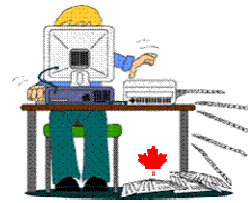


Media Watch...

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

Obstacles in planning end of life care: Scroll down to [Specialist Publications](#) and 'Readability of state-sponsored advance directive forms in the U.S...' (p.5) for the findings of a cross-sectional study published online at *BMC Medical Ethics*.

Canada

P.E.I. paramedics to train for homecare

PRINCE EDWARD ISLAND | CBC News – 28 April 2010 – The [provincial] government has a plan to improve homecare for the elderly ... that involves training paramedics to do the work. "By keeping those individuals at home longer, they will be happier plus we'll be saving money, so we're working on ways to increase our homecare across the province," Premier Robert Ghiz said in announcing the pilot project. The government has decided paramedics on the Island can help that effort. <http://www.cbc.ca/canada/prince-edward-island/story/2010/04/28/pe-homecare-paramedics-584.html>

From Media Watch dated 22 March 2010:

- *PREHOSPITAL & DISASTER MEDICINE*, 2009;24(6):529-34. **'Paramedic knowledge, attitudes, and training in end-of-life care.'** This study attempted to ascertain paramedics' attitudes toward end-of-life situations, the frequency with which they encounter them, and to compare paramedics' preparation during training for a variety of end of life care skills. <http://pdm.medicine.wisc.edu/>

Specialist Publications

Of particular interest:

'The transition experience of rural older persons with advanced cancer and their families: A grounded theory study.' Scroll down to p.5 for a Canadian study published online at *BMC Palliative Care*.

Ontario won't regulate personal care workers

ONTARIO | CBC News – 26 April 2010 – Ontario's health ministry has decided not to press ahead with regulation of personal service workers. For the past five years the government has been debating whether to regulate the 100,000 workers in facilities across Ontario who care for the aged and people with disabilities. The ministry said the government is still considering standards for care workers, but just not regulating them in the same way as other health professionals. <http://www.cbc.ca/consumer/story/2010/04/26/support-workers.html>

Cont.

N.B. Scroll down to [Specialist Publications](#) (p.6) and **'When home is where the health care is: Protecting home health care and hospice workers'** published in *Environment Care News*.

Of related interest:

- *CANADIAN JOURNAL ON AGING*, 2010;29(1):97-107. **'Strategies used by home support workers in the delivery of care to elderly clients.'** An estimated 36,000 home support workers assist older Canadians annually with daily activities, such as bathing, dressing, grooming, and light housework, yet home support workers' day-to-day experiences are not well understood. This study's findings inform understanding of home support workers' job experiences ... highlight[ing] ... qualities that characterize exceptional workers in navigating the various domains of home support. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7312284>

N.B. The focus of this issue is the Social & Economic Dimensions of an Aging Population Project. Contents page: <http://journals.cambridge.org/action/displayIssue?jid=CJG&volumelid=29&issuelid=01&iid=7312208>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- NOVA SCOTIA | *Chronicle Herald* – 1 May 2010 – **'Palliative care MD: Rethink euthanasia.'** People who say they agree with euthanasia do so without knowing what it is. Most people think it's the same as a "do not resuscitate" order ... and is an option for those receiving palliative care, Dr. Jose Pereira told professionals and volunteers attending the recent Nova Scotia Hospice Palliative Care Association Conference. <http://thechronicleherald.ca/NovaScotia/1180061.html>
- ONTARIO | *Ottawa Citizen* (OpEd) – 1 May 2010 – **'Don't fear the slippery slope.'** Opponents of assisted suicide argue that to legalize it under any circumstances would diminish the value that Canadians place on life itself. They consider legalization to be the first step on a slippery slope that ends with physicians exerting pressure on the elderly to be euthanized to free up a hospital bed, or even to doctors killing patients without their consent. Such arguments likely contributed to the death ... of Bill C-384. <http://www.ottawacitizen.com/news/fear+slippery+slope/2974510/story.html>
- ONTARIO | *Windsor Star* (OpEd) – 28 April 2010 – **'Canada not death haven yet.'** We need better palliative care and end-of-life facilities, not the legal right to kill people before their natural end. <http://www.windsorstar.com/health/Canada+death+haven/2959208/story.html>

U.S.A.

