *Hamilton Spectator* (OpEd) – 25 March 2010 – '**Euthanasia and the culture of death.**' Assisted suicide [is] 'senseless and inhumane.' <http://www.thespec.com/Opinions/article/742198>

U.S.A.

Student project aims to correct hospice perceptions

PENNSYLVANIA | *Pitts News* (University of Pittsburgh) – 28 March 2010 – Six master's students from Pitt's Graduate School of Social Work are dedicated to the world of geriatrics and they are translating that dedication into a project addressing common misconceptions of hospice care. <http://pittnews.com/article/2010/03/28/student-project-aims-correct-hospice-perceptions>

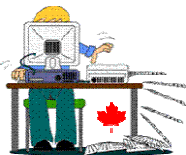
End-of-life documentary wins health care journalism award

MASSACHUSETTS | WBUR Radio (Boston) – 25 March 2010 – Rachel Gotham has won an Association of Health Care Journalists' award for her series about end-of-life care, and the critical decisions patients, families, doctors and society must make about coming to terms with death.¹ <http://commonhealth.wbur.org/wbur-posts-and-stories/2010/03/end-of-life-documentary-wins-health-care-journalism-award/>

1. 'Quality of death, end of life care in America – inside out.' <http://www.insideout.org/documentaries/qualityofdeath/>

George Mark Children's House closed for summer

CALIFORNIA | *San Francisco Chronicle* – 24 March 2010 – George Mark Children's House ... announced plans to close for several months after donations fell sharply in the economic downturn. The home ... will remain open for some outpatient programs, such as grief counseling and activities for children and teens, but it is shutting down inpatient services until at least the fall. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/03/23/BA581CK9BH.DTL>



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.

Health reform

Hospice to undergo changes, too

KENTUCKY | *News-Enterprise* (Hardin County) – 23 March 2010 – Hospice centers are expected to see reductions of roughly \$7.8 billion as a result of healthcare legislation [i.e., the Health Care & Education Affordability Act], according to the National Hospice & Palliative Care Organization. The cuts were reduced from the proposed \$10 billion, but the organization says it cannot withstand such a blow. The legislation makes a number of changes to the way hospice functions, including expansion of access and payment reform. <http://www.thenewsenterprise.com/cgi-bin/c2.cgi?053+article+News.Local+20100322161522053053019>

- WASHINGTON | All Headline News – 25 March 2010 – **'End-of-life patient care debate tries to balance funding with needs.'** The healthcare debate held at the National Press Club on the cost and spending in the country on "end-of-life patient care" ended with a consensus that with finite level of resources there must be a pragmatic system in place to make sure all patients are given equal care. <http://www.allheadlinenews.com/articles/7018209131>
- NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Online posting – 22 March 2010 – **'Health care reform and hospice.'** <http://www.nhpc.org/i4a/pages/index.cfm?pageid=5853>
- MEDICARE PAYMENT ADVISORY COMMISSION | Online fact sheet – March 2010 – **'MedPAC releases report to Congress.'** MedPAC issued its annual report to Congress with several recommendations in regard hospice. http://www.medpac.gov/documents/Mar10_FactSheet.pdf

Specialist Publications

Of particular interest:

'The triad that matters: Palliative medicine, code status, and health care costs.' Scroll down to p.6 for the findings of a retrospective study published in the *American Journal of Hospice & Palliative Care*.

International

Hospice to commit over €2m for care of children

IRELAND | *Irish Times* – 25 March 2010 – The Irish Hospice Foundation is to commit €2.25 million up to 2015 to fund five outreach nurses in the area of palliative care for seriously ill children. Details of the package were published yesterday by the Government. It will be aimed at children where treatment is exclusively palliative in areas such as cystic fibrosis, batten disease and muscular dystrophy. The key objective of the initiative was to focus on homecare. <http://www.irishtimes.com/newspaper/ireland/2010/0325/1224267013079.html>

