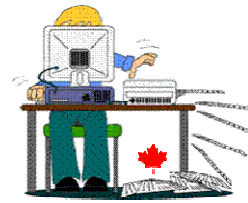


## Media Watch...

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.

## 5 April Edition | Issue #143



Compilation of Media Watch 2008, 2009, 2010 ©

**Compiled & Annotated by Barry R. Ashpole**

Replace the term "palliative care"? Scroll down to [Specialist Publications](#) and 'End-of-life planning in heart failure: It should be the end of the beginning'(p.6) published in the *Canadian Journal of Cardiology*.

## Canada

### Hospices 'short-changed' in provincial budget

ONTARIO | *Standard-Freeholder* (Cornwall) – 30 March 2010 – Hospice Cornwall, among a few dozen other palliative care facilities, was disappointed to see another provincial budget ... without a tax-saving boost in funding. According to the Hospice Association of Ontario (HAO), Dalton McGuinty's Liberal government stuck with its usual allotment of \$580,000 for each 10-bed hospice in Ontario. "Over the last six years, costs have risen due to inflation and increased costs for health human resources, but funding remains at \$580,000," read the HAO statement. Despite the HAO's efforts to convince the provincial government a long overdue funding increase is in order, Hospice Cornwall executive director Jean Courville said there was no budging on the budget. <http://www.standard-freeholder.com/ArticleDisplay.aspx?e=2513135>

## Specialist Publications

Of particular interest:

**'Time to move on from the euthanasia debate.'** Scroll down to p.6 for an editorial published in the *Canadian Medical Association Journal*.

**'The uncompassionate elements of the Compassionate Care Benefits Program: A critical analysis.'** Scroll down to p.7 for the findings of an evaluation of the Canada's Compassionate Care Benefit published in *Global Health Promotion*.

**N.B.** This is a more recent study than one highlighted in Media Watch dated 15 March 2010, *Evaluating Canada's Compassionate Care Benefit: The Perspective of Family Caregivers*.

**'Cost variations in ambulatory and home-based palliative care.'** Scroll down to p.9 for the findings of a Canadian study published in *Palliative Medicine*.

## Television series

### **Life and death**

ONTARIO | TVO Ontario – w/o 29 March 2010 – 'The Agenda' took an in-depth look at how aging and dying are evolving. Broadcast schedule:

**29 March:** 'The Changing Face of Aging' – Alain Gagnon, Sociology Professor, University of Western Ontario, discussed technology and life expectancy; Lynn McDonald, Director of the Institute for Life Course & Aging, University of Toronto, discussed the stresses and realities of caring for elderly parents; and, David Foot, emographer and economist discussed the economic impact of an aging society on future generations.

**30 March:** 'The Curse of a Long Life' – A panel of experts discussed and debated the merits of a long life.

**31 March:** 'The Changing Face of Dying' – Dr. Marissa Slaven, Medical Director, Juravinski Cancer Centre Division of Palliative Care (Hamilton), discussed how palliative care policy has changed Society's approach to death. Konrad Fassbender, Professor of Palliative Medicine, University of Alberta, discussed the economics of death and the sometimes high cost of keeping us alive.

**1 April:** 'Euthanasia' – Experts discussed and debated the moral and ethical issues of euthanasia.

**2 April:** 'Life after Death' – Guests discussed how Society faces death with a look at the value of grief and grieving, contemporary cultural representations of death, and courage in the face of death.

'The Agenda' podcasts: [http://www.tvo.org/cfm/tvoorg/theagenda/index.cfm?page\\_id=41](http://www.tvo.org/cfm/tvoorg/theagenda/index.cfm?page_id=41)

