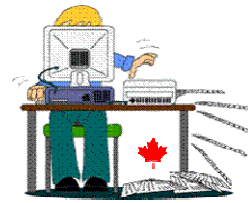


## Media Watch...

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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Compiled & Annotated by Barry R. Ashpole

Provision of palliative care outside regular working hours: Scroll down to [Specialist Publications](#) and "Oh God, not a palliative": Out-of-hours general practitioners within the domain of palliative care' (p.10) for the findings of a series of face-to-face interviews published in *Palliative Medicine*.

## Canada

### Holistic healing and end of life care

#### Health strategy requires action, say officials

SASKATCHEWAN | *Leader-Post* (Regina) – 29 May 2010 – The Saskatoon Health Region's new aboriginal health strategy ... looks good on paper, but local First Nations and Metis groups say the words need to be turned into action.<sup>1</sup> "We need things to happen and I'll tell you why. I've have seen a 92-year-old man in palliative care tell me, 'I am treated like a bag of potatoes,' " said Peter Nippi, chief of the Kinistin Saulteaux Nation [see sidebar]. The strategy ... was created between three partners, Kinistin, the Saskatoon Health Region, and the Central Urban Metis Federation. The lack of awareness of aboriginal cultural and spiritual practices, not to mention systemic racism, needs to be addressed, said Nippi. "We need more people to be aware of indigenous people and how they want to be treated in the hospital. Most important is the idea of holistic healing. We just can't separate the spiritual and cultural aspects from the healing process," he said. Given that aboriginals are the fastest-growing population demographic in Saskatchewan and are expected to account for a third of the total population by 2045, addressing their needs within the health system is becoming a necessity. <http://www.leaderpost.com/health/Health+strategy+requires+action+officials/3085931/story.html>

1. Saskatoon Health Region's Aboriginal Health Strategy website: [http://www.saskatoonhealthregion.ca/about\\_us/aboriginal\\_health\\_strategy.htm](http://www.saskatoonhealthregion.ca/about_us/aboriginal_health_strategy.htm)

### Specialist Publications

Of particular interest:

**'Providers' perceptions of aboriginal palliative care in British Columbia's rural interior.'** Scroll down to p.8 for the findings of a study published in *Health & Social Care in the Community*.

**'The trajectory of palliative care costs over the last 5 months of life: A Canadian longitudinal study.'** Scroll down to p.11 for the findings of interviews with terminally ill patients and their main informal caregivers published in *Palliative Medicine*.

## Up to six palliative beds to be cut

ONTARIO | *Chatham Daily News* – 26 May 2010 – A proposal to shut down palliative care beds at Bluewater Health will not incite public outrage as it did five years ago, predicts the CEO of the Erie St. Clair Local Health Integration Network. Gary Switzer said ... there are far more options available for those facing death in Sarnia-Lambton than there was in 2005 when the hospital attempted to address a \$14-million deficit by closing the Dr. Linda Bowering Palliative Care Unit. The idea of losing the 12-bed unit ignited a community-wide protest that saw hundreds marching in downtown Sarnia and the formation of a Save Palliative Care committee. <http://www.chathamdailynews.ca/ArticleDisplay.aspx?e=2593569>

- ONTARIO | *Observer* (Sarnia) – 29 May 2010 – '**Palliative doctor backs LHIN move.**' Just a few years ago, Dr. Glen Maddison was fighting hard to keep Bluewater Health from closing palliative beds. Now the medical director for St. Joseph's Hospice says downsizing the unit to ... is the right thing to do. <http://www.theobserver.ca/ArticleDisplay.aspx?e=2599800>

## Interior Health Authority's social worker cut hurts area care

BRITISH COLUMBIA | *Trail Roseland News* (Letter) – 24 May 2010 – I was stunned to learn last week that the Interior Health Authority has decided to eliminate the Social Worker position with the Trail Hospice Palliative Care Program. The current social worker is highly skilled, compassionate and capable and offers counselling and support to patients ... as well as to their families/support systems. Her role also includes providing practical supports (i.e., linking with other resources, financial/legal assistance, discharge planning, etc.), education and awareness of end of life issues, advocacy, grief counselling, and hospice volunteer training and debriefing. [http://www.bclocalnews.com/kootenay\\_rockies/trailrosslandnews/opinion/94786009.html](http://www.bclocalnews.com/kootenay_rockies/trailrosslandnews/opinion/94786009.html)

## End of life care in Canada: Published and pending reports

From Media Watch dated 24 May 2010:

