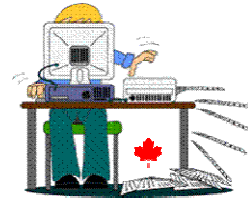


## Media Watch...

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 and research.

18 June 2012 Edition | Issue #258



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Compiled & Annotated by Barry R. Ashpole

Decision making in end of life care: Scroll down to **U.S.A.** and 'A new look at living wills' (p.5), published in the *Wall Street Journal*.

## Canada

### Palliative care in Ontario

#### **LHIN [Local Health Integration Network] plays games with rural region**

ONTARIO | *Sudbury Star* (OpEd) – 16 June 2012 – "LHINs are based on a principle that community-based care is best planned, co-ordinated and funded in an integrated manner at the community level, because local people are best able to determine their health service needs and priorities." That's a fundamental reason the Ministry of Health & Long-Term Care formed LHINs in the first place. The South West [SW] LHIN covers an area from Lake Erie to the tip of the Bruce Peninsula. How do you suppose a LHIN responsible for an area of 21,639 square km can ensure local involvement in health care? Short answer: It can't. Evidence of that failure is all over the issue of a residential hospice to serve Grey and Bruce counties and the city of Owen Sound. In 2005 the ministry began setting aside \$600,000 annually to address palliative care needs in the area, even though there was no plan. That money has been spent, but not on palliative care and not even in the region. So much for "community." The LHIN finally commissioned the Corpus Sanchez report, which recommended outreach care only for the area. That outreach would be based in London. Not one public meeting was held – there goes "community" again. Such an inadequate conclusion after little local input galvanized a local group to fight for a hospice. The group is composed of health-care professionals, family members who have experienced a death inadequately supported by "outreach" only, and others whose common sense tells them a hospice is the only answer for end-of-life care. In a few short months the group has produced an exhaustive report on the issue and raised some \$500,000 in pledges. Attention SWLHIN: How's that for a definition of "community." <http://www.thesudburystar.com/ArticleDisplay.aspx?e=3586266>

#### **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/pg/file/owner/MediaWatch>

## Law and ethics when the stakes are high

ONTARIO | *The Echo* (Haliburton County) – 12 June 2012 – Consent to medical procedures can fall in the hands of family unprepared to make decisions or to doctors, who must apply a law based on sometimes uncertain information. Lora Patton, senior lawyer member for the Consent & Capacity Board of Ontario, gave a talk ... about the ethical quandaries that come across her desk and how health-care providers and hospice workers can navigate the province's consent laws. "You want to give [patients] the best chance," Patton said, to make their own choices. Under Ontario's Health Care Consent Act, people are presumed able to make their own health-care decisions (even bad decisions) unless proven otherwise. If they are deemed unable to make those decisions, they can apply to the board to have that decision overturned. The board can also help physicians make those ethical decisions... [see sidebar 'In the case of Hassan Rasouli' (right)]. Part of the trouble often comes from underlying family issues, which are exacerbated when someone is in need of medical attention. Since the law sees parents and children (as young as 16) on equal footing when it comes to making decisions for an incapable person, serious disagreement between these two parties can lead to

an intervention by the board. That's if a specific person wasn't already designated as the "substitute decision maker."

<http://www.haliburtonecho.ca/ArticleDisplay.aspx?e=3583391>

### In the case of Hassan Rasouli

Withdrawal of life-sustaining equipment is part of the "plan of treatment," as defined by the province's Health Care Consent Act and therefore requires the consent of the patient or substitute decision-maker... doctors have recourse in cases in which they believe continuation of life-sustaining treatment provides no benefit to the patient and is not medically indicated. They can make their own case to the Consent & Capacity Board to have the substitute decision-makers stance set aside. That provision also serves as a recourse for those who would argue that continuation of life-sustaining treatment constitutes an unnecessary drain on the finite financial resources of intensive care units, the judge added.<sup>1</sup>

1. 'Court rules that withdrawal of life support is a plan of treatment...' *Canadian Medical Association Journal*, 8 April 2011 (noted in Media Watch, 11 April 2011). [http://www.cmaj.ca/earlyreleases/8april11\\_court-rules-that-withdrawal-of-life-support-is-a-plan-of-treatment-requiring-consent.dtl](http://www.cmaj.ca/earlyreleases/8april11_court-rules-that-withdrawal-of-life-support-is-a-plan-of-treatment-requiring-consent.dtl)

**N.B.** Consent & Capacity Board of Ontario: <http://www.ccboard.on.ca/scripts/english/index.asp>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BRITISH COLUMBIA (B.C.) | *Globe & Mail* – 15 June 2012 – '**B.C. Supreme Court strikes down ban on physician-assisted suicide.**' Madam Justice Lynn Smith says the Criminal Code provisions "unjustifiably infringe the equality rights" of the plaintiffs in the case, including Gloria Taylor, who suffers from amyotrophic lateral sclerosis (ALS). A spokesperson for the federal government said the minister needed time to read the extensive ruling, but that they would be reviewing the judgment. <http://www.theglobeandmail.com/news/british-columbia/bc-supreme-court-strikes-down-ban-on-physician-assisted-suicide/article4267631/>
- *THE NATIONAL* | Online article – 15 June 2012 – '**Ruling legalizing assisted suicide voluminous and sweeping.**' Judge Smith's judgment is voluminous ... and is based on novel interpretations of the Charter of Rights & Freedoms. She ordered the current prohibition suspended for one year, "to permit Parliament to take whatever steps it sees fit to draft and consider" new legislation allowing euthanasia and assisted-suicide. <http://news.nationalpost.com/2012/06/15/ruling-legalizing-assisted-suicide-voluminous-and-sweeping/>

Cont.

- CBC NEWS | Online report – 15 June 2012 – **'The fight for the right to die.'** In 1992, Sue Rodriguez forced the right-to-die debate into the spotlight in Canada. In a video statement played to members of Parliament, the Victoria woman, diagnosed with amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), in 1991, asked legislators to change the law banning assisted suicide. The Supreme Court of Canada ultimately ruled against Rodriguez, but her struggle galvanized the public. <http://www.cbc.ca/news/canada/story/2012/06/15/f-assisted-suicide.html>

**N.B.** The Quebec government has announced that it is creating a committee of legal experts to examine how euthanasia and assisted suicide could be allowed in Quebec. Available is **'Assisted (or Facilitated) Death: The Debate in Canada,'** which summarizes notable developments (as reported in past issues of Media Watch) – highlighting also those in other countries – that inform discussion of the issue in Canada. Contact information at foot of (p.16).

