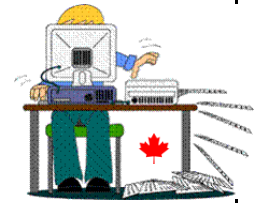


## **Media Watch...**

is intended as an advocacy, research and teaching tool. The weekly report is international in scope and distribution – to colleagues who are active or have a special interest in **hospice** and **palliative care**, and in the quality of **end-of-life care** in general – to help keep them abreast of current, emerging and related issues – and, to inform discussion and encourage further inquiry.

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**Compiled & Annotated by Barry R. Ashpole**

**Distinguishing between adaptive and maladaptive grief: Scroll down to [Specialist Publications](#) and 'Supporting youth grieving the dying or death of a sibling or parent: Considerations for parents, professionals, and communities' (p.12), in *Current Opinion in Supportive & Palliative Care*.**

## **Canada**

### **When a stagnant health system meets an aging population, disaster awaits**

*THE GLOBE & MAIL* | Online – 16 January 2015 – Since we are all going to get old and die one day, we have a stake in how well Canada's health-care system looks after senior citizens. The problem is, not many of us are confident that it's going well. The Canadian Medical Association (CMA) released a poll in August in which Canadians expressed a sincere set of worries about their medical prospects in old age. Four out of five said they aren't confident they'll be able to access the health services they will need. Three-quarters are worried they won't have the money to pay for services that aren't covered by medicare after they retire. And 61 per cent doubt the country's hospitals and long-term care facilities will be able to meet the demands of Canada's relentlessly aging population. But it's not just citizens that are worried. The CMA's 83,000 members are fretting, too. They are living with the consequences of a fractured and poorly integrated health-care system that operates too often in crisis mode. Canada's "silver

tsunami" – the massive wave of people who will turn 65 in the next 15 years – hasn't made landfall yet but is already causing grief. Hospitals in Ontario exist in "code grid-lock" for weeks on end, according to CMA president Chris Simpson. The new normal for doctors, nurses and hospital administrators is the daily struggle to find places for elderly patients who should be in a long-term facility instead of on a gurney in a hallway. Which is why it is easy to endorse the CMA's call for a national seniors strategy. <http://www.theglobeandmail.com/globe-debate/editorials/when-a-stagnant-health-system-meets-an-aging-population-disaster-awaits/article22487481/>

### **Specialist Publications**

**'More palliative care specialists is not enough'** (p.10), in *Canadian Medical Association Journal*.

## U.S.A.

### How the drive for profits is shaping end-of-life care

*THE WASHINGTON POST* | Online – 14 January 2015 – A federal watchdog has warned – yet again – that financial incentives in Medicare may be warping the ways that hospice care works in the U.S.<sup>1</sup> The new findings follow others that indicate that financial incentives provided by the Medicare payment system leads some hospices to target patients with easier to handle diagnoses because they are more profitable. Previous reports have focused on hospices that sign up patients in nursing homes and others that enroll patients who aren't actually near death. <http://www.washingtonpost.com/blogs/wonkblog/wp/2015/01/14/how-the-drive-for-profits-is-shaping-end-of-life-care/>

1. 'Medicare Hospices Have Financial Incentives to Provide Care in Assisted Living Facilities,' Office of the Inspector General, Department of Health & Human Services, January 2015, <https://oig.hhs.gov/oei/reports/oei-02-14-00070.pdf>

### Patients seek "right to try" new drugs

*THE NEW YORK TIMES* | Online – 10 January 2015 – Since May, a string of states have passed laws that give critically ill patients the right to try medications that have not been approved by the Food & Drug Administration [FDA]. Deemed "right to try" laws, they have passed quickly and often unanimously in Colorado, Michigan, Missouri, Louisiana and Arizona, bringing hope to patients like Larry Kutt, who lives in this small town at the edge of the Rocky Mountains. Mr. Kutt, 65, has an advanced blood cancer and says his state's law could help him gain access to a therapy that several pharmaceutical companies are testing. The laws do not seem to have helped anyone obtain experimental medicine, as the drug companies are not interested in supplying unapproved medications outside the supervision of the FDA. Legislators in 10 other states will introduce these bills in 2015 ... and lawmakers in Kansas, Tennessee, Texas and Wyoming have already filed bills or announced intentions to do so. Critics of the laws ... call them "a cruel sham." [http://www.nytimes.com/2015/01/11/us/patients-seek-right-to-try-new-drugs.html?ref=health&\\_r=0](http://www.nytimes.com/2015/01/11/us/patients-seek-right-to-try-new-drugs.html?ref=health&_r=0)

