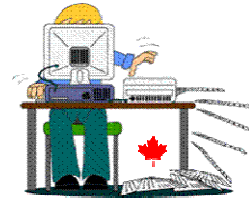


Media Watch...

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

Meeting same-day requests for palliative care: Scroll down to [International](#) and 'Researchers evaluate new care programme for Pilgrims Hospices' (p.4) for a report on a new community initiative in the U.K.

Canada

Doctors raise concerns about palliative care

NEWFOUNDLAND | VOXM.com – 6 May 2010 – A family doctor in Gander, concerned about the ability to provide palliative care, says she sometimes has to travel for an hour just to see one patient. Dr. Eileen St.Croix, who has been involved in family medicine for close to forty years, says one way to improve the situation is by making it more attractive for family doctors to practice in the province. She says it's become sometimes difficult to die in comfort in your own home. <http://www.voxm.com/newsarticle.asp?mn=2&id=6203&latest=1>

- NEWFOUNDLAND | *Telegram* – 6 May 2010 – 'The dying have value.' Formalized plan needed for palliative care, doctors say. <http://www.thetelegram.com/index.cfm?sid=338942&sc=79>

Of related interest:

- ONTARIO | *Guelph Mercury* – 9 May 2010 – 'Doctor offers palliative care at patients' homes.' In April, Dr. Chris Lund received Cancer Care Ontario's Human Touch Award for his work with cancer patients in Wellington County. "I don't have an office," said Lund. "Two thirds of my visits are house calls." <http://news.guelphmercury.com/News/article/630180>

Specialist Publications

Of particular interest:

'A survey of family members' satisfaction with the services provided by hospice palliative care volunteers.' Scroll down to p.5 for the findings of a Canadian survey published in the *American Journal of Hospice & Palliative Medicine*

U.S.A.

Treatment and hospice simultaneously

KAISER HEALTH NEWS | Online report – 10 May 2010 – After an excruciating bout of chemotherapy, Linda Meisenhelder gave up fighting colon cancer ... and entered ... hospice care. She was willing to quit curative treatments – a requirement for Medicare to pay for hospice – but says no one else in her cancer support group seemed ready to take that step. This dilemma – that you must give up aggressive treatment to get end-of-life counseling and care – is a major reason many people resist entering hospice, sometimes until just days before they die. A new law could lead to a major change in ... policy that allows patients to get treatment and hospice care simultaneously. http://www.philly.com/inquirer/health_science/weekly/20100510_Treatment_and_hospice_simultaneously.html

Physician-patient communication

Do women make better doctors?

NEW YORK TIMES | Online article – 6 May 2010 – For two decades, spurred on by the rising number of women going to medical school researchers have been studying the influence of gender on physician style. While many of these investigators initially assumed that the long training process completed in lockstep with male peers would diminish gender differences, their findings over the years have indicated otherwise. Several studies have shown that female doctors tend to be more encouraging and reassuring, use shared decision-making, ask more psychosocial questions and spend more time – up to 10% more – with patients than male doctors do. But research over the last few years has also found that the patient's gender determines how patients feel about their doctors, as much if not more than the physician's. Gender is important in the patient-doctor relationship, but its influence can't be reduced to a simple statement like, "Women doctors are more sympathetic." <http://www.nytimes.com/2010/05/06/health/06chen.html>

Ethical principles on caring for those in a vegetative state: Are food and water extraordinary measures?

WASHINGTON DC | Zenit.org (Online commentary) – 5 May 2010 – Many people, perhaps a majority, view the "force-feeding" of vegetative state patients with repugnance and as a refusal to accept the reality of death; consequently, many do not want themselves to be fed in this way. They do not want to be a burden to their families and loved ones and believe it is ethically right to let them die peacefully and not take costly measures that simply prolong their dying. Many have already given instructions in various kinds of "advance directives" that should they be diagnosed in the "vegetative state" they do not want to be given food and hydration by tubal means, but should be treated with dignity and allowed to die. In several states, this view is enshrined in "living will" legislation that grants immunity to doctors executing a patient's directive to have all food and water withheld even when they are not dying. <http://www.zenit.org/article-29152?l=english>

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>

Funeral homes seek to legalize 'bio-cremation' as a green alternative

CALIFORNIA | *Los Angeles Times* – 4 May 2010 – A bill headed for an Assembly vote would broaden the definition of cremation to include the use of either fire and water, thus legalizing the alkaline hydrolysis method, which speeds up decomposition. <http://www.latimes.com/business/la-fi-0504-funeral-bill-20100504,0,654105.story>

From Media Watch dated 26 April 2010:

- CALIFORNIA | *Wausau Daily Herald* – 23 April 2010 – **'Eco-friendly choices can add meaning to burial.'** For people who want to preserve the environment, the growing practice of green ... burials presents a way to make the end of life more meaningful. 21% of Americans 50+ would prefer an eco-friendly end-of-life ritual; to these people, green represents an ethical and philosophical choice. <http://www.wausaudailyherald.com/article/20100423/WDH0101/4230663/1981/WDHsports>

Pediatric standards receives American Academy of Pediatrics' Affirmation of Value

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Online press release – 4 May 2010 – The organization's *Standards of Practice for Pediatric Palliative Care & Hospice* ... received an Affirmation of Value from the American Academy of Pediatrics ... affirming the importance of pediatric-specific standards in improving the quality of palliative care and hospice services for children. [http://www.nhpco.org/i4a/pages/index.cfm?pageid=5514](http://www.nhpco.org/i4a/pages/ind ex.cfm?pageid=5514)

[Specialist Publications](#)

Of particular interest:

'Pediatric death: A focus on health care providers.' Scroll down to p.6 for a commentary published in *Archives of Pediatric & Adolescent Medicine*

Candid talk may work where living wills fail

PENNSYLVANIA | *Philadelphia Inquirer* – 3 May 2010 – Despite intensive educational efforts, only 30% of adults have prepared an advance directive: a living will or a durable power of health care attorney appointing a surrogate decision-maker. To many experts, this indicates that current approaches to advance care planning aren't working and that a fresh approach is needed. In particular, experts criticize living wills that lay out the kind of medical care people might want in the future under various circumstances. The documents are overly vague, often not available when needed most, and frequently difficult for medical providers to interpret, they say. "Living wills have failed to achieve their promise," says Muriel Gillick, a specialist in geriatrics and palliative care at Harvard Vanguard Medical Associates in Massachusetts. What's needed instead are better conversations between doctors and patients, and patients and their families. http://www.philly.com/inquirer/magazine/20100503_Candid_talk_may_work_where_living_wills_fail.html

From Media Watch dated 26 April 2010:

- ILLINOIS | *Chicago Tribune* – 23 April 2010 – **'Living wills: Have they failed?'** The documents [i.e., living wills] are overly vague, often not available when needed most, and frequently difficult for medical providers to interpret. <http://www.chicagotribune.com/health/sc-fam-0422-senior-health-living-will-20100422,0,1900551.story>

From Media Watch dated 12 April 2010:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 9 April 2010 – **'Ask a different question, get a different answer: Why living wills are poor guides to care preferences at the end of life.'** Living wills have a poor record of directing care at the end of life, as a copious literature attests. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0311>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- TENNESSEE | *Vanderbilt Law Review* – 3 May 2010 – '**Assisted suicide, morality, and law: Why prohibiting assisted suicide violates the Establishment Clause.**' This article argues that general prohibitions against assisted suicide violate the Establishment Clause [of the First Amendment] ... <http://www.vanderbiltlawreview.org/articles/2010/05/Rubin-Assisted-Suicide-Morality-and-Law-63-Vand.-L.-Rev.-763-2010.pdf>

International

World's first Institute of Palliative Care [opens]

U.K. | Institute of Palliative Care press release – 6 May 2010 – The Institute of Palliative Care is the only organisation in the world solely dedicated to the research and improvement of services into end of life care, wherever patients are cared for. It will bring together ... in one building, clinicians, educators and researchers in palliative care, together with facilities for patients and carers. <http://www.articleant.com/gen/78117-world-s-first-institute-of-palliative-care.html>

Researchers evaluate new care programme for Pilgrims Hospices

U.K. | University of Kent press release – Accessed 6 May 2010 – The Centre for Health Services Studies ... is helping Pilgrims Hospices evaluate a new service that will improve end-of-life care for terminally-ill people who prefer to remain at home. The new service will mean that Pilgrims' health care assistants can offer care and support to patients and their families on the same day it is requested and for up to 72 hours. The service will work with other community care providers. <http://www.kent.ac.uk/news/stories/chsscscareprogrammeformilgrimshospices/2010>

End-of-life care project to ease pain

AUSTRALIA (NEW SOUTH WALES) | *Northern District Times* – 4 May 2010 – Alzheimer's Australia NSW ... and Palliative Care NSW ... have joined forces to help family and community carers of people with dementia to better plan for end-of-life care. The organisations were successful in securing a \$391,455 Local Palliative Care Grant to develop the Concluding the Dementia Journey: End of Life Care Project, Federal Ageing Minister Justine Elliot announced. <http://northern-district-times.wherelive.com.au/news/story/end-of-life-care-project-to-ease-pain/>