## U.S.A.

### **Stop Medicare subsidy of big-money hospice industry**

FLORIDA | *Palm Beach Post* (Editorial) – 17 June 2012 – Hospice of Palm Beach County CEO David Fielding's \$545,000 salary is nearly \$200,000 more than the average pay of Wall Street bankers. Congress could not have predicted that non-profit organizations would be paying such exorbitant salaries 30 years after it approved hospice as a Medicare benefit. Nor could Congress predict that non-profit organizations wanting to provide more compassionate, less costly end-of-life care would wind up competing for patients and employees with for-profit companies. What began as the province of charitable groups has become a multi-billion dollar, taxpayer-subsidized industry. Demand for hospice services spiked once Medicare started paying. Medicare pays for 84 percent of all hospice patients. For-profit providers now account for 52% of hospices, while non-profits account for 35%. The federal government must make hospice care less attractive to profiteers. <http://www.palmbeachpost.com/news/news/editorial-stop-medicare-subsidy-of-big-money-hospi/nPXW3/>

**N.B.** See Media Watch, 11 June 2012 (p.11-12) for a listing of articles, reports, etc., on for-profit hospice in the U.S.

Of related interest:

- FLORIDA | *The Daily Commercial* (Leesburg) – 16 June 2012 – **'Hospice campaign argues against more end-of-life providers in Lake, Sumter counties.'** Cornerstone Hospice & Palliative Care appears to be orchestrating a letter-writing campaign to convince state officials that more end-of-life providers are not needed in Lake and Sumter counties. Hospice officials, however, disagree with that assessment. The Florida Agency for Health Care Administration (AHCA) publishes projections for future needs for medical services. It contends the number of projected deaths will soon exceed the number of projected hospice admissions in Lake and Sumter counties, resulting in at least a half-dozen companies quickly filing letters of intent to offer those expanded hospice services here. <http://www.dailycommercial.com/News/LakeCounty/061612hospice>

### Palliative care and technology

#### **Children with fatal illnesses given chance to be at home**

WASHINGTON STATE | *The Columbian* (Vancouver) – 17 June 2012 – Many children facing cancer or other life-limiting diseases without a cure would rather spend their remaining time in the comfort of their homes rather than a hospital. But for children who live in Clark County and other outlying areas, that also means leaving behind the Portland care providers on which they and their families have spent weeks or months relying. That's about to change. Thanks to a \$195,000 grant from the Cambia Health Foundation ... providers from Doernbecher Children's Hospital will, in a way, go home with their patients. The Oregon Health & Science University's children's hospital will use the money to launch a program using iPads to connect the hospital's specialized palliative care providers with children, their families and their community hospice care providers. <http://www.columbian.com/news/2012/jun/17/children-with-fatal-illnesses-given-chance-to-be-a/>

## More help navigating end-of-life options can improve care for dying patients – and reduce costs

MASSACHUSETTS | *Boston Globe* – 14 June 2012 – I, along with a loose network of 100 physicians, patients, and families from around the country, have created a library of digital videos to better inform patients about their medical options as they approach the end of life. We have created videos for all the leading causes of death ... and have tailored the videos for each disease. Video decision aids empower patients with the knowledge needed to make informed decisions by providing the facts about medical care and standardizing the information patients need to know. All the videos undergo a rigorous review process and provide a balanced review of options for patients and families. The authors studied these videos in randomized, controlled trials, and the findings are revealing. <http://bostonglobe.com/opinion/2012/06/14/more-help-navigating-patients-life-options-reduce-improve-care-costs-dying-patients-and-reduce-costs-how-improve-care-for-dying/2dTAnmpRLQ3Y7vB3770MMO/story.html>

## Can compassionate release of California's terminally ill prison inmates work?

CALIFORNIA | *Huffington Post* (Editorial) – 13 June 2012 – The short answer to this question is yes, but that yes depends greatly on one factor that I haven't found mentioned in discussions concerning California's SB [Senate Bill] 1462, which would allow early release for inmates with a prognosis of 6 months or less. Hospice. Studies show that the highest quality and lowest cost care we can offer those at the end of life remains the interdisciplinary, home-based model of care provided by hospices, and thus if California releases any terminally patients, the only wise way to do so would be into the care of a hospice team. As someone who has served in hospice care in Louisiana, a state that not only boasts the highest number of incarcerated in the country but also boasts ground-breaking prison hospice programs, I have seen first-hand how the success of compassionate release programs for inmates depends greatly on the quality of relationship between the releasing prison or jail system and the local hospice community. [http://www.huffingtonpost.com/rev-amy-zietlow/california-sb-1462\\_b\\_1590617.html](http://www.huffingtonpost.com/rev-amy-zietlow/california-sb-1462_b_1590617.html)

Of related interest:

- CALIFORNIA | *Huffington Post* – 13 June 2012 – **'Elderly inmate population soared 1,300% since 1980s: Report.'** The population of aging and elderly prisoners in U.S. prisons exploded over the past three decades, with nearly 125,000 inmates aged 55 or older now behind bars, according to ... the American Civil Liberties Union.<sup>1</sup> [http://www.huffingtonpost.com/2012/06/13/elderly-inmate-population-soars\\_n\\_1594793.html](http://www.huffingtonpost.com/2012/06/13/elderly-inmate-population-soars_n_1594793.html)

1. 'At America's Expense: The Mass Incarceration of the Elderly,' American Civil Liberties Union, June 2012. <http://www.aclu.org/criminal-law-reform/report-americas-expense-mass-incarceration-elderly>

### Specialist Publications

Of particular interest:

**'Aging in correctional custody: Setting a policy agenda for older prisoner health care'** (p.9), published in the *American Journal of Public Health*

### Prison hospice

Articles and reports focused on the provision and delivery of end of life care for prison inmates have been highlighted in Media Watch on a fairly regular basis. A compilation of these articles and reports in a single document is available on request. Contact information at foot of p.16.

