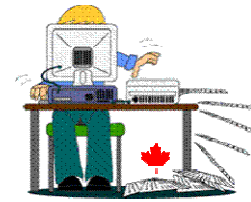


Media Watch...

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.

11 January 2010 Edition | Issue #131



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Views from the countryside: Scroll down to [Specialist Publications](#) and 'Issues in rural palliative care' published in the *Journal of Rural Health* (p.8). Added is a list of selected Canadian papers on the same subject that were noted in past editions of Media Watch

Canada

Let's give our aging population choice, comfort and dignity

GLOBE & MAIL | Online OpEd – 7 January 2010 – The aging population will undoubtedly have a dramatic impact on our health and social services systems, and on society more generally. A little taste of the challenge that lies ahead can be found in a report released earlier this week by the Alzheimer Society of Canada. It showed that, in the next generation, the number of people living with dementia will grow to 1.1 million from 500,000, and the economic cost of the illness will grow tenfold. If current trends continue, by 2038, there will be a shortfall of more than 150,000 long-term care beds just for dementia sufferers, and the burden on family caregivers - the vast majority of whom are older women - will grow tremendously. And dementia is just one of the chronic conditions on the rise. The aging of the population has been obvious and predictable for a long time, but the planning and policy adaptations have been virtually non-existent. We owe it to our seniors, and to ourselves, to have a plan and a vision. But it is frustrating and troubling to consider just how poorly prepared we are. <http://www.theglobeandmail.com/life/health/lets-give-our-aging-population-choice-comfort-and-dignity/article1421816/>

- *NATIONAL POST* | Online OpEd – 5 January 2010 – **'Preparing for a deluge of dementia.'** Nearly a half million Canadians ... currently suffer from some form of dementia, such as Alzheimer's disease. Thirty years from now, as baby boomers age and live longer than any previous generation, that figure will rise to over 1.1 million, according to a new study by the Alzheimer Society of Canada.¹ <http://network.nationalpost.com/np/blogs/fullcomment/archive/2010/01/05/national-post-editorial-board-preparing-for-a-deluge-of-dementia.aspx>

1. *Rising Tide: The Impact of Dementia on Canadian Society*, Alzheimer Society of Canada, 2010. http://www.alzheimer.ca/english/rising_tide/rising_tide_report.htm

From Media Watch dated 7 December 2009:

- STATISTICS CANADA | Online report – 27 November 2009 – **'The nation's elderly.'** As of 1 July 2009, seniors aged 65 and over accounted for a record high 13.9% of the Canadian population. <http://www.statcan.gc.ca/daily-quotidien/091127/dq091127b-eng.htm>

Hospice society cuts jobs, faces funding shortage

B.C. | *Qualicum Beach News* – 6 January 2010 – Due to a budget shortfall the Oceanside Hospice Society has eliminated three jobs including that of executive director David Shaver, effective 1 January. "What we're doing is restructuring to make sure we can maintain all our current programs," said board director and treasurer Rob Duncan. "We had a deficit in the current year and we're not 100% confident we can maintain our budget in the current economy," he added stressing that it wasn't in any way a reflection on the employees or due to any other issues. "I have absolutely no problem whatsoever with David," Duncan said, adding that while they had to cut two other office positions they will be able to keep the volunteer coordinator and office manager. <http://www.bclocalnews.com/news/80806682.html>

Hospice volunteer recruitment

Departure from traditional hospice advertising

HOSPICE ASSOCIATION OF ONTARIO | Online posting – Accessed 4 January 2010 – In launching two initiatives to recruit hospice volunteers, the Hospice Association of Ontario (HAO) has targeted a younger audience with advertisements in recent editions of *The National Post*. The Association's message will be seen in poster form in selected Toronto transit shelters. HAO also developed a multi-lingual public service announcement (PSA) aimed at a broader audience, which will be aired in the Greater Toronto Area. The posters and PSA can be viewed on HAO's website: <http://hospice.on.ca/hospiceontario.php>

Media Watch Supplement

[Assisted \(or Facilitated\) Death: The Debate in Canada](#)

Summarized are notable "developments" – also highlighting those in other countries – that inform discussion in Canada on end-of-life issues, specifically the debate on assisted (or facilitated) death.

