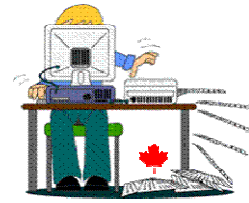


Media Watch...

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.

8 February 2010 Edition | Issue #135



Compilation of Media Watch 2008, 2009, 2010 ©

Compiled & Annotated by Barry R. Ashpole

Persistent vegetative state: Scroll down to pp.2,3 for a representative sample of the news media coverage given findings of new research published in the *New England Journal of Medicine* (p.8).

Canada

Toronto Grace hospital will be saved

ONTARIO | *Toronto Star* – 4 February 2010 – The Salvation Army announced it had changed its mind and is no longer pulling out of owning and operating the historic Toronto Grace Health Centre [which offers complex and palliative care]. The charity and Ontario Health Minister Deb Matthews ... came to an agreement over the fate of the 119-bed hospital located at the foot of Church and Bloor Streets [in downtown Toronto]. <http://www.thestar.com/news/ontario/article/760103--toronto-grace-hospital-will-be-saved?bn=1>

Population trends

Our politicians need expert help in dealing with the costs of aging

GLOBE & MAIL | Online OpEd – 2 February 2010 – Politicians think short-term, especially in minority governments. The media report on yesterday and try to anticipate tomorrow. But not many institutions or individuals think about, metaphorically speaking, the day after tomorrow; that is, starting in about five years when the aging of the population will begin to become apparent. Aging will bring fiscal costs, swelling governments' costs and diminishing their revenues. It will place a burden on provincial budgets, especially the health-care system. <http://www.theglobeandmail.com/news/opinions/our-politicians-need-expert-help-in-dealing-with-the-costs-of-aging/article1453824/>

Specialist Publications

Of particular interest:

'Doc, don't procrastinate ... rehabilitate, palliate, and advocate.' Scroll down to p.7 for an editorial authored by members of the [Ontario] University Health Network, published in the *American Journal of Kidney Diseases*.

'Access to care at the end of life: Encounters between home care nurses and family caregivers.' Scroll down to p.7 for a new report published by the Canadian research group Family Caregiving for People at End of Life.

'Opioid deaths jump in Ontario.' Scroll down to p.8 for a report on a province-wide study published in *The Medical Post*. The lead author of the study believes doctors should use a patient contract with anyone other than terminal patients who are prescribed opioids for any length of time.

Deadline 15 February

Palliative and end-of-life care in Canada 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. 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

U.S.A.

Patients in a vegetative state have the ability to think and communicate, new research shows

NEW YORK DAILY NEWS | Online report – 4 February 2010 – New research suggests that some patients thought to be brain-dead are able to communicate – and can even answer simple questions.¹ Using hi-tech MRIs that measure brain activity, British and Belgian researchers found that patients who suffered heavy brain damage and are in a persistent vegetative state (PVS) seem to be able to understand what people are saying to them and can also respond to easy "yes" or "no" questions. http://www.nydailynews.com/lifestyle/health/2010/02/04/2010-02-04_patients_in_a_vegetative_state_have_the_ability_to_think_and_communicate_new_res.html

1. Scroll down to [Specialist Publications](#) and 'Wilful modulation of brain activity in disorders of consciousness' (p.8) for a link to the published research in the *New England Journal of Medicine*.