## In sickness and in health: Bronx couple wed at hospice to seal their undying love

NEW YORK | *Daily News* – 13 June 2012 – It was a moment of pure joy when Sonia McClean walked down the aisle with a bouquet of lavender and white flowers, beaming at the nurses gathered around her. Sonia, 56, married the man of her dreams, Malcolm Alleyne, 57, at the MJHS [Metro-politan Jewish Health System] Hospice residence in Riverdale. He is dying of lung cancer. For the special day, staff transformed surroundings of dull beige walls and carpets into a festive ceremony space with white and blue flowers. "We're married," Sonia kept repeating to her new husband, tears streaming down her face after Rev. Eric Towes officiated in the hospice's chapel. A line of about

10 emotional nurses stood behind them. Malcolm is expected to live for a few more weeks. <http://www.nydailynews.com/new-york/sickness-health-bronx-couple-wed-hospice-seal-undying-love-article-1.1095184>

### [Specialist Publications](#)

Of particular interest:

**'Till death do us part: Getting married at the end of life'** (p.9), published in the *Journal of Pain & Symptom Management*.

## The long goodbye

*TIME MAGAZINE* | Online article – 11 June 2012 – The phone call came on a cloudy morning in Iowa. I was interviewing Senator Chuck Grassley in his farm kitchen, surrounded by a sea of corn. Mom was back in the hospital again. She had pneumonia. She wasn't eating. "If we don't put in a feeding tube," my mother's internist told me, "she won't survive on her own." Mom had always been vehement about how she wanted to go. "Just pull the plug. Let me die," she would say, with more than a hint of melodrama. "I don't want to be a vegetable." But was she a vegetable now? <http://www.time.com/time/magazine/article/0,9171,2116137,00.html>

### [More flexibility might be the answer](#)

## A new look at living wills

*WALL STREET JOURNAL* | Online OpEd – 8 June 2012 – My father was in a coma, hooked up to a ventilator, and I had to make a tough call. His living will expressed his desires for a few black-and-white situations: He didn't want to be kept alive if he was terminally ill, or in an irreversible vegetative state. But the situation I faced wasn't so simple. The neurologist said he would wake up from the coma, but there was a good chance he would have severe brain damage. How much of a chance? The doctors couldn't say. Doctors and nurses say my heart-wrenching experience is typical of the complexity of real-life bedside decisions. An estimated 25-30% of Americans have filled out living wills, documents that spell out wishes for medical treatment. But ethicists say the typically simplistic documents aren't the solution many hoped they would be. Life-prolonging medical technology has far outstripped doctors' ability to predict outcomes. The hardest choices center on when

quality of life will be so diminished that death is preferable. As such, some health organizations are trying to improve living wills, allowing for more flexibility and nuance. Some ethicists, meanwhile, are de-emphasizing living wills altogether and focusing on appointing a trusted family member or friend as your health-care agent [i.e., substitute or surrogate decision maker].

[http://online.wsj.com/article/SB10001424052702303990604577369920659306562.html?mod=googlenews\\_wsj](http://online.wsj.com/article/SB10001424052702303990604577369920659306562.html?mod=googlenews_wsj)

### [Specialist Publications](#)

Of particular interest:

**'Evaluating a patient's request for life-prolonging treatment: An ethical framework'** (p.13), published in the *Journal of Medical Ethics*.

## International

### **Anorexia court ruling could affect living wills, lawyers say**

U.K. | *Daily Telegraph* – 17 June 2012 – A court ruling which concluded that a severely anorexic woman should be force-fed could render living wills invalid for those believed to lack capacity, barristers warned. Such wills could be overturned if the subject's mental capacity is subsequently questioned, meaning that a doctor must assess them at the time they make their decisions. The judgment, handed down by Mr Justice Peter Jackson in the Court of Protection last week, concluded that a 32-year-old woman, identified only as "E", who has not eaten for a year should be given life-saving treatment against the wishes of both her and her family. Paul Bowen, QC, of Doughty Street Chambers, who acted for the local authority in the case, said of the ruling: "It should be a word of caution to people who suffer from conditions that can deprive them of capacity, where it fluctuates. They should have psychiatric assessments (before making an advanced directive) – it's not enough just to sign it in front of family members, otherwise courts may set them aside." <http://www.telegraph.co.uk/news/uknews/law-and-order/9337568/Anorexia-court-ruling-could-affect-living-wills-lawyers-say.html>

### Palliative care therapeutic guidelines

#### **Department of Health statement**

AUSTRALIA (VICTORIA) | *Herald Sun* (Melbourne) – 14 June 2012 – It would be expected that the great majority of patients who have died in hospital, where malnutrition or dehydration were listed as a cause of death, were end-of-life patients. Those patients in many cases would be unable to take food or liquids; or food and liquids were not sought by the patient due to reduced appetite... The diagnosis would not be due to a lack of hospital care, but to respectful care to meet the wishes of end-stage patients. Cachexia/anorexia at end of life can be misconstrued as malnutrition or dehydration when it is actually a normal part of the end of life. The Palliative Care Therapeutic Guidelines<sup>1</sup> provide the following information about cachexia/ anorexia at end of life: 'Death by starvation' is a common misconception. Indeed the reason that the patient is not eating is because they are dying. The loss of weight observed in most people in the late stage of illness confirms advancing disease and presages death. <http://www.heraldsun.com.au/news/department-of-health-statement/story-e6frf7jo-1226394994892>

1. The Palliative Care Therapeutic Guidelines: <http://www.tg.org.au/index.php?sectionid=47>

### Issues in pain management

#### **Fresh hope for suffering patients**

SOUTH AFRICA (SA) | *Daily News* (Cape Town) – 12 June 2012 – Proper pain management is an issue not only in South Africa's rural communities, but all over the country, according to Dr. Liz Gwyther, CEO of the Hospice Palliative Care Association of SA. Doctors have been taught that pain is a sign of something else, and in their quest to find and treat the cause, they often neglect to treat the pain, says Gwyther, who also teaches palliative care at the University of Cape Town. "They often don't even assess the pain adequately." But there is hope for patients. A new law that will enable trained and registered nurses to prescribe scheduled medicine, including morphine, is expected to come into effect before the end of the year. This will mean that patients can be prescribed morphine at clinics that operate without doctors – as most clinics in the country do. <http://www.iol.co.za/dailynews/opinion/fresh-hope-for-suffering-patients-1.1316785>

**N.B.** Amendments to South Africa's Nursing Act has resulted in new legislation that will allow specifically trained and licensed nurses to prescribe opioids and other schedule drugs.