Compiled & Annotated by Barry R. Ashpole

This document was distributed 11 January 2010 to recipients of Media Watch

[U.S.A.](#)

One of the top ten bioethics stories of the decade

Legalization of assisted suicide in Washington

NATIONAL REVIEW | Online OpEd – 8 January 2010 – Though some thought it inevitable, legalized assisted suicide faced very rough sledding after Oregon passed its breakthrough law in 1994. After many years of failure, in 2008, an abundantly financed initiative campaign, fronted and partially paid for by a popular ex-governor, finally succeeded in Washington. Interestingly, as soon as the law went into effect, so did the pushback: Many Washington doctors and health-care systems publicly opted out of participation. A month later, a Montana trial judge declared a constitutional right to assisted suicide; the Montana Supreme Court eventually vacated the decision, but also ruled it legal under the living-will law for doctors to write lethal prescriptions for their terminally ill patients. Then, in 2009, the old stalemate re-emerged, with legislatures in states as widespread as Hawaii, Arizona, Wisconsin, Vermont, and New Hampshire refusing to follow Washington's lead. Still, the Washington victory boosted the morale of assisted-suicide activists, who promise to wage an energetic legalization campaign in the coming decade. <http://article.nationalreview.com/?q=MzkzNjkzZGJhYmMwYzQ1MjFjNjZhYjE5ZDEyOGU4Mzk=>

Community initiatives

Hospice of Michigan launches public information campaign

MICHIGAN | Hospice of Michigan press release – 7 January 2010 – One of Michigan's leading providers of hospice and palliative care, will engage the public in a 52-week awareness campaign about end-of-life issues, 'Stories at Sunset.' The campaign ... will draw upon the true stories of husbands, wives, sons, daughters, sisters and brothers who have helped loved ones at the end of life. It also will feature first-hand stories from Hospice of Michigan nurses, doctors, social workers, volunteers and donors. <http://www.prnewswire.com/news-releases/hospice-of-michigan-launches-public-information-campaign-called-stories-at-sunset-80890137.html>

- CALIFORNIA | *Stanford Daily* (Palo Alto) – 7 January 2010 – **'The good death.'** "Has everyone been to the bedside of someone who's dying?" Eight new volunteers responded, thrusting their hands into the cold air of Room HO147. On a cold and rainy Monday night in October, these eight hopefuls convened in a converted break room in Stanford Hospital's basement for a new volunteer orientation session for 'No One Dies Alone.' <http://www.stanforddaily.com/cgi-bin/?p=1036783>

Research finds few nursing homes participate in end-of-life care programs

AMERICAN ASSOCIATION OF HOMES & SERVICES FOR THE AGING | Online press release – 5 January 2010 – Although 25% of all deaths in America occur in nursing homes, fewer than 20% of homes participate in end-of-life care programs, according to a new research report from the Institute for the Future of Aging Services (IFAS), the research division of the American Association of Homes & Services for the Aging.¹ The IFAS report is an analysis of data from the 2004 National Nursing Home Survey, which includes data representing America's 16,000 nursing homes. It offers the most current and comprehensive picture of end-of-life care program participation in U.S. nursing homes. Researchers found that nursing homes were more likely to participate in end-of-life programs if they specialty programs for hospice, pain management or dementia care. There is also a strong correlation between end-of-life

program participation and staff training for services related to end of life care.

<http://www.aahsa.org/article.aspx?id=10765>

1. The research was published in the *American Journal of Hospice & Palliative Care Medicine* and listed in Media Watch dated 20 April 2009. Abstract of 'Nursing home participation in end-of-life programs' is available at: <http://ajh.sagepub.com/cgi/content/abstract/1049909109333933v1>

Specialist Publications

Of related interest:

'A new Medicare end-of-life benefit for nursing home residents.' Scroll down to p.7 for the authors' recommendations published in *Health Affairs*.

Hospice services now available to those on [State] Medicaid

CONNECTICUT | *The Day* (New London) – 5 January 2010 – Patients with terminal illnesses who are covered by Medicaid can now have hospice services for end-of-life care paid for by the government insurance program, thanks to a new state law that took effect 1 January. The change will be most significant for nursing home patients with Medicaid, the health insurance program for the poor. <http://www.theday.com/article/20100105/NWS01/301059921/-1/NWS>

Of related interest:

- ARIZONA | ABC News (Phoenix) – 9 January 2010 – **'Some low income Arizonans losing out on hospice care.'** State lawmakers removed the hospice benefit during its last budget session. http://www.abc15.com/content/news/phoenixmetro/central/story/Some-low-income-Arizonans-losing-out-on-hospice/saD-34Cbqke-ehCSR4_Tw.csp

