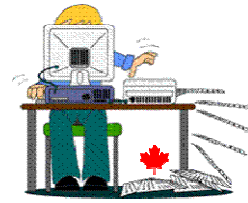


Media Watch...

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

Special report

Haiti

In the aftermath of the Haiti earthquake

HOSPICE ST. JOSEPH (CHRIST ROI) | Personal communication¹ – 29 January 2010 – Hospice St. Joseph and the Christ Roi Community were severely affected by the earthquake with many lives lost and persons injured and extensive property destruction. As of 24 January (12 days post earthquake), the U.S. team mobilized by Hospice St. Joseph has been the only medical group in Christ Roi. There has also been no outside assistance for securing food, water, shelter or sanitation in the community. The community of Christ Roi, now estimated at 40,000 people (5,000 families), is living in the streets under makeshift shelters. The medical team, which returned to the U.S. a few days ago, was working and sleeping out of the hospice's courtyard and going into the community with community volunteers and nurses to assess and treat the injured. During their six-day mission, they evaluated and treated over one thousand individuals. Prior to the January 12 earthquake, Hospice St. Joseph also offered shelter for international medical groups traveling in country, as well as patients from the provinces seeking medical care in Port-au-Prince. The immediate goal is to provide shelter, food, water, sanitation and medical care to 1,500 families in Christ Roi over the next six months while homes, businesses and health services are restored. Another medical team will leave for Haiti next week.



Hospice St. Joseph – pictured before and after.

Hospice St. Joseph contact information:

U.S: James Michel, Chair, Board of Directors:
MichelJ@aetna.com | (860) 273-3044

Rosemary Edwards, MD, Medical Relief
Committee: redhanmd@yahoo.com
724-284-4282

Haiti: Max Delices (pictured above, right),
Executive Director: dosboispin@yahoo.com
Haiti: 509-3832-4155 & 509-3434-2565

Hospice St. Joseph's website:
<http://www.hospicesaintjoseph.org/>

Hospice St. Joseph's blog:
<http://www.hospicesaintjoseph.org/blog/wordpress/?p=21>

1. Personal communication with Dr. Rosemary Edwards, Hospice St. Joseph Medical Relief Committee.

Canada

End-of-life group says more action needed in Canada

DIGITAL JOURNAL | Online report – 29 January 2010 – With an aging population, the Quality End-of-Life Care Coalition of Canada (QELCCC) says the nation needs work with end-of-life care. More than 259,000 Canadians die each year. Only a small portion of those who die receive hospice palliative care. With a rapidly aging population it is estimated that by 2026 annual deaths will increase to 330,000. By 2046 that number will be at 425,000 per year. "A decade has passed since the ... (QELCCC) developed the *Blueprint for Action*, a working document setting out areas for action for end-of-life care in Canada," explains Sharon Baxter, Executive Director, of the Ottawa-based Canadian Hospice Palliative Care Association. The QELCCC has released a report that measures the changes in end-of-life care during the past decade ... [and] shows some positive changes – but, more is still needed for Canadians.¹ The group outlines their priorities for the next 10 years. <http://www.digitaljournal.com/article/286623>

1. *10 Years Later: A Progress Report on the Blueprint for Action – 2000*, Quality End-of-Life Care Coalition of Canada, December 2009. http://www.chpca.net/qelccc/information_and_resources/QELCCC_2010_Progress_Report_on_the_2000_Blueprint_for_Action.pdf

Transition from hospital to home and long-term care

Agency to review care for elderly

ONTARIO | *Ottawa Sun* – 28 January 2010 – Key treatment programs at Eastern Ontario's embattled home-care agency will get top-to-bottom reviews to pinpoint what its interim CEO calls "huge chasms" in service for patients moving between hospitals to home and long-term care centres. Cameron Love said the agency will ... review of how it handles palliative care, wound closure treatment, dialysis and hip and knee injuries. "There are huge chasms and gaps and handoffs and it should be totally seamless," said Love ... during a presentation to the board of the Champlain Local Health Integration Network, which oversees health-care funding for Eastern Ontario. <http://www.ottawasun.com/news/ottawa/2010/01/27/12639371.html>

Palliative and end-of-life care survey

Senator Sharon Carstairs tabled *Still Not there. Quality End-of-Life Care: A Progress Report* in the Senate in 2005.¹ For a new report, Sen. Carstairs has created a survey to canvas for perspectives from the community, including patients, caregivers and health care providers. The survey is intended to gather insight into the current state of palliative and end-of-life care in Canada. Deadline for completing the survey is **15 February 2010**.

