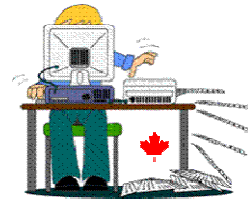


## Media Watch...

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

Perceptions: Scroll down to **Worth Repeating** and 'Half-full or half-empty: Making the message of palliative care more palatable,' published in the *Journal of Palliative Medicine* (p.9).

## Canada

### Many Canadians not receiving quality palliative care: Senator Sharon Carstairs

SASKATCHEWAN | *Regina Leader Post* – 10 February 2010 – There can be joy in dying. And it can come about if a patient "had the support that he or she required until the very end," maintains Senator Sharon Carstairs. Sadly, she says, many Canadians don't receive quality palliative care. "In an ideal world, it would mean that every single Canadian has access to the services they need, when they need them, and in a place they want them delivered – including home." But ... Canada has a home-care crisis. "It's time to make that shift to recognizing that while hospitals are an extraordinarily important part of ... [the] health-care [system] ... home care is becoming ... more and more important." The palliative care crusader[s] ... cross-country tour is a follow-up to her 2005 report *Still Not There: Quality End-of Life Care: A Progress Report*.

Carstairs has assessed palliative services in Winnipeg, Montreal, Edmonton and Victoria, and will visit Halifax, Charlottetown, Toronto and Ottawa. She expects her next palliative care report will be released in June [2010].  
<http://www.leaderpost.com/health/Many+Canadians+receiving+quality+palliative+care+Senator+Sharon+Carstairs/2547958/story.htm>!

**N.B.** Scroll down to 'Access to palliative care in Canada' (p.3).

### Specialist Publications

Of particular interest:

**'End of life care policies: Do they make a difference in practice?'** Scroll down to p.8 for a study of three acute care facilities in a major urban centre of a Western Canadian health region published in *Social Science & Medicine*.

Of related interest:

- ONTARIO | *Northumberland Today* – 13 February 2010 – '**Hospital's palliative care under review.**' It would be a "big mistake" to close the palliative care unit in Northumberland Hills Hospital to save money, says one of the chief fundraisers behind building the multi-million-dollar hospital.  
<http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=2446827>

## Keeping end-of-life patients at home comes at a high cost to families

UNIVERSITÉ LAVAL (FACULTY OF SOCIAL SCIENCES) | Press release – 10 February 2010 – Keeping end-of-life patients at home comes at a high cost to families, according to a Canada-wide study. Results published in *Palliative Medicine* reveal that this practice can lead families to take on more than 25% of the costs associated with end-of-life care, with the average bill totalling nearly \$5,000. "In Canada over the past 20 years, keeping end-of-life patients at home has been promoted and encouraged through the implementation of integrated palliative care programs," says Serge Dumont. "However, from a perspective of fairness and social justice, caring for a gravely ill person at home should not compromise a household's financial security," adds the researcher. The study was carried out in urban centers where integrated palliative care programs are available to patients. According to Dumont, only about 10% of Canada's population has access to these services. "Where palliative care programs do not exist, the financial burden may weigh more heavily upon families. That's why we should also be looking at patients from rural areas where access to care and services is sometimes more limited," concludes the professor. <http://www.newswire.ca/en/releases/archive/February2010/10/c8428.html>

From Media Watch dated 19 October 2009:

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

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

## First, the bad news

ONTARIO | CBC Radio 1 (Toronto) – w/o 8 February 2010 – The bad news takes many forms ... but the bottom line is you've been told you have cancer. But there's good news for Torontonians who get that diagnosis. They live in one of the top five cancer treatment and research centres in the world. Our city is home to 60 hospitals, including several research hospitals affiliated with the University of Toronto. This series puts a human face on the journey of cancer – from the perspective of patients, their surgeons, their families and cancer researchers. Of the thousands of Canadians diagnosed with cancer, more than 60% will survive more than five years. The intent of the series is to remember the force of that statistic – a measure of how far we've come, but also a reminder of how far we still have to go. <http://www.cbc.ca/toronto/features/bad-news/>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- QUEBEC | *Montreal Gazette* (OpEd) – 15 February 2010 – '**Suicide bill would give doctors a licence to kill.**' While I was reading Bill C-384 ... I realized that only a few more steps would be necessary for me to be killed legally by a doctor if that federal private member's bill becomes law. <http://www.montrealgazette.com/news/Suicide+bill+would+give+doctors+licence+kill/2565610/story.html>
- INSTITUTE OF MARRIAGE & FAMILY CANADA | Online report – 9 February 2010 – '**Dead too soon?**' The Quebec government will begin a provincial consultation on legalization of euthanasia 15 February. A new paper released by the Institute "offers research for consideration in the area of legalized assisted suicide/euthanasia." [http://www.imfcanada.org/article\\_files/Dead\\_too\\_soon.pdf](http://www.imfcanada.org/article_files/Dead_too_soon.pdf)
- ONTARIO | *Ottawa Citizen* – 8 February 2010 – '**Choosing to die with dignity.**' Kay Carter felt she should have the right to choose her death. Because she couldn't do it legally in Canada, the terminally-ill woman and two of her daughters made a trip to Switzerland so she could die the way she wanted. <http://www.ottawacitizen.com/news/Choosing+with+dignity/2535346/story.html>

## Access to Palliative Care in Canada

It is generally accepted that the percentage of people living with a terminal illness who have access to palliative care varies greatly across Canada. Few reports produce accurate figures.

Ten years ago, a Senate sub-committee gave the figure 15%.<sup>1</sup> Five years later, Senator Sharon Carstairs observed that health care providers estimated that "no more than 15% of Canadians" had access to palliative care.<sup>2</sup> In 2007, the Canadian Institute for Health Information (CIHI) estimated that people living with a terminal illness in British Columbia, Alberta, Saskatchewan and Manitoba were referred to palliative care programs and services 35-37% of the time – if they were dying of cancer and had been hospitalized.<sup>3</sup> This went to a low of 16% if it was not cancer and they had never been hospitalized. More recently, the Quality of End of Life Care Coalition of Canada stated "only a small portion of those who die receive palliative care."<sup>4</sup> Reporting on a Canada-wide study, a recent Université Laval press release estimated the number at 10% (scroll back to 'Keeping end-of-life patients at home comes at a high cost to families' – p.2).<sup>5</sup> The Canadian Hospice Palliative Care Association position: "At best, 35% of Canadians living with a terminal illness receive palliative care."<sup>6</sup> The CIHI report is the only statistically significant report that covers multiple jurisdictions. Access to pediatric palliative care? One study indicates that only a small percentage (5-12%) of children who die in Canada receive specialized end of life care.<sup>7</sup>

1. *Quality End-of-Life Care: The Right of Every Canadian*, Subcommittee to update *Of Life & Death*, June 2000. <http://www.parl.gc.ca/36/2/parbus/commbus/senate/Com-e/upda-e/rep-e/repfinjun00-e.htm>

2. *Still Not There: Quality End of Life Care*, Sen Sharon Carstairs, June 2005. <http://sen.parl.gc.ca/scarstairs/PalliativeCare/Still%20Not%20There%20June%202005.pdf>

3. *Health Care Use at the End of Life in Western Canada*, Canadian Institute for Health Information, September 2007. [http://secure.cihi.ca/cihiweb/products/end\\_of\\_life\\_report\\_aug07\\_e.pdf](http://secure.cihi.ca/cihiweb/products/end_of_life_report_aug07_e.pdf)

4. *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](http://www.chpca.net/qelccc/information_and_resources/QELCCC_2010_Progress_Report_on_the_2000_Blueprint_for_Action.pdf)

5. 'Keeping end-of-life patients at home comes at a high cost to families,' Université Laval, Faculty of Social Sciences, February 2009. <http://www.newswire.ca/en/releases/archive/February2010/10/c8428.html>