Palliative care on the cusp of a big change

FLORIDA | *Tampa Tribune* – 5 January 2010 – More than 16,000 Tampa Bay area residents die each year from cancer, heart disease and chronic respiratory illness. And thousands opt for services through hospice programs designed to manage the physical and emotional pain that comes as a person nears death. That number will increase in the next two decades, as the Baby Boomer generation ages. That increase and evolving medical advances will require health care providers of all kinds to adapt, says Don Schumaker ... of the National Hospice & Palliative Care Organization. Hospice care, offered to people given a medical diagnosis of six months or less to live, focuses on pain management and the spiritual and emotional realities facing terminally ill patients and their loved ones. The average length of patient care is 21 days. Florida, which has about 50 licensed non-profit and for-profit hospice groups, is on the leading edge of palliative care's evolution. <http://www2.tbo.com/content/2010/jan/05/palliative-care-on-the-cusp-of-a-big-change/>

Physician-patient communication

Medical care that transcends words

NEW YORK TIMES | Online OpEd – 4 January 2010 – Words are paramount in the business of medicine. Diagnoses are illuminated by the patients' own accounts of their illnesses. Treatment options are discussed using conditional verbs, plans described in the future tense. And in the end everything is documented. We have become so dependent on our words – so reliant on the phrases and spiels we know by rote – that it is almost impossible to imagine what we would do without them. But there is communication without words, too – an honest-to-goodness human presence that transcends language. Sometimes it is just as essential to healing as our precise and formulaic words. <http://www.nytimes.com/2010/01/05/health/05case.html>

International

Challenging views on death

Channel 4 seeks terminally ill volunteer to be mummified in TV documentary

U.K. | *Daily Mail* – 11 January 2010 – Channel 4 looks set to become embroiled in another taste row after backing a project which seeks to mummify a terminally ill volunteer for a television documentary. The body of the candidate to be embalmed could then end up being displayed in a museum. If the project goes ahead it will follow a trail of programmes which seek to challenge views on death. Television audiences have been shown an autopsy ...and an on-screen suicide. <http://www.dailymail.co.uk/sciencetech/article-1242225/Channel-4-advertising-terminally-ill-person-volunteer-mummified-TV-show.html>

Rules switch will ease pain as families mourn children

U.K. (WALES) | *This is South Wales* – 10 January 2010 – Grieving mums and dads will be able to leave toys and other memorabilia at Neath and Port Talbot's first dedicated children's garden of remembrance. It has been developed at Margam Cemetery, and council officials are relaxing the rules, which would not usually allow anything to be left at gravesides. It was the idea of the Bereavement Support Group within Abertawe Bro Morgannwg University Health Board, which is also behind the only other garden of its kind, which has been set up at Laleston in Bridgend. <http://www.thisissouthwales.co.uk/southwalesnews/Rules-switch-ease-pain-families-mourn-children/article-1689780-detail/article.html>

Why we must talk about death

THE AUSTRALIAN | Online OpEd – 9 January 2010 – Is it Australian reticence, the fact that acknowledgment of the inevitability of death and preparation for it has largely lost its place in our culture, or our unwillingness to abandon the hope offered by medical and technological advances, that keep us from an open discussion on this issue?<http://www.theaustralian.com.au/news/health-science/why-we-must-talk-about-death/story-e6frg8y6-1225817269787>

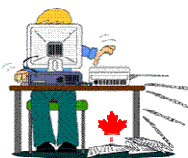
Care home patients given feeding tubes 'to save on staffing'

U.K. | *Times* – 6 January 2010 – An expert report states that artificial feeding ... is being used too frequently, often because staff shortages mean there is not enough time for conventional feeding. The report concludes that many patients ... are receiving the treatment because it is an "easy option." The technique risks infections and also deprives patients of the pleasure of taste, and social interaction that come with normal eating. The authors, from the Royal College of Physicians, said there was anecdotal evidence of homes closing their doors to patients if they did not adopt artificial feeding, an approach they described as "completely unethical." The expert panel said that although homes claimed to be acting in patients' interests, the real motive may be to cut costs. The college issued guidelines urging doctors and nurses to view artificial feeding as a last resort. A recent survey showed that 39,000 people were artificially fed outside hospital, either at home or in residential care, over the course of a year. Two thirds were because of difficulty in swallowing. The report, which focuses on patients approaching the end of life, has been issued in response to continuing unease about when artificial nutrition and hydration is appropriate.¹ http://www.timesonline.co.uk/tol/life_and_style/health/article6977163.ece