Private care profits affect non-profit hospice

ALABAMA | *News Courier* – 2 May 2010 – Whom would you like to have with you during your final hours should you be stricken with a terminal illness – a trusted neighbor or someone in the job for profit? Today, more and more private hospice care organizations are cropping up, taking over the roll of the non-profit Hospice of Limestone County. There are 13 other hospice providers currently operating in Limestone County. <http://enewscourier.com/local/x1901493985/Private-care-profits-affect-non-profit-Hospice>

Of related interest:

- CALIFORNIA | *North Bay Business Journal* – 3 May 2010 – **'Hospices prepare for Medicare cuts.'** Facing up to \$10 million in cuts to Medicare reimbursement, hospice leaders had hoped the passage of the federal health bill in March would blunt the impact of such a sharp hit. <http://www.northbaybusinessjournal.com/20959/hospices-prepare-for-medicare-cuts/>

Trinitas wants OK to refuse life support to patients

NEW JERSEY TODAY | Online report – 30 April 2010 – A Catholic hospital that refuses to perform abortions is seeking permission from state courts to withhold life-sustaining treatment from uninsured patients. Trinitas Regional Medical Center is asking for legal permission to pull the plug on uninsured patients even if families oppose the decision or when patient instructions – known as an 'advance directive' – call for all necessary measures to be used to keep them alive. <http://njtoday.net/2010/04/30/trinitas-wants-ok-to-refuse-life-support-to-patients/>

From Media Watch dated 4 January 2010:

- CALIFORNIA | *San Francisco Chronicle* – 3 January 2010 – '**New Catholic mandate on comatose patients.**' The nation's Catholic hospitals ... face a new religious mandate in the new year: to provide life-sustaining food, water and medicine to comatose patients who have no hope of recovery. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/01/03/BA321BC2R1.DTL>

'Death panels' debate returns to Congress: Congressman building support for proposal

WASHINGTON DC | *Huffington Post* – 29 April 2010 – The House [of Representatives] health care provision that Sarah Palin warned would lead to "death panels" never made it into the final [health reform] bill, but its backers plan to resuscitate it. Representative Earl Blumenauer [Democrat, Oregon], who shepherded the amendment through the Ways & Means Committee, is building ... support for stand-alone passage of the legislation that would allow Medicare to reimburse health care providers for consulting with patients about end-of-life decisions. http://www.huffingtonpost.com/2010/04/29/death-panels-debate-retur_n_556997.html

Loss and separation

Cleaning out a shared closet after a spouse's death is not mere housekeeping

WASHINGTON POST | Online report – 29 April 2010 – Talk to any adult child who has packed up a parent's closet after a move to an assisted living facility or a death, and you know why these small, painfully intimate spaces are the stuff of metaphor. Closets, like our lives, can be messy. <http://www.washingtonpost.com/wp-dyn/content/article/2010/04/27/AR2010042704002.html>

National Cost of Care Survey

Nursing home costs rising faster than home-care costs

GENWORTH FINANCIAL | Online report – Accessed 28 April 2010 – The cost of receiving long-term care services at home is increasing, but not nearly as rapidly as the cost of nursing home or assisted living services, according to a new survey, which covers nearly 13,000 long term care providers. http://www.genworth.com/content/products/long_term_care/long_term_care/cost_of_care.html

Debating the ethics of rationing end-of-life care

PBS | NewsHour – 26 April 2010 – NewsHour analyst Susan Dentzer ... moderated a ... debate on the ethics of rationing end-of-life health care after the issue gained prominence in the health care reform discussions. Arguing for rationing: Ira Byock, a doctor and director of palliative medicine at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, and Arthur Caplan, director of the Center for Bioethics and a professor at the University of Pennsylvania. Arguing against rationing: Ken Connor, chair of the Center for a Just Society, and a lawyer in private practice; and, Marie Hilliard, director of bioethics and public policy at the National Catholic Bioethics Center. http://www.pbs.org/newshour/bb/health/jan-june10/miller_04-26.html

International

Cash cuts put hospice jobs at risk

U.K. | *Hartlepool Mail* – 30 April 2010 – A cash-strapped hospice has confirmed up to 10 jobs are at risk after being hit by cuts in funding. Hartlepool & District Hospice has ... a £150,000 shortfall in funding from the National Health Service. <http://www.hartlepoolmail.co.uk/news/Cash-cuts-put-hospice-jobs.6264573.jp>