From Media Watch dated 22 February 2010:

- *JOURNAL OF NUTRITION, HEALTH & AGING* | Online article – 30 January 2010 – '**Recommendations on end-of-life care for people with dementia.**' Collaborating with national Alzheimer societies in Europe, the authors offer practical recommendations ... to provide a basis for understanding and action with regard to end-of-life care ... for family caregivers ... professionals, policy makers ... and, anyone with an interest in palliative care ... to contribute towards a broader discussion. <http://springerlink.com/content/c4897762718x3603/?p=dd5a021ec18946ffa2e7f4149c9d0fa&pi=6>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- SWEDEN | *Times* (South Africa) – 5 May 2010 – '**Sweden has first passive euthanasia since law relaxed.**' A Swedish woman who was paralysed died ... after her respirator was unplugged, in the country's first case of euthanasia since the law was relaxed last month, a Stockholm hospital said. <http://www.timeslive.co.za/world/article435162.ece/Sweden-has-first-passive-euthanasia-since-law-relaxed>

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

A survey of family members' satisfaction with the services provided by hospice palliative care volunteers

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2010;27(3):191-196. The kind of support that received the highest importance rating from family members was the opportunity to take a much-needed break from the demands of caring for their loved one, closely followed by emotional support, the volunteer spending time with them, and the volunteer providing them with information. Family members rated volunteers highly on a list of qualities/characteristics that exemplify individuals who are effective in this role. In all, 85% of the family members felt that their volunteer was well trained and 95% did not feel that their or their loved one's privacy had been invaded by having a volunteer. <http://ajh.sagepub.com/cgi/content/abstract/27/3/191>

From Media Watch dated 3 May 2010:

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2010;39(3):502-506. **'Got volunteers? Association of hospice use of volunteers with bereaved family members' overall rating of the quality of end-of-life care.'** 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.jpmsjournal.com/article/S0885-3924\(10\)00087-4/abstract](http://www.jpmsjournal.com/article/S0885-3924(10)00087-4/abstract)

Continuous deep sedation until death: Palliation or physician-assisted death?

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2010;27(3):205-214. Published literature have not discerned end-of-life palliative versus life-shortening effects of pharmacologically maintaining continuous deep sedation until death (i.e., dying in deep sleep) compared with common sedation practices relieving distress in the final conscious phase of dying. Continuous deep sedation remains controversial as palliation for existential suffering and in elective death requests by discontinuation of chronic ventilation or circulatory support with mechanical devices. Continuous deep sedation contravenes the double-effect principle because: 1) it induces permanent coma (intent of action) for the contingency relief of suffering and for social isolation (desired outcomes); and, 2) because of its predictable and proportional life-shortening effect. <http://ajh.sagepub.com/cgi/content/abstract/27/3/205>

Of related interest:

- *HEMONCTODAY* | Online article – 25 April 2010 – **'Controversies in palliative care: Recognizing the specialty, pain control and palliative sedation.'** It is often asked why there needs to be a group or "service" that purports to offer services to patients and families that the primary physician or hematology/oncology physician already offers. And, why should this "service" weigh-in on matters such as chemotherapy or radiation therapy ... when they are not experts in those disciplines. <http://www.hemonctoday.com/article.aspx?rid=63980>



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.

Being-with dying: Authenticity in end-of life encounters

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article – 3 May 2010 – Families and their dying members have notably unmet needs. This is in large part due to health professionals being unprepared to be authentic (emotionally appropriate, purposive, and responsible) in end-of-life encounters. Martin Heidegger's interpretive phenomenology informed this study, providing background, structures, language, and metaphors to interpret narratives for patterns of authentic being-with dying among nurses who attend to dying. Patterns emerged in a presence of authentic being-with dying, which assisted persons in their transitions toward a peaceful death.
<http://ajh.sagepub.com/cgi/content/abstract/1049909109359628v1>

Of related interest:

- *JOURNAL OF MEDICAL ETHICS* | Online article – 3 May 2010 – **'Justifying terminal care by retrospective quality-adjusted life-years.'** A lot of medical procedures can be justified in terms of the number of quality-adjusted life-years they can be expected to generate; that is, the number of extra years that the procedure will provide, with the quality of life during those extra years factored in.
<http://jme.bmj.com/content/early/2010/01/19/jme.2009.032839.abstract>