### **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- *WESTERN CATHOLIC REPORTER* | Online report – 1 April 2010 – **'Euthanasia would rob the dying of rich moments near death.'** When [a] physician's toolbox is emptied, [the] patient confronts [the] mystery of life. Legalizing euthanasia could rob many people of some of the richest, most meaningful moments of their lives. <http://www.wcr.ab.ca/news/2010/0405/euthanasia040510.shtml>
- QUEBEC | CTV (Montreal) – 31 March 2010 – **'Last wish.'** The ethics of euthanasia are being debated in Parliament, the [Quebec] National Assembly and around the dinner table, but it's the people who are facing death and their doctors who make the most profound arguments. [http://montreal.ctv.ca/servlet/an/local/CTVNews/20100329/mtl\\_special\\_report\\_euthanasia\\_100329/20100331/?hub=MontrealHome](http://montreal.ctv.ca/servlet/an/local/CTVNews/20100329/mtl_special_report_euthanasia_100329/20100331/?hub=MontrealHome)
- ONTARIO | *Toronto Sun* – 29 March 2010 – **'Docs should be honest about euthanasia, journal argues.'** Doctors should promote "honest dialogue" about euthanasia and the treatment of dying patients, the *Canadian Medical Association Journal* argues in an editorial in the current edition. <http://www.torontosun.com/news/canada/2010/03/29/13394866-qmi.html>

## U.S.A.

### **Top 10 TV comedy episodes about death**

CALIFORNIA | *Los Angeles Times* – Accessed 4 April 2010 – A great comedy death episode can be touching, poignant, cynical, dark, hysterical, sadistic, heartbreaking, exhilarating, anticipated and/or shocking. Here are our 10 best comedy shows dealing with death. They are all awarded five Golden Caskets. [http://www.latimes.com/entertainment/news/la-et-comedy-death-television-pictures\\_0,3219814.photogallery](http://www.latimes.com/entertainment/news/la-et-comedy-death-television-pictures_0,3219814.photogallery)

## "Death panels" revisited: Studies show seniors seek end of life "comfort care"

*NEWSWEEK* | Online article – 2 April 2010 – Last summer's "Death Panel" controversy, inspired by Sarah Palin's infamous Facebook post, created a firestorm over end-of-life care, complete with politicians and radio talk show hosts skewering reality with charges that the Democrats wanted to kill off Granny. It also made doctors who care about the issue and scientists who study it ever more determined to document the truth. Case in point: researchers from the University of Michigan reported in the *New England Journal of Medicine* ... that 42% of Americans over the age of 60 end up having to make some kind of decision about their medical care and, of those, 70% are incapable of doing so.<sup>1</sup> These are impressive stats and make advance directives—which outline a person's wishes for end-of-life care—potentially very useful. Dr. Kenneth Langa, the paper's senior author, says he and his colleagues started their research several years ago, but got even more motivated as the Death Panel debacle ensued. Last summer's debate was incredibly saddening and really aggravating for people who work with patients at the end of life and see the kinds of incredible emotional struggles that these kinds of decisions place on patients and their families. <http://blog.newsweek.com/blogs/thehumancondition/archive/2010/04/02/death-panels-revisited-studies-show-seniors-seek-end-of-life-comfort-care.aspx>

1. Scroll down to [Specialist Publications](#) and '**Advance directives and outcomes of surrogate decision making before death**' (p.9) for findings of the study published in the *New England Journal of Medicine*.

Of related interest:

- ASSOCIATED PRESS | Newswire report – 30 March 2010 – '**5 years after Schiavo, few make end-of-life plans.**' Five years after the court fight ... allowing Terri Schiavo to die, most Americans still don't draft the legal documents that spell out how far caregivers should go to keep them alive artificially. [http://www.google.com/hostednews/ap/article/ALeqM5iGq41NTRuJK\\_ygTwJOM54fM256XQD9EQ7KG1](http://www.google.com/hostednews/ap/article/ALeqM5iGq41NTRuJK_ygTwJOM54fM256XQD9EQ7KG1)

### Prison hospice

#### California's \$2 million-a-year inmates

CALIFORNIA | *Ventura County Star* (OpEd) – 31 March 2010 – [A decade ago] I had toured the prison hospice [at the California Medical Facility prison in Vacaville]. Most of its 15 beds were occupied by men whose bodies had been emaciated by the end stages of cancer or AIDS. Ten years later, not much has changed except that inmates in such circumstances receive arguably better medical care. <http://www.vcstar.com/news/2010/mar/31/californias-2-million-a-year-inmates/>

**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>

#### More family support can "raise" fears for some elderly

*BUSINESS WEEK* | Online report – 30 March 2010 – Having many supportive relatives actually increases the fear of dying among elderly people in ethnic minorities, according to British researchers.<sup>1</sup> The finding runs counter to the common belief that having a group of family caregivers eases the fear of death. It also has important implications for health care services as fear about dying is contributing to an increasing number of people ... dying in the hospital rather than at home. <http://www.businessweek.com/lifestyle/content/healthday/637482.html>