Eco-conscious rest easy going green eternally

USA TODAY | Online report – 4 February 2010 – Cemeteries and funeral homes across the U.S. are offering environmentally friendly burials featuring formaldehyde-free fluids for embalming and biodegradable caskets made of pine, wicker or even cardboard. Green burials are available in nearly 30 cemeteries nationwide says Joe Sehee, executive director and president of the Green Burial Council, a non-profit organization that encourages environmentally sustainable death care. http://www.usatoday.com/news/nation/environment/2010-02-03-green-cemeteries_N.htm

Challenging a physician's care of an elderly patient not easy

INDIANA | South Bend Tribune – 2 February 2010 – Multiple medical conditions can make caring for our elderly challenging. Exhausted and inexperienced caregivers look to their loved one's doctor for advice and treatment of chronic symptoms for frail, aging patients who sometimes respond differently to medications. Is their long-time family physician trained enough in geriatric medicine to provide adequate care for these specialized needs? When is it right to challenge their decisions? <http://www.southbendtribune.com/article/20100201/BLOGS29/100209954>

Oscar the cat can smell death

RHODE ISLAND | Sun (U.K.) – 2 February 2010 – A cat that detects when nursing home patients have just hours to live has accurately predicted up to 50 deaths. Oscar curls up next to dying patients and scratches at their door if staff try to stop him from being near them. He spends his days pacing from room to room at the nursing home where he lives and refuses to spend any time with the elderly residents unless they are close to death. The unsociable cat, now five, was adopted as a kitten at the Steere House Nursing & Rehabilitation Centre in Providence, Rhode Island. <http://www.thesun.co.uk/sol/homepage/news/2835787/Oscar-the-cat-can-smell-death.html>

Lawmakers concerned about health budget cuts

WEST VIRGINIA | Associated Press – 1 February 2010 – Proposed cuts to West Virginia's health budget ... [could see some] programs ... like the West Virginia Center for End-of-Life Care ... close their doors altogether under proposals by [the] Department Health & Human Resources Secretary. <http://www.businessweek.com/ap/financialnews/D9DJKTEO0.htm>

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
- OHIO | *Times-Gazette* – 22 January 2010 – '**Hospice funding in doubt...**' The future of the Hospice of North Central Ohio facility in Ashland could be in jeopardy if State funding for the non-profit organization does not come through... <http://www.times-gazette.com/news/article/4753038>

International

Terminally ill 'receive unsuitable care'

AUSTRALIA | *Sydney Morning Herald* – 8 February 2010 – Our "obsession" with curing sickness is leaving some terminally ill patients poorly cared for and unprepared for death, a new report says. Seven out of 10 Australians die an "expected death" with doctors able to accurately predict the length of time they have left. But now a small group of medical professionals suggest some doctors are afraid to tell patients they are dying, and as a result are prescribing unsuitable care. <http://news.smh.com.au/breaking-news-national/terminally-ill-receive-unsuitable-care-20100208-nl4u.html>

- PALLIATIVE CARE AUSTRALIA | Press release – 8 February 2010 – '**Dying well?**' <http://www.palliativecare.org.au/Portals/46/media/PCA%20media%20release%20-%20Dying%20Well%20-%208%20February%202010.pdf>

N.B. Australia Broadcasting Corporation's series '**A Good Death**' <http://www.abc.net.au/4corners/>

The ethical dilemma of vegetative states

U.K. | *Guardian* (OpEd) – 4 February 2010 – New research shows that patients in vegetative states may have functioning minds.¹ How should this affect their treatment? The suggestion that one in five people diagnosed as being in a vegetative state may have a functioning mind is bound to send shockwaves through the public and healthcare professions alike. While this research shows that there may be a level of consciousness in some cases, this does not necessarily imply that recovery is possible; merely that the ability to communicate at a relatively elementary level exists in some cases. This raises an intriguing, and uncomfortable, set of questions. <http://www.guardian.co.uk/commentisfree/2010/feb/05/vegetative-state-consciousness-ethics>

1. Scroll down to [Specialist Publications](#) and '**Wilful modulation of brain activity in disorders of consciousness**' (p.8) for a link to the published research in the *New England Journal of Medicine*.
- U.K. | *Daily Telegraph* – 3 February 2010 – '**Patients in 'vegetative' state can think and communicate.**' Experts using brain scans have discovered for the first time that the victims, who show no outward signs of awareness, can not only comprehend what people are saying to them but also answer simple questions. <http://www.telegraph.co.uk/health/healthnews/7150119/Patients-in-vegetative-state-can-think-and-communicate.html>