To participate:
<http://tinyurl.com/pec2009e>

1. *Still Not there. Quality End-of-Life Care: A Progress Report*. http://www.chpca.net/public_policy_advocacy/still_not_there_report/still_not_there.html

Specialist Publications

Of particular interest:

'Palliative and end-of life care initiative.' Scroll down to p.6 for an online report on research in Canada published online by the Canadian Institutes of Health Research.

'Did Ontario's End of Life Care Strategy reduce acute care service use?' Scroll down to p.7 for the results of a study published in *Healthcare Quarterly*.

Medical futility

The two faces of a life-or-death dilemma

GLOBE & MAIL | Online article – 27 January 2010 – The *Globe's* Lisa Priest examines how two families' stories are shaping a legal and moral battleground over who has the right to make life-or-death decisions. In Edmonton: Parents who want their brain-injured baby to live fight with a hospital who says they should let him go. In Quebec: A hospital ethics board clashes with a family that took their child off a feeding tube. <http://www.theglobeandmail.com/news/national/the-two-faces-of-a-life-or-death-dilemma/article1445507/>

- CANADIAN PRESS | Online report – 28 January 2010 – **'Head of doctors' group says disputes over withdrawing treatment emotional.'** Disputes over withholding or withdrawing life-sustaining treatment are relatively rare, but always very emotional, the registrar of the Manitoba College of Physicians and Surgeons said. <http://www.ngnews.ca/index.cfm?sid=322493&sc=503>

Palliative care bed shortage

Province gives hope to Grace Hospital

ONTARIO | CITY TV – 30 January 2010 – The hospital housing the city's first palliative-care unit has a better chance of survival now that the province has given the board of directors more time to come up with a purchase plan. "The McGuinty Government believes that keeping services at Toronto Grace is what's best for patients and their community," Health Minister Deb Matthews said . "I've asked that the Salvation Army grant another extension to the Grace Hospital Board of Directors to give the board full opportunity to develop a plan to continue offering services at that location." <http://www.citytv.com/toronto/citynews/life/health/article/69105--province-gives-hope-to-grace-hospital>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- B.C. | *Vancouver Sun* – 30 January 2010 – **'A moral question of how to die.'** On 15 January, Kay [Carter] became the 10th Canadian to die of assisted suicide at the Dignitas clinic [in Switzerland]. <http://www.vancouversun.com/health/Douglas+Todd+moral+question/2503463/story.html>

U.S.A.

On both sides of the Atlantic, a debate over quality of life

FOX NEWS | Online report – 29 January 2010 – Two legal cases dealing with the rights of family members to decide life or death for a critically injured loved one have touched off a storm of controversy on both sides of the Atlantic, landing one mother in prison for life, and locking a young couple in battle with the very doctors charged with keeping their infant alive. <http://www.foxnews.com/story/0,2933,584341,00.html>

[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/>

Be patient, dying people: Health-care reform will happen when it happens

NEW YORK MAGAZINE | Online OpEd – 27 January 2010 – Well, you could have seen this coming. With Republicans holding a 41-seat majority in the Senate, and Democrats realizing that voters care a lot more about everything else, congressional leaders say they "no longer felt pressure to move quickly on a health bill." And really, what's the rush? Right, Senate Majority Leader Harry Reid? "We're not on health care now," Mr. Reid said. "We've talked a lot about it in the past." He added: "There is no rush," and noted that Congress still had most of this year to work on the health bills passed in 2009 by the Senate and the House. Hold on, we're getting a call on the other line. It's Harry Reid from December. "As I mentioned earlier, on average, an American dies from lack of health insurance every 10 minutes. That means that in the short time I have been speaking, our broken system has claimed another life. Another American has died a preventable death." http://nymag.com/daily/intel/2010/01/be_patient_dying_people_health.html