Ultimate eco burial ground

U.K. | *Sun* – 25 March 2010 – Grieving families are being invited to give their loved ones the ultimate 'green' funeral after a city unveiled its first eco-friendly burial ground – complete with an electric hearse. Mourners can opt for biodegradable coffins and ... say their final farewells in an inner-city woodland. <http://www.thesun.co.uk/sol/homepage/news/2906879/Ultimate-eco-burial-ground.html>

From Media Watch dated 15 March 2010:

- *SCIENCE & RELIGION* | Online article – 12 March 2010 – **'Do green graves change the way we mourn?'** <http://www.scienceandreligiontoday.com/2010/03/12/do-green-graves-change-the-way-we-mourn-roxane-cohen-silver-answers/>

Assisted (or facilitated) death

Level of support for euthanasia legislation determined by wording in opinion polls

U.K. (SCOTLAND) | *Sunday Herald* (Letter) – 31 January 2010 – One of the major justifications for supporting the bill to give terminally ill people the right to take their own lives is the notion that a majority of the Scottish population would be in favour of the legalisation. Those pushing the bill cite various opinion polls to back up this claim. A closer look at such polls reveals the figures may be contradictory and require some explanation. A poll published in September last year indicated that 52% of people in Scotland were against the legalisation of assisted suicide, compared with 42% in favour. This was after being asked whether, in principle, they thought that it should be legal or illegal to help end the life of a suicidal person. A poll published last November indicated that 68% of the Scottish population would agree that the law should be changed to allow doctors to help people with chronic illness who want to end their lives. The disparity between these polls is because the questions are not a useful guide for gauging public opinion. You can get any answer you want if you ask a question the right way. For example, nobody wants to see suffering when it could be avoided. What is often ignored by supporters of the bill is that, in all but the rarest cases, modern palliative care eliminates the suffering of terminally-ill patients <http://www.heraldscotland.com/comment/herald-letters/letters-monday-1-february-2010-1.1002782>

N.B. Scroll down the newspaper's letters column to '**Level of support for euthanasia legislation determined by wording in opinion polls.**'

Of related interest:

- *NEW ZEALAND HERALD* | Online report – 25 March 2010 – '**Study shows support for some assisted suicide.**' [A recent study] found that 70% of New Zealanders supported assisted suicide for someone with a painful incurable disease, provided a doctor gives the assistance. Support dropped to 45% if the person was not in pain or did not have an incurable disease, and opposition doubled ... to 40%. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10634249

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

The case of Samuel Golubchuk and the right to live

AMERICAN JOURNAL OF BIOETHICS, 2010;10(3):50-53. Samuel Golubchuk was unwittingly at the center of a medical controversy with important ethical ramifications. Mr. Golubchuk, an 84-year-old patient whose precise neurological level of function was open to debate, was being artificially ventilated and fed by a gastrostomy tube prior to his death. According to all reports he was neither brain dead nor in a vegetative state. The physicians directly responsible for his care had requested that they be allowed to remove the patient from life support against the wishes of the patient's family. Concurrently the Manitoba College of Physicians & Surgeons released a statement which states that the final decision to withdraw life support lies with the physician. In our opinion the statement is ethically problematic for a number of reasons. It is an affront to the guiding principles of Western medical ethics: patient autonomy and human freedom. The position of Golubchuk's physicians and the new statement lack cultural sensitivity towards other traditions. In modern society there exists an erosion of a basic attitude towards the value of life. The ability of physicians to predict life expectancy in terminally ill patients has been shown repeatedly to be quite limited. <http://www.informaworld.com/smpp/content~content=a919856613~db=all>

The triad that matters: Palliative medicine, code status, and health care costs

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article – 23 March 2010 – Delayed discussion of a patient's code status can lead to short-sighted care plans that increase hospital length of stay and costs.[In this retrospective study] a significant number of patients who accepted palliative care agreed to a hospice referral or expired in the hospital. The relationships between days until a family conference, do-not-resuscitate order, and the number of invasive procedures were significant. <http://ajh.sagepub.com/cgi/content/abstract/1049909110363806v1>
Pilot study