6. Personal communication. Sharon Baxter, Canadian Hospice Palliative Care Association, 9 February 2010.

7. 'Pediatric patients receiving palliative care in Canada,' *Archives of Pediatrics & Adolescent Medicine*, 2007;161(6):597-602. <http://archpedi.ama-assn.org/cgi/reprint/161/6/597>

## U.S.A.

### Proposal expands right of conscience to all health care workers

*IDAHO REPORTER* | Online report – 12 February 2010 – The Idaho Senate is considering expanding the right of conscience for health care professionals to include pharmacists, nurses, and other workers. The law currently only applies to doctors and hospitals. The expansion could protect those workers from dispensing drugs dealing with emergency contraception, end of life care, and treatment using human stem cells. <http://www.idahoreporter.com/2010/proposal-expands-right-of-conscience-to-all-health-care-workers/>

### 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/>

## Quality-of-life doctor

OREGON | *The Bulletin* (Bend) – 11 February 2010 – As hospital care becomes more complex, patients are increasingly subjected to a parade of specialists willing to try anything to extend life. Treatments are often tried, even if they have little chance of success. More care is the default practice. Palliative care has grown on the premise that not everyone wants ... heroic measures taken, particularly if they are suffering because of them. In contrast to the paradigm of more care being better care, palliative care specialists try to ask what will be best for a patient's quality of life. [http://www.bendbulletin.com/apps/pbcs.dll/article?AID=/20100211/NEWS0107/2110318/1001/NEWS01&nav\\_category=NEWS01](http://www.bendbulletin.com/apps/pbcs.dll/article?AID=/20100211/NEWS0107/2110318/1001/NEWS01&nav_category=NEWS01)

## Poll: No consensus on legalized euthanasia

UNITED PRESS INTERNATIONAL | Online report – 11 February 2010 – Americans are split on whether euthanasia should be legalized, results from an Angus Reid survey indicate.<sup>1</sup> The survey found 42% of respondents favored legalizing euthanasia while 36% opposed its legalization. Seventy percent of respondents said they thought legalizing euthanasia would give people who are suffering the chance to ease their pain. Sixty 60 percent said legalization would set up clearer guidelines for physicians to consult when dealing with end-of-life decisions, results showed. However, 52% of respondents said they thought legalizing euthanasia wouldn't sufficiently protect vulnerable people. Respondents were split on whether legalizing euthanasia would send the message that the lives of the sick or disabled are less valuable, with 44% saying they thought it would and 44% saying they disagreed. [http://www.upi.com/Top\\_News/US/2010/02/11/Poll-No-consensus-on-legalized-euthanasia/UPI-48731265922614/](http://www.upi.com/Top_News/US/2010/02/11/Poll-No-consensus-on-legalized-euthanasia/UPI-48731265922614/)

1. 'Americans split over euthanasia and assisted suicide,' Angus Reid Global Monitor, February 2010. [http://www.angus-reid.com/polls/view/35037/americans\\_split\\_on\\_legalizing\\_euthanasia](http://www.angus-reid.com/polls/view/35037/americans_split_on_legalizing_euthanasia)

## Feeding tubes may be overused in demented patients

REUTERS | Online report – 10 February 2010 – Whether or not a person with advanced dementia winds up with a feeding tube inserted down their throat may have more to do with economic concerns than his or her wishes, suggests a new study.<sup>1</sup> In fact, Dr. Joan M. Teno, of Brown University in Providence, and her colleagues found that hundreds of patients who had specified, in writing, that they did not want a feeding tube received one anyhow. Feeding tubes don't extend survival for people with advanced dementia who can no longer swallow, and provide no other apparent benefits to these patients, according to two reviews of the medical literature. Tube feeding can also cause harm, the researcher added in an interview; demented patients who are bothered by the tube and try to remove it may be physically restrained or placed on heavily sedating drugs. <http://www.reuters.com/article/idUSTRE6195RD20100210>

1. Scroll down to [Specialist Publications](#) and '**Hospital characteristics associated with feeding tube placement in nursing home residents with advanced cognitive impairment**' (p.7) for a link to an abstract of the published study in the *Journal of the American Medical Association*.