Of related interest:

- ARIZONA DAILY STAR | Online report – 1 February 2010 – '**Cuts mean no hospice for some near death**.' State legislators, in an attempt to balance the budget, have cut care options for some terminally ill Arizonans, and hospices may have to repay the state for services already provided. http://www.azstarnet.com/news/science/health-med-fit/article_a5142427-75b0-5108-955b-c7ccdca03725.html
- CALIFORNIA | *Los Angeles Times* (OpEd) – 28 January 2010 – '**Medicine, hope and managing death**.' What did our efforts yield? Hope, yes, but mostly chaos and confusion. http://www.latimes.com/news/opinion/commentary/la-oe-daum28-2010jan28_0_3778200.column

End-of-life care strategies examined in Pennsylvania prisons

PENNSYLVANIA | Penn State press release – 26 January 2010 – Improved delivery of end-of-life care in prison is the focus of a \$1.27-million grant from the National Institute of Nursing Research that has Penn State researchers working with employees from six Pennsylvania prisons and the Pennsylvania Department of Corrections. The project will develop an intervention toolkit for use by staff at any prison in the country. End-of-life care – an attempt to optimize the quality of life for dying patients – includes hospice and palliative care, and aims to alleviate symptoms and suffering during advanced chronic illness. Prison workers, including health care professionals, chaplains, prison society volunteers and corrections officers, will provide information on current limitations, strengths, existing perceptions of end-of-life care among prison stakeholders and areas of care that bear improvement. http://www.eurekalert.org/pub_releases/2010-01/ps-ecs012610.php

N.B. Articles and reports focused on the provision and delivery of end of life care for prison inmates have been highlighted in Media Watch on a fairly regular basis. For those interested in prison hospice, a compilation of these articles and reports in a single document is available on request. Media Watch is posted on the *Prison Terminal* website: <http://www.prisonterminal.com/news%20media%20watch.html>

In most published remembrances, loved ones dance around death – but does that really help anyone?

CALIFORNIA | *Sacramento Bee* – 21 January 2010 – Death is hard to find in death notices. This is the time of year – January and February – when death rates are generally highest, according to the National Vital Statistics System. *The Bee* and other newspapers tend to run more paid death notices at this time of year, too. If you read those notices carefully, however, you'll find many people in them didn't exactly die. Most of them "passed away." Some "entered into rest." Others "left the world in God's hands." In a few cases, there isn't even a verb, only a date and location to indicate the death. "Death is hard to deal with," said University of California, Berkeley, linguist Geoffrey Nunberg, explaining why people avoid the four-letter word that starts with 'd' – died. <http://www.sacbee.com/livinghere/story/2471062.html>

International

Warning on free elderly homecare

U.K. | BBC News – 30 January 2010 – It has been claimed that thousands of elderly people in England could be sent to care homes unnecessarily. The government wants to provide 110,000 more people with free personal care in their own homes. But the Homecare Association says in some cases it may be cheaper for cash-strapped councils to use residential care rather than homecare. The Department of Health says the change will reduce the number of people in residential care, not increase it. The plans for 110,000 more elderly people to get free homecare is outlined in the ... Personal Care Bill. <http://news.bbc.co.uk/2/hi/business/8488350.stm>

For-profit end of life care?

The land deal, the end of life, and the public interest

SCOTTISH REVIEW | Online OpEd – 26 January 2010 – Early next week ... Europe's largest health board and a private developer will finalise the most controversial land deal in the history of the NHS (National Health Service) in Scotland. It will make end-of-life care a business to be conducted for profit – while the hospice which provides the care at present, and has done so with distinction for more than half a century, has its funding for this work withdrawn. After years of delay, the will of Greater Glasgow & Clyde Health Board appears finally to have prevailed. On 31 January, it will only remain to sign the missives. Yet, even in the final minutes of the 11th hour, serious questions need to be faced about this commercial transaction in the name of the National Health Service. They are ... broadly related to the ethics of the proposition. But our questions are more practical. They are based on an independent trawl of official papers to which the *Scottish Review* has obtained access. <http://www.scottishreview.net/KRoy198.html>