The relevance of psychosocial indicators in community palliative care

AUSTRALIAN JOURNAL OF ADVANCED NURSING, 2010;27(3):20-30. The study shows that incorporating psychosocial care in community palliative care improves decision making in the terminally ill. The implication for practice is that psychosocial aspects of palliative care can indicate patient's care needs leading to better satisfaction. A larger study is planned to be conducted involving health services, multidisciplinary health professionals, patients and their carers in the near future. http://www.ajan.com.au/Vol27/27-3_Oliver.pdf

Of related interest:

- *BMC PALLIATIVE CARE* | Online article – 26 March 2010 – '**Living with hope: Developing a psychosocial supportive program for rural women caregivers of persons with advanced cancer.**' The authors, among other objectives, explored the effects of the Living with Hope Program on hope, quality of life and health services utilization among rural women caring for persons with advanced cancer. <http://www.biomedcentral.com/content/pdf/1472-684x-9-3.pdf>
- *JOURNAL OF PASTORAL CARE & COUNSELING*, 2010;64(1):1-14. '**A Canadian ethnographic study on sources and definitions of spiritual reflection used by health care professionals who are not chaplains.**' This ... study presents a literature review, methodology, findings and discussion from a sample of twenty health care professionals around their experiences of sources and definitions of spiritual reflection. <http://journals.sfu.ca/jpcp/index.php/jpcp/article/view/213/160>

Prolonged grief and depression in caregivers of patients in vegetative state

BRAIN INJURY, 2010;24(4):581-588. Several studies have shown that the symptoms of grief are different from symptoms of depression among bereaved family members. The present study is an attempt to replicate these findings among caregivers of patients in a vegetative state. Grief symptoms are distinct from their depressive symptoms among family members and each disorder has distinct risk factors. <http://informahealthcare.com/doi/abs/10.3109/02699051003610490>

Medical futility in children's nursing: Making end-of-life decisions

BRITISH JOURNAL OF MEDICINE, 2010;19(6):352-356. The authors discuss the concepts of 'parental autonomy' and 'the child's best interests' when determining medical futility for infants or neonates. The role of the nurse when caring for the dying child and their family is multifaceted. While nurses do not have a legitimate role in decision making at the end of life, it is often nurses who, through their advocacy role, inform doctors about parents' wishes and it is often nurses who support parents during this difficult time. http://www.britishjournalofnursing.com/cgi-bin/go.pl/library/article.html?uid=47234;article=BJN_19_6_352_356

Of related interest:

- *PEDIATRICS* | Online article – 22 March 2010 – '**Culturally-sensitive information-sharing in pediatric palliative care.**' Language and cultural differences create barriers to information-sharing by health care providers to parents who are in need of pediatric palliative care. Less than optimal patterns of information-sharing contribute to frustration, anger, and sadness for parents long after their child's death. <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-0722v1>

Don't rush to flush: Safer pharmaceutical practices for hospice home care and home health nurses

HOME HEALTH CARE MANAGEMENT & PRACTICE, 2010;22(3):202-206. Hospice home care and home health nurses are essential providers in efforts to improve the care and quality of life with families who have someone living with advanced or life-limiting conditions. Because these nursing professionals are part of end-of-life care, their duties include education about and disposal of unused medications. The purpose of this article: a) introduce the topic of drug disposal within an environmental and health context; b) identify current recommendations for drug disposal; and c) provide suggestions for hospice home care and home health care nurses for safer drug disposal. <http://hhc.sagepub.com/cgi/content/abstract/22/3/202>

National framework for palliative care in dementia pilot

IRISH MEDICAL NEWS | Online report – 29 March 2010 – An innovative research project, which will result in the development of a national framework for palliative care in dementia, has been launched. According to the Irish Hospice Foundation, the Alzheimer Society of Ireland, and Baxter Foundation, who are funding the pilot project with the full support of the Health Services Executive, palliative care is usually associated with end-of-life care for people with cancer. <http://www.imn.ie/index.php/current-issue/news/3275-national-framework-for-palliative-care-in-dementia-pilot->