1. Scroll down to [Specialist Publications](#) and '**Fear of dying in an ethnically diverse society: Cross-sectional studies of people aged 65+ in Britain**' (p.9) for the findings of a study published in *Postgraduate Medical Journal*.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CALIFORNIA | *Los Angeles Times* – 29 March 2010 – **'The death of a word: Euthanasia.'** People disagree vehemently on issues surrounding death and dying, such as what palliative and medical measures can be appropriately taken at the end of life. But use of the term "euthanasia" doesn't advance the intelligent discussion of end-of-life care, say editors of the *Canadian Medical Association Journal*.<sup>1</sup> [http://latimesblogs.latimes.com/booster\\_shots/2010/03/euthanasia-death-dying-palliative.html](http://latimesblogs.latimes.com/booster_shots/2010/03/euthanasia-death-dying-palliative.html)
1. Scroll down to [Specialist Publications](#) and **'Time to move on from the euthanasia debate'** (p.6).for a link to the editorial.

## International

### £30m funding for children's care

U.K. | Press Association – 4 April 2010 – Palliative care for children in England will receive a £30 million funding boost this year, the Government has announced. Health Secretary Andy Burnham said £15 million of the extra money will go to children's hospices to help them include more outreach services. The other £15 million is being allocated to palliative care within the NHS [National Health Service], with a focus towards community children's nurses.  
<http://www.google.com/hostednews/ukpress/article/ALeqM5iL03tZspb90fZhdHTcwV4My1G2wg>

- U.K. | *Daily Telegraph* – 2 April 2010 – **'Hospices share £40 million pot 'to upgrade buildings and equipment.'** More than 100 hospices across England are to share a £40 million pot to upgrade buildings and equipment. In total 123 hospices across England will receive funds.  
<http://www.telegraph.co.uk/health/healthnews/7544451/Hospices-share-40-million-pot-to-upgrade-buildings-and-equipment.html>

### China issues first green paper on funerals, interment in push for eco-friendly burials

CHINA | *Global Times* – 31 March 2010 – China published its first green paper on funerals and interment, as the government works to promote environmentally-friendly funerals and offer a fair public burial service. <http://china.globaltimes.cn/society/2010-03/517913.html>

### Egypt's health care goes hospice for terminally ill children

EGYPT | *Bikya Masr* – 31 March 2010 – With an average income of only \$1000 a year, it is difficult for Egyptians to find proper health care for their families. Approximately 40% of all Egyptians live in poverty and find it almost impossible to get quality health coverage. This makes it difficult for parents whose children are suffering from terminal diseases. According to a Harvard University study ... the health care system [in Egypt] is pluralistic with several public health programs and considerable private sector provision. The same study says that the majority of Egyptians that are able to obtain the highest quality health care in the country are a small proportion of the population. Mostly this consists of a small urban elite that has the money to purchase insurance beyond what the state gives. Friends of Children with Cancer has teamed up with Care for Love in order to develop and create a hospice for impoverished children with cancer called the Health and Hope Oasis Project. The hospice is entirely self-sufficient. Located just outside Cairo at Wadi el-Natroun, the farm will have its own animals and will produce fruits and vegetables that will help children deal with their disease. <http://bikyamasr.com/?p=10743>

## Children and dying

IRELAND | *Irish Times* – 30 March 2010 – Child illness engenders enormous sympathy, particularly when it concerns those with life-limiting conditions. But sympathy is insufficient. Too often there has been a patchy response to the plight of such children. Geographical location, available services and medical knowledge of palliative and hospice issues have determined frequently whether appropriate care has been offered. In one of the most heartening health service developments for some time, a framework has been created for succouring children with a limited life diagnosis. On foot of a new national policy on palliative care for children and more than €2.25 million from the Irish Hospice Foundation, more youngsters will benefit from care at home.  
<http://www.irishtimes.com/newspaper/opinion/2010/0330/1224267342873.html>

From Media Watch dated 03.29.10.