- CANWEST NEWS SERVICE | Syndicated report – 19 May 2010 – '**End of life care inadequate.**' A new report by the Canadian Cancer Society shows that end of life care in Canada is a patchwork of services. The study ... shows that services to allow people to die at home are inadequate, and that where palliative care services exist, they're often not used, or used too late, because of delays in referring patients. <http://www.vancouversun.com/health/life+care+inadequate+Cancer+Society+report/3046832/story.html>

From Media Watch dated 26 April 2010:

- SUN MEDIA | Online report – 22 April 2010 – '**MPs band together to study palliative care.**' Spurred by private member's bill that supported [physician] assisted suicide, MPs from three federal parties said ... they'll band together to work on improving palliative and elder care. [The group hopes to produce its recommendations by the end of the current parliamentary session.] <http://www.torontosun.com/news/canada/2010/04/21/13671026-qmi.html>

From Media Watch dated 15 February 2010:

- SASKATCHEWAN | *Regina Leader Post* – 10 February 2010 – '**Many Canadians not receiving quality palliative care: Senator Sharon Carstairs.**' Senator Carstairs' cross-country tour is a follow-up to her 2005 report *Still Not There: Quality End-of Life Care: A Progress Report*. [Her latest report is expected in June.] <http://www.leaderpost.com/health/Regina+provides+excellent+palliative+care+Senator+Sharon+Carstairs/254798>

From Media Watch dated 2 November 2009:

- ONTARIO | *Exchange* – 28 October 2009 – '**Queen's professor to head international end-of-life panel.**' Appointed by the Royal Society of Canada, an expert panel will investigate key aspects of this critical issue and prepare a public report [expected] to be published in 2011. <http://www.exchangemagazine.com/morningpost/2009/week44/Wednesday/102821.htm>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CBC NEWS | Online report – 27 May 2010 – **'Ozzy Osbourne song based on Latimer case.'** The story of a Saskatchewan farmer convicted of killing his disabled daughter has inspired a song ['Latimer's Mercy'] by Ozzy Osbourne. <http://www.cbc.ca/arts/music/story/2010/05/27/sk-osbourne-latimer-1005.html>
- QUEBEC | CBC News – 26 May 2010 – **'Assisted-suicide prosecutions called 'grey area.'** A Quebec government committee says the province could consider not prosecuting some cases of assisted suicide and euthanasia. <http://www.cbc.ca/canada/montreal/story/2010/05/26/quebec-euthanasia-hearings.html>
- QUEBEC | *Montreal Gazette* – 26 May 2010 – **'Euthanasia hearings to hit the road.'** After hearing medical, legal and other experts on the issue of dying with dignity, a National Assembly committee plans to tour the province to hear the views of ordinary Quebecers. <http://www.montrealgazette.com/news/Euthanasia+hearings+road/3071270/story.html>

**N.B.** Available is **'Assisted (or Facilitated) Death: The Debate in Canada,'** which summarizes notable developments (as reported in past issues of Media Watch) – highlighting also those in other countries – that inform discussion of the issue in Canada. Contact information at foot of p.12.

## U.S.A.

### **New Jersey court has chance to influence compassionate end-of-life care**

NEW JERSEY | *The Record* – 29 May 2010 – Science can prolong the dying process. But is that really what we want from our health care system? That's a dilemma that is playing out in a New Jersey appellate court, where judges are being asked to determine whether physicians should be compelled to artificially sustain a dying person's life. The legal drama stems from a case ... where a team of physicians spent more than a year treating an unresponsive patient who was in a permanent vegetative state with multiple organ failure. The patient could not breathe on his own, eat on his own or respond to outside stimuli. He was being kept alive purely through science. Five different physicians agreed that there was no hope for his condition to improve and that the requested treatment ... would not change that outcome. But the patient had not stated his end-of-life preferences ahead of time, and his family ordered the life-sustaining treatments to continue indefinitely. [http://www.northjersey.com/news/opinions/95169044\\_A\\_step\\_toward\\_compassionate\\_end-of-life\\_care\\_.html](http://www.northjersey.com/news/opinions/95169044_A_step_toward_compassionate_end-of-life_care_.html)

From Media Watch dated 24 May 2010:

- *AMERICAN MEDICAL NEWS* | Online report – 17 May 2010 – **'Can doctors be compelled to provide futile care?'** A New Jersey appeals court heard arguments in April on a case that is expected to clarify physicians' part in determining treatment in medically futile cases. Judges will decide whether family members could compel Trinitas Regional Medical Center to continue life-sustaining care for their comatose father when hospital doctors believed further treatment was medically inappropriate. Legal experts said the case has the potential to set a precedent in New Jersey and beyond for decisions on end-of-life care. The ... case ... opens the door for the courts to address for the first time whether doctors must continue providing care they consider medically unwarranted and even unethical. <http://www.ama-assn.org/amednews/2010/05/17/prsc0517.htm>