1. ROYAL COLLEGE OF PHYSICIANS | Press release – 6 January 2010 – '**Nil by mouth' should be a last resort rather than the first option.**' This is the central message from a report published by the Royal College in conjunction with the British Society of Gastroenterology, *Oral feeding difficulties and dilemmas: A guide to practical care, particularly towards the end of life.* <http://www.rcplondon.ac.uk/media/Press-releases/Pages/06-Jan-2010-Nil-by-mouth-should-be-last-resort-according-to-RCP-report.aspx>

South Koreans experience what it's like to die – and live again

SOUTH KOREA | *Los Angeles Times* (U.S.) – 4 January 2010 – For Jung Joon, the moment of truth arrives for his clients as they slip into the casket and he pounds the lid in place with a wooden hammer. Insights arise, he says, as they are confronted with total, claustrophobic darkness, left alone to weigh their regrets and ponder eternity. Jung ... is a resolute counselor on the ever-after who welcomes clients with the invitation, "OK, today let's get close to death." Jung runs a seminar called the Coffin Academy, where, for \$25 each, South Koreans can get a glimpse into the abyss. Over four hours, groups of a dozen or more tearfully write their letters of goodbye and tombstone epitaphs. Finally, they attend their own funerals and try the coffin on for size. <http://www.latimes.com/news/nation-and-world/la-fg-korea-coffin4-2010jan04,0,3739206,full.story>



Barry R. Ashpole

My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class courses, and facilitating issue specific workshops, for frontline care providers.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- SOUTH KOREA | Agence France-Presse – 10 January 2010 – **'South Korean dies over 200 days after life support cut.'** A 77-year-old brain-dead South Korean woman died on Sunday more than 200 days after being taken off life support, in the country's first case of legal euthanasia, officials said. <http://www.google.com/hostednews/afp/article/ALeqM5jvrlDXnCQtkgDlplCV-rFJtIPeg>
- CHINA DAILY | Online report – 8 January 2010 – **'Trail spotlights "brain deaths."'** A 37-year-old law student ... is waiting for the court to decide his fate after going on trial for killing his brain-dead wife last February. The case has caused a debate about euthanasia in China, a hot global issue in which people have strong opinions about "mercy killings" when a person is suffering from a terminal illness or brain dead. http://www.chinadaily.com.cn/china/2010-01/08/content_9285261.htm
- U.K. | *Daily Telegraph* – 7 January 2010 – **'Mother accused of murdering brain-damaged son 'looked up euthanasia on internet.'** A mother accusing of murdering her brain-damaged son in his bed looked up euthanasia on the internet before attempting to kill him for the first time, a court heard. <http://www.telegraph.co.uk/news/6942206/Mother-accused-of-murdering-brain-damaged-son-looked-up-euthanasia-on-internet.html>

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

What "best practice" could be in palliative care: An analysis of statements on practice and ethics expressed by the main Health Organizations

BMC PALLIATIVE CARE | Online article – 7 January 2010 – The authors carried out an analysis of the statements on practice and ethics of palliative care expressed by the main health organizations to show which dimensions of end-of-life care are taken into consideration. Overall, 34 organizations were identified, 7 international organisations, and 27 organisations operating on the national level in four different countries (Australia, Canada, U.K. and the U.S.). Up to 56 documents were selected and analysed. Most ... are position statements. Relevant quotations from the documents were presented by "areas" and "sub-areas". In general, the "sub-areas" of symptoms control as well as those referring to relational and social issues are more widely covered by the documents than the "sub-areas" related to "preparation" and to "existential condition". Indeed, the consistency of end-of-life choices with the patient's wishes, as well as completion and meaningfulness at the end of life is given only a minor relevance. An integrated model of the best palliative care practice is generally lacking in the documents. <http://www.biomedcentral.com/content/pdf/1472-684x-9-1.pdf>

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE*, 2010;13(1):15-18. **'A medical-legal partnership as a component of a palliative care model.'** A medical-legal partnership incorporated as part of a comprehensive palliative care model addresses unmet social and material needs for patients. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0203>

Quotable Quotes

*"Please forgive me." "I forgive you." "Thank you." "I love you."
Comprising just eleven words, these four short sentences carry the core wisdom of
what people who are dying have taught me about what matters most in life. Ira Byock.*

