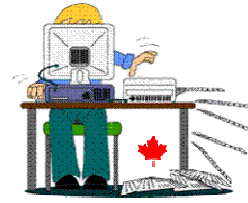


## Media Watch...

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.

## 19 April Edition | Issue #145



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Physician education and training: Scroll down to **Specialist Publications** and 'They've got to learn' – A qualitative study exploring the views of patients and staff regarding medical students in a hospice' (p.8) published in *Palliative Medicine*

## Canada

### Ontario doctors' pay should be overhauled: Report<sup>1</sup>

ONTARIO | Canadian Press – 15 April 2010 – A group of Ontario health-care providers says changing the way doctors in hospitals are paid could save the province more than \$200 million a year. The coalition wants physicians to be under contract to hospitals rather than the usual method of being granted hospital privileges. Ontario is currently paying \$842 per capita a year for physician services overall – the average for the other provinces is \$675. The coalition also recommends more end-of-life care be provided in the community rather than in hospitals (see sidebar). The report was released by the Ontario Hospital Association, the Ontario Association of Community Care Access Centres and Ontario Federation of Community Mental Health & Addiction Programs. [http://ottawa.ctv.ca/servlet/an/local/CTVNews/20100415/OTT\\_Doctor\\_Pay\\_100415/20100415/?hub=OttawaHome](http://ottawa.ctv.ca/servlet/an/local/CTVNews/20100415/OTT_Doctor_Pay_100415/20100415/?hub=OttawaHome)

1. *Ideas & Opportunities for Bending the Health Care Cost Curve: Advice for the Government of Ontario*, April 2010. [http://www.oha.com/News/MediaCentre/Documents/Bending%20the%20Health%20Care%20Cost%20Curve%20\(Final%20Report%20-%20April%2013%202010\).pdf](http://www.oha.com/News/MediaCentre/Documents/Bending%20the%20Health%20Care%20Cost%20Curve%20(Final%20Report%20-%20April%2013%202010).pdf)

### Recommendation on end of life care

The Ministry of Health & Long Term Care should continue to support the Ontario Association of Community Care Access Centres' leadership role ... working with key partners across the sector to ensure increased integration and successful expansion of community-based palliative care. Every 10% shift of palliative care patients from an acute care setting to a home care setting results in \$9 million in savings.

## Protect caregivers from financial ruin as population ages

MAYTREE POLICY IN FOCUS | Online report – March 2010 – An estimated four million Canadians act as unpaid or informal caregivers to seniors and persons with disabilities. Many caregivers exit the workforce or reduce their hours of work, risking their economic security. They also absorb additional costs related to their caregiving functions. This Policy in Focus highlights three proposals: expand Employment Insurance (EI) compassionate care leave to allow special leave for the care of persons with chronic conditions (current provisions limit support to those caring for terminally ill relatives); extend Canada Pension Plan (CPP) provisions to protect the retirement earnings of caregivers who must temporarily leave the workforce, as is currently done for workers with young children; and, make current tax credits for caregivers refundable to ensure that households too poor to pay income tax receive some money from the government to help offset their caregiving costs. <http://maytree.com/policyPDF/MaytreePolicyInFocusIssue11.pdf>

From Media Watch dated 5 April 2010:

- *GLOBAL HEALTH PROMOTION*, 2010;17(1):50-59. **'The uncompassionate elements of the Compassionate Care Benefits Program: A critical analysis.'** The authors argue ... in order to make the ... 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>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *LE DEVOIR* | Online OpEd – 15 April 2010 – **'Projet de loi C-384 - Pour le droit de mourir dignement.'** Mercredi prochain, le 21 avril, le Parlement d'Ottawa votera sur mon projet de loi d'intérêt privé C-384, intitulé Loi modifiant le Code criminel (droit de mourir dignement). Une majorité de députés pourrait décider soit de l'envoyer à un comité où il serait étudié et amendé, avant de revenir au Parlement pour rejet ou adoption, ce que je souhaite, ou elle pourrait le défaire immédiatement. <http://www.ledevoir.com/societe/actualites-en-societe/286954/projet-de-loi-c-384-pour-le-droit-de-mourir-dignement>