Noted in Media Watch, 27 October 2014, #381 (p.6):

- *CLINICAL TRIALS*, 2014;11(5):519-520. **"Right to try" laws.** A U.S. federal bill was developed nearly a decade ago – 'Access, Compassion, Care & Ethics for Seriously Ill Patients Act.' At the time, the Society for Clinical Trials prepared an extended position paper opposing this legislation.<sup>1</sup> <http://ctj.sagepub.com/content/11/5/519.full>
  1. 'Position paper: The Society for Clinical Trials opposes U.S. legislation to permit marketing of unproven medical therapies for seriously ill patients,' *Clinical Trials*, 2006;3(2):154-157. [http://ctj.sagepub.com/content/3/2/154.full.pdf+html?ikey=ba270f74c3ddd04bf31559917cf42bb68062cb52&keytype2=tf\\_ipsecsha](http://ctj.sagepub.com/content/3/2/154.full.pdf+html?ikey=ba270f74c3ddd04bf31559917cf42bb68062cb52&keytype2=tf_ipsecsha)

Noted in Media Watch, 6 October 2014, #378 (p.11):

- *JAMA INTERNAL MEDICINE* | Online – 29 September 2014 – **'The strange allure of state "right-to-try" laws.'** Laws that purport to allow patients to be treated with unapproved drugs ... seem likely to be futile. <http://archinte.jamanetwork.com/article.aspx?articleid=1910562>

### Media Watch Online

Media Watch (or a link to the weekly report) is posted on a number of websites that serve the hospice and palliative care community-at-large. Complete listing p.14.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *THE WASHINGTON POST* | Online – 16 January 2015 – **"Death with Dignity" laws are proposed, bringing national debate to D.C. and Maryland.** A national discussion over whether the terminally ill should be permitted to end their lives appears to be headed to the District and Maryland, where lawmakers are proposing "Death with Dignity" laws as more than a dozen other states wrestle with the issue. Five states currently permit "aid in dying," as advocates prefer to call laws that have commonly been referred to as physician-assisted suicide. Voters in Oregon and Washington passed ballot measures allowing the practice, while legislators in Vermont and judges in Montana and New Mexico have authorized it. Besides D.C. and Maryland, aid-in-dying legislation is expected to be introduced or debated in at least 15 state-houses this year... [http://www.washingtonpost.com/local/dc-politics/death-with-dignity-laws-are-proposed-bringing-national-debate-to-dc-and-md/2015/01/16/8354bba8-9d09-11e4-a7ee-526210d665b4\\_story.html](http://www.washingtonpost.com/local/dc-politics/death-with-dignity-laws-are-proposed-bringing-national-debate-to-dc-and-md/2015/01/16/8354bba8-9d09-11e4-a7ee-526210d665b4_story.html)

## International

### Australian Medical Association calls for cuts to "futile care" to make Medicare sustainable

AUSTRALIA (New South Wales) | *The Daily Telegraph* (Surrey Hills) – 15 January 2015 – Cutting "futile care" would be better than slashing GP funding to make Medicare sustainable, the Australian Medical Association has declared. The Association's (South Australia) president, Patricia Montanaro, says savings can be made by cutting expensive treatments that offer no prospect of lengthening or improving life. "We're continuing to push treatments that may not be what – if you could explain them to the patient and had other options for them – they would choose," she said. "Futile care is when no amount of medical intervention would prolong your life expectancy. This is where the thrust of care should be supported care –

palliative care. (It's) usually in the last three months of life, where being hooked up to machines doesn't make a difference." <http://www.dailytelegraph.com.au/news/australian-medical-association-calls-for-cuts-to-futile-care-to-make-medicare-sustainable/story-fnii5yv6-1227186368277?nk=c9d1c0f29fc272c5b18d35797e287b67>

### Specialist Publications

'Voluntary palliated starvation: A lawful and ethical way to die?' (p.13), in *Journal of Law & Medicine*.