Better end of life care study

Sutton and Merton residents asked for views on palliative care

U.K. | *Wimbledon Guardian* – 23 January 2010 – Patients and families are set to take part in a pioneering survey on the quality of end of life care in England. The Qualycare study, by Kings College London, will involve 500 people from Merton and Sutton. Professor Irene Higginson, one of the scientists leading the project, said despite its difficult subject, the study would "increase our understanding of the services and improve care for others in the future." The study would provide better understanding of the help and support given by friends and family, and the way a person's death affect(s) friends and relatives. http://www.yourlocalguardian.co.uk/news/local/wimbledonnews/4864885.Sutton_and_Merton_residents_to_take_part_in_study_about_death/

1. Qualycare study website: <http://www.kcl.ac.uk/schools/medicine/depts/palliative/arp/qualycare>

Specialist Publications

Of particular interest:

Delivering better care at the end of life: The next steps.
Scroll down to p.9 for the report on the challenges facing implementation of the U.K.'s End of Life Strategy published by The King's Fund, a charitable foundation.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | BBC Panorama – 31 January 2010 – **'Poll 'support for mercy killings.'** Almost three-quarters of people support assisted suicide for someone who is terminally ill, a BBC poll suggests. However if the illness is painful and incurable, but not fatal, then backing falls to slightly under half. http://news.bbc.co.uk/2/hi/uk_news/8489744.stm
 - U.K. | *Observer* (newspaper) online debate – 31 January 2010 – **'The ethics of assisted suicide.'** Debbie Purdy, Dr Evan Harris, Baroness Warnock, Baroness Finlay and David Morris discuss the right to die. Should our loved ones be able to help us end our lives? [Scroll down to 'download mp3'] <http://www.guardian.co.uk/society/audio/2010/jan/31/debate-assisted-suicide>
 - U.K. | *Guardian* – 26 January 2010 – **'Trial of assisted suicide mother right, says Director of Public Prosecutions.'** Britain's most senior prosecutor, who has been criticised for bringing charges against a mother cleared of trying to murder her seriously ill daughter, has defended his decision. <http://www.guardian.co.uk/society/2010/jan/26/trial-kay-gilderdale-dpp-starmer>
 - U.K. (SCOTLAND) | BBC News – 24 January 2010 – **'Most MSPs oppose end-of-life bill.'** A survey of two-thirds of MSPs [Members of the Scottish Parliament, conducted by BBC Scotland] showed 17 supported the [End-of-Life Assistance] Bill; 53 were against; and, 20 were undecided. MSPs were asked: "Are you, in principle, for or against the End-of-Life Assistance Bill?" http://news.bbc.co.uk/2/hi/uk_news/scotland/8477542.stm
- N.B. End-of-Life Assistance Bill 38 webpage: <http://www.scottish.parliament.uk/s3/bills/38-EndLifeAssist/>

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

Adolescents with life-threatening illnesses

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article – 22 January 2010 – Adolescents have unique physical and psychosocial needs. Adolescents want to gain autonomy, yet they must still rely on their parents for support. These unique needs are further complicated by a life-threatening illness. Adolescents with life-threatening illnesses must rely on their parents, due to legal aspects of decision making, and they also face potential loss of peer interaction as they spend more time in hospitals and away from their friends. Adolescents may also be concerned with fertility, reproduction, and sexuality, issues that are often not addressed in palliative care programs. <http://ajh.sagepub.com/cgi/content/abstract/1049909109358310v1>

Research in Canada

Palliative and end-of life care initiative

CANADIAN INSTITUTES OF HEALTH RESEARCH | Online report – Accessed 24 January 2010 – The Palliative & End-of-Life Care initiative was developed by the Canadian Institutes of Health Research's Institute of Cancer Research in collaboration with eighteen partners.¹ The objectives of the national Initiative were to support infrastructure development, enhance interdisciplinary research collaboration, encourage the development of early career researchers and attract trainees to this emerging area. Since 2004, the Initiative has supported nineteen Pilot Projects, ten New Emerging Team Grants, one Career Transition Award, and a Strategic Training Program. With a total investment of \$16.5 million over six years, the Initiative is the largest research investment in palliative and end of life care research in the world. <http://www.cihr-irsc.gc.ca/e/40937.html>

1. *Palliative & End-of Life Care Initiative: Impact Assessment – Highlights & Conclusions*, Canadian Institutes of Health Research, October 2009: http://www.cihr-irsc.gc.ca/e/documents/icr_palliative_care_executive_summary_e.pdf

Moral distress: A growing problem in the health professions?