#### Specialist Publications

Of particular interest:

**'Is it always wrong to perform futile CPR?'**  
Scroll down to p.9 for a letter in response to publication of an OpEd published in the *New England Journal of Medicine*.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- MONTANA | KECI News (Missoula) – 30 May 2010 – **'Physician assisted suicide ban proposal.'** A state senator from Thompson Falls wants to ban physician assisted suicide. It's part of a bill he's introducing for the upcoming legislative session. <http://www.keci.com/Physician-assisted-suicide-ban-proposal/7357118>
- GALLUP | Annual Values & Beliefs Survey – 26 May 2010 – **'Four moral issues sharply divide Americans.'** Americans generally agree about the morality of 12 out of 16 behaviors or social policies that sometimes spark public controversy, with sizable majorities saying each is either "morally acceptable" or "morally wrong." By contrast, views on doctor-assisted suicide, gay and lesbian relations, abortion, and having a baby outside of marriage are closely divided – the percentage supporting and the percentage opposing are within 15 points of each other. <http://www.gallup.com/poll/137357/Four-Moral-Issues-Sharply-Divide-Americans.aspx>

**N.B.** 46% of respondents agreed that doctor assisted suicide is morally acceptable; 46% agreed that doctor assisted suicide is morally unacceptable.

## International

### Near-death experiences 'explained': Scientists believe it's the last gasp of a dying brain

U.K. | *Daily Mail* – 30 May 2010 – The mystery of why people 'bought back from the dead' report powerful spiritual experiences may have a biological explanation, according to experts.<sup>1</sup> Researchers, who studied brain waves of dying patients, found there was a surge of electrical activity in their brains just moments before their lives ended. The doctors from George Washington University medical centre in Washington believe this surge may be the cause of near-death experiences, where patients see themselves walking towards a bright light or floating outside their bodies. <http://www.dailymail.co.uk/sciencetech/article-1282598/Near-death-experiences-explained-Scientists-believe-gasp-dying-brain.html?ito=feeds-newsxml>

1. *Journal of Palliative Medicine*, 2009;12(12):1095-1100. **'Surges of electroencephalogram activity at the time of death: A case series.'** The authors report a case series of ... patients who were neurologically intact before the decision to withdraw care due to extensive systemic critical illness. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0159?prevSearch=allfield%253A%2528Chawla%2529&searchHistoryKey=>

**N.B.** Noted in Media Watch dated 12 October 2009.

- U.K. | *Times* – 30 May 2010 – **'That's not the afterlife – it's a brainstorm.'** Near-death experiences may be caused by a cascade of electrical activity in the dying brain. <http://www.timesonline.co.uk/tol/news/science/medicine/article7140165.ece>



### 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.

### **Minister's remark over terminal patients sparks controversy**

*TAIWAN NEWS* | Online report – 29 May 2010 – Health Minister Yaung Chih-liang's remark that performing cardiopulmonary resuscitation (CPR) on terminal cancer patients may waste life and medical resources provoked controversy, according to local media reports. Responding to the ruling Kuomintang lawmaker Yang Li-huan during question-and-answer session at the Legislative Yuan, the outspoken minister said performing intubation and electric shock on terminal cancer patients were a waste of medical resources and of life because such patients suffered much pain. [http://www.etaiwannews.com/etn/news\\_content.php?id=1270838&lang=eng\\_news&cate\\_img=logotaiwan&cate\\_rss=TAIWAN\\_eng](http://www.etaiwannews.com/etn/news_content.php?id=1270838&lang=eng_news&cate_img=logotaiwan&cate_rss=TAIWAN_eng)

### **Fine Gael to publish Bill on 'living wills'**

*IRISH TIMES* | Online report – 27 May 2010 – Fine Gael [United Ireland Party] is to publish legislative proposals that would allow Irish people to make "living wills." A Bill drafted by Senator Liam Twomey ... has proposed that people should be allowed to decide what medical care and interventions should be used at the end of their lives. The Advanced Healthcare Decisions Bill 2010 has advanced a legislative initiative in an area which is controversial, Dr Twomey has accepted. <http://www.irishtimes.com/newspaper/ireland/2010/0527/1224271229660.html>

### **Australia invests \$14 million (AUD) in improving palliative care**

GOVERNMENT OF AUSTRALIA | Press release – 26 May 2010 – Minister for Health Nicola Roxon and Minister for Ageing Justine Elliot, today marked National Palliative Care Week 2010 by announcing \$14.3 million to fund nine projects for improved palliative care services, research, training and information. Each year more than 20,000 Australians receive specialist palliative care and more than 500,000 patients, carers, family members or friends are affected. <http://www.egovmonitor.com/node/36668>