### Barry R. Ashpole

My involvement in hospice and palliative care dates from 1985. As a communications consultant, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My current work focuses primarily on advocacy and policy development in addressing issues specific to those living with a 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 college courses on different aspects of end-of-life care, and facilitating issue specific workshops, primarily for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://www.ipcrc.net/barry-r-ashpole.php>

## End-of-life care in Taiwan

### **Foundation urges unified effort for hospice services**

TAIWAN | *The Taipei Times* – 13 January 2015 – A severe shortage of hospice services in hospitals and health centers across the nation could have a severe impact on the elderly and terminally ill patients, the Taiwan Healthcare Reform Foundation [has] said... "Nearly 86% of respondents to a survey ... said that they would prefer painless hospice care at home or in local communities, rather than being kept alive by a ventilator. However, whether that hope will be dashed may hinge entirely on where they live," foundation chairwoman Liu Mei-chun told a news conference... Liu said that while it is common knowledge that the nation is

rapidly becoming a "super-aged society," in an evaluation of the availability, accessibility and policy of hospice care services, just two out of 19 cities and counties scored more than 41 out of 50 [potential] points... <http://www.taipeitimes.com/News/taiwan/archives/2015/01/13/2003609146>

#### **Specialist Publications**

**'Withholding and withdrawal of life-sustaining treatments in intensive care units in Asia'** (p.12), in *JAMA Internal Medicine*.

Noted in Media Watch, 15 December 2014, #388 (p.6):

- TAIWAN | Focus Taiwan (Taipei) – 11 December 2014 – **'Majority would rather die than receive life support: Web poll.'** In the single-question survey ... 86% of 1,099 participants said they would prefer to die in a "dignified manner" than continue to receive dialysis or rely on mechanical ventilators to artificially prolong their lives, said Liu Shu-chiung, executive director of the Taipei-based [Taiwan Healthcare Reform Foundation]... Some consider respiratory care wards as cash cows for hospitals and many believe they prolong pain instead of alleviating it, she said. <http://focustaiwan.tw/news/asoc/201412110030.aspx>

Noted in Media Watch, 8 July 2013, #313 (p.5):

- TAIWAN | *The Taipei Times* – 8 July 2013 – **'Government looks into "futile care."** With a rapidly aging population and a cash-strapped National Health Insurance system, the government is paying more attention to the issue of "futile medical care," treatment applied only to prolong life without a foreseeable cure or positive outcome, and the prospect of hospice care. <http://www.taipeitimes.com/News/taiwan/archives/2013/07/08/2003566617>

Of related interest:

- CHINA | *Caixin* (Beijing) – 8 January 2015 – **'Children of Party luminaries raise awareness for dying with dignity.'** The offspring of modern China's founders have watched their parents die in terrible pain in old age and are pushing for the country to adopt palliative care practices. <http://english.caixin.com/2015-01-08/100772429.html>

### **Palliative care improving in Uganda**

UGANDA | *The Observer* – 13 January 2015 – In recent years, Uganda has made progress in awareness, palliative care policy formulation, and human resource development... "The final draft of a national palliative care policy has been developed and is undergoing the approval processes of the Ministry of Health before presentation to the cabinet and parliament for final ratification," said Dr Emmanuel Luyirika, the executive director of the African Palliative Care Association. This national policy will ensure that palliative care is entrenched into the Ugandan healthcare system. The report notes 147 professionals, including 98 health workers and 49 district-based legal practitioners and paralegals in Uganda were trained in palliative care between 2013 and 2014. [http://www.observer.ug/index.php?option=com\\_content&view=article&id=35907:-palliative-care-improving-in-uganda&catid=58:health-living&Itemid=89](http://www.observer.ug/index.php?option=com_content&view=article&id=35907:-palliative-care-improving-in-uganda&catid=58:health-living&Itemid=89)

Cont.

Noted in Media Watch, 9 June 2014, #361 (p.8):

- **UGANDA | BBC News – 2 June 2014 – 'How Ugandan hospice makes cheap liquid morphine.'** The lack of access to pain relief for dying patients around the world is a public health emergency. The Worldwide Palliative Care Alliance says the restrictions on these drugs are in place because of exaggerated fears about patients becoming addicted. Hospice Africa makes all of Uganda's liquid morphine. <http://www.bbc.com/news/health-27664121>

**N.B.** Uganda was rated 39th (of forty countries surveyed) in *The Quality of Death: Ranking End-of-life-Care Across the World*, which was commissioned by the Lien Foundation, Singapore, and published by the Economist Intelligence Unit, July 2010. [Noted in Media Watch, 19 July 2010, #158 (p.3)] [http://graphics.eiu.com/upload/QOD\\_main\\_final\\_edition\\_Jul12\\_toprint.pdf](http://graphics.eiu.com/upload/QOD