**N.B.** Parliament is expected to vote later this week on C-384.

- CANADIAN CONFERENCE OF CATHOLIC BISHOPS | Open Letter – 8 April 2010 – **'The federal government to focus on the needs for palliative care in Canada.'** The Canadian Conference of Catholic Bishops urges political and social leaders to insist on clear and mutually understood definitions of the terms being used [in discussing end-of-life issues], so discussions can be focused and helpful. <http://www.cccb.ca/site/content/view/2775/1217/lang.eng/>

### Specialist Publications

Of particular interest:

**'Can we talk about euthanasia without dying of it?'** Scroll down to p.5 for two physician perspectives on the issue of assisted (or facilitated) death, published in *Canadian Family Physician*.

## U.S.A.

### Health care reform

#### **Obama pushes hospitals to honor patients' choices**

NATIONAL PUBLIC RADIO | Online report – 16 April 2010 – By ordering hospitals that take Medicare or Medicaid money to allow patients to be visited and helped by whomever they want, President Obama was taking a shot at those that have resisted the wishes often recorded in advance directives. The presidential memo specifically notes the challenges for gay and lesbian people whose partners have sometimes been unable to act as legal surrogates. Many hospitals already have broadened the categories of people permitted to visit or aid a hospitalized person. And some states, including North Carolina, have patient bills of rights that give the hospitalized person the power to say who's OK to visit. But there's also been some backsliding on advance directives, too. [http://www.npr.org/blogs/health/2010/04/by\\_scott\\_hensley\\_by\\_ordering.html](http://www.npr.org/blogs/health/2010/04/by_scott_hensley_by_ordering.html)

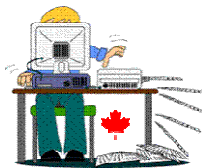
#### **Doctors face religious conflicts at hospitals**

WASHINGTON TIMES | Online report – 14 April 2010 – New research reveals that one in five primary care physicians who practice in religiously affiliated hospitals say they have faced "clinical ethical conflicts" when treating their patients in those facilities, where end-of-life care, abortion and other practices may be restricted.<sup>1</sup> "Religious hospitals represent nearly 20% of our health care system," said Dr. Debra Stulberg, an instructor of family medicine, and obstetrics and gynecology, at the University of Chicago. "Yet we know little about how religious policy affects the care doctors give to patients. <http://www.washingtontimes.com/news/2010/apr/14/doctors-report-religious-conflicts-at-hospitals/>

1. Scroll down to [Specialist Publications](#) and '**Religious hospitals and primary care physicians: Conflicts over policies for patient care**' (p.7) for the findings of a cross-sectional survey published in *Journal of General Internal Medicine*.

#### **Hospice: An end-stage option**

CALIFORNIA | *Union-Tribune* – 13 April 2010 – Although dying is a natural part of the cycle of life, few of us like to dwell on it. The thought of one's final days spent in a cold, sterile environment, hooked up to machines and monitors while away from family and friends, is not exactly comforting. That's why last year about 1.5 million Americans chose to receive hospice care and spend the end of their lives in the peaceful setting of their home or homelike facility, foregoing aggressive treatments. "The quality of life, not its duration, is the focus of hospice," says Melissa Delacalzada, spokeswoman for the not-for-profit San Diego Hospice and The Institute for Palliative Medicine, the oldest and largest hospice program in the county. <http://www.signonsandiego.com/news/2010/apr/13/hospice-an-end-stage-option-palliative-care/>



#### **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.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BBC (U.K.) | Online report – 15 April 2010 – **'Hollywood actor Al Pacino plays Dr Death.'** Pacino joins the cast of 'You Don't Know Jack,' a television series in America which tells the story of Dr Jack Kervorkian, the right-to-die activist, known by many as 'Dr. Death.' He portrays Kervorkian in the series during the years when he launched a campaign to provide what he considers a human and dignified option for the terminally ill. <http://news.bbc.co.uk/2/hi/entertainment/8622118.stm>