HASTINGS REPORT, 2010;40(1). In the insightful and provocative book *Final Exam*, noted author and liver transplant surgeon Pauline Chen chronicles her medical education and some of the ethical dilemmas physicians face in practice. She describes a hierarchal and often authoritative system of care, reflecting upon the frailties of care providers as well as patients. Though she does not explicitly use the term, Chen implicitly describes the impact of moral distress on health care quality, providers' ability to meet professional and ethical obligations, and subsequent provider satisfaction and retention. Moral distress, as defined by Andrew Jameton in 1984, is the inability of a moral agent to act according to his or her core values and perceived obligations due to internal and external constraints. Others have noted the psychological and physical burdens resulting from moral distress. Today, nurses and their colleagues face ethical issues that seem more complex and more frequent than when Jameton coined the term twenty-five years ago. <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=4296>

Of related interest:

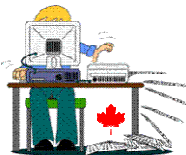
- *NURSING ETHICS*, 2010;17(1):39-50. 'A phenomenological study of nurses' understanding of honesty in palliative care.' The interviews in this study were conducted with nurses working with children and adults in palliative home-based care. Three categories emerged from analyses of the interviews: the meaning of honesty, the reason for being honest and, finally, moral conflict when dealing with honesty. <http://nej.sagepub.com/cgi/content/abstract/17/1/39>

Validation of a core outcome measure for palliative care in Africa

HEALTH & QUALITY OF LIFE OUTCOMES | Online article – 25 January 2010 – Despite the burden of progressive incurable disease in Africa, there is almost no evidence on patient care or outcomes. A primary reason has been the lack of appropriate locally-validated outcome tools. This study aimed to validate a multidimensional scale – the APCA (African Palliative Care Association) African Palliative Outcome Scale (POS) – in a multi-centred international study. The authors conclude that the scale has sound psychometric properties, is well comprehended and brief to use. Application of this tool offers the opportunity to at last address the omissions of palliative care research in Africa. <http://www.hqlo.com/content/8/1/10>

Did Ontario's End-of-Life Care Strategy reduce acute care service use?

HEALTHCARE QUARTERLY, 2010;13(1):93-100. The objective of this study was to evaluate whether Ontario's End-of-Life Care Strategy, which aimed to shift care from acute settings to the home, improved performance on quality indicators for end-of-life home care patients in use of more home care services and fewer acute care services. Among home care patients, per-patient use of home care and acute care did not change significantly over the time periods studied. One year after the strategy's implementation, individual patients' use of end-of-life home care and acute care services remained unchanged. The strategy may require more time for its impact to be fully achieved. <http://www.longwoods.com/product.php?productid=21271&cat=625&page=1>



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.

Automatic medical cards for dying patients

IRISH MEDICAL TIMES | Online report – 28 January 2010 – A leading consultant in palliative medicine believes patients expected to live for six months or less should be entitled to a medical card.¹ In a submission to the [Minister of Health & Children's] Expert Group on Resource Allocation in the Health Sector, Dr Liam O'Siorain said ... "At present, there are patients who do not have medical cards entering the terminal phase of their illness who are unable to access simple equipment and supports that would allow them to stay at home," said Dr O'Siorain. "Not having a medical card can make the difference between dying at home and dying in an acute setting," he added. The bureaucracy involved in getting a medical card could take so long that it was almost worthless by the time it arrived, he said. Furthermore, the process consumed the time of the social worker, hospice unit or hospital. "Referral to specialist palliative care should trigger an automatic medical card entitlement, which on average will only last for a few months." http://www.imt.ie/news/2010/01/automatic_medical_cards_for_dy.html

1. A medical card entitles certain people to free public health services.

Palliative care in long-term care: How can hospital teams interface?