Of related interest:

- **PALLIATIVE CARE AUSTRALIA** | Press release – 23 May 2010 – '**A hospice on the hill is not the answer.**' The current focus on acute hospitals and increasing the number of beds in sub-acute care will not deliver quality care at the end of life for all. Focusing solely on place of care is problematic as it fails to recognise the centrality of the individual and of tailoring care to individual needs so people can see the right health professional, at the right time, in the right place. <http://pallcare.org.au/Portals/46/media/PCA%20media%20release%20-%20Hospice%20on%20the%20hill%20not%20the%20answer.pdf>

### **Ethical issues in end of life care**

#### **Woman with hospital phobia must be forcibly treated for cancer, judge rules**

U.K. | *Daily Telegraph* – 26 May 2010 – A cancer sufferer is to be forced to have life-saving treatment against her wishes after a landmark court ruling by a High Court judge. Doctors will be allowed to forcibly sedate the 55-year-old woman in her own home and transport her to hospital for surgery. She will then be operated on, despite having asked not to undergo surgery for her cancer, and could then be forced to remain on a hospital ward afterwards. The case – only the second ever in the little-known Court of Protection to be made public – sparked an intense ethical and legal debate. Experts questioned whether lawyers and doctors should be allowed to over-ride the wishes of patients and whether the use of force was ever justified in providing medical care. <http://www.telegraph.co.uk/health/healthnews/7768577/Woman-with-hospital-phobia-must-be-forcibly-treated-for-cancer-judge-rules.html>

## The importance of spiritual care in the NHS [National Health System] recognised

U.K. (WALES) | Welsh Assembly Government – 25 May 2010 – [New] guidelines acknowledge that healthcare chaplaincy has long played a key role ... and that it is becoming increasingly important to understand and provide for the diverse spiritual and faith beliefs that exist throughout Wales. They aim to ensure NHS organisations in Wales provide access to spiritual and religious care consistently to those who need it, regardless of their beliefs, cultural background or lifestyle. <http://wales.gov.uk/newsroom/healthandsocialcare/2010/100525spirituality/;jsessionid=7yJkL8QBXsY9g69jyjLMr6ynrhyd7LsX0yKyw4J1ZpV9DT99xTfy!2003708271?lang=en&ts=2>

From Media Watch dated 9 February 2009:

- U.K. | *Daily Telegraph* (Editorial) – 3 February – '**National Health Service religion guidelines are bad for the nation's health.**' While I wasn't the reporter who broke the story of Caroline Petrie, the Christian nurse suspended for offering to pray for an elderly patient, I am going to try to take some credit for being the first to write about the National Health Service's bizarre staff guidelines on religion.<sup>1</sup> [http://blogs.telegraph.co.uk/martinbeckford/blog/2009/02/03/nhs\\_religion\\_guidelines\\_are\\_bad\\_for\\_the\\_nations\\_health](http://blogs.telegraph.co.uk/martinbeckford/blog/2009/02/03/nhs_religion_guidelines_are_bad_for_the_nations_health)
- 1. Religion or belief: A practical guide for the National Health Service, Department of Health, 2009. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093133](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133)

## Hospice volunteers' services save £750,000

U.K. | Community Newswire – 24 May 2010 – Volunteers at a hospice in Worcestershire saved it more than £750,000 in wages last year. The Volunteer Value report ... showed the 1,000 people who gave their time to work in shops, make home care visits, or care for patients on site, saved the hospice £767,106 in equivalent wages for the 12 months to the end of April. The report also revealed the number of hours that volunteers worked increased by 28% to 32,157 over the past 12 months. This included volunteer day unit bath nurses working 687 hours, complementary therapists 933 hours, home sitters 720 hours, and family support workers 757 hours. <http://www.communitynewswire.press.net/article.jsp?id=6791489>

## Changes to residential care system needed for elderly

U.K. | University of the West England – 24 May 2010 – Researchers ... are calling for changes to the ... residential home care system to ensure older people have a 'home for life' and are not pushed out to hospitals or nursing homes unnecessarily. More funding to support clinical training of social care staff working in residential homes, and a new registration system with formal qualifications, are among [their] recommendations. In England, more than 18,000 care homes currently provide places for more than 453,000 residents. Six out of ten places are in residential homes with no nursing staff employed on-site. Residential homes employ some 230,000 care workers and senior care workers and this figure is set to rise with an ageing population. <http://info.uwe.ac.uk/news/UWENews/article.asp?item=1761&year=2010>