From Media Watch dated 18 January 2010:

- *IRISH MEDICAL NEWS* | Online report – 12 January 2010 – '**Dementia patients receive less palliative care.**' Patients dying with dementia do not get equal access to palliative care compared to other patients, a new study shows. <http://www.imn.ie/index.php/current-issue/news/2884-dementia-patients-receive-less-palliative-care->

Physicians' views on the importance of patient preferences in surrogate decision-making

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 2010;58(3):533-538. The [findings of this study suggest that the] presence of a living will, prior to discussions with the patient, and the physicians' beliefs about ethical guidelines, did not significantly predict the physicians' reliance on patient preferences. Although a majority of physicians [in a self-administered survey] identified patient preferences as the most important general ethical guideline for surrogate decision-making, they relied on a variety of factors when making treatment decisions for a patient lacking decisional capacity. <http://www3.interscience.wiley.com/journal/123280174/abstract>

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online article – 23 March 2010 – '**The impact of advance care planning on end of life care in elderly patients: Randomised controlled trial.**' Advance care planning improves end of life care and patient and family satisfaction and reduces stress, anxiety, and depression in surviving relatives. http://www.bmj.com/cgi/content/abstract/340/mar23_1/c1345

Hospice and heart disease: Missed opportunities

JOURNAL OF PAIN & PALLIATIVE CARE PHARMACOTHERAPY, 2010;24(1):23-26. In 2005 ... only 18.36% of patients who were dying of heart failure and were hospice eligible actually received hospice care. Reasons for this include the lack of reliable prognostic indicators, the lack of a consensus on when to stop life prolonging therapies, and the relatively high cost of life-prolonging ... pharmacotherapy... In addition, most studies and case reports that address symptom management in hospice care focus on cancer patients, not those with non-oncologic diagnoses. This lack of evidence may discourage practitioners who care for cardiac patients from referral to hospice programs, and may keep some hospice practitioners from aggressively targeting this population. <http://informahealthcare.com/doi/abs/10.3109/15360280903583081>

"And death shall have no dominion"

Samantha, Claire,Thérèse: Three in one?

JOURNAL OF PALLIATIVE CARE, 2010;26(1):3-4. Pierre Foglia was right. Our friends and loved ones do not die for nothing. They die to teach us how to die. I think that is what the three women of this editorial have taught us. They have shown us what it means to die with open eyes, with an open mind, with an open heart, and with open arms. Within such ways of dying, death really can have no dominion. http://www.criugm.qc.ca/journalofpalliativecare/fichier/26_1_0001_editorial.pdf

Dying with dignity in America: The transformational leadership of Florence Wald

JOURNAL OF PROFESSIONAL NURSING, 2010;26(2):125-132. The aims of this study are to examine the constructs of transformational leadership as they played out for one nurse who steered significant change in the care of the dying in the U.S. and to provide deeper insights into how nursing leaders can design and direct meaningful changes in the delivery of health care in turbulent times.
[http://www.professionalnursing.org/article/S8755-7223\(09\)00188-4/abstract](http://www.professionalnursing.org/article/S8755-7223(09)00188-4/abstract)

Hospice care for the terminally ill is the end piece of how to care for patients from birth on. As more and more people – families of hospice patients and hospice volunteers – are exposed to this new model of how to approach end-of-life care, we are taking what was essentially a hidden scene – death, an unknown, and making it a reality. We are showing people that there are meaningful ways to cope with this very difficult situation.
Florence Wald (1917-2008)

Palliative care for people severely affected by multiple sclerosis: Evaluation of a novel palliative care service