Of related interest:

- ILLINOIS | *Chicago Tribune* – 8 February 2010 – '**Bishops change feeding tube guidelines.**' U.S. bishops have decided that it is not permissible to remove a feeding tube from someone who is unconscious but not dying, except in a few circumstances. <http://www.chicagotribune.com/health/ct-met-catholic-hospitals-20100208,0,3456275.story>

From Media Watch dated 4 January 2010:

- CALIFORNIA | *San Francisco Chronicle* – 3 January 2010 – '**New Catholic mandate on comatose patients.**' The nation's Catholic hospitals ... face a new religious mandate in the new year: to provide life-sustaining food, water and medicine to comatose patients who have no hope of recovery. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/01/03/BA321BC2R1.DTL>

## International

### **Sunshine Coast moves to shift palliative care out of hospitals**

AUSTRALIA (QUEENSLAND) | *Courier Mail* – 14 February 2010 – Private homes across the state will be used to care for the terminally ill as the Queensland Government liberalises planning laws to ease pressure on overcrowded hospitals. The move, which could open up thousands of hospital beds, has been welcomed by palliative carers who say it will herald a more sensitive approach to caring for the dying. <http://www.news.com.au/couriermail/story/0,,26721604-3102,00.html>

### **Half of cancer patients in unnecessary pain, says specialist**

AUSTRALIA | *Sydney Morning Herald* – 12 February 2010 – Disturbing numbers of cancer patients are experiencing unrelieved pain, with many having to be sedated for the last week of their lives to free them from suffering. Michael Cousins, director of the Pain Management Research Institute at Royal North Shore Hospital ... said nearly half of all cancer patients experienced unrelieved pain, with 80% affected in their final stage of life. Professor Cousins said the statistics were disturbing and unacceptable because research showed about 90% of cancer patients' pain could be managed with existing treatments. <http://www.smh.com.au/national/half-of-cancer-patients-in-unnecessary-pain-says-specialist-20100211-nv7k.html>

Of related interest:

- PALLIATIVE CARE AUSTRALIA | Press release – 9 February 2010 – **'Dying well – tell us what you think.'** Palliative Care Australia's aspiration is for an updated strategy that articulates the vertical and horizontal integration of specialist palliative care and end-of-life care, across all care settings. <http://pallcare.org.au/Portals/46/media/PCA%20media%20release%20-%20NPCS%20review%20-%209%20February%202010.pdf>
- AUSTRALIA GOVERNMENT (HEALTH & AGEING) | Online report – 4 February 2010 – **'National palliative care strategy...'** The strategy represents the ... commitments of Commonwealth, State and Territory Governments, palliative care service providers and community-based organisations to the development and implementation of policies, strategies and services that are consistent across Australia. [http://npcsu.communiogroup.com/images/stories/Palliative\\_Care\\_Strategy\\_Update\\_-\\_Phase\\_1\\_Report.pdf](http://npcsu.communiogroup.com/images/stories/Palliative_Care_Strategy_Update_-_Phase_1_Report.pdf)

### **Long-term care of the elderly and infirm splits the house**

U.K. | *Guardian* (OpEd) – 11 February 2010 – This week's prime minister's question time produced more broken glass than usual as Gordon Brown and David Cameron failed to resist the temptation to embarrass each other over an issue too serious for one-a-side political football: long-term care of the elderly and infirm. What was it about? Two related government initiatives, both stemming from last July's much-delayed green paper on options to sort out decent end-of-life care as Britain's large post-1945 baby boom generation – the demographic "pig in the python" – grows old. <http://www.guardian.co.uk/politics/2010/feb/11/michael-white-older-care>

Of related interest:

- U.K. | *Guardian* (OpEd) – 10 February 2010 – **'Healthy living is cut short by 17 years for poorest in Britain.'** Despite 10 years of the largest public spending increases on health since the creation of the NHS [National Health Service], and rising prosperity levels generally, people in England living in the poorest neighbourhoods will, on average, die seven years earlier than others living in the richest parts of Britain. <http://www.guardian.co.uk/society/2010/feb/10/equality-poverty-health-society>