## International

### Sick children deserve right to die at home with dignity

*IRISH TIMES* | Online report – 19 April 2010 – For the majority of parents with a child who is not going to live, their wish is that they can pass away at home, surrounded by loved ones. The child may be born with an illness that leaves them with shortened life expectancy. Or they may suddenly be diagnosed with an illness they bravely battle against but cannot survive. It is estimated that of the children with life-threatening conditions in Ireland, around 490 of these die annually. However Prof. Philip Larkin, of Our Lady's Hospice in Dublin, pointed out the figure is probably an underestimate. Yet not all die at home. If a family wants to care for their child they need the back-up of professionals. There must be regular visits by nurses and support care from doctors. The first government strategy aimed at allowing more children to die at home has been launched. But it contained both good and bad news. The good news is that more professionals to care for these children are to be hired. But it is mostly possible thanks to funding from charity rather than the Government. <http://www.independent.ie/health/sick-children-deserve-right-to-die-at-home-with-dignity-2142961.html>

From Media Watch dated 12 April 2010:

- *IRISH MEDICAL TIMES* | Online report – 5 April 2010 – **'Movement urged on children's palliative care.'** It is essential that a national committee for children's palliative care is appointed as soon as possible to advance the recommendations in the new national policy document on palliative care for children with life-limiting illnesses, the Irish Association for Palliative Care has stated.<sup>1</sup> [http://www.imt.ie/news/2010/04/movement\\_urged\\_on\\_childrens\\_pa.html](http://www.imt.ie/news/2010/04/movement_urged_on_childrens_pa.html)

1. *Palliative Care For Children With Life-Limiting Conditions In Ireland – A National Policy*, Department of Health & Children, Government of Ireland, December 2009  
[http://www.dohc.ie/publications/pdf/palliative\\_care\\_en.pdf?direct=1](http://www.dohc.ie/publications/pdf/palliative_care_en.pdf?direct=1)

## Population trends

### Tasmania's aged care crisis

AUSTRALIA (TASMANIA) | *The Mercury* – 18 April 2010 – Experts say Tasmania's aged-care industry is in crisis, with 70% of residential care providers operating at a loss, making it more important for people to start planning early. Without significant reform the industry predicts:

- People will miss out on residential aged care because they don't attract government funding and [family care] providers cannot afford to care for them.
- Closure of community-based homes and the possibility of only metropolitan facilities operated by a small number of large providers.
- A shortage of community care to adequately support older people who want to live at home.
- Difficulty in attracting and retaining aged-care staff.

In 2019, 1 in 4 Tasmanians will be over 65. Industry association and providers are urging people to plan well ahead. [http://www.themercury.com.au/article/2010/04/18/140585\\_lifestyle.html](http://www.themercury.com.au/article/2010/04/18/140585_lifestyle.html)

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

### Less is more

*ARCHIVES OF INTERNAL MEDICINE*, 2010;170(7):584. Our current health care system operates on the unspoken but widely prevalent belief that more care is always better than less and that new technology is always better than older methods. Yet, there are many cases in which these assumptions are wrong. Clearly, these erroneous assumptions negatively affect health by exposing patients to unnecessary harms of treatment and testing, with no expected benefit; they also increase the total cost of health care. To stimulate a conversation on this topic, the editors of the *Archives [of Internal Medicine]* ... launch a new feature ... [that] ...will identify articles that document cases in which less health care results in better health and offer commentary on the specific implications. <http://archinte.ama-assn.org/cgi/content/extract/170/7/584>

### Outpatient palliative care practices

*ARCHIVES OF INTERNAL MEDICINE*, 2010;170(7):654-655. The field of palliative care has grown rapidly in the U.S., with most of the focus on the development of inpatient palliative care consultation services. However, the number of outpatient palliative care programs is increasing, with evidence of improved patient and family clinical outcomes. Little is known about the structures and processes of existing outpatient palliative care services, including those serving patients with cancer. Learning about existing outpatient palliative care practices may be useful to palliative care programs hoping to expand into the outpatient arena. This project was designed to learn the structural components of a national sample of leading outpatient palliative care practices. <http://archinte.ama-assn.org/cgi/content/extract/170/7/654>

From Media Watch dated 12 January 2009:

- *JOURNAL OF CLINICAL ONCOLOGY*, 2009;27(2):206-213. '**Phase II Study of an outpatient palliative care intervention in patients with metastatic cancer.**' Although there is increasing advocacy for timely symptom control in patients with cancer, few studies have assessed outpatient palliative care clinics. <http://jco.ascopubs.org/cgi/content/abstract/27/2/206>

### Can we talk about euthanasia without dying of it?

*CANADIAN FAMILY PHYSICIAN*, 2010;56(4):311. This edition of the journal offers perspectives on the issue of assisted (or facilitated) death in posing the question: "Should physicians be open to euthanasia?"