- IRELAND | *Irish Times* – 25 March 2010 – **'Hospice to commit over €2m for care of children.'** 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. The key objective of the initiative is to focus on homecare.  
<http://www.irishtimes.com/newspaper/ireland/2010/0325/1224267013079.html>

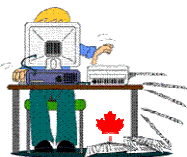
## Palace taps 'hospice' as ... conduit for morphine

PHILIPPINES | *Manila Bulletin* – 29 March 2010 – President Gloria Macapagal-Arroyo designated the National Hospice & Palliative Care Council of the Philippines (Hospice Philippines) as one of the major conduits of the Department of Health (DoH) in the distribution of morphine. In tapping Hospice Philippines, the proclamation cited the progress it has achieved in forming, uniting and networking with hospice and palliative care institutions in the country as well as networking with similar institutions abroad, cooperating with the Philippine Cancer Society in its cancer program.  
<http://www.mb.com.ph/articles/250083/palace-taps-hospice-doh-conduit-morphine>

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

### Getting the message across: Does the use of drama aid education in palliative care?

ADVANCES IN HEALTH SCIENCES EDUCATION | Online article – 30 March 2010 – This paper discusses the potential of drama for palliative care education and provides an example of the use of a drama to deliver messages about death and dying at a conference on palliative care.  
<http://springerlink.com/content/76230q3qh37v2615/?p=f31ebba9d329445ab692f8faef3c95de&pi=0>



### [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.

### [Specialist Publications](#)

Of particular interest:

**'Which patients with cancer die at home? A study of six European countries using death certificate data.'** Scroll down to p.8 for the findings of a study published in the *Journal of Clinical Oncology*.

**'Fear of dying in an ethnically diverse society: Cross-sectional studies of people aged 65+ in Britain.'** Scroll down to p.9 for the findings of a study published in the *Postgraduate Medical Journal*.

## End-of-life planning in heart failure: It should be the end of the beginning

CANADIAN JOURNAL OF CARDIOLOGY, 2010;26(3):135-141. Despite ... important advances in its treatment, approximately one-third of deaths in Canada each year result from CVD [cardiovascular disease] . While this might lead one to assume that a comprehensive medical approach exists to the management of this inevitable outcome, the reality is much different. The current ... medical model emphasizes the management of acute exacerbations of CVD during which end-of-life issues figure frequently and prominently, although in a setting ... inappropriate to address the comprehensive needs of patients and their families. As a result, end-of-life care was made a theme of the ... Canadian Heart Health Strategy & Action Plan.<sup>1</sup> From this, several recommendations are made, central to which is the need to reframe CVD as a condition ideally suited to a chronic disease management approach. In addition, replacement of the term 'palliative care' with the term 'end-of-life planning and care' is proposed to foster earlier and more integrated comprehensive care, which, it is proposed, denotes the provision of advanced care planning, palliative care, hospice care and advanced directives, with a focus on decision making and planning.<http://www.pulsus.com/journals/abstract.jsp?sCurrPg=abstract&jnlKy=1&atlKy=9419&isuKy=907&isArt=t&fromfold=Current Issue>

1. Canadian Heart Health Strategy & Action Plan website: <http://www.chhs-scsc.ca/>

Of related interest:

- *PROGRESS IN PALLIATIVE CARE*, 2010;18(2):66-71. **'Language, discourse and meaning in palliative medicine.'** Palliative care language can separate or confuse people about the reality of palliative care and be exclusionary to other specialties who work outside the field. Great care is needed in choosing words to describe palliative care, since words incarnate the service. <http://docserver.ingentaconnect.com/deliver/connect/maney/09699260/v18n2/s1.pdf?expires=1270218327&id=55974319&titleid=6597&accname=Guest+User&checksum=FF4A51377AAAA766A31B01A323408874>

## Time to move on from the euthanasia debate

CANADIAN MEDICAL ASSOCIATION JOURNAL | Online editorial – 29 March 2010 – In living, suffering and dying, most of us want to extend the first, minimize the second and pass swiftly through the third. However, at the prospect of death, two views collide. The first holds that the length of our lives is in the hands of a higher power and that death can only be accepted as and when it comes. The second is that we have full autonomy over how we live and that we can choose when and how we die. We certainly live in a time when we have more potential control over our dying. But when it's needed, the discussion about that control – by whom and how much – seems to lead to enmeshed families at the bedside or to entrenched positions in public discourse. Such contrasting ideas are usually superseded by a new and different form of understanding, rendering the impasse irrelevant. In Canada, as debate resumes in Quebec and in Parliament about a physician's role in caring for a patient's end