Pediatric death: A focus on health care providers

ARCHIVES OF PEDIATRIC & ADOLESCENT MEDICINE, 2010;164(4):311-313. There is a well-developed literature for health care providers on how to work with dying children and their families juxtaposed by a plethora of articles on provider "burnout." Studies on how health care providers react to and cope with pediatric death are scarce and predominantly based on research from other countries. In contrast to the deaths of adult patients, reaction to pediatric death is complicated by a number of factors. First, death during childhood is considered to be a reversal of the natural order. <http://archpedi.ama-assn.org/cgi/content/extract/164/4/311>

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>

Quotable Quotes

No one's death comes to pass without making some impression, and those close to the deceased inherit part of the liberated soul and become richer in their humanness.
Hermann Broch (Austrian Modernist, 1886-1951)

Should we allow organ donation euthanasia? Alternatives for maximizing the number and quality of organs for transplantation

BIOETHICS | Online article – 3 May 2010 – There are not enough solid organs available to meet the needs of patients with organ failure. Thousands of patients every year die on the waiting lists for transplantation. Yet there is one currently available, underutilized, potential source of organs. Many patients die in intensive care following withdrawal of life-sustaining treatment whose organs could be used to save the lives of others. At present the majority of these organs go to waste. The authors argue that ... Organ Donation Euthanasia would be a rational improvement over current practice regarding withdrawal of life support. It would give individuals the greatest chance of being able to help others with their organs after death. It would increase patient autonomy.
<http://www3.interscience.wiley.com/journal/123413671/abstract>

Urgency of preparing primary care physicians to care for older people with chronic illnesses

HEALTH AFFAIRS, 2010;29(5):811-818. Population trends are driving an undeniable imperative: The U.S. must begin training its primary care physicians to provide higher-quality, more cost-effective care to older people with chronic conditions. Doing so will require aggressive initiatives to educate primary care physicians to apply principles of geriatrics – for example, optimizing functional autonomy and quality of life – within emerging models of chronic care.
<http://content.healthaffairs.org/cgi/content/abstract/29/5/811?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=The+Urgency+of+Preparing+Primary+Care+Physicians+to+Care+for+Older+People+with+Chronic+Illnesses&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

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.

When enough is enough; terminating life-sustaining treatment at the patient's request: A survey of attitudes among Swedish physicians and the general public

JOURNAL OF MEDICAL ETHICS | Online article – 3 May 2010 – The authors conclude that there was a widespread consensus [among the survey participants] regarding competent patients' right to abstain from life-sustaining treatment. An association between the hastening of death, caused by the withdrawal of life-sustaining treatment, and the concept of euthanasia is proposed. The results [of the survey] also suggest that classifying the withdrawal of life-sustaining treatment as 'euthanasia' does not necessarily mean that the act is interpreted as ethically unacceptable. <http://jme.bmj.com/content/early/2010/01/19/jme.2009.034967?related-urls=yes&legid=medethics;jme.2009.034967v1>

From Media Watch dated 3 May 2010:

- 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/>

Existential loneliness and end-of-life care: A systematic review

THEORETICAL MEDICINE & BIOETHICS | Online article – 4 May 2010 – Patients with a life-threatening illness can be confronted with various types of loneliness, one of which is existential loneliness (EL). Since the experience of EL is extremely disruptive, the issue of EL is relevant for the practice of end-of-life care. Still, the literature on EL has generated little discussion and empirical substantiation and has never been systematically reviewed. In order to systematically review the literature, the authors 1) identified the existential loneliness literature; 2) established an organising framework for the review; 3) conducted a conceptual analysis of existential loneliness; and, 4) discussed its relevance for end-of-life care. They found that the EL concept is profoundly unclear. <http://www.springerlink.com/content/fk377342pr3850q6/?p=ee9395877d71487285fb93bdcfd7d71&pi=0>

Worth Repeating

Social workers advocate for a seat at palliative care table

JOURNAL OF PALLIATIVE MEDICINE, 2008;11(1):10-14. Boundary and role issues are a common challenge for palliative care professionals in general, and the position of the social worker in particular. Hospital unit social workers [for example] want to maintain continuity of care with patients, and they may not welcome a new presence in an arena that previously had been solely their own "turf" and responsibility. They may also feel that the counselling and psychosocial support needed by patients with life-threatening illnesses represent one of the most satisfying parts of the job, leading to reluctance to turn this aspect of their patient's care over to a new palliative care social worker. Palliative care physicians and nurses are also drawn to the psychosocial issues faced by patients and families and may feel able, indeed eager, to tackle those issues with their patients. These observations have led to an effort to define a clear and dedicated role for social work on the palliative care team by the ... Social Work in Hospice & Palliative Care Network [launched in September 2007].¹ <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2008.9996>

1. Social Work in Hospice & Palliative Care Network website: <http://www.swhpn.org/>

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