**Editorial:** <http://www.cfp.ca/cgi/reprint/56/4/311>

**Yes:** <http://www.cfp.ca/cgi/reprint/56/4/320?ijkey=ea968071cdb4a9e9a25821c93ab708fe5b9be3c3>

**No:** <http://www.cfp.ca/cgi/reprint/56/4/321>

### Separation from loved ones in the fear of death

*DEATH STUDIES*, 2010;34(5):404-425. Individuals' death anxiety or fear of death has been extensively investigated and there are numerous conceptualizations ... including a distinction between the dimensions of death and dying of self, and death and dying of others. This article ... re-examines the relationship between these two dimensions. This study indicates that regardless of the degree to which individuals fear their own death, most individuals fear the death and dying of others. Specifically, the leaving, or loss of loved ones, was a central theme in people's fear of death. <http://www.informaworld.com/smpp/content~db=all~content=a921312888>

## **Death in emergency departments: A multicenter cross-sectional survey with analysis of withholding and withdrawing life support**

*INTENSIVE CARE MEDICINE*, 2010;36(5):1432-1238. The authors describe the characteristics of patients who die in emergency departments and the decisions to withhold or withdraw life support. Principal acute presenting disorders were cardiovascular, neurological, and respiratory. Life-support therapy was initiated in 73.6% patients. Palliative care was undertaken for 56.7% of patients. A decision to withhold or withdraw life-sustaining treatments was taken for 78.8% patients and mostly concerned patients over 80 years old, with underlying metastatic cancer or previous functional limitation. Decisions were discussed with family or relatives in 58.4% of cases. The decision was made by a single physician in 19.9%, and by at least two physicians in 80.1% cases. Death occurring in emergency departments (ED) mainly concerned elderly patients with multiple chronic diseases and was frequently preceded by a decision to withdraw and/or withhold life-support therapies. Training of future ED physicians must be aimed at improving the level of care of dying patients, with particular emphasis on collegial decision-taking and institution of palliative care. <http://www.springerlink.com/content/pnk426733k21460j/>

Editorial:

- *INTENSIVE CARE MEDICINE*, 2010;36(5):1432-1238. **'The worst is yet to come. Many elderly patients with chronic terminal illnesses will eventually die in the emergency department.'** <http://www.springerlink.com/content/65147543464731k3/>

## **Experiences and attitudes of patients with terminal cancer and their family caregivers toward the disclosure of terminal illness**

*JOURNAL OF CLINICAL ONCOLOGY*, 2010;28(11):1950-1957. The authors investigated the experiences of cancer patients and their family caregivers who became aware that the cancer was terminal, how they became aware, and how they felt about disclosure of the information. A majority of patients and caregivers [in this cohort study conducted in Korea] were aware of the patient's terminal status. Approximately 28% of patients and 23% of caregivers reported that they guessed it from the patient's worsening condition. The patient group was more likely than the caregiver group to prefer that patients be informed of their terminal status. Patients informed of their terminal diagnosis had a significantly better quality of life and fewer symptoms and had a lower rate of emotional distress than patients who guessed it from their worsening condition. Younger patients and patients who paid the treatment costs themselves were significantly more likely to want to be told when their illness was terminal. If the patient paid the treatment cost and was employed at the time of the cancer diagnosis, the family caregivers were more likely to prefer disclosure of terminal illness. <http://jco.ascopubs.org/cgi/content/abstract/28/11/1950>

U.S. report on Korean study:

- *MEDSCAPE MEDICAL NEWS* | Online report – 15 April 2010 – **'Most terminally ill cancer patients prefer disclosure of their prognosis.'** "This study highlights the fact that even in cultures such as Korea, which typically have been labeled as cultures practicing non-disclosure, many people prefer disclosure over non-disclosure," said James Hallenbeck, MD, associate chief of staff for extended care in the Palo Alto Health Care System in California. "As important as the finding is that a majority preferred disclosure, it is important to note that a significant minority did not want such disclosure." <http://www.medscape.com/viewarticle/720297>