A new Medicare end-of-life benefit for nursing home residents

HEALTH AFFAIRS, 2010;29(1):130-135. Unfortunately, the Medicare hospice benefit – the primary source of palliative care coverage for Medicare beneficiaries – is a poor fit with the nursing home setting. The authors recommend creating a separate end-of-life Medicare benefit for nursing home residents based on documented need for services that neither requires physicians to certify a person's prognosis, nor requires beneficiaries to choose it or to agree to forgo curative care. Nursing homes would be paid directly for end-of-life care services and held accountable for their quality. <http://content.healthaffairs.org/cgi/content/abstract/29/1/130>

Of related interest:

- *HEALTH AFFAIRS*, 2010;29(1):136-140. '**Raising the standard: Palliative care in nursing homes.**' The authors argue the growing acceptance of the culture-change movement centered on elder-directed goals in nursing homes is promising evidence of the goodness-of-fit of palliative care principles in the long-term care setting. <http://content.healthaffairs.org/cgi/content/abstract/29/1/136>

End of life: A workplace issue

HEALTH AFFAIRS, 2010;29(1):141-146. Many employers have not placed a priority on addressing end-of-life issues. Yet these issues affect their employees who serve as caregivers to ailing parents and siblings, who experience a health crisis for themselves or a partner, or who care for a critically ill child. End-of-life issues affect employers' cost of benefits, workers' productivity, and absenteeism and "presenteeism" rates, and they can undermine employees' effectiveness at work. <http://content.healthaffairs.org/cgi/content/abstract/29/1/141>

The oldest old in the last year of life

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 2010;58(1):1-11. This study provides new data identifying high levels of physical and cognitive disability in very old people in the year before death. As the very old population rises, so will support needs for people dying in extreme old age. The mismatch between health perceptions and functional limitations suggests that these vulnerable older adults may not seek help from which they could benefit. These findings have major policy and planning implications for end-of-life care for the oldest old. <http://www3.interscience.wiley.com/journal/123232560/abstract>

Disambiguating clinical intentions: The ethics of palliative sedation

JOURNAL OF MEDICINE & PHILOSOPHY | Online article – 6 January 2010 – It is often claimed that the intentions of physicians are multiple, ambiguous, and uncertain – at least with respect to end-of-life care. This claim provides support for the conclusion that the principle of double effect is of little or no value as a guide to end-of-life pain management. This paper argues proponents of the claim fail to distinguish two different senses of "intention" and, as a result, they are led to exaggerate the extent to which clinical intentions in end-of-life contexts are ambiguous and uncertain. Physicians have a duty to get clear on what their intentions are. Even if the principle of double effect should be rejected clinical intentions remain ethically significant because they condition the meaning of extraordinary clinical interventions, such as that of palliative sedation. <http://jhp.oxfordjournals.org/cgi/content/abstract/jhp056v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=and&titleabstract=Disambiguating+Clinical+Intentions%3A+The+Ethics+of+Palliative+Sedation.&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>

- CENTER TO ADVANCE PALLIATIVE CARE | Online press release – 6 January 2010 – '**Palliative sedation: Myth vs. fact.**' The belief that symptom management hastens death in the dying is a classic example of confusing an association with causation. <http://www.ccapc.org/news-and-events/releases/01-06-10>

Treatment preferences: Impact of risk and benefit in decision-making

JOURNAL OF PALLIATIVE MEDICINE, 2010;13(1):39-47. In this study, the Willingness to Accept Life Sustaining Treatment survey was used in a predominantly Latino population receiving care at a large urban ... hospital. Eligible patients were cared for by one of four clinics: 1) human immunodeficiency virus (HIV); 2) geriatrics; 3) oncology; or 4) cardiology. Hypothetical scenarios reflecting outcomes of resuscitation were presented and patients were given information on the burden and outcome of treatment. They were then given the option of accepting or declining treatment; 237 completed the survey. Patients in our study were willing to accept a high level of cognitive (vegetative state) and functional (bed-bound) impairment even when the chance of recovery was exceedingly low. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0141>

Of related interest:

- *MEDPAGE TODAY* (U.S.) | Online report – 11 January 2010 – **'Most MDs delay end-of-life talks.'** In a large survey presenting a hypothetical terminal-cancer case, fewer than half of physicians said they would broach such topics as do-not-resuscitate orders, hospice care, or preferred site of death while a patient was still feeling well. Moreover, only 65% of physicians would tell patients their prognosis immediately without being asked, the survey showed. The survey did not ask physicians to explain their answers. <http://www.medpagetoday.com/HematologyOncology/OtherCancers/17871>