of life, we need to reach that understanding – the sooner the better. The way forward will require honest engagement and dialogue at a societal level. An important first step is defining the words we use. The end-of-life debate seems burdened by confusion over the word euthanasia. Opposing sides use it to further their ideological views: murder versus mercy; the right to live versus the right to die with dignity; selfishness versus compassion.[http://www.cmaj.ca/cgi/rapidpdf/cmaj.100338v1?ijkey=b992bd2dd51687fd21154a5b84d1391ff88cdc88&keytype2=tf\\_ipse\\_csha](http://www.cmaj.ca/cgi/rapidpdf/cmaj.100338v1?ijkey=b992bd2dd51687fd21154a5b84d1391ff88cdc88&keytype2=tf_ipse_csha)

*That emollient word euthanasia, stitched together from classical Greek, once expressed a concept that has now become frayed and torn. It mixes ideas and values that confound the debate about dying. It is time to discard it.*

**Ken Flegel**, Senior Associate Editor, **Paul C. Hébert**, Editor-in-Chief, *Canadian Medical Association Journal*

Cont.

- *BRITISH JOURNAL OF GENERAL PRACTICE*, 2010;60(573):e163-e170. **'Euthanasia in patients dying at home in Belgium: Interview study on adherence to legal safeguards.'** Substantive legal due care requirements concerning the patient's request for euthanasia and medical situation were almost always met by GPs... Consultation and reporting requirements were not always met. <http://www.ingentaconnect.com/content/rcgp/bjgp/2010/00000060/00000573/art00004.jsessionid=59mai7kkrkp3l.alice>
- *BRITISH JOURNAL OF GENERAL PRACTICE*, 2010;60(573):263-267. **'Requests for euthanasia in general practice before and after implementation of the Dutch Euthanasia Act.'** There was no increase in demand for euthanasia after implementation of the Euthanasia Act [2002]. Pain as a reason for requesting euthanasia showed an increasing trend before implementation, but declined thereafter. <http://www.ingentaconnect.com/content/rcgp/bjgp/2010/00000060/00000573/art00013>
- *BRITISH MEDICAL JOURNAL* | Online OpEd – 1 April 2010 – **'Do it properly or not at all.'** Botched suicides assisted by amateurs and ill considered decisions to die by some of the most vulnerable people in society are the likely outcomes of the assisted dying policy of the director of public prosecutions. [http://www.bmj.com/cgi/content/extract/340/apr01\\_2/c1719](http://www.bmj.com/cgi/content/extract/340/apr01_2/c1719)
- *JOURNAL OF EVALUATION IN CLINICAL PRACTICE*, 2010;16(2):330-334. **'Should it be legal to assist suicide?'** This paper argues that because it is a matter of dispute whether to assist suicide is ever morally right, the question whether assisted suicide should be legal should be decided independently of the moral issue and with reference to whether to assist suicide is genuinely to carry out the wishes of the person requesting it. <http://www3.interscience.wiley.com/journal/123336484/abstract>
- *THE LANCET ONCOLOGY*, 2010;11(4):303. **'Broaden the debate about assisted dying.'** The recent clarification ... of how and when the law against assisted suicide should be enforced is just the latest ruling to put assisted suicide and euthanasia, and the debate surrounding it, back in the headlines. <http://download.thelancet.com/pdfs/journals/lanonc/PIIS1470204510700772.pdf>

### **The uncompassionate elements of the Compassionate Care Benefits Program: A critical analysis**

*GLOBAL HEALTH PROMOTION*, 2010;17(1):50-59. Palliative care is a heavy burden to many Canadians who have dying relatives or friends. The Canadian government implemented a sub-program under the Employment Insurance [EI] – Compassionate Care Benefits Program (CCBs) to financially assist informal end-of-life caregivers. Since the current EI program's regulations pose a number of barriers for non-standard employees, many informal caregivers are automatically excluded from ... the CCBs program. This is especially true for those who belong to disadvantaged social groups, and women. This article explores whether a program designed as part of EI can provide comprehensive support to those informal end-of-life care-givers, and whether it is equally accessible to all Canadians. The authors argue ... in order to make the CCBs program effective, it needs to be made independent from Canada's Employment Insurance Program and hence become a true compassionate program that supports all the informal caregivers equally. <http://ped.sagepub.com/cgi/content/abstract/17/1/50>