Heavy sedation of patients prevents them from having 'good death,' Catholic church warns

U.K. | *Daily Telegraph* – 3 February 2010 – A guide to spiritual care claims that if the dying are given too much pain relief, they will be left semi-conscious and so unable to say goodbye to loved ones or "make their peace" with the world. It stresses that doctors and nurses must never do anything to shorten a person's death intentionally. However the document concedes that health workers do not have to keep patients alive "at all costs," and that it may be better sometimes to withdraw treatment that would otherwise cause undue suffering or only prolong life briefly.
<http://www.telegraph.co.uk/health/healthnews/7137774/Heavy-sedation-of-patients-prevents-them-from-having-good-death-Catholic-church-warns.html>

Assisted (or facilitated) death

Law, dogma and an issue of life or death

U.K. | *Daily Mail* (OpEd) – 2 February 2010 – The debate over assisted dying is a profoundly complex one. Nobody wishes to watch a partner or child suffering unbearable pain – especially where the outcome is terminal – or to endure a loss of dignity in their own dying. So there can be no room for dogma or glib certainties in debating whether it can ever be right to end such misery prematurely. But anybody listening to the BBC ... could be forgiven for thinking this is a debate with only one side. Hours of coverage were given to a Panorama opinion poll showing 73% for assisted suicide – even though this figure fell to 48% if the illness was incurable but not fatal. The novelist Sir Terry Pratchett, who has Alzheimer's, was given the platform of The Richard Dimbleby Lecture on BBC 1 to call passionately for the establishment of a tribunal where people can seek legal permission to be allowed to die. This [news]paper salutes the bravery of Sir Terry, and publishes an abridged version of his lecture on these pages.¹ But you will forgive us for saying he and the BBC take a very idealistic position on this subject. In the

real world, it is perhaps naive to deny that assisted suicide laws could be exploited by unscrupulous relatives seeking to protect their inheritance, or a bureaucratic health service buckling under the cost of providing palliative care for the ageing.
<http://www.dailymail.co.uk/debate/article-1247862/DAILY-MAIL-COMMENT-Law-dogma-issue-life-death.html>

1. U.K. | *Daily Mail* – 2 February 2010 – **'When the time comes I'll sit on my lawn, brandy in hand and [English composer] Thomas Tallis on my iPod. And then I'll shake hands with death.'**
<http://www.dailymail.co.uk/debate/article-1247856/When-time-comes-ill-sit-lawn-brandy-hand-Thomas-Tallis-iPod-And-ill-shake-hands-Death.html>

Specialist Publications

Of particular interest:

'Management of a request for physician-assisted suicide.' Scroll down to p.6 for a case study published in the *American Journal of Hospice & Palliative Medicine*.

From Media Watch dated 1 February 2010:

- 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

Of related interest:

- *SCOTSMAN* | Online report – 4 February 2010 – **'Fury as Margo MacDonald's right-to-die bill 'falls victim to ... skulduggery...'** Margo MacDonald's high-profile assisted suicide legislation [is] to be considered by a special "ad hoc" committee, rather than through the expected health committee. The effect of this change means that the [Scottish National Party's] ... flagship referendum proposals will now be chaired by a Labour MSP, rather than an SNP member.
<http://news.scotsman.com/politics/Fury-as-Margo-MacDonald39s-righttodie.6041416.jp>

Cont.