### **[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/>

## Religious hospitals and primary care physicians: Conflicts over policies for patient care

*JOURNAL OF GENERAL INTERNAL MEDICINE* | Online article – 6 April 2010 – Religiously affiliated hospitals provide nearly 20% of U.S. beds, and many prohibit certain end-of-life and reproductive health treatments. Little is known about physician experiences in religious institutions. Most physicians who participated in this cross-sectional survey believed when clinical judgment conflicts with religious hospital policy, physicians should refer patients to another institution. Respondents with no religious affiliation were more likely than others to believe doctors should disregard religiously based policies that conflict with clinical judgment.  
<http://springerlink.com/content/x00q7k2682635655/?p=f9a11ae2a8bb4a86bc8c2b3f5670ffa7&pi=3>

## Helping surrogates make decisions

*JOURNAL OF PALLIATIVE MEDICINE*, 2010;13(4):461-462. Surrogate decision-makers are often placed in the difficult position of making what feels to them as life or death decisions. The authors offer an approach to help surrogates through the decision process when patients cannot participate in decision-making themselves. The surrogate needs to process that their loved one is dying and conceptualize what life will be like without him or her. This grief work takes time and psychological support. Often, letting people think about what you have said and talking again over subsequent days provides them the space to do grief work. It also allows them to see for themselves that what you have advised is coming true (e.g., the patient is not getting better).  
<http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.9847>

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE*, 2010;13(4):462-463. **'The family meeting: End-of-life goal setting and future planning.'** End-of-life goal setting is a key palliative care skill, typically occurring as part of a family meeting. The authors discuss an approach to goal setting when the expected length of life is short.  
<http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.9846>

**N.B.** Scroll down to **'The family meeting: End-of-life goal setting and future planning.'**

## End-of-life care is still a challenge for Italy

*MINERVA ANESTESIOLOGICA*, 2010;76(3):203-8. This article focuses on analyzing the dying process, transoceanic similarities and differences in the end of life decision-making practice, and family involvement. Dying has changed as a process over the last century in term of causes of death, costs, communication of the prognosis, and needs of the patient's family. Regardless of national and international guidelines, there is no agreement among Italian doctors regarding the standards of daily clinical practice at end of life.  
<http://www.minervamedica.it/en/journals/minerva-anestesiologica/article.php?cod=R02Y2010N03A0203>

### [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>

### **Equity of use of specialist palliative care by age: Cross-sectional study of lung cancer patients**

*PALLIATIVE MEDICINE* | Online article – 15 April 2010 – Previous research has suggested that older cancer patients may be less likely to use specialist palliative care, but such research has been limited by retrospective design and the failure to measure clinical need. The objective of this study was to examine the extent to which the use of specialist palliative care in lung cancer patients varies by age, after accounting for need. Thirty-nine percent of participants [in this cross-sectional survey] received specialist palliative care. Metastatic disease, global quality of life and the clinic where treatment was provided were associated with use of specialist palliative care. Age, gender, deprivation, living alone, current or most recent line of treatment, number of co-morbidities and carer stress were not associated with receipt of such services. This suggests that, for patients within the specialist cancer care system, access to specialist palliative care is offered on the basis of need. <http://pmj.sagepub.com/cgi/content/abstract/0269216310364199v1>

### **'They've got to learn' – a qualitative study exploring the views of patients and staff regarding medical student teaching in a hospice**

*PALLIATIVE MEDICINE* | Online article – 15 April 2010 – Previous research suggests hospice staff have concerns about the burden on patients when participating in medical student teaching and may gatekeep access to patients. This study ... [suggests that] ... hospice patients, who have been involved in teaching, are positive about meeting medical students, and staff carefully select patients based on a number of issues. <http://pmj.sagepub.com/cgi/content/abstract/0269216310366065v1>