## Popularity of woollen coffins soars

U.K. | *Daily Telegraph* – 12 June 2012 – British wool fleece is a natural, sustainable and biodegradable material that will rot away in the earth or can be cremated and also supports British farming. Woollen coffins are growing in popularity as traditional funeral services are shunned in favour of eco-funerals, which have witnessed a 100% rise in popularity over the last five years. The number of natural burial grounds across the U.K. has also risen by more than 20%.

<http://www.telegraph.co.uk/earth/environment/9325863/Popularity-of-woollen-coffins-soars.html>

## Why doctors don't tell you the grave news

NEW ZEALAND | Stuff.com.nz – 10 June 2012 – In evidence at the inquest into the death of elderly Hutt woman Kathleen Corbett, who died a week after being discharged from a month-long stay at Hutt Hospital during which she contracted pneumonia, then chief medical officer Robert Logan suggested the young doctors who discharged Corbett should have been more honest about her prognosis. The health system was not as open as it could be when dealing with a patient's future prospects, he said. Health professionals were not always good at listening, and difficult conversations often fell to junior doctors, who lacked the experience and sensitivity to deal with them. Logan said: "Whether you call it palliative care or something else, Mrs. Corbett was clearly coming to the end of her life ... Whilst medical practitioners cannot predict when a person is going to die, they would have a pretty good idea as to how they are going to die and that it was equally important to see that as a process. There was an unwillingness to face up to the fact that people are going to die in the foreseeable future and this should be the first step to be addressed in a positive way." <http://www.stuff.co.nz/national/health/7075288/Why-doctors-don-t-tell-you-the-grave-news>

### 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.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CZECH REPUBLIC | *Prague Daily Monitor* – 15 June 2012 – '**Poll: Most Czechs support abortion, euthanasia, death penalty.**' Two-thirds of the citizens believe that Czech legislation should make euthanasia possible and the same portion said they would like to reintroduce the death penalty. Twenty-seven percent are against legal euthanasia and the death penalty. <http://praguemonitor.com/2012/06/15/poll-most-czechs-support-abortion-euthanasia-death-penalty>
- AUSTRALIA (SOUTH AUSTRALIA) | *Adelaide Now* – 14 June 2012 – '**South Australia Parliament kills off euthanasia laws for the moment.**' Premier Jay Weatherill has backed a failed bid to introduce new euthanasia laws... They were struck down by conservative Liberals and key members of Labor's Right faction... Independent MP Bob Such said his proposal – which would only apply to people suffering from a terminal illness and where pain could not be relieved - had all the possible safeguards. It was thrown out 22-20 in a conscience vote. Five MPs – including Opposition Leader Isobel Redmond - did not vote. <http://www.adelaidenow.com.au/news/south-australia/parliament-kills-off-euthanasia-laws/story-e6frea83-1226395772400>
- U.K. | *Daily Mail* – 14 June 2012 – '**End opposition to assisted dying and move to position of neutrality, doctors are told.**' Doctors must end their opposition to assisted dying for terminally ill people and move to a position of neutrality, says the *British Medical Journal*.<sup>1,2</sup> A major bid to shift the stance of the medical establishment is signalled today by the influential publication, which calls for a change in the law. The journal ... says legalisation of assisted dying is a decision for society, not doctors, so royal medical colleges and the BMA [British Medical Association] should become neutral on the issue. <http://www.dailymail.co.uk/news/article-2159030/End-opposition-assisted-dying-position-neutrality-doctors-told.html?ito=feeds-newsxml>
  1. 'Assisted dying,' *British Medical Journal*, 14 June 2012. <http://www.bmj.com/content/344/bmj.e4075>
  2. 'Our professional bodies should stop opposing assisted dying,' *British Medical Journal*, 14 June 2012. <http://www.bmj.com/content/344/bmj.e4115>
- INDIA | *Deccan Chronicle* (Hyderabad) – 13 June 2012 – '**Centre may not enact law on euthanasia.**' The government is unlikely to enact a law on the sensitive issue of euthanasia even a year after the Supreme Court allowed the High Courts to take a call on withdrawal of life support for patients living in a permanent vegetative state. The Law Commission of India is understood to be not too keen on a fresh study on the subject despite a law ministry reference regarding the same. <http://www.deccanchronicle.com/channels/nation/north/centre-may-not-enact-law-euthanasia-170>
- SWITZERLAND | *The Local* – 13 June 2012 – '**More nursing homes allow assisted suicide.**' In a recent poll of nursing home employees in the German-speaking part of Switzerland, more than 50% confirmed that assisted suicide was practised at their place of work, *Tribune de Genève* reported. <http://www.thelocal.ch/3518/20120613/>
  - SWITZERLAND | Reuters (Zurich) – 12 June 2012 – '**Right-to-die movement sees gains as world ages.**' Right-to-die activists hope more countries will allow assisted suicide or euthanasia in coming years as the world population ages, but opponents are determined to stop them, a dispute that flared ahead of competing conferences in Switzerland. <http://www.reuters.com/article/2012/06/12/swiss-assisted-suicide-idUSL5E8H5J320120612>



### 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. Biosketch on the International Palliative Care Resource Center website at: <http://www.ipcrc.net/barry-r-ashpole.php>



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

### **Hospice and palliative social workers' engagement in life review interventions**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE CARE* | Online article – 13 June 2012 – This study investigated the extent that hospice and palliative social workers engaged in LR [life review] with patients and their families. Of the 346 respondents [to an Internet-based, quantitative survey] most had conducted LRs, however, frequency and scope varied. Barriers to implementation included high caseloads/lack of time, acuity of patients, and short lengths of stay. The opportunity for many individuals to bring closure at the end of life may be lost due to limited access to LR interventions. <http://ajh.sagepub.com/content/early/2012/06/12/1049909112449067.abstract>