- U.K. | *Daily Mail* – 2 February 2010 – '**Archbishop of York condemns the push for mercy killings.**' Mercy killing is being legalised on the back of a celebrity-driven campaign and without reference to Parliament. <http://www.dailymail.co.uk/news/article-1247860/Assisted-suicide-Archbishop-York-condemns-celebrity-campaign.html>
- UNITED PRESS INTERNATIONAL | Online report – 2 February 2010 – '**Poll: Most Britons support euthanasia.**' Britons hold mostly favorable views on euthanasia and assisted suicide, an Angus Reid public opinion poll. http://www.upi.com/Top_News/US/2010/02/02/Poll-Most-Britons-support-euthanasia/UPI-12841265132951/

U.K. highlights integrated care network for increased quality of care

U.K. | *Government Monitor* (Department of Health) – 2 February 2010 – Personalised, seamless care services for local people are at the heart of a new nation-wide community to drive up quality of care, share knowledge and shape policy. A new self-assessment tool will give local health and social care services the opportunity to join ... [an] extended integrated care community. Innovative services will become part of a network to prompt debate, discussion and to challenge policy makers. http://thegovmonitor.com/civil_society_and_democratic_renewal/governance/uk-highlights-integrated-care-network-for-increased-quality-of-care-22856.html

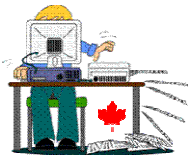
Specialist Publications (e.g., in-print and online journal articles, reports, etc.)

Communication in palliative care

ADVANCES IN PALLIATIVE CARE, 2010;2(4):147-151. Communication consists in an intentional exchange of verbal and non-verbal signs (symbols) undertaken in order to improve cooperation or share meanings among partners. The communication occurs on many levels, from the intrapersonal through interpersonal (involving a group), to the public level. In the context of palliative care, special importance is gained by the basic social behaviours, such as the ability to conduct a conversation. Communicativeness is a skill that is not only acquired through experience, but also through professional training. The interest of the interdisciplinary team requires improvement of the qualifications of its members in this respect. Only through full cooperation with the patient and the family, which will take into account the emotions and needs, can one negotiate common goals concerning care. Interdisciplinary team members should ensure proper communication in order to ensure the provision of optimal support to the patient and the family. http://www.viamedica.pl/en/gazety/xgazEang/abstrakt.phtml?id=34&indeks_art=267

Of related interest:

- *NEW ENGLAND JOURNAL OF MEDICINE*, 2010;362(5):380-381. '**Withholding information from patients – when less is more.**' As clinicians who strongly value truth-telling and active patient involvement in medical decision making, we have lately been reflecting on the circumstances in which physicians consciously (and sometimes unconsciously) withhold from patients information about their conditions, treatments, and outcomes. <http://content.nejm.org/current.dtl>



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.

Reviving the conversation around CPR/DNR

AMERICAN JOURNAL OF BIOETHICS, 2010;10(1):61-67. This paper examines the historical rise of both cardiopulmonary resuscitation (CPR) and the do-not-resuscitate (DNR) order and the wisdom of their continuing status in U.S. hospital practice and policy. The practice of universal presumed consent to CPR and the resulting DNR policy are the products of a particular time and were responses to particular problems. In order to keep the excesses of technology in check, the DNR policies emerged as a response to the in-hospital universal presumed consent to CPR. We live with this historical concretion, which seems to perpetuate a false culture that the patient's wishes must be followed. The authors are critical of the current U.S. climate, where CPR and DNR are viewed as two among a panoply of patient choices, and point to U.K. practice as an alternative. http://www.bioethics.net/journal/j_articles.php?aid=2128&display=abstract

N.B. Peer commentaries on the issues of CPR and DNR are featured in this issue of the journal. Journal contents page: <http://www.bioethics.net/journal/>

Management of a request for physician-assisted suicide

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2010;27(1):63-65. With the legalization of physician-assisted suicide (PAS) in several states, it remains controversial whether present guidelines take into account the complexity of identifying treatable sources of suffering, including underlying depression and other psychiatric disorders, in this high risk population. The authors present a case in which a patient with end-stage prostate cancer requested PAS; this request was in a state where PAS is not a legal option. He was evaluated psychiatrically and was not found to be depressed, but ample opportunities were found to improve his quality of life. With appropriate treatment, he lost interest in PAS as an option. They discuss the need for a comprehensive evaluation to properly assess and manage the untreated physical and emotional suffering that may influence a patient's decision to hasten death. <http://ajh.sagepub.com/cgi/content/abstract/27/1/63>