### **Factors influencing parental readiness to let their child with cancer die**

*PEDIATRIC BLOOD & CANCER* | Online article – 14 April 2010 – A perspective of letting go could be supported by a variety of factors. These included: certainty that the child cannot be cured, postponed grief, the perception of suffering, the ability to disentangle needs and the ability to parent meaningfully. Hope, creating a peaceful parent-child relationship, and the attitude of professionals, could support movements in either direction. Of these, certainty, and in most cases postponed grief, were pre-conditions for the transition towards letting go. Strategies such as not challenging the parents' suppression of grief, creating certainty about the child's condition and supporting parents in efforts to redefine their parental role, supported progress towards accepting a letting go perspective. <http://www3.interscience.wiley.com/journal/123351637/abstract>

### **Due respect and professional care in death**

*THE PSYCHIATRIST*, 2010;34:143-145. The Royal College of Physicians' *Palliative Care Services: Meeting the Needs of Patients* and the Department of Health's *End of Life Care Strategy* are important reports that signify a national and international determination to address the needs of people who are nearing their time of dying, and their families, with positive, well-informed professionalism.<sup>1,2</sup> Despite the advances of medicine and improved social conditions, death will eventually supervene. Psychiatrists and other mental health workers encounter death, in anticipation of its coming and in its aftermath. They need to be aware of developments in the field of end-of-life care and contribute to developments which are occurring, as well as learn and assimilate better practices. <http://pb.rcpsych.org/cgi/content/abstract/34/4/143>

1. *Palliative Care Services: Meeting the Needs of Patients*, Royal College of Physicians, 2007 <http://www.rcplondon.ac.uk/pubs/contents/ec579e02-64fd-4f36-bb5d-5159a276077f.pdf>
2. *End of Life Care Strategy*, Department of Health, 2008. [http://www.endoflifecare.nhs.uk/eolc/files/DH-EoLC\\_Strategy\\_promoting\\_high\\_quality\\_Jul2008.pdf](http://www.endoflifecare.nhs.uk/eolc/files/DH-EoLC_Strategy_promoting_high_quality_Jul2008.pdf)

**N.B.** The Department of Health, as part of the national end of life strategy, publishes the journal *End of Life Care*, access to which is only by subscription at: <http://endoflifecare.co.uk/index.shtml>

## Worth Repeating

### Children's Oncology Group: International study

#### **Availability and use of palliative care and end-of-life services for pediatric oncology patients**

*JOURNAL OF CLINICAL ONCOLOGY*, 2008;26(28):4646-4650. Formal palliative care is currently offered in only 58% of institutions caring for pediatric oncology patients. In an era where the benefit of palliative care has been clearly established, this number should approach 100%, and we must strive to reach this goal. Although the exact timing of palliative care introduction remains controversial, it is clear that pediatric oncology patients represent a patient cohort who can benefit from the early introduction of comprehensive palliative care services, regardless of the outcome of cure-directed therapy. Also, most end-of-life services, when available, were not well used by pediatric oncology patients, which is an aspect that clinicians must strive to correct.

<http://ukpmc.ac.uk/articlerender.cgi?artid=1831412>

#### **Children's Oncology Group**

The Children's Oncology Group is a cooperative research organization devoted to the development of new treatments and cures for the cancers of infants, children, adolescents, and young adults. Membership includes more than 5,000 pediatric cancer specialists, located at 232 member institutions across the U.S., Canada, Australia, New Zealand, Switzerland, and The Netherlands. Website: <http://www.childrensoncologygroup.org/>

### Media Watch: Editorial Practice

Each listing in Media Watch represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy tool or change document.

### Distribution

Media Watch is distributed at no cost to colleagues active or with a special interest in hospice, palliative care and end of life issues. Recipients are encouraged to share the weekly report with *their* colleagues. The distribution list is a proprietary one, used exclusively for the distribution of the weekly report and occasional supplements. It is not used or made available for any other purpose whatsoever – to protect the privacy of recipients and also to avoid generating undue e-mail traffic.

### Links to Sources

1. Links are checked and confirmed as active before each edition of Media Watch is distributed.
2. Links often remain active, however, for only a limited period of time.
3. Access to a complete article, in some cases, may require a subscription or one-time charge.
4. If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
5. Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

### Something Missed or Overlooked?

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

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