End-of-life care changes

U.K. (SCOTLAND) | *Scotsman* – 30 April 2010 – Elderly and terminally-ill National Health Service patients are to have their end-of-life needs electronically recorded in a move which will improve palliative care in the Lothians. The new system allows GPs to enter electronically if a person wishes to die in a certain place and what care they will receive up until their death. It means other health professionals dealing with them, such as district nurses and staff in casualty departments, will have more information than before. <http://news.scotsman.com/health/Endoflife-care-changes.6264655.jp>

Patients to be moved from hospice

NEW ZEALAND | *Dominion Post* – 28 April 2010 – Hospice patients in Hastings will be shifted to hospital after a district health board audit found a "culture of blame and distrust" at a care facility. Stubborn nurses resistant to taking up modern-day palliative care practices are being blamed for deteriorating services at Cranford House. In-patients will be moved to Hawke's Bay Hospital in two weeks, while "radical action" was taken to repair the relationship between management and staff. <http://www.stuff.co.nz/dominion-post/national/3632217/Patients-to-be-moved-from-hospice>

Family carers experience 'sense of guilt'

IRISH TIMES | Online report – 27 April 2010 – Family carers often feel a huge sense of guilt and betrayal when they admit a loved one into residential care, according to new research. While carers who found it difficult to meet the needs of their relative at home sometimes experienced relief at first, it was often accompanied by more painful emotions including guilt, bereavement and loneliness. These feelings were particularly acute among spouse carers who had to adjust to the challenge of living without their partner at home. The findings are contained in a report, commissioned by the Alzheimer Society of Ireland and St Luke's Home in Cork, which describes carers' experiences following the move of a relative with dementia from the family home into nursing home care. <http://www.irishtimes.com/newspaper/health/2010/0427/1224269149368.html>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- SWITZERLAND | *The Sun* (U.K.) – 27 April 2010 – '**Dignitas urns dumped in lake.**' Urns containing human remains and reportedly bearing the name of Swiss suicide clinic Dignitas have been discovered dumped in a lake. <http://www.thesun.co.uk/sol/homepage/news/2949423/Dignitas-urns-dumped-in-lake.html>
- SWEDEN | *The Local* – 26 April 2010 – '**Paralysed woman has right to die: Health board.**' The Swedish National Board of Health & Welfare ... has advised that a 32-year-old woman who is completely paralysed and has been on a respirator since she was six has the right to decide to terminate her treatment. <http://www.thelocal.se/26290/20100426/>

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

Readability of state-sponsored advance directive forms in the U.S.

BMC MEDICAL ETHICS | Online article – 25 April 2010 – The readability of ... state government-sponsored advance directive forms exceeds the readability level recommended by the National Work Group on Literacy & Health and the average reading skill level of most U.S. adults. Overall, 62 advance directive forms were obtained. Such forms may inhibit advance care planning and therefore patient autonomy. <http://www.biomedcentral.com/content/pdf/1472-6939-11-6.pdf>

The transition experience of rural older persons with advanced cancer and their families

BMC PALLIATIVE CARE | Online article – 26 April 2010 – The purpose of this study was to explore the transition experience of older rural persons with advanced cancer and their families from the perspective of palliative home care patients, bereaved family caregivers, and health care professionals. Within a rural context of isolation, lack of information and limited accessibility to services, and values of individuality and community connectedness, older rural palliative patients and their families experienced multiple complex transitions in environment, roles/relationships, activities of daily living, and physical and mental health. Transitions disrupted the lives of palliative patients and their caregivers, resulting in distress and uncertainty. Rural palliative patients and their families adapted to transitions through the processes of "Navigating Unknown Waters". This tentative theory includes processes of coming to terms with their situation, connecting, and redefining normal. Timely communication, provision of information and support networks facilitated the processes. <http://www.biomedcentral.com/content/pdf/1472-684x-9-5.pdf>

From Media Watch dated 22 March 2010:

- CANADA | *Ottawa Citizen* (Ontario) – 21 March 2010 – **'Struggling to fulfil his final wish.'** Harold Nightingale is looking for a doctor who will help him fulfil his last wish in life. That is to die as peacefully and with as much dignity as possible at his [rural] Dunrobin home on the Ottawa River. <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 lists several articles from past issues of the weekly report on the issue of the provision and delivery of palliative care in rural areas.