From the archives:

- *PALLIATIVE MEDICINE*, 2006;20(7):703-710. **'Responding to desire to die statements from patients with advanced disease: recommendations for health professionals.'** Health professionals may struggle to determine whether a 'desire to die' statement (DTDS) is about a request for hastened death, a sign of psychosocial distress, or merely a passing comment that is not intended to be heard literally as a death wish. Given the lack of guidelines to assist health professionals with this issue, the authors have prepared multidisciplinary recommendations for responding to a DTDS, underpinned by key principles of therapeutic communication and a systematic review of empirical literature. <http://pmj.sagepub.com/cgi/content/abstract/20/7/703>

e-Health in pediatric palliative care

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE, 2010;27(1):66-73. e-Health has the potential to improve pediatric palliative care. e-Health initiatives use the Internet or health information technology to improve quality of care and have the potential to decrease costs by reducing medical errors, reducing duplication of services, improving access to diagnostic and laboratory results, and improving communication between providers and patients, and so on. <http://ajh.sagepub.com/cgi/content/abstract/27/1/66>

[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/>

An insight from Israel

Reclaiming the patient's voice and spirit in dying

BIOETHICS, 2010;24(3):134-144. This paper describes the recent regulation of dying in Israel under its Dying Patient Law, 2005. The Law recognizes advance directives in principle, but limits their effect and form through complex medico-legal artifices. It reflects a culture that places high value on both scientific medicine and the sanctity of life as such, and illustrates a medical culture that pitches battle against death. At the same time, the Law constructs the will of the individual in a medico-legal language that is alien to the lay person. The paper suggests an alternative approach ... that is patient-centred and addresses the psycho-social needs of the individual in terms of her relational autonomy. <http://www3.interscience.wiley.com/journal/123269138/abstract>

To live until you die

CLINICAL JOURNAL OF ONCOLOGY NURSING, 2010;14(1):53-56. Oncology nurses are expected to be knowledgeable in dealing with palliative care and end-of-life issues. However, patients with advanced cancer often are not offered palliative care until they are approaching the very end of their lives. Oncology nurses need to step up as patient advocates. They need to educate patients, families, physicians, and the public that aggressive cancer care can coexist with aggressive palliative care. This article discusses how to introduce palliative care much earlier in the cancer experience. <http://ons.metapress.com/content/k61062k7474I5617/fulltext.pdf>

Of related interest:

- *AMERICAN JOURNAL OF KIDNEY DISEASES*, 2010;55(2):209-212. **'Doc, don't procrastinate ... rehabilitate, palliate, and advocate.'** ...as the nephrology team, [we] have a responsibility to our patients to assist them with the best possible living, or if appropriate, the best possible death. Whether we like it or not, death is the only outcome that is guaranteed, regardless of what we do. What we need to learn is that it is not about the dying, it is about the living beforehand. <http://download.journals.elsevierhealth.com/pdfs/journals/0272-6386/PIIS0272638609015716.pdf>

Access to care at the end of life: Encounters between home care nurses and family caregivers

FAMILY CAREGIVING FOR PEOPLE AT END OF LIFE | Online report – January 2010 – Access to palliative care in the home continues to be problematic for many dying Canadians and their family caregivers (FCGs). Home care nurses (HCNs) have responsibility for making decisions about the need for and amount of home care nursing service. Despite this, we know little about how HCNs make these decisions. Moreover, few studies have examined relationships between HCNs and families as mediators of access to care for dying clients and their family members. The purpose of this study was to gain a better understanding of how HCNs make decisions about the need for and amount of home care nursing services by clients and families at the end of life. <http://www.coag.uvic.ca/eolcare/documents/Access%20to%20Care%20at%20the%20End%20of%20Life%20Final%20Report.pdf>