## Expressions of grief

### **Recognising the beauty of an Irish lament**

*IRISH TIMES* | Online article – 9 February 2010 – Whatever has been lost in Irish culture, the tradition of funeral going has not died. Attending funerals remains an integral part of cultural life. Funeral going is psychologically complex. It is comforting to those who mourn; recognition of the life of those who have died; and a celebration of their existence. It allows lament for their departure and acknowledgment of the loss for those who loved them. Funeral attendance is a statement of connection, care, compassion and support. It encircles those who grieve and enriches those who attend because it connects each person there to the profundity of living and the inevitability of death. Funeral attendees witness the raw emotions of grief and the extraordinary capacity of the human spirit to love. Traditional Irish funerals have their own tone, history and vocabulary... They have their past and present rituals. They are comforting in their predictability. <http://www.irishtimes.com/newspaper/health/2010/0209/1224264024663.html>

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

Representative sample of recent news media coverage:

- AUSTRALIAN | *The Age* – 15 February 2010 – **'The death trap.'** [Nembutal] is illegal to obtain but it is the drug of choice for some terminally ill patients wanting to choose the timing of their death. The law is now catching on. <http://www.theage.com.au/national/the-death-trap-20100214-nzh7.html>

**N.B.** In the same issue: **'Euthanasia drug snares younger Australians.'** The Victorian Institute of Forensic Medicine has found that 51 people across Australia have died from an overdose of Nembutal in the past 10 years. <http://www.theage.com.au/national/euthanasia-drug-snares-younger-australians-20100214-nzgl.html>

- THE NETHERLANDS | *Dutch News* – 14 February 2010 – **'Assisted suicide petition gets 40,000 names.'** A lobby group hoping to win support for assisted suicide for the over 70s has raised the necessary 40,000 signatures to force a parliamentary debate on the issue. [http://www.dutchnews.nl/news/archives/2010/02/assisted\\_suicide\\_petition\\_gets.php](http://www.dutchnews.nl/news/archives/2010/02/assisted_suicide_petition_gets.php)
- AUSTRALIA | *Sydney Morning Herald* – 12 February 2010 – **'No huge push for new euthanasia vote.'** [Prime Minister] Kevin Rudd does not believe federal parliament will be asked to make a conscience vote on euthanasia any time soon. And if it was, he would vote against the right to die. <http://news.smh.com.au/breaking-news-national/no-huge-push-for-new-euthanasia-vote-pm-20100212-nvsvy.html>
- U.K. (SCOTLAND) | *Press & Journal* – 11 February 2010 – **'Margo angered by assisted suicide bill committee decision.'** The veteran politician behind plans to legalise assisted suicide hit out yesterday at a decision to block ... [the Scottish government's] health committee from considering her bill. <http://www.pressandjournal.co.uk/Article.aspx/1601381?UserKey=>
- U.K. | *Daily Telegraph* – 9 February 2010 – **'Relaxing assisted suicide laws a 'moral mistake.'** Just weeks before final guidelines are published by the Crown Prosecution Service, Dr Rowan Williams said granting the right to die would be a "moral mistake" that damaged the rights of the most vulnerable in society. <http://www.telegraph.co.uk/news/newstopics/religion/7198233/Relaxing-assisted-suicide-laws-a-moral-mistake---Archbishop-of-Canterbury.html>
- U.K. (SCOTLAND) | *Times* – 9 February 2010 – **'Margo MacDonald's Bill 'would encourage suicide tourism to Scotland.'** Margo MacDonald's assisted suicide Bill is "morally ambiguous" and would encourage suicide tourism to Scotland if it became law, a leading right-to-die campaigner has warned. <http://www.timesonline.co.uk/tol/news/uk/scotland/article7019800.ece>