Advancing palliative care in politics, science and practice

Developing targets for public health initiatives to improve palliative care

BMC PUBLIC HEALTH | Online article – 29 April 2010 – [In this study] six most relevant targets for public health initiatives to improve palliative care in Germany were worked out: supporting palliative care as a basic attitude for the care of people in the last phase of life; coordinating healthcare for people in the last phase of life; establishing cooperation among health professions and disciplines; establishing education in palliative care for all professional groups with contact to people in the last phase of life; reviewing the evidence of palliative care measures; offering support to family members who are caring for someone in the last phase of life. To systematically develop palliative care, it makes sense to define fields of action with individual targets. For Germany, it can be recommended to give priority to the targets that were highlighted as the most relevant in this study. The next step will be to develop, implement and evaluate tangible measures to achieve these targets. <http://www.biomedcentral.com/content/pdf/1471-2458-10-222.pdf>

Viewing the body after bereavement due to a traumatic death

BRITISH MEDICAL JOURNAL | Online article – 30 April 2010 – Even after a traumatic death, relatives should have the opportunity to view the body, and time to decide which family member, if any, should identify remains. Officials should prepare relatives for what they might see, and explain any legal reasons why the body cannot be touched. The way that relatives refer to the body can be a strong indication for professionals about whether the person who died retains a social identity for the bereaved. http://www.bmj.com/cgi/content/abstract/bmj;340/apr30_2/c2032

When home is where the health care is: Protecting home health care and hospice workers

ENVIRONMENT OF CARE NEWS, 2010;13(5):6-10. Working in patients' homes can involve myriad dangers for home health care and hospice workers. This article offers tips from two home care agencies and an ... expert on how home health care and hospice organizations can help alert health care workers and train them to protect themselves from on-the-job hazards. <http://www.ingentaconnect.com/content/jcaho/ecn/2010/00000013/00000005/art00003>

Little bereavement support for workers

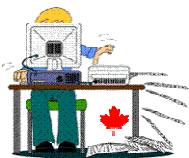
IRISH HEALTH | Online report – 29 April 2010 – Most Irish workplaces do not have bereavement policies or guidelines in place, leaving grieving employees with little or no support, the Irish Hospice Foundation (IHF) has warned. Currently in Ireland and the European Union, there is no official entitlement to bereavement leave for workers – it is entirely at the discretion of the employer. <http://www.irishhealth.com/article.html?id=17239>

From Media Watch dated 11 January 2010:

- *HEALTH AFFAIRS*, 2010;29(1):141-146. 'End of life: A workplace issue.' Many employers have not placed a priority on addressing end-of-life issues. End-of life issues affect employers' cost of benefits, workers' productivity, and absentee and "presenteeism" rates, and they can undermine employees' effectiveness at work. <http://content.healthaffairs.org/cgi/content/abstract/29/1/141>

Death of a parent and the children's experience: Don't ignore the elephant in the room

JOURNAL OF INTERPROFESSIONAL CARE | Online article – 7 April 2010 – This paper explores two interlinked components of practitioner's support to children when a parent or carer is at the end of life or has died. The primary issue relates to communication and the competence and confidence of practitioners when working with this community of children. The author suggests that related to this is the lack of training practitioners receive, both as students and through continual professional development, within the fields of social care and health. The metaphor of the elephant in the room is used to delineate how practitioners avoid such discussions and thereby miss opportunities to support children experiencing potentially the most traumatic life event they have faced. The author suggests that children experiencing the death of a parent or carer are not being recognized as children in need but rather requiring interventions from specialist services. <http://informahealthcare.com/doi/abs/10.3109/13561820903274871>



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.