Of related interest:

- *SOCIAL SCIENCE & MEDICINE* | Online article – 28 January 2010 – **'Which carers of family members at the end of life need more support from health services and why?'** This study identifies which carers believed they did not get enough support from health services when caring for a terminally ill family member, what factors influenced perceptions of support, and whether inadequate support influenced the carer's health following the death of a family member. [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4Y88WKB-1&_user=10&_coverDate=01%2F28%2F2010&_rdoc=16&_fmt=high&_orig=browse&_srch=doc-info\(%23toc%235925%239999%239999999999%23999999%23FLA%23display%23Articles\)&_cdi=5925&_sort=&_docanchor=&_ct=67&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=879f1b5b797396a808e8b74c0ca54cf5](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4Y88WKB-1&_user=10&_coverDate=01%2F28%2F2010&_rdoc=16&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%239999%239999999999%23999999%23FLA%23display%23Articles)&_cdi=5925&_sort=&_docanchor=&_ct=67&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=879f1b5b797396a808e8b74c0ca54cf5)

It's not just about heart failure – voices of older people in transition to dependence and death

HEALTH & SOCIAL CARE IN THE COMMUNITY, 2010;18(2):199-207. This paper explores the experiences of older people living with heart failure and their transitions from independence to dependence and for some death. The authors' findings showed that transition was not a simple linear process with the older person moving from one phase to another; instead their experiences illustrated the complexity of transitions they faced and what helped them to manage these. The older people in this study illustrated the importance of trust in health professionals and believed they would receive good care. Their fears revealed concerns about being a burden as they deteriorate and becoming more dependent. Understanding the complex issues related to transition to dependence can provide ... a framework for assessment and approaches to providing the support required. <http://www3.interscience.wiley.com/journal/123220771/abstract>

Opioid deaths jump in Ontario

MEDICAL POST (Canada) | Online report – 2 February 2010 – In Ontario, deaths from opioid use have doubled from 13.7 per million residents in 1991 to 27.2 per million residents in 2004, with a five-fold increase in oxycodone-related deaths during the same period. Dr. Irfan Dhalla, lead author of a study by the Institute for Clinical Evaluative Sciences, said there has been lots of media attention since it was released in December and particular interest from doctors. "My sense in speaking with physicians after the study was out is that they are aware of the problems with these medications, but the number of deaths has been a surprise. "It wouldn't be that hard to reduce deaths," he said, either those from accidental overdose or abuse. He believes doctors should use a patient contract with anyone other than terminal patients who are prescribed opioids for any length of time. <http://www.canadianhealthcarenetwork.ca/physicians/news/opioid-deaths-jump-in-ontario-6677>

Wilful modulation of brain activity in disorders of consciousness

NEW ENGLAND JOURNAL OF MEDICINE | Online article – 3 February 2010 – The differential diagnosis of disorders of consciousness is challenging. The rate of misdiagnosis is approximately 40%, and new methods are required to complement bedside testing, particularly if the patient's capacity to show behavioral signs of awareness is diminished. [The results of this study] ... show that a small proportion of patients in a vegetative or minimally conscious state have brain activation reflecting some awareness and cognition. Careful clinical examination will result in reclassification of the state of consciousness in some of these patients. This technique may be useful in establishing basic communication with patients who appear to be unresponsive. <http://content.nejm.org/cgi/reprint/NEJMoa0905370v1.pdf>