**N.B.** Scottish Partnership for Palliative Care analysis of End of Life Assistance (Scotland) Bill (SP Bill 38), introduced by Margo MacDonald MSP (Member of the Scottish Parliament) on 20 January 2010. [http://www.palliativecarescotland.org.uk/assets/files/News/Key%20Features%20-%20End%20of%20Life%20Assistance%20Bill\[1\].pdf](http://www.palliativecarescotland.org.uk/assets/files/News/Key%20Features%20-%20End%20of%20Life%20Assistance%20Bill[1].pdf)

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

### **Hospital characteristics associated with feeding tube placement in nursing home residents with advanced cognitive impairment**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2010;303(6):544-550. Tube-feeding is of questionable benefit for nursing home residents with advanced dementia. Approximately two-thirds of U.S. nursing home residents who are tube fed had their feeding tube inserted during an acute care hospitalization. The objective of this study was to identify hospital characteristics associated with higher rates of feeding tube insertion in nursing home residents with advanced cognitive impairment. The authors conclude that among nursing home residents with advanced cognitive impairment admitted to acute care hospitals, for-profit ownership, larger hospital size, and greater ICU [Intensive Care Unit] use was associated with increased rates of feeding tube insertion. <http://jama.ama-assn.org/cgi/content/abstract/303/6/544>

### **Darwin's compassionate view of human nature**

*JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 2010;303(6):557-558. Darwin's little known discussion of sympathy reveals a facet of his thinking unknown to many, which is contrary to the competitive, ruthless, and selfish view of human nature that has been mistakenly attributed to a Darwinian perspective. In 1871, 11 years before his death, Darwin's greatest unread book, *The Descent of Man, and Selection in Relation to Sex*, was published. In the fourth chapter, Darwin explained the origin of what he called sympathy (which today would be termed empathy, altruism, or compassion), describing how humans and other animals come to the aid of others in distress. While he acknowledged that such actions were most likely within the family group, he wrote that the highest moral achievement is concern for the welfare of all living beings, human and nonhuman. <http://jama.ama-assn.org/cgi/content/extract/303/6/557>

### **Palliating a pandemic: "All patients must be cared for"**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2010;39(2):291-295. In the event of an overwhelming influenza pandemic, many health care systems will implement a triage system that would potentially deny critical care treatment to some seriously ill patients. Although all triage systems have guaranteed palliative care for those who are denied critical care, no jurisdiction has yet developed a plan to accommodate the anticipated "surge" in demand for palliative care. The authors present a mathematical and ethical justification for a palliative care surge plan and outline some of the key elements that should be included in such a plan. [http://www.jpmsjournal.com/article/S0885-3924\(09\)01143-9/abstract](http://www.jpmsjournal.com/article/S0885-3924(09)01143-9/abstract)



### 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.

### **Family support in pediatric palliative care: How are families impacted by their children's illnesses?**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 9 February 2010 – Palliative care programs have the opportunity to intercede and provide supportive care to parents whose families have been impacted by their children's illnesses. By understanding how families are impacted, programs can refine their service provision and investigate unmet needs. The authors' findings stress the importance of considering the needs of all family members when providing care to children and understanding and attempting to address family member's needs that may not be covered by pediatric palliative care services. Particular attention should be paid to parents with depressive symptoms, because they can receive supportive care in their children's pediatric palliative care programs. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2009.0295>

### **Is survival better at hospitals with higher "end-of-life" treatment intensity?**

*MEDICAL CARE*, 2010;48(2):125-132. Concern regarding wide variations in spending and intensive care unit use for patients at the end of life hinges on the assumption that such [end of life] treatment offers little or no survival benefit. This study explored the relationship between hospital "end-of-life" treatment intensity and post-admission survival ... [and demonstrated that] admission to higher end of life care treatment intensity hospitals is associated with small gains in post-admission survival. [http://journals.lww.com/lww-medicalcare/Abstract/2010/02000/Is\\_Survival\\_Better\\_at\\_Hospitals\\_With\\_Higher.7.aspx](http://journals.lww.com/lww-medicalcare/Abstract/2010/02000/Is_Survival_Better_at_Hospitals_With_Higher.7.aspx)