Of related interest:

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 11 June 2012 – **'Till death do us part: Getting married at the end of life.'** The authors report the case of a patient with advanced cancer who got married in our acute palliative care unit weeks before her death. The interdisciplinary team was able to support her physically and emotionally, thereby assisting her in achieving her life goals. The wedding gave her the opportunity to acquire further meaning in life, deepen her connection with her loved ones, and enhance her sense of dignity, self-worth, and pride. [http://www.jpsmjournal.com/article/S0885-3924\(12\)00148-0/abstract](http://www.jpsmjournal.com/article/S0885-3924(12)00148-0/abstract)

### **Aging in correctional custody: Setting a policy agenda for older prisoner health care**

*AMERICAN JOURNAL OF PUBLIC HEALTH* | Online article – 14 June 2012 – An exponential rise in the number of older prisoners is creating new and costly challenges for the criminal justice system, state economies, and communities to which older former prisoners return. The authors convened a meeting of national experts in correctional health care, academic medicine, nursing, and civil rights to identify knowledge gaps and to propose a policy agenda to improve the care of older prisoners. Nine priority areas were identified: definition of the older prisoner, correctional staff training, definition of functional impairment in prison, recognition and assessment of dementia, recognition of the special needs of older women prisoners, geriatric housing units, issues for older adults upon release, medical early release, and prison-based palliative medicine programs. <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300704?prevSearch=prisoners&searchHistoryKey=>

### **When a patient visit includes a request for prayer**

*AMERICAN MEDICAL NEWS* | Online article – 11 June 2012 – Research suggests that patients struggling with serious illnesses want spiritual interactions with their physicians. Some doctors wrestle with how to react. About two-thirds of patients believe doctors should know about their spiritual beliefs, said a survey of nearly 500 adults from Florida, North Carolina and Vermont in the January 2003 *Journal of General Internal Medicine*. One in five patients likes the idea of praying with the doctor during a routine office visit, while nearly 30% want to do so during a hospital stay, the study found. Half of patients would want to pray with the doctor in a near-death scenario. <http://www.ama-assn.org/amednews/2012/06/11/prl20611.htm>

*Living to the end - palliative care for an ageing population*



<http://www.worldday.org/>

October 13 2012

## Discrepancies in end-of-life decisions between elderly patients and their named surrogates

*ANNALS* (Academy of Medicine Singapore), 2012;41(4):141-153. This study aims to determine the attitudes of Asian elderly patients towards invasive life support measures, the degree of patient-surrogate concordance in end-of-life decision making, the extent to which patients desire autonomy over end-of-life medical decisions, the reasons behind patients' and surrogates' decisions, and the main factors influencing patients' and surrogates' decision-making processes. The authors hypothesize there is significant patient-surrogate discordance in end-of-life decision making in our community. The majority of patients [i.e., study participants] desire autonomy over critical care issues. Relying on the surrogates' decisions to initiate treatment may result in treatment against patients' wishes in up to one-third of critically ill elderly patients.

<http://www.annals.edu.sg/pdf/41VolNo4Apr2012/V41N4p141.pdf>

Of related interest:

- *ANNALS* (Academy of Medicine Singapore), 2012;41(5): 212-220. **"How much can I take?" Predictors of perceived burden for relatives of people with chronic illness.** Results [of this survey] suggest that regardless of the nature of the chronic illnesses, gender or ethnicity, the capacity to open up to family or friends and the mental health status of caregivers can predict their perceived burden. <http://www.annals.edu.sg/pdf/41VolNo5May2012/V41N5p212.pdf>
- *BMJ* Group | Online article – 12 April 2012 – **"One can die, but cannot fall ill" – A Survey on how costs may affect choice of therapy in Singapore.** "One can die, but cannot fall sick" refers to the prevailing notion amongst Singaporeans that it is more affordable to withhold treatment and await death than to pay for high healthcare costs. Such a notion may well be a true reflection of the sentiments amongst [study] participants. It also reminds physicians that costs can play a significant role in a person's choice of treatment. Until the issue of high healthcare costs is adequately addressed, a plethora of questions have no easy answer. <http://blogs.bmj.com/spcare/2012/04/17/one-can-die-but-cannot-fall-ill-a-survey-on-how-costs-may-affect-choice-of-therapy-in-singapore/>

### Palliative care in Singapore.1

I recently visited Singapore to lecture on several aspects of end of life care at the invitation of the Centre for Biomedical Ethics at the National University of Singapore, and the Lien Centre for Palliative Care, Duke-NUS. A brief trip report is posted on the website of Omega, the National Association for End of Life Care (U.K.):

<http://www.omega.uk.net/international-end-of-life-news-roundup-n-457.htm>

**Barry R. Ashpole**

**N.B.** Singapore was rated 18th (of 40 countries surveyed) in *The Quality of Death: Ranking End-of-life-Care Across the World*, commissioned by the Lien Foundation, Singapore, published by the Economist Intelligence Unit, July 2010. [http://graphics.eiu.com/upload/QOD\\_main\\_final\\_edition\\_Jul12\\_toprint.pdf](http://graphics.eiu.com/upload/QOD_main_final_edition_Jul12_toprint.pdf)

## Age discrimination in U.K. healthcare will become unlawful in October

*BRITISH MEDICAL JOURNAL* | Online report – 13 June 2012 – A ban on discriminating against people on the grounds of their age when providing healthcare or social care will come into force in the U.K. in October. The Conservative led coalition government has decided to bring into force the ban on age discrimination in services and the exercise of public functions, enacted in the previous Labour government's Equality Act 2010 but not yet implemented. The new law will outlaw, for example, blanket age limits for particular treatments and failure to refer, purely on the basis of age... <http://www.bmj.com/content/344/bmj.e4134>

Cont.