### [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/>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- THE NETHERLANDS | Deutsche Welle (Germany) – 28 May 2010 – **'Dutch groups want to expand assisted suicide rights.'** Assisted suicide is tolerated in The Netherlands, under certain conditions. But right-to-die advocates ... think the law should be expanded to cover healthy elderly people who consider their lives "complete." <http://www.dw-world.de/dw/article/0,,5627515,00.html>
- U.K. | *Daily Telegraph* – 25 May 2010 – **'Man who helped wife commit suicide will not be prosecuted.'** An IT consultant who helped his wife commit suicide to escape decades of chronic pain will not face charges because he was "wholly motivated by compassion," the Crown Prosecution Service [for England & Wales] announced.<sup>1</sup> <http://www.telegraph.co.uk/news/uknews/7760266/Man-who-helped-wife-commit-suicide-will-not-be-prosecuted.html>

1. Public interest factors the Director of Public Prosecutions would consider in favour of or against prosecution: [http://www.cps.gov.uk/news/press\\_releases/109\\_10/](http://www.cps.gov.uk/news/press_releases/109_10/)

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

### Fifty reasons to love your palliative care pharmacist

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 27 May 2010 – Pharmacists have much to offer in caring for patients with an advanced illness. To celebrate the role of pharmacists in palliative care, the authors ... share 50 excellent reasons to love your pharmacist. This list was compiled by 3 pharmacists specializing in end-of-life care spanning from inpatient palliative care to home-based hospice. Their goal is to increase awareness among other hospice and palliative care practitioners by recognizing the skills pharmacists contribute in caring for patients at the end of life. They divided the list into categories: provision of pharmaceuticals, optimizing medication regimens, education and drug information, patient safety, administration/formulary management. <http://ajh.sagepub.com/cgi/content/abstract/104/9909110371096v1>

### Partnerships between pediatric palliative care and psychiatry

*CHILD & ADOLESCENT PSYCHIATRY CLINICS*, 2010;19(2):423-437. Given the psychosocial and emotional needs of children and their families it is clear that psychiatrists can, and do, play a role in delivering pediatric palliative care. The authors present an overview of pediatric palliative care followed by a summary of some of the roles for psychiatry. Two innovative pediatric palliative care programs that psychiatrists may or may not be aware of are described. Finally, some challenges that are faced in further developing this partnership and suggestions for future research are discussed. [http://www.childpsych.theclinics.com/article/S1056-4993\(10\)00004-0/abstract](http://www.childpsych.theclinics.com/article/S1056-4993(10)00004-0/abstract)

#### 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/newslatter/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>

## Providers' perceptions of aboriginal palliative care in British Columbia's rural interior

*HEALTH & SOCIAL CARE IN THE COMMUNITY* | Online article – 24 May 2010 – The authors report the findings from a qualitative case study undertaken in rural British Columbia, Canada, through exploring the perceptions of aboriginal palliative care in a region identified as lacking in formal palliative care services and having only a limited aboriginal population. The implications for service providers in rural regions are such that consideration of the presence of small, and not always 'visible,' populations is necessary; while rural care providers are known for their resilience and resourcefulness, increased opportunities for meaningful two-way knowledge exchange with peers and consultation with experts cannot be overlooked. Doing so will serve to enhance culturally accessible palliative care in the region in general and for aboriginal peoples specifically. <http://www3.interscience.wiley.com/journal/123467467/abstract>

From Media Watch dated 26 April 2010:

- *JOURNAL OF PALLIATIVE CARE*, 2010;26(1):6-14. **'Completing the circle: Elders speak about end-of-life care with aboriginal families in Canada.'** In this article, the authors share words spoken by Aboriginal elders from Saskatchewan, Canada, in response to the research question, "What would you like non-Aboriginal health care providers to know when providing end-of-life care for Aboriginal families?" <http://www.ncbi.nlm.nih.gov/pubmed/20402179>

From Media Watch dated 20 April 2009:

- *CANADIAN FAMILY PHYSICIAN*, 2009;55(4):443-444. **'When family doctors and aboriginal patients meet.'** How ... can physicians develop meaningful and therapeutic relationships with aboriginal patients? <http://www.cfp.ca/cgi/reprint/55/4/443>
- *CANADIAN FAMILY PHYSICIAN*, 2009;55(4):394-395. **'Palliative care of First Nations people.'** The authors sought to understand cross-cultural hospital-based end-of-life care from the perspective of bereaved First Nations ... family members [who] described palliative care as a community and extended family experience. <http://www.cfp.ca/cgi/reprint/55/4/394>