Emergency department experiences of acutely symptomatic patients with terminal illness and their family caregivers

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online article – 3 May 2010 – Despite increased focus on improving palliative care in the emergency department (ED), there is little research on how to best address the specific needs of this patient population. Five distinct themes emerged [in this study]: 1) unprepared for managing symptoms at home; 2) uncertainty and anxiety; 3) communication is essential; 4) mixed experiences with symptom management; and, 5) conflicting perspectives about the purpose of palliative care clinicians in the ED. [http://www.jpsmjournal.com/article/S0885-3924\(10\)00214-9/abstract](http://www.jpsmjournal.com/article/S0885-3924(10)00214-9/abstract)

Got volunteers? Association of hospice use of volunteers with bereaved family members' overall rating of the quality of end-of-life care

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2010;39(3):502-506. Volunteers are a key component of hospice, and they are required by Medicare conditions of participation in the U.S. Yet, little is known about the impact of volunteers in hospice. The goal of this study was to characterize whether bereaved family members in hospice programs with increased use of volunteer hours per patient day report higher overall satisfaction with hospice services. In this cross-sectional study, hospice programs with higher use of volunteers per patient day were associated with bereaved family member reports that the hospice program quality of care was excellent. [http://www.jpsmjournal.com/article/S0885-3924\(10\)00087-4/abstract](http://www.jpsmjournal.com/article/S0885-3924(10)00087-4/abstract)

From Media Watch dated 29 March 2010:

- *PALLIATIVE & SUPPORTIVE CARE* | Online article – 24 March 2010 – **'Hospice volunteer as patient advocate: A trait approach.'** 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. <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>

Vigilant at the end of life: Family advocacy in the nursing home

JOURNAL OF PALLIATIVE MEDICINE | Online article – 26 April 2010 – Little is known about the roles and experiences of family members of persons who die in nursing homes. [This study] ... revealed families often felt the need to advocate for their dying relative because of low expectations or experiences with poor quality nursing home care. They noted staff ... who did not fully inform them about what to expect in the dying process. Respondents reported burden and gratification in care they themselves provided, which sometimes entailed collaboration with staff. Interviews also identified ways hospice care impacted families, including helping to relieve family burden. End-of-life advocacy takes on increased urgency when those close to the dying resident have concerns about basic care and do not understand the dying course. Enhancing communication, preparing families at the end of life, and better understanding of hospice are likely to increase family trust in nursing home care, improve the care of dying residents, and help reduce family burden. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0398>

Hopeful stories of palliative care in southeast Asia

THE LANCET, 2010;375(9725):1515-1516. Working in a country where Māori – the *tangata whenua* or people of the land – have given those of us who migrated ... [to New Zealand] ... an insight into the cyclical nature of life and death, the importance of spirituality in our understanding of health, and the significance of family in decision making, I thought I knew something of the way that palliative care could be delivered in different cultures. Despite providing specialist care for people who are dying for more than two decades, it remains clear to me that each encounter is unique and precious and there are as many ways of dying as there are people who do so.
<http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610606435.pdf>

From Media Watch dated 22 March 2010:

- NEW ZEALAND | University of Waikato online posting – 15 March 2010 – **'Study looks at dying, death, bereavement among Māori.'** University of Waikato researchers are embarking on a three-year study of dying, death and bereavement among contemporary Māori. The Kia Ngawari study aims to increase knowledge and understanding of Māori palliative [care] needs, both within the healthcare system and among whānau [the extended family]. <http://www.waikato.ac.nz/news-events/media/2010/03Study%20looks%20at%20dying,%20death,%20bereavement%20among%20M%C4%81ori%20.shtml>

From Media Watch dated 22 February 2010:

- SOCIAL SCIENCE & MEDICINE | Online article – 16 February 2010 – **'Māori healers' views on well-being: The importance of mind, body, spirit, family and land.'** Māori cultural perspectives influence views of the mind, body and spirit. Healers [participating in this study] identified additional aspects as significant and fundamental to a person's health, namely *whānau/whakapapa* [family and genealogy] and *whenua* [land]. [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4YDC3R9-2&_user=10&_coverDate=02%2F16%2F2010&_rdoc=4&_fmt=high&_orig=browse&_srch=docinfo\(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles\)&_cdi=5925&_sort=&_docanchor=&_ct=93&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=772c7c83e7a7553b9cb5cb29e7f3d246](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4YDC3R9-2&_user=10&_coverDate=02%2F16%2F2010&_rdoc=4&_fmt=high&_orig=browse&_srch=docinfo(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles)&_cdi=5925&_sort=&_docanchor=&_ct=93&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=772c7c83e7a7553b9cb5cb29e7f3d246)