MULTIPLE SCLEROSIS | Online article – 19 March 2010 – Multiple sclerosis results in both physical and psychological disability, but some patients have needs that are not adequately met by existing services. The authors' objective was to explore whether a new palliative care service improved outcomes for people severely affected by multiple sclerosis. Involvement with the palliative care service appeared to positively affect some key symptoms and reduced informal caregiver burden. <http://msj.sagepub.com/cgi/content/abstract/1352458510364632v1>

Training providers and patients to talk about end-of-life care

[U.S.] *NATIONAL CANCER INSTITUTE BULLETIN* | Online article – 23 March 2010 – It has been observed and documented widely; most doctors and patients do not want to talk about death and dying. But failing to discuss transitions of care – from active cancer treatment to end-of-life care once treatment options have been exhausted – can leave doctors unsure of what a patient truly wants at the end of his or her life. And failing to receive end-of-life care in line with their values and wishes can cause both patients and their families great distress.
<http://www.cancer.gov/ncicancerbulletin/032310/page8>

From Media Watch dated 18 January 2010:

- *CANCER* | Online article – 11 January 2010 – **'Physician factors associated with discussions about end-of-life care.'** Most [respondents in this national survey of physicians ... about timing of discussions regarding prognosis] reported they would not discuss end-of-life options with terminally ill patients who are feeling well, instead waiting for symptoms or until there are no more treatments to offer. <http://www3.interscience.wiley.com/journal/123237834/abstract>

Cont.

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online report – 24 March 2010 – **'GPs must have more consultation time with patients, College says.'** The Royal College of General Practitioners, launching a U.K. wide manifesto for patient care in anticipation of the imminent general election, called for longer consultation times, particularly with those patients who have more serious conditions. http://www.bmj.com/cgi/content/extract/340/mar24_3/c1700
- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 22 March 2010 – **'How oncology fellows discuss transitions in goals of care: A snapshot of approaches used prior to training.'** Expert recommendations cite the importance of giving bad news in these situations but there is limited research addressing how physicians should discuss transitions in goals of care from disease-modifying therapy to end-of-life care. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0249>
- [U.S.] *NATIONAL CANCER INSTITUTE BULLETIN* | Online article – 23 March 2010 – **'Palliative care education: Focusing on care and not just disease.'** At the Institute for Palliative Medicine (IPM) in San Diego, medical residents are re-tooling for one of the most essential aspects of medicine: caring for seriously ill patients. <http://www.cancer.gov/ncicancerbulletin/032310/page11>
N.B. IPM website: <http://www.palliativemed.org/>
- *THE ONCOLOGIST*, 2010;15(Suppl);43-48. **'Ethical issues in patient-physician communication about therapy for cancer: Professional responsibilities of the oncologist.'** Value in cancer care from a patient-centered perspective not only requires full oncologist-to-patient communication of information about potential treatments, but also imbues in the oncologist a responsibility to evaluate the value of cancer therapies and to offer to patients only those potential therapies that are appropriate for the patient. http://theoncologist.alphamedpress.org/cgi/reprint/15/suppl_1/43

Rural palliative care

On the road again: Patient perspectives on commuting for palliative care

PALLIATIVE & SUPPORTIVE CARE | Online article – 24 March 2010 – Rural lifestyles are often an important part of overall well-being and commuting for care is both costly and complex. Health care providers should assist individuals to weigh the relative contributions of staying in their rural locale versus commuting for care to their overall quality of life. Palliative-care individuals in this study indicated a number of ongoing problems but were not inclined to seek further assistance from health care providers in addressing those problems. Clinicians should actively inquire about problems and further research is needed to understand why patients are reluctant to seek help. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7416616&fulltextType=RA&fileId=S1478951509990940>

From Media Watch dated 22 January 2010:

- CANADA (ONTARIO) | *Ottawa Citizen* – 21 March 2010 – **'Struggling to fulfil his final wish.'** There are two small groups of doctors known as the Community Palliative Care Network & Palliative Care Outreach, but they only have the time and resources to serve patients in the urban Ottawa area. <http://www.ottawacitizen.com/health/Struggling+fulfil+final+wish/2708233/story.html>

From Media Watch dated 11 January 2010:

- *JOURNAL OF RURAL HEALTH*, 2010;26(1):78-84. **'Issues in rural palliative care: Views from the countryside.'** Findings indicated that the diversity in rural communities requires tailored approaches to palliative care that consider the geographic, cultural and health aspects of residents in order to optimize care. <http://www3.interscience.wiley.com/journal/123232436/abstract>

N.B. The 11 January 2010 Media Watch also lists several articles from past issues of the weekly report on the issue of the provision and delivery of palliative care in rural areas.