JOURNAL OF PALLIATIVE MEDICINE, 2010;13(2):111-115. Nearly two thirds of nursing home admissions come from an acute care hospital, predominantly older adults with multiple, serious chronic illnesses and accompanying complications. The number of patients over 85 years of age [in the U.S.] is projected to rise to 9 million by 2030 and to 18 million by 2050. Half of these ... have moderate to severe dementia and are at high risk for long-term care placement because dementia is the primary reason for requiring long-term care. Alzheimer's disease is the fifth leading cause of death in persons over age 65. When combined with stroke and vascular dementia, the number of deaths is even higher. Despite the progressive, debilitating nature and high mortality of dementia, recognition of palliative care ... for this population has been slow to develop. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.9898>

Delphi analysis

What should we say when discussing "code status" and life support with a patient?

JOURNAL OF PALLIATIVE MEDICINE, 2010;13(2):185-195. Patients and clinicians often find it difficult to discuss wishes regarding cardiopulmonary resuscitation (CPR) or "code status." Some authors have published effective communication styles, but there are currently no published guidelines for the content of a discussion about resuscitation or goals of care. Physicians with expertise in end-of-life care and communication were able to develop consensus statements. These statements can serve as guidelines for physicians who feel uncomfortable with these discussions, in order to facilitate effective, informed, and ethically sound decision making. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2009.0269>

Of related interest:

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 26 January 2010 – **'What influences individuals to engage in advance care planning?'** The motivations for undertaking advance care planning that the authors (ACP) have identified offer health care providers insight into effective strategies for facilitating the process of ACP with their patients. <http://ajh.sagepub.com/cgi/content/abstract/1049909109355280v1>

U.K. End of Life Care Strategy

Delivering better care at end of life: The next steps

THE [U.K.] KING'S FUND¹ | Online posting – 27 January 2010 – The government's End of Life Care Strategy set out to improve the care that patients receive at the end of their life and to give them meaningful choice about where they are cared for and where they die. Implementation of the Strategy has proved challenging ... for a number of reasons: death and dying remain taboo subjects; the number of people dying is rising, putting extra pressure on end-of-life care services; and, budgets are likely to be limited in the coming years. The King's Fund organised ... [a] Summit ... at which senior policy-makers, clinicians, managers, officials and academics could share the challenges and suggest practical solutions. *Delivering better care at end of life: the next steps* includes papers given at the summit ... and an account of the debate generated.

http://www.kingsfund.org.uk/research/publications/leeds_castle_eolc.html

1. The King's Fund website: <http://www.kingsfund.org.uk/>

Of related interest:

- *NURSING TIMES* (U.K.) | Online article – 29 January 2010 – '**How to improve services for dying patients in critical care: adapting protocols.**' This article outlines a project to improve end of life care for those who are critically ill, by adapting and implementing a national protocol specially developed for the intensive care unit. <http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/how-to-improve-services-for-dying-patients-in-critical-care-adapting-protocols-/5010966.article>

Dealing with death in the neonatal intensive care unit

MEDSCAPE | Online article – 29 January 2010 – Palliative care has come a long way in recent years. Nowhere is this more true than in the neonatal intensive care unit (NICU), where the very idea of death is incongruent with the reason for the unit's existence: to sustain life in newborn infants who otherwise might die on the day of their birth. In many ways, the NICU has become a victim of its own success. Over time, smaller and more immature babies have survived, giving rise to the expectation that this trend can continue indefinitely.

<http://www.medscape.com/viewarticle/715963>

Worth Repeating

Communicating with metaphor: A dance with many veils

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 1998;15(5):282-284.

Metaphorical communication can be a healing modality, one consistent with communication as an art. This article suggests that metaphor is a powerful and sensitive form of language that offers a range of characteristics particularly suitable for the art and the challenge of communicating with dying people. Metaphor, as figurative language, provides a permissible way of saying one thing and meaning another. It allows us to share a truth without the glare of reality. This author contends that metaphor is mysterious, creative, invitational, safe, open to interpretation, respectful and playful. <http://ajh.sagepub.com/cgi/content/abstract/15/5/282>

Quotable Quotes

Metaphors have a way of holding the most truth in the least space. Orson Scott Card

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.

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>

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