Of related interest:

- *JOURNAL OF THE AMERICAN GERIATRICS SOCIETY* | Online article – 14 June 2012 – '**Old news: Why the 90-year crisis in medical elder care?**' North American and European demographic projections indicate that by 2030, persons aged 65 and older will outnumber those younger than 15 by a ratio of 2:1. <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.04029.x/abstract>

From Media Watch, 27 February 2012:

- U.K. | *Daily Mail* – 21 February 2012 – '**Code that makes dignity and respect a right for our elderly is launched.**' <http://www.dailymail.co.uk/news/article-2104670/Dignity-Code-makes-respect-right-elderly-launched.html?ito=feeds-newsxml>

From Media Watch, 30 May 2011:

- U.K. | *Telegraph* – 28 May 2011 – '**Why do the elderly so often bear the weight of neglect in our hospitals?**' <http://www.telegraph.co.uk/comment/columnists/jennymccartney/8543333/Why-do-the-elderly-so-often-bear-the-weight-of-neglect-in-our-hospitals.html>

### **Cancer treatment and survivorship statistics, 2012**

*CA: A CANCER JOURNAL FOR CLINICIANS* | Online article – 14 June 2012 – Although there has been considerable progress in reducing cancer incidence in the U.S., the number of cancer survivors continues to increase due to the aging and growth of the population and improvements in survival rates. <http://onlinelibrary.wiley.com/doi/10.3322/caac.21149/abstract>

An estimated 13.7 million Americans with a history of cancer were alive on 1 January 2012, and by 1 January 2022, that number will increase to nearly 18 million.

### **The role of palliative care in trauma**

*CRITICAL CARE NURSING QUARTERLY*, 2012;35(3):223-227. Despite the aggressive and heroic nature of trauma care ... 10% to 20% of patients admitted to trauma intensive care units die. It is predicted that by 2050, approximately 40% of those experiencing traumatic injury will be older than 65 years. For multiple reasons, people in this age group who experience trauma are at greater risk for death. The integration of palliative and trauma care can assist and support patients and families through stressful, often life-changing times, regardless of the final outcome. [http://journals.lww.com/ccnq/Abstract/2012/07000/The\\_Role\\_of\\_Palliative\\_Care\\_in\\_Trauma.6.aspx](http://journals.lww.com/ccnq/Abstract/2012/07000/The_Role_of_Palliative_Care_in_Trauma.6.aspx)

From Media Watch, 20 December 2011:

- *JOURNAL OF TRAUMA-INJURY INFECTION & CRITICAL CARE*, 2010;69(6):1567-1573. '**Nurse and physician preferences for end-of-life care for trauma patients.**' Nurses and physicians agree on some issues about end-of-life care in trauma but disagree on others. Education and discourse among trauma professionals are needed to bring understanding to the issues. [http://journals.lww.com/jtrauma/Abstract/2010/12000/Nurse\\_and\\_Physician\\_Preferences\\_for\\_End\\_of\\_Life.38.aspx](http://journals.lww.com/jtrauma/Abstract/2010/12000/Nurse_and_Physician_Preferences_for_End_of_Life.38.aspx)

### **The last frontier: Rural emergency nurses' perceptions of end-of-life care obstacles**

*JOURNAL OF EMERGENCY NURSING* | Online article – 11 June 2012 – The top three perceived obstacles by rural emergency nurses [i.e., study participants] were: 1) family and friends who continually call the nurse for an update on the patient's condition rather than calling the designated family member; 2) knowing the patient or family members personally; and, 3) the poor design of emergency departments that does not allow for privacy of dying patients or grieving family members. [http://www.jenonline.org/article/S0099-1767\(12\)00009-8/abstract](http://www.jenonline.org/article/S0099-1767(12)00009-8/abstract)

Cont.

Of related interest:

- *BMC NURSING* | Online article – 14 June 2012 – '**Patients in 24-hour home care striving for control and safety.**' The results of this study accentuate the importance to patients of participating in their own care, especially in the selection of HC assistants. The model illustrates some challenging areas for improvement within the organisation of 24-hour home care, such as personnel continuity and competence, collaboration, and routines for acute care. Furthermore, it may be used as a basis for reflection during the planning of care for individual patients within home care.  
<http://www.biomedcentral.com/content/pdf/1472-6955-11-9.pdf>

### **Nurses' perceptions of palliative sedation in a Scottish hospice: An exploratory study**

*JOURNAL OF HOSPICE & PALLIATIVE NURSING*, 2012;14(5):358-364. The major themes [that emerged in this study] were suffering, courage, and peace. Patient suffering was multi-dimensional and had an impact on families and staff. Decisions about palliative sedation were courageous because of the ethical implications and collaborative practice, respecting patient autonomy. Trust, experience, and special communication skills were necessary. When other measures failed, palliative sedation was essential to provide a peaceful death.

[http://journals.lww.com/jhpn/Abstract/2012/07000/Nurses\\_Perceptions\\_of\\_Palliative\\_Sedation\\_in\\_a.9.aspx](http://journals.lww.com/jhpn/Abstract/2012/07000/Nurses_Perceptions_of_Palliative_Sedation_in_a.9.aspx)

#### **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/CurrentNewsandEvents/tabid/88/Default.aspx> (Click on 'Current Issue' under 'Media Watch')

ONTARIO | HPC Consultation Services (Waterloo Region/Wellington County):  
<http://www.hpcconnection.ca/newsletter/inthenews.html>

ONTARIO | Mississauga Halton Palliative Care Network: <http://www.mhpcn.ca/Physicians/resources.htm?mediawatch=1>

ONTARIO | Palliative Care Consultation Program (Oakville): <http://www.palliativecareconsultation.ca/?q=mediawatch>

##### **U.S.A.**

Prison Terminal: <http://www.prisonterminal.com/news%20media%20watch.html>

##### **Europe**

HUNGARY | Hungarian Hospice Foundation: <http://www.hospicehaz.hu/en/training/> (Scroll down to 'Media Watch')

U.K. | Omega, the National Association for End of Life Care: <http://www.omega.uk.net/news.htm> (Scroll down to 'International End of Life Roundup')

##### **Asia**

SINGAPORE | Centre for Biomedical Ethics (CENTRES): <http://centres.sg/> (Scroll down to 'What's New: Reading List Update')

##### **International**

Australasian Palliative International Link: <http://www1.petermac.org/apli/links.htm> (Scroll down to 'Media Watch')