## Death revisited: Rethinking death and the dead donor rule

*JOURNAL OF MEDICINE & PHILOSOPHY*, 2010;35(3):223-241. Technological developments in the middle of the twentieth century and the advent of the intensive care unit made it possible to sustain cardio-respiratory and other functions in patients with severe brain injury who previously would have lost such functions permanently shortly after sustaining a brain injury. What could and should physicians caring for such patients do? Significant advances in human organ transplantation also played direct and indirect roles in discussions regarding the care of such patients. Because successful transplantation requires that organs be removed from cadavers shortly after death to avoid organ damage due to loss of oxygen, there has been keen interest in knowing precisely when people are dead so that organs could be removed. Criteria for declaring death using neurological criteria developed, and today a whole brain definition of death is widely used and recognized by all 50 states in the U.S. as an acceptable way to determine death. The authors explore the ongoing debate over definitions of death, particularly over brain death or death determined using neurological criteria, and the relationship between definitions of death and organ transplantation. <http://jmp.oxfordjournals.org/cgi/content/abstract/35/3/223>

**N.B.** This issue of *Journal of Medicine & Philosophy* contains several articles on the dead donor rule. Contents page: <http://jmp.oxfordjournals.org/current.dtl>

Of related interest:

- *AMERICAN MEDICAL NEWS* | Online report – 31 May 2010 – **'Organ donation should be part of health discussions.'** Demand for organs in the U.S. continues to outpace the supply of donor organs available. More than 107,000 people were on the United Network for Organ Sharing's waiting list as of mid-May. <http://www.ama-assn.org/amednews/2010/05/31/prca0531.htm>

## **Palliative care for multiple sclerosis: A counter-intuitive approach?**

*MULTIPLE SCLEROSIS*, 2010;16(5):515-517. The setting of this study was that in an area where multiple sclerosis patients already have good access to "traditional" structures, such as GP, neurology, rehabilitation, and social work, an additional and complementing palliative care service was offered for severely affected patients.<sup>1</sup> This randomized controlled study showed a significant improvement in the management of key symptoms (pain, nausea, vomiting, mouth problems, and sleeping difficulties) as well as significantly reducing caregiver burden. Furthermore, such a service is cost-effective, mainly by reducing caregiver burden and use of primary and acute hospital services. <http://msj.sagepub.com/cgi/reprint/16/5/515?rss=1>

1. *MULTIPLE SCLEROSIS*, 2010;16(5):627-636. **'Palliative care for people severely affected by multiple sclerosis: Evaluation of a novel palliative care service.'** Multiple sclerosis results in both physical and psychological disability but some patients have needs that are not adequately met by existing services. A delayed intervention randomized controlled trial was undertaken with multiple sclerosis patients deemed by staff to have palliative care needs. The authors concluded that involvement with the palliative care service appeared to positively affect some key symptoms and reduced informal caregiver burden. <http://msj.sagepub.com/cgi/content/abstract/16/5/627>

**N.B.** The study was first published online 19 March 2010 and noted in Media Watch dated 19 March 2010.

### **Letter**

## **Is it always wrong to perform futile CPR?**

*NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(21):2034-2037. In his ... article regarding the performance of futile cardiopulmonary resuscitation ... [the author] ... calls attention to complexities in end-of-life care and in communicating with loved ones.<sup>1</sup> Yet he contradicts himself, stating both that "interests of the patient are always primary" and that "interests of the surviving family members may take priority." [The writers] ... argue that physicians are obligated first to the patient's best interest and only secondarily to the family's interests, even after the patient's death. <http://content.nejm.org/cgi/content/extract/362/21/2034>

1. *NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(6):477-479. **Is it always wrong to perform futile CPR?** Although there is currently much debate about the types of care to which patients are entitled, one thing on which everyone can agree is that non-beneficial care should be eliminated. Although such care can be hard to define, in some circumstances experienced clinicians can be virtually certain that attempts at resuscitation will fail. In these cases, many argue that hospitals should adopt policies that allow physicians to refuse when families demand futile cardiopulmonary resuscitation. <http://content.nejm.org/cgi/content/extract/362/6/477>

**N.B.** Scroll back to [U.S.A.](#) and 'New Jersey court has chance to influence compassionate end-of-life care' (p.3).

## **End-of-life care guidance offers clarity for nurses**

*NURSING TIMES* (U.K.) | Online report – 25 May 2010 – New guidance for doctors on end of life care should lead to nurses having more confidence in delivering care and treatment to dying patients, say nursing leaders. The guidance from the General Medical Council [GMC] follows a *Nursing Times* survey that found one in ten nurses admitted restricting pain relief for dying patients for fear of prosecution for assisted suicide. The poll of more than 2,000 nurses also revealed some felt doctors deliberately under-prescribed pain medication for fear of prosecution themselves. The GMC guidance places an onus on doctors to plan end of life care and listen to patients' wishes about treatment, including palliative care. <http://www.nursingtimes.net/whats-new-in-nursing/acute-care/end-of-life-care-guidance-offers-clarity-for-nurses/5014977.article>

Cont.