From Media Watch dated 15 March 2010:

- CANADA (ONTARIO) | McMaster University (School of Geography & Earth Sciences) – March 2010 – *Evaluating Canada's Compassionate Care Benefit: The Perspective of Family Caregivers.* This study aimed to provide policymakers with the information required on how to improve the CCB program and better meet the needs of family caregivers. English language edition of the report: <http://www.coag.uvic.ca/eolcare/documents/CCB%20evaluation%20final%20report%20-%20English.pdf>

## Which patients with cancer die at home? A study of six European countries using death certificate data

*JOURNAL OF CLINICAL ONCOLOGY* | Online article – 29 March 2010 – This study examines the proportion of cancer deaths occurring at home in six European countries in relation to illness and to demographic and health care factors. The percentage of all cancer deaths occurring at home was 12.8 in Norway, 22.1 in England, 22.7 in Wales, 27.9 in Belgium, 35.8 in Italy, and 45.4 in the Netherlands. Having solid cancers and being married increased the chances of dying at home in all countries. Being older and being a woman decreased the chances of dying at home, except in Italy where the opposite was the case. A higher educational attainment was associated with better chances of dying at home in Belgium, Italy, and Norway (countries where information on educational attainment was available). Better chances of dying at home were also associated with living in less urbanized areas in all countries but England. The number of hospital and care home beds seemed not to be universally strong predictors of dying at home.

<http://jco.ascopubs.org/cgi/content/abstract/JCO.2009.23.2850v1>

## Working to improve access to palliative care in Africa

*THE LANCET ONCOLOGY*, 2010;11(3): 227-228. The push to increase the affordability of palliative care in sub-Saharan Africa faces many challenges, including limited resources, legal barriers to improved availability of low-priced morphine, overstretched practitioners, and inadequate skills in pain assessment and management. [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(10\)70049-8/fulltext#article\\_upsell](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(10)70049-8/fulltext#article_upsell)

## Trajectories of disability in the last year of life

*NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(13):1173-1180. Despite the importance of functional status to older persons and their families, little is known about the course of disability at the end of life. In the last year of life, five distinct trajectories were identified [in this study], from no disability to the most severe disability. In most of the decedents, the course of disability in the last year of life did not follow a predictable pattern based on the condition leading to death. <http://content.nejm.org/cgi/content/abstract/362/13/1173>

### 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>

## **Advance directives and outcomes of surrogate decision making before death**

*NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(13):1211-1218. Between 2000 and 2006, many elderly Americans needed decision making near the end of life at a time when most lacked the capacity to make decisions. Patients who had prepared advance directives received care that was strongly associated with their preferences. These findings support the continued use of advance directives. <http://content.nejm.org/cgi/content/abstract/362/13/1211>

- *NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(13):1239-1240. '**Reversing the code status of advance directives?**' Twenty years ago, Congress passed the Patient Self-Determination Act, hoping to improve end-of-life care through the use of advance directives. <http://content.nejm.org/cgi/content/short/362/13/1239>

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online report – 31 March 2010 – '**New guidance allows donors to name who receives their organs when they die.**' People who want, on their death, to donate their organs to a relative or close friend can do so with immediate effect under new government guidance, which covers the U.K. [http://www.bmj.com/cgi/content/extract/340/mar31\\_4/c1843](http://www.bmj.com/cgi/content/extract/340/mar31_4/c1843)
- *CANCER* | Online article – 1 April 2010 – '**Characteristics of patients who refuse do-not-resuscitate orders upon admission to an acute palliative care unit in a comprehensive cancer center.**' Do not resuscitate [DNR] refusal in patients admitted to the acute palliative care unit is low, more frequent in patients with more pain and nausea and no advance directives, and associated with longer survival. This study demonstrates possible predictors of complicated DNR discussions. <http://www3.interscience.wiley.com/journal/123339148/abstract?CRETRY=1&SRETRY=0>
- *CLINICAL GERONTOLOGIST*, 2010;233(2):124-135. '**Correlates of case managers' advance care planning practices.**' Factors that predicted advanced care planning practice included years of experience, the amount of advance care planning training experiences, perceived skill in geriatric practice competencies, perceived barriers to practice, and experience in advance care planning of a personal nature. Implications for enhancing practice in this area are discussed. <http://www.informaworld.com/smpp/content~content=a920113184~db=all~jumptype=rss>