Issues in rural palliative care: Views from the countryside

JOURNAL OF RURAL HEALTH, 2010;26(1):78-84. Growing concern exists ... over the dilemma of providing necessary health care for Canada's aging population. Hospice palliative services are an essential need in both urban and rural settings. Rural communities, in particular, are vulnerable to receiving inadequate services due to their geographic isolation. Focus groups were held for health professionals, family members and volunteers in 3 rural British Columbia communities. Three themes in rural palliative care were established: nature of palliative health care services, nature of rural relationships, and competencies required for rural palliative care. Findings indicated that the diversity in rural communities requires tailored approaches to palliative care that consider the geographic, cultural and health aspects of residents in order to optimize care. <http://www3.interscience.wiley.com/journal/123232436/abstract>

From Media Watch dated 27 July 2009:

- *JOURNAL OF HOSPICE & PALLIATIVE NURSING*, 2009;11(4):202-208. **'Homecare nurses' attitudes toward palliative care in a rural community in western Quebec.'** This study explored homecare nurses' attitudes toward palliative care in a rural community in Western Quebec. http://journals.lww.com/jhpn/Abstract/2009/07000/Homecare_Nurses_Attitudes_Toward_Palliative_Care.6.aspx

From Media Watch dated 1 June 2009:

- *JOURNAL OF PALLIATIVE CARE*, 2009;25(1):21-9. **'The good rural death: a report of an ethnographic study in Alberta, Canada.'** This report is of an ethnographic study in rural Alberta involving English-speaking Albertans. Four themes ... highlight critical elements of the good rural death. <http://www.ncbi.nlm.nih.gov/pubmed/19445339>

From Media Watch dated 29 December 2008:

- *CANADIAN JOURNAL OF RURAL MEDICINE*, 2008;13(3):139-40. **'Palliative care is a rural medicine issue.'** The increasing number of people relocating to rural areas upon retirement and the process of aging-in-place in such communities are amplifying the need for palliative care in these settings. <http://www.cma.ca/multimedia/staticContent/HTML/N012/cjrm/vol-13/issue-3/pdf/pg139.pdf>

A population-based cohort study

Using more end-of-life homecare services is associated with using fewer acute care services

MEDICAL CARE | Online article – 6 January 2010 – Healthcare systems are investing in end-of-life homecare to reduce acute care use. However, little evidence exists on the timing and amount of homecare services necessary to reduce acute care utilization. This study investigates whether admission time to homecare and the amount of services, as measured by average nursing and personal support and homemaking hours/week, are associated with using acute care services at end-of-life. Results suggest that early homecare admission and increased homecare services will help alleviate the demand for hospital resources at end-of-life. http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Using_More_End_of_Life_Homecare_Services_is.99835.aspx
[X](#)

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online report – 8 January 2010 – **'Long term care for the elderly and disabled in the U.S. should focus on community services.'** Spending on long term care for elderly and disabled U.S. citizens should shift from providing mainly institutional care to expanding community based services. http://www.bmj.com/cgi/content/extract/340/jan08_3/c114

Comparing pediatric deaths with and without hospice support

PEDIATRIC BLOOD & CANCER | Online article – 8 January 2010 – Although pediatric hospice care is commonly accepted as a beneficial intervention, the incremental advantage over end-of-life care delivered without engaging hospice remains unknown. The ... objective of this study was to describe differences in pediatric end-of-life care when delivered with and without hospice support, as perceived by the medical provider. The majority of pediatric providers ... observed an advantage to utilizing hospice care for dying children as compared to providing end-of-life care without hospice involvement. <http://www3.interscience.wiley.com/journal/123236858/abstract>

Worth Repeating

Observational study

"I was sick and you came to visit me": Time spent at the bedsides of seriously ill patients with poor prognoses

AMERICAN JOURNAL OF MEDICINE, 2001;111(5):385-389. The objective of this study was to learn how much time hospital staff and families spend at the bedsides of seriously ill patients with poor prognoses. An observational study was made of 58 inpatients with cancer, acquired immunodeficiency syndrome, heart failure, obstructive lung disease, or advanced dementia, along with their families and the physicians and nurses working on the medical floors of a university hospital, using direct videotape surveillance of patients' doorways. Patients with poor prognoses spent most of their time in the hospital alone. Staff visits were frequent but brief. [http://www.amjmed.com/article/S0002-9343\(01\)00882-8/abstract](http://www.amjmed.com/article/S0002-9343(01)00882-8/abstract)

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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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.

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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

Palliative Care Network:
<http://www.pcn-e.com/community/>

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