From Media Watch dated 24 May 2010:

- *BRITISH MEDICAL JOURNAL* | Online report – 20 May 2010 – **'Doctors should avoid making assumptions about patients' choices at the end of life.'** The General Medical Council [GMC] has issued comprehensive new guidance for doctors on end of life care, including advice on how to decide whether to attempt cardiopulmonary resuscitation (CPR), and when to withhold or withdraw artificial nutrition and hydration. [http://www.bmj.com/cgi/content/extract/340/may20\\_1/c2609](http://www.bmj.com/cgi/content/extract/340/may20_1/c2609)
- *NURSING TIMES* (U.K.) | Online report – 18 May 2010 – **'Dying patients denied pain relief because of legal fears.'** Dying patients are being denied adequate medication to control symptoms and relieve pain because nurses fear prosecution for assisting suicide, a *Nursing Times* survey has found. More than one in 10 of the 2,311 respondents to the online survey of nurses said they had restricted a patient's medication despite that exacerbating symptoms as they were concerned about being prosecuted. <http://www.nursingtimes.net/whats-new-in-nursing/news-topics/ethics-and-law-in-nursing/dying-patients-denied-pain-relief-because-of-legal-fears/5014721.article>

### **'Oh God, not a palliative': Out-of-hours general practitioners within the domain of palliative care**

*PALLIATIVE MEDICINE* | Online article – 25 May 2010 – This project explored factors influencing confidence in dealing with symptom control and palliative care provision outside regular working hours. There was clear concern about the lack of continuity, and inadequacy of notes and follow-up, and there was a demonstrated need for more learning on the topic of palliative care. Pressure from the out-of-hours provider to see more patients was felt to be oppositional with the need to spend adequate time with this vulnerable patient group. General practitioners felt as unwanted strangers who were viewed with suspicion by patients and carers in palliative care situations. It was clear that most of the doctors interviewed felt a strong sense of isolation when working out-of-hours shifts, and some felt less inclined to contact specialist palliative care services. <http://pmj.sagepub.com/cgi/content/abstract/0269216310368580v1>

From Media Watch dated 21 December 2009:

- *PALLIATIVE MEDICINE* | Online article – 16 December 2009 – **'Assessing and improving out-of-hours palliative care in a deprived community: a rapid appraisal study.'** The aim of this study was to identify key challenges and improvements to out-of-hours palliative care in a mixed urban and rural deprived area. <http://pmj.sagepub.com/cgi/content/abstract/0269216309356030v1>

From Media Watch dated 30 November 2009:

- *BMC PALLIATIVE CARE* | Online article – 28 November 2009 – **'Out-of-hours palliative care provided by GP co-operatives: Availability, content and effect of transferred information.'** Out-of-hours GP care in England, Denmark and the Netherlands has been reorganised and is now provided by large scale GP co-operatives. <http://www.biomedcentral.com/content/pdf/1472-684x-8-17.pdf>

### **Barriers to the development of palliative care in Western Europe**

*PALLIATIVE MEDICINE* | Online article – 25 May 2010 – The authors identified six significant barriers to the development of palliative care in Western Europe: 1) lack of palliative care education and training programmes; 2) lack of awareness and recognition of palliative care; 3) limited availability of/knowledge about opioid analgesics; 4) limited funding; 5) lack of coordination amongst services; and, 6) uneven palliative care coverage. Findings ... suggest that barriers to the development of palliative care in Western Europe may differ substantially from each other in both their scope and context and that some may be considered to be of greater significance than others. A number of common barriers to the development of the discipline do exist and much work still remains to be done in the identified areas. This paper provides a road map of which barriers need to be addressed. <http://pmj.sagepub.com/cgi/content/abstract/0269216310368578v1>

## **The trajectory of palliative care costs over the last 5 months of life: A Canadian longitudinal study**

*PALLIATIVE MEDICINE* | Online article – 25 May 2010 – This study aimed to highlight the trajectory of palliative care costs over the last five months of life in five urban centres across Canada. Participants [160 terminally ill patients and their main informal caregivers] were asked to provide information on the goods and services they used related to the patients' health condition, and on informal caregiving time. The overall costs of care gradually increased from the fifth to the last month of the patients' life. The knowledge gained from this study would be useful to policy makers when developing policies that could help families caring for a terminally ill loved one at home. <http://pmj.sagepub.com/cgi/content/abstract/0269216310368453v1>

From Media Watch dated 19 October 2009:

- *PALLIATIVE MEDICINE* | Online article – 16 October 2009 – '**Costs associated with resource utilization during the palliative phase of care.**' This study aimed to evaluate prospectively the resource utilization and related costs during the palliative phase of care in five regions across Canada. <http://pmj.sagepub.com/cgi/content/abstract/0269216309346546v1>

**N.B.** The article was published in *Palliative Medicine*, 2009;23(8):708-717.

## **Use of the proportion of patients dying on an End of Life Pathway as a quality marker: Considerations for interpretation**

*PALLIATIVE MEDICINE* | Online article – 25 May 2010 – The Department of Health as part of its End of Life Care Strategy has developed a set of markers as a quality of care proxy for adults at the end of life. "The number/proportion of patients dying with the Liverpool Care Pathway (or equivalent) in place" is suggested as a quality metric for all care providers. A retrospective audit of uptake of use of the Liverpool Care Pathway (LCP) in an NHS hospital in the North of England showed that 39% of all patients who died had been placed on the LCP. Overall 58% of patients who died were judged to meet the criteria for LCP use. This represented 81% of patients dying with cancer as a primary cause compared to 51% of patients dying with non-cancer. This difference was statistically very significant. In the [NHS] Trust under study, 67% of dying patients who fulfilled the LCP criteria were placed on the pathway. The results of this study suggest that a simple percentage of deaths on the pathway is an unsophisticated statistic which needs to be interpreted with care. In particular it will be influenced by the proportion of people dying with cancer or non-cancer. This should be considered particularly when presenting the results to the public and to healthcare stakeholders or when making comparisons between provider organizations. <http://pmj.sagepub.com/cgi/content/abstract/0269216310368579v1>

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

Representative sample of recent articles, etc:

- *THE LAWYERS WEEKLY* (Canada) | Online OpEd – 28 May 2010 – '**Slow down on assisted suicide.**' Bill C-384, or the "Right to Die with Dignity" Act, was defeated by a margin of 228-59. While no doubt disappointing to some, the defeat is hardly surprising. Some form of legislative intervention is no doubt required to bring legal clarity to the regulation of assisted death in Canada. However, Bill C-384, in its current form, failed to do that because, quite simply, it overshot the mark. <http://www.lawyersweekly.ca/index.php?section=article&volume=30&number=4&article=1>

**N.B.** Scroll back to [Canada](#) and '**Euthanasia hearings to hit the road**' (p.3).

- *MEDICAL CARE* (American Public Health Association) | Online article – 26 May 2010 – '**Who requests and who receives euthanasia or physician-assisted suicide?**' Only a minority of patients request euthanasia at the end of life and of these requests a majority is not granted. Careful decision-making is necessary in all requests for euthanasia. [http://journals.lww.com/lww-medicalcare/Abstract/publishahead/The\\_Last\\_Phase\\_of\\_Life\\_Who\\_Requests\\_and\\_Who.99747.a.SPX](http://journals.lww.com/lww-medicalcare/Abstract/publishahead/The_Last_Phase_of_Life_Who_Requests_and_Who.99747.a.SPX)

## Worth Repeating

### Doctors' delicate balance in keeping hope alive

*NEW YORK TIMES* | Online article – 24 December 2005 – Dr. Joseph Sacco's young patient lay gasping for breath; she had advanced AIDS and now she was failing. Assessing her, Dr. Sacco knew her medical options amounted to a question of the lesser of two evils: either the more aggressive ventilator, on which she would probably die, or the more passive morphine, from which she would probably slip into death. But there was also a slender chance that either treatment might help her rally. He also knew that how he presented her options would affect her decision, the feather that would tip the balance of her hope scale. As Dr. Sacco, a palliative care specialist at Bronx-Lebanon Hospital Center, spoke to the woman on that chilly morning earlier this month, her eyes widened with terror: no intubation. He ordered morphine. He agonized about his approach. "She's only 23," he said later that day. "Maybe I was too grim. Maybe I was

conveying false hopelessness to her. Maybe I just should have said, 'Let's put you on the ventilator.' I may have spun it wrong." The language of hope – whether, when and how to invoke it – has become an excruciatingly difficult issue in the modern relationship between doctor and patient.

[http://www.nytimes.com/2005/12/24/health/24patient.html?\\_r=1&pagewanted=1&th&emc=th](http://www.nytimes.com/2005/12/24/health/24patient.html?_r=1&pagewanted=1&th&emc=th)

#### Quotable Quotes

As health care providers struggle with whether, how and when doctors should speak of hope, a consensus is building on at least two fronts: that what fundamentally matters is that a doctor tells the truth with kindness, and that a doctor should never just say, "I have nothing more to offer you."

**Jan Hoffmann, *New York Times***

#### Media Watch: Editorial Practice

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

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#### 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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