Palliative Care Network Community: <http://www.pcn-e.com/community/pg/file/owner/MediaWatch>

International Palliative Care Resource Center: <http://www.ipcrc.net/archive-global-palliative-care-news.php>

## Evaluating a patient's request for life-prolonging treatment: An ethical framework

*JOURNAL OF MEDICAL ETHICS* | Online article – 12 June 2012 – Contrary to the widespread concern about over-treatment at the end of life, today, patient preferences for palliative care at the end of life are frequently respected. However, ethically challenging situations in the current healthcare climate are, instead, situations in which a competent patient requests active treatment with the goal of life-prolongation while the physician suggests best supportive care only. The argument of futility has often been used to justify unilateral decisions made by physicians to withhold or withdraw life-sustaining treatment. However, the authors argue that neither the concept of futility nor that of patient autonomy alone is apt for resolving situations in which physicians are confronted with patients' requests for active treatment. Instead, they integrate the relevant arguments that have been put forward in the academic discussion about 'futile treatment into an ethical algorithm with five guiding questions [see sidebar 'Ethical algorithm' (right)]. This algorithm shall facilitate approaching patients' requests for treatments deemed futile by the physician in a

systematic way, and responding to these requests in an ethically appropriate manner. It thereby adds substantive considerations to the current procedural approaches of conflict resolution in order to improve decision making among physicians, patients and families. <http://jme.bmj.com/content/early/2012/06/11/medethics-2011-100333.abstract>

### Ethical algorithm

- 1) Is there a chance that medical intervention will be effective in achieving the patient's treatment goal?
- 2) How does the physician evaluate the expected benefit and the potential harm of the treatment?
- 3) Does the patient understand his or her medical situation?
- 4) Does the patient prefer receiving treatment after evaluating the benefit-harm ratio and the costs?
- 5) Does the treatment require many resources?

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 13 June 2012 – '**Validation of the knowledge of care options instrument to measure knowledge of curative, palliative, and hospice care.**' Treatment decision-making may be hindered by a lack of knowledge about the care options of curative, palliative, and hospice care. The authors' purpose was to create and validate an instrument to measure knowledge of these care options, the Knowledge of Care Options instrument. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0514>
- *CANADIAN FAMILY PHYSICIAN*, 2012;58(6):620. '**Difficult conversations.**' While the ways that old people will die present many challenges to the people themselves, the families, the health care providers, and the health care system, there is an opportunity to at least start a conversation about end-of-life care and perhaps avoid ultimately futile "life-prolonging interventions and distressing health states" before death. This is a conversation that we as family physicians are well-positioned to begin and to continue with both our patients and their families. <http://www.cfp.ca/content/58/6/620.full>

## Measuring palliative care quality for seriously ill hospitalized patients

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 11 June 2012 – The authors tested feasibility, usability, reliability, and validity of Prepare, Embrace, Attend, Communicate, Empower (PEACE) quality measures for palliative care ... [which they found] ... feasible and reliable, and [which] may be useful to examine and improve the quality of palliative care for seriously ill hospitalized patients as well as for patients in hospice. Research is needed to test ... for actionability and responsiveness to intervention. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0471>

Cont.

Of related interest:

- *REVISTA LATINO-AMERICANA DE ENFERMAGEM*, 2012;20(2):401-410. **'Evaluation of quality of life in a palliative care context: An integrative literature review.'** Information concerning the selected studies is presented and later categorized, with a greater emphasis on the analysis of the psychometric properties of validations of the Palliative Outcome Scale, conducted in three countries. [http://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S0104-11692012000200025&lng=en&nrm=iso&tlng=en](http://www.scielo.br/scielo.php?script=sci_abstract&pid=S0104-11692012000200025&lng=en&nrm=iso&tlng=en)

### **A qualitative evaluation of the provision of bereavement care accessed by service users living in a Health & Social Care Trust Area in Northern Ireland**

*JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE* | Online article – 8 June 2012 – This service evaluation sought to explore the bereavement care offered to individuals living in one Health & Social Care Trust catchment area of Northern Ireland. The findings indicated that much of the bereavement provision is based on the interest and initiative of individual staff members, with few processes to assess the level of bereavement care needed and those best skilled to provide it. Recommendations are made for a bereavement care strategy that outlines a bereavement needs assessment process, identifying the scope of interventions and protocols for practice. <http://www.tandfonline.com/doi/abs/10.1080/15524256.2012.685442>

### **Caring for people with intellectual disabilities and life-limiting illness: Merging person-centered planning and patient-centered, family-focused care**

*JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE* | Online article – 8 June 2012 – Little is known about the needs of older people with IDs [intellectual disabilities] who are at life's end. Service providers who offer direct care to people with IDs have begun to develop partnerships with hospice and palliative care specialists to provide focused care that is more specialized for their clients or residents who are approaching the end of life. However, community-based programs utilize different philosophies of care that focus on the daily management of people with IDs compared to programs that focus on care at the end of life. Merging these two approaches to care in community-based residences or community-based programs for people with IDs brings challenges for both types of programs. This article compares person-centered planning and patient-focused, family-centered care and proposes means for merging the two seemingly disparate approaches to care. <http://www.tandfonline.com/doi/abs/10.1080/15524256.2012.685440>

From Media Watch, 27 February 2012:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 21 February 2012 – **'Practical approaches toward improving end-of-life care for people with intellectual disabilities: Effectiveness and sustainability.'** <http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0132>

From Media Watch, 23 January 2012:

- *PALLIATIVE MEDICINE* | Online article – 16 January 2012 – **'A new model for breaking bad news to people with intellectual disabilities.'** Breaking bad news is best seen as a process, not an event or a linear series of events. Bad news situations usually constitute a wide range of discrete items or chunks of information. 'Building a foundation of knowledge' is central to the model. <http://pmj.sagepub.com/content/early/2012/01/16/0269216311433476.abstract>

From Media Watch ('Worth Repeating'), 27 December 2010:

- *INTERNATIONAL JOURNAL OF PALLIATIVE NURSING*, 2008;14(4):189-194. **'Communication difficulties and intellectual disability in end-of-life care.'** This paper maps the communication difficulties experienced by people with intellectual disabilities within a palliative care setting... <http://www.ddhospicepalliativecare.org/comdif.pdf>