Neurologists support palliative sedation, but differ on how to apply in practice

NEUROLOGY TODAY, 2010;10(8):1,10-11. In a 2007 survey of 151 members of the American Academy of Neurology Ethics Section, respondents indicated that their support for palliative sedation was largely dependent on the end-stage terminal illness. While 92% of respondents agreed that palliative sedation is an appropriate treatment for an end-stage metastatic cancer patient, only 50% said the same for an end-stage amyotrophic lateral sclerosis patient. Although an overwhelming majority ... of surveyed neurologists agreed that the main intention of sedation for the imminently dying ... is to relieve patient suffering, they remain ambivalent over its use in clinical practice. And differing opinions exist among the study authors and palliative care specialists on how to effectively educate neurologists on this controversial form of treatment.
http://journals.lww.com/neurotodayonline/Fulltext/2010/04150/Neurologists_Support_Palliative_Sedation__But.3.aspx

Delivering research in end-of-life care: Problems, pitfalls and future priorities

PALLIATIVE MEDICINE | Online article – 28 April 2010 – In this paper the authors review the challenges facing the delivery of research in end-of-life care in the U.K. and internationally as health policies begin to focus on improving care. These include the problems of terminology in this field of enquiry and the lack of emphasis on clinical studies relating to the medical aspects of end-of-life care, including research into pain and other symptoms. Future priorities are discussed that include the pressing need to build research capacity, making better use of existing intelligence, and to progress in incremental steps as part of sustained programmes of research.
<http://pmj.sagepub.com/cgi/content/abstract/0269216310366064v1>

Sexuality of individuals in the end-of-life stage

SEXOLOGIES | Online article – 7 April 2010 – This paper looks at the dying process and the reasons to include discourse on human sexuality as part of the dying process when providing psycho-educational support to patients and families. Illness and learning of one's approaching death can disrupt the sex lives of terminally ill people who wish to continue benefiting from sexuality. This study raises questions about the professional's responsibility regarding the issue of sexuality for individuals in the end-of-life stage, as well as how to open discussions on sexuality.

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B82YG-4YT09JW-1&_user=10&_coverDate=04%2F07%2F2010&_rdoc=1&_fmt=high&_orig=search&_sort=d&_docanchor=&_view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&_md5=4380dbbafd880f9d37fedd068e0cb9dc

From Media Watch dated 23 March 2009:

- *BRITISH JOURNAL OF COMMUNITY NURSING*, 2009;14(3):122-126. **'Does a hospital bed impact on sexuality expression in palliative care?'** A review of related literature revealed that intimacy expression at the end of life is important for patients, but is generally regarded by nurses as a difficult and complex area of care. The relationship between sexuality expression and the provision of a hospital bed has implications for nursing practice. <http://www.internurse.com/cgi-bin/go.pl/library/abstract.html?uid=40095>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *BRITISH MEDICAL JOURNAL* | Online report – 30 April 2010 – **'Peers clash over physician assisted suicide.'** Doctors who oppose the right of terminally ill patients to physician assisted suicide are putting their own moral principles above those of the patient, declared the eminent philosopher Mary Warnock. http://www.bmj.com/cgi/content/extract/bmj;340/apr30_1/c2411

From the archives:

- *PALLIATIVE MEDICINE*, 2004;18(7):630-637. **'Sexuality in palliative care: Patient perspectives.'** Subjects [in this qualitative study] unanimously mentioned that a holistic approach to palliative care would include opportunities to discuss the impact of their illness on their sexuality. <http://pmj.sagepub.com/cgi/content/abstract/18/7/630>

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

Practice in a multicultural Society

Roots of elder respect: Ideals and practices in East Asia

JOURNAL OF AGING, HUMANITIES AND THE ARTS, 2009;3(1):6-24. Peoples of East Asia – Chinese, Japanese, Koreans, and others – have long-established cultural approaches to showing respect to elders. Demographic and social changes, however, have affected the ability of the young to meet traditional expectations. Family sizes are much smaller than they once were, many young people live a distance from their parents, and a large number of women – traditional caregivers – work outside the family. Moreover, expectations of the young have been affected by their exposure to other cultures. In general, young people tend to prefer reciprocal patterns of mutual respect between generations. However, the values deeply rooted in their family systems and social structures are preserved even while the manifestation of these values is being modified. Thus, cultural influence persists; only the way of expressing respect is being modified. <http://www.informaworld.com/smpp/content~content=a909504372&db=all>

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Something Missed or Overlooked?

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

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