End-of-life care snapshot shows progress in primary care

NURSING IN PRACTICE (U.K.) | Online report – 1 February 2010 – The most comprehensive assessment of end-of-life care in primary care ever conducted in England shows tangible advances, but also finds areas for considerable improvement. The *End of Life Care in Primary Care: 2009 National Snapshot*, commissioned by the NHS [National Health Service] National End of Life Care Programme and facilitated by Omega, the National Association for End of Life Care, demonstrates the services and support available to people approaching the end of life.¹ It also provides a review of the progress of general practice in implementing the Department of Health's End of Life Care Strategy, helping doctors understand how best to meet the wishes of the dying and their families. <http://www.nursinginpractice.com/default.asp?title=End-of-lifecaresnapshotshowsprogressinprimarycare&page=article.display&article.id=20269>

1. *End of Life Care in Primary Care: 2009 National Snapshot*. <http://www.omega.uk.net/admin/uploads/file/National%20audit%20of%20end%20of%20life%20care%20-%20key%20findings.pdf>

Oppression of the bereaved: A critical analysis of grief in Western Society

OMEGA – JOURNAL OF DEATH & DYING, 2010;60(3):241-253. This article examines the social rules that govern the expression of grief, the role of attachment, social pain, and shame as potent forces that promote compliance with social rules, and the ways that the underlying assumptions and values in Western society shape how bereaved individuals are expected to react.

<http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,6;journal,1,238;linkingpublicationresults,1:300329,1>

Of related interest:

- *OMEGA – JOURNAL OF DEATH & DYING*, 2010;60(3):199-223. **'Who needs grief counseling? A report from the Scott & White Grief Study.'** Three distinct clusters emerged [in the study group]: high grief, high growth and low impact. The high grief cluster differed robustly from the other two groups on several measures of grief adaptation and coping. High grief participants sought grief counseling significantly more often whereas the low impact grievers preferred medicinal help for symptoms. <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,1,6;journal,1,238;linkingpublicationresults,1:300329,1>

The osteopathic physician and end-of-life care

OSTEOPATHIC FAMILY PHYSICIAN, 2010;2(1):26-28. As modern medicine discovers more ways of prolonging life, Americans are indeed living longer, but there is a high price for longevity. In the U.S., 41% of people die in hospitals and perhaps as many as 40% of Americans die in pain (though some studies suggest that the number in North America is closer to 50%). Pain often leads to and may contribute to a patient's suffering, especially in those with terminal illnesses. Is modern medical treatment so aggressive, so bent on saving life, that the quality of living (and dying) is compromised? [http://www.osteopathicfamilyphysician.org/article/S1877-573X\(09\)00104-X/abstract](http://www.osteopathicfamilyphysician.org/article/S1877-573X(09)00104-X/abstract)

At-home palliative sedation for end-of-life cancer patients

PALLIATIVE MEDICINE | Online article – 3 February 2010 – Using a decision-making and treatment checklist developed to facilitate the at-home palliative sedation process, the authors assessed the incidence and efficacy of palliative sedation for end-of-life cancer patients with intractable symptoms who died at home. They concluded that palliative sedation may be used safely and efficaciously to treat dying cancer patients with refractory symptoms at home. <http://pmj.sagepub.com/cgi/content/abstract/0269216309359996v1>

Worth Repeating

Early integration of pediatric palliative care: for some children, palliative care starts at diagnosis

CURRENT OPINION IN PEDIATRICS, 2006;18(1):10-14. Invasive and life-sustaining measures continue to be part of care for many children with life-threatening illnesses, even at the end of life. While these measures may seem reasonable when recovery is possible, they may not fit with a family's preferences for end-of-life care. One possible cause of the prevalence of invasive measures in children at the end of life is that complex illness trajectories in children make it difficult to predict the timing of death. Inadequate communication by clinicians can also lead to poor preparation for the end-of-life period. Early integration of palliative care allows for improved symptom management, parental adjustment, and preparation for the end-of-life care period. Families who have the opportunity to prepare for the end-of-life period, including learning what to expect, are more likely to feel that their care has been of high quality. Bereaved parents also recognize the value of talking about death with their children. http://journals.lww.com/co-pediatrics/Abstract/2006/02000/Early_integration_of_pediatric_palliative_care_.3.aspx

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.

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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