Hospice volunteer as patient advocate: A trait approach

PALLIATIVE & SUPPORTIVE CARE | Online article – 24 March 2010 – The purpose of this study is to examine traits of hospice volunteers that facilitate their success in this informal caregiving role, with the larger goal of alleviating the family caregiver burden and providing additional support to the hospice patient. To achieve this goal, a scale was developed to tap into how hospice volunteers view their patient advocacy role. Two factors emerged: duty as patient advocate and support of patient rights. Results showed that female volunteers who were high in internal locus of control were more likely to perceive that volunteers have a duty as patient advocates. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7416592&fulltextType=RA&fileId=S1478951509990915>

From Media Watch dated 22 March 2010:

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 15 March 2010 – **'Personality characteristics of hospice palliative care volunteers: The "big five" and empathy.'** The goal of this study was to examine the personality characteristics of hospice palliative care volunteers by measuring the so-called big five personality traits and four separate aspects of empathy. <http://ajh.sagepub.com/cgi/content/abstract/1049909110364017v1>

Impact of treatment for depression on desire for hastened death in patients with advanced AIDS

PSYCHOSOMATICS, 2010;51(2):98-105. Despite development of multi-drug regimens for HIV, palliative care and quality-of-life issues in patients with advanced AIDS remain important areas of clinical investigation. The authors assessed the impact of treatment for depression on desire for hastened death in patients with advanced AIDS. Desire for death was highly associated with depression; it decreased dramatically in patients who responded to antidepressant treatment. <http://psy.psychiatryonline.org/cgi/content/abstract/51/2/98>

From Media Watch dated 22 February 2010:

- *HIV/AIDS – RESEARCH & PALLIATIVE CARE* | Online article – 17 February 2010 – **'Is it safe? Talking to teens with HIV/AIDS about death and dying.'** <http://www.dovepress.com/is-it-safe-talking-to-teens-with-hiv-aids-about-death-and-dying-a-3-mon-peer-reviewed-article-HIV>

The role of the Internet in supporting and informing carers of people with cancer

SUPPORTIVE CARE IN CANCER | Online article – 25 March 2010 – The aim of this paper was to review the literature on the role of the Internet in supporting and informing carers of people with cancer. <http://www.springerlink.com/content/a9u7163q52086688/?p=2df5633aa0854a0ab9d3f05b5ac4bc4c&pi=0>

[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>

Worth Repeating

Declaration of interdependence: The need for mosaic mentoring in palliative care

JOURNAL OF PALLIATIVE MEDICINE, 2007;10(5):1048-1049. Academic medicine is an exacting mistress with high and often unreasonable expectations from faculty. For career advancement in academia, faculty has to be expert clinicians, educators, teachers, and administrators working in an increasingly regulated and fiscally incentivised environment. Furthermore, faculty has to belong and show allegiance to a variety of entities like the employing organization, affiliated university, and various professional societies. Each entity has its own complex organizational culture. The successful academician has to delve into these various cultures and subcultures and align themselves closely with a network of intra-institutional and inter-institutional collaborators and mentors. Thus the ability

to identify, engage and sustain an ongoing relationship with a group of mentors and collaborators from a variety of settings has become a core survival skill in modern academic medicine.

<http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2006.9911>

Quotable Quotes

We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results. **Hermann Melville (1819-1891)**

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.

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

Something Missed or Overlooked?

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

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