## **Cost variations in ambulatory and home-based palliative care**

*PALLIATIVE MEDICINE* | Online article – 26 March 2010 – Restructuring health care in Canada has emphasized the provision of ambulatory and home-based palliative care. Acquiring economic evidence is critical given this trend and its tremendous demands on family caregivers. The purposes of this study were: 1) to comprehensively assess the societal costs of home-based palliative care; and, 2) to examine the socio-demographic and clinical factors that account for variations in costs over the course of the palliative trajectory. One hundred and thirty-six family caregivers were interviewed every two weeks from time of palliative referral until death. The mean monthly cost of care per patient was \$24,549 (2008 CDN\$). Family caregivers' time costs comprised most costs (70%). Information highlighting the variation in costs across individuals may aid policy makers and managers in deciding how to allocate resources. Greater clarity regarding costs over the course of the palliative trajectory may improve access to care. <http://pmj.sagepub.com/cgi/content/abstract/0269216310364877v1>

## **Fear of dying in an ethnically diverse society: Cross-sectional studies of people aged 65+ in Britain**

*POSTGRADUATE MEDICAL JOURNAL*, 2010;86(1014):197-202. Enabling older people to express fears about dying is likely to be important when planning supportive end-of-life care. Practitioners should not assume that fears about dying are the same in different social groups, or that extensive family support is protective against such anxiety. Older people from ethnic minorities had more anxieties about dying than others, and were more likely to express fears the more extensive their family support. <http://pmj.bmj.com/content/86/1014/197.abstract>

**Vulnerability in palliative care:  
An application and extension  
of the risk chain model**

*PROGRESS IN PALLIATIVE CARE*, 2010; 18(2):72-78. The terms 'inequity' and 'vulnerability' have increasingly become popular in publications concerning health research and policy, including those on palliative care. Often, these words are used with ethical connotation but without precise definitions. In addition, despite the seeming affinity between these two terms, it remains vague how they might relate to each other. This paper proposes a way to understand the meaning of, and relationship between, inequity and vulnerability in palliative care. It concludes with identification of who are the vulnerable in palliative care and when palliative care is inequitable.

<http://www.ingentaconnect.com/content/maney/ppc/2010/0000018/0000002/art0002>

**Competing discourses in palliative care**

*SUPPORT CARE CANCER*, 2010;18(5): 573–582. Previous studies have established that palliative care is a disciplinary area in a state of transformation due to the involvement of different professional categories and that nursing care in the palliative context is influenced by the dominance of the medical perspective. This study aimed to describe palliative care from a nursing perspective prior to the implementation of a palliative care programme. Four different discourses were discerned: caring, non-caring, curing and the organisation. The ethos on the ward was strongly linked to the medical discourse. The authors consider that a prerequisite for the organisation of palliative care is an expressed caring perspective based on the patients' experiences of suffering, which perspective is lacking in the curing and organisational discourses.

<http://springerlink.com/content/r5v94v54981238j6/fulltext.pdf>

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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.

## Worth Repeating

### The art of the possible

#### **Psychological considerations, growth, and transcendence at the end of life**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2001;285(22):2898-2905. Patients with life-threatening illnesses face great psychological challenges and frequently experience emotional distress. Yet, the end of life also offers opportunities for personal growth and the deepening of relationships. When physical symptoms and suffering are controlled, it is easier to address patients' central concerns – about their families, about their own psychological integrity, and about finding meaning in their lives. Optimal end-of-life care requires a willingness to engage with the patient and family in addressing these distinct domains. In addition to supporting growth of patients and their caregivers, physicians need to recognize the impact of psychiatric disorders such as depression, anxiety, and delirium at the end of life and develop skills in diagnosing and treating these syndromes. Enhanced understanding of the common psychological concerns of patients with serious illness can improve not only the clinical care of the patient, but also the physician's sense of satisfaction and meaning in caring for the dying. <http://jama.ama-assn.org/cgi/content/abstract/285/22/2898?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=end+of+life+care&searchid=1&FIRSTINDEX=10&resourcetype=HWCIT>

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