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

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

### **End of life care policies: Do they make a difference in practice?**

*SOCIAL SCIENCE & MEDICINE* | Online article – 12 February 2010 – Although institutional policies related to care at the end of life (EOL) are a common feature of hospitals, there has been little examination of the ways in which these policies shape the focus and provision of care. The question asked in this study was "What effect do institutional policies relating to care at the EOL have on practice?" Data were drawn from health record reviews of 310 adults who had died in 3 acute care facilities in a major urban centre of a Western Canadian health region. Medical orders relating to care at the end of life were written for the majority of decedents, highlighting the value providers placed on care planning during this time. Relatively few providers, however, followed policy directives regarding use of care plans, terminology or documentation of discussions with patients and families about treatment plans. The findings of this study demonstrate a significant gap between institutional EOL care policies and practice in this health region, challenging institutional decision makers and front-line providers to collaborate more effectively to devise clinically relevant policies that enhance patient care at a particularly vulnerable time of life. [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6VBF-4YCFGFV-8&\\_user=10&\\_coverDate=02%2F12%2F2010&\\_rdoc=13&\\_fmt=high&\\_orig=browse&\\_srch=doc-info\(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles\)&\\_cdi=5925&\\_sort=d&\\_docanchor=&\\_ct=110&\\_acct=C000050221&\\_version=1&\\_urlVersion=0&\\_userid=10&md5=7d02e39321da3dabc1c3b0e363c82a8f](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4YCFGFV-8&_user=10&_coverDate=02%2F12%2F2010&_rdoc=13&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%239999%2399999999%23999999%23FLA%23display%23Articles)&_cdi=5925&_sort=d&_docanchor=&_ct=110&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=7d02e39321da3dabc1c3b0e363c82a8f)

## Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *BIOETHICS* | Online article – 11 February 2010 – '**On the loss of integrity as a kind of suffering.**' One of the requirements in the Dutch regulation for euthanasia and assisted suicide is that the doctor must be satisfied 'that the patient's suffering is unbearable, and that there is no prospect of improvement.' <http://www3.interscience.wiley.com/journal/123281766/abstract>
- *MEDICAL CARE*, 2010;48(2):187-192. '**Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases.**' The frequency of reported euthanasia cases has increased every year since legalization ... [and is] most often chosen as a last resort at the end of life by younger patients, patients with cancer, and seldom by non-terminal patients. [http://journals.lww.com/ww-medicalcare/Abstract/2010/02000/Legal\\_Euthanasia\\_in\\_Belgium\\_Characteristics\\_of.15.aspx](http://journals.lww.com/ww-medicalcare/Abstract/2010/02000/Legal_Euthanasia_in_Belgium_Characteristics_of.15.aspx)

## Worth Repeating

### **Half-full or half-empty: Making the message of palliative care palatable**

*JOURNAL OF PALLIATIVE MEDICINE* (OpEd), 2005;8(3):474-476. Like palliative care, the field [of physical medicine and rehabilitation specialists] is multidisciplinary, involving physicians, psychologists, social workers, physical and occupational therapists, and nurses. Like palliative care, they typically deal with elderly patients with chronic life-limiting illnesses such as cerebrovascular accidents, heart failure, cancer, obstructive lung disease, and dementia. The goal of rehabilitation is to maximize function as a way to improve patients' quality of life. The individual is viewed as a survivor, and the treatment focuses on becoming more independent now. Rehabilitation specialists are the eternal optimists. In contradistinction, palliative medicine doctors are pessimists. Even when we try to be positive, we undercut ourselves. For example, we talk about promoting quality of life "for whatever time you have left" (!) or describe our goal as relieving suffering, which assumes that patients only need to see us if they are suffering. The typical response to this lament is that "we need to improve education about what we do." The point of this editorial is that this is not enough. Before we move to educate others about what we do, we need to think more about the message. We need to understand how the message will affect our consumers (e.g., health care providers, patients, and families). We need to gather data about what people want and need when faced with life-limiting diseases. We need to talk about what we do in a positive sense based on these needs so that patients will want palliative care. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2005.8.474>

### 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>

### 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.

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