## Canada curbs aboriginal health leadership

*THE LANCET*, 2012;379(9832):2137. In late March, Canada's Conservative Government announced austerity measures that terminated funding for the First Nations Statistical Institute, the Pauktuutit Inuit Women of Canada, the National Centre for First Nations Governance, the Aboriginal Healing Foundation, and the National Aboriginal Health Organization, which was Canada's only organisation dedicated to developing common health policies for all of its more than 600 Aboriginal groups. The Canadian Government has also cut health grants to the Native Women's Association of Canada, the Métis National Council, the Congress of Aboriginal Peoples, the National Indian & Inuit Community Health Representatives Organization, and Inuit Tapiriit Kanatami... <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960928-3/fulltext>

From Media Watch, 7 May 2012:

- *BMJ PALLIATIVE & SUPPORTIVE CARE* | Online article – 3 May 2012 – '**Cultural understanding in the provision of supportive and palliative care: Perspectives in relation to an indigenous population.**' <http://spcare.bmj.com/content/early/2012/05/03/bmjspcare-2011-000122.full.pdf+html>

From Media Watch, 4 October 2010:

- *SOCIAL SCIENCE & MEDICINE* | Online article – 29 September 2010 [subsequently published in 72(3):355-364] – '**Aboriginal peoples, health and healing approaches: The effects of age and place on health.**' <http://www.sciencedirect.com/science/article/pii/S0277953610006714>

From Media Watch, 20 April 2009:

- *CANADIAN FAMILY PHYSICIAN*, 2009;55(4):394-395. '**Palliative care of First Nations people.**' <http://www.cfp.ca/cji/reprint/55/4/394>

## Integration of palliative care throughout HIV disease

*THE LANCET INFECTIOUS DISEASES* | Online article – 11 June 2012 – People with HIV have a high burden of pain and physical, psychological, and social difficulties that can be managed effectively with palliative care. However, most individuals do not have access to this type of care. Palliative care is holistic patient-centred management of life-limiting progressive disorders and is recognised by WHO as an essential element of HIV care, from diagnosis to end of life. Historically, palliative care and HIV care were linked closely, but misconceptions divide the two disciplines today. [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70085-3/abstract](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70085-3/abstract)

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 13 June 2012 – '**HIV, aging, and advance care planning: Are we successfully planning for the future?**' Less than 50% of middle-aged patients [i.e., study participants] in HIV care had documented ACP [advance care planning]. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0510>

## Palliative and end-of-life care in the global response to multidrug-resistant tuberculosis

*THE LANCET INFECTIOUS DISEASES* | Online article – 11 June 2012 – Multidrug-resistant (MDR) tuberculosis is costly, difficult to treat, and poses a global threat to tuberculosis control. The high burden of disease and treatment for patients, poor cure rates, and high mortality bring distress to patients, families, and caregivers. An international expert symposium was convened to articulate an appropriate palliative care response for people with MDR tuberculosis. Several policies should be updated to ensure that palliative and end-of-life care is in place alongside treatment should cure be achieved, and to the end of life if not. Many services have been developed that exemplify integrated palliative care (i.e., provided from within existing tuberculosis care). [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70084-1/abstract?rss=yes](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70084-1/abstract?rss=yes)

## Communicating with people previously "written off as unreachable"

### Neuroscience: The mind reader

*NATURE* | Online article – 13 June 2012 – Adrian Owen still gets animated when he talks about patient 23. The patient was only 24 years old when his life was devastated by a car accident. Alive but unresponsive, he had been languishing in what neurologists refer to as a vegetative state for five years, when Owen, a neuro-scientist then at the University of Cambridge, U.K., and his colleagues at the University of Liège in Belgium, put him into a functional magnetic resonance imaging (fMRI) machine and started asking him questions. Incredibly, he provided answers. A change in blood flow to certain parts of the man's injured brain convinced Owen that patient 23 was conscious and able to communicate. It was the first time that anyone had exchanged information with someone in a vegetative state. Patients in these states have emerged from a coma and seem awake. Some parts of their brains function, and they may be able to grind their teeth, grimace or make random eye movements. They also have sleep-wake cycles. But they show no awareness of their surroundings, and doctors have assumed that the parts of the brain needed for cognition, perception, memory and intention are fundamentally damaged. They are usually written off as lost. <http://www.nature.com/news/neuroscience-the-mind-reader-1.10816>

### Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *MIDLIFE & BEYOND*, 2012;May:46-48. **'Autonomy in assisted suicide.'** Autonomy is a central concept in arguments for and against assisted suicide. A better understanding of this complex issue is important when we are evaluating the pros and cons of assisted suicide. The applicability and relevance of the Kantian and Millian views of autonomy will undoubtedly continue to fuel the debate on assisted suicide. It is important to recognise the social context of the patient when decisions are made with regard to assisted suicide, as social context can sometimes be overlooked in arguments related to autonomy. [http://www.gerimed.co.uk/\\_documents/GM.MAY.048.Ethics.pdf](http://www.gerimed.co.uk/_documents/GM.MAY.048.Ethics.pdf)

From Media Watch. 28 May 2012:

- *BIOETHICS*, 2012;26(5):231-235. **'The dangers of euthanasia and dementia: How Kantian thinking might be used to support non-voluntary euthanasia in cases of extreme dementia.'** <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8519.2011.01951.x/abstract>
- *PALLIATIVE MEDICINE* | Online article – 13 June 2012 – **'Opinions of health care professionals and the public after eight years of euthanasia legislation in the Netherlands: A mixed method approach.'** Most respondents [to this cross-sectional survey] agreed with the requirement of a patient request (64-88%) and the absence of a requirement concerning life expectancy (48-71%). PAS [physician assisted suicide] was thought acceptable by 24-39% of respondents for patients requesting it because of mental suffering due to loss of control, chronic depression or early dementia. In the case of severe dementia, one third of physicians, 58% of nurses and 77% of the general public agreed with performing euthanasia based on an advance directive. <http://pmj.sagepub.com/content/early/2012/06/12/0269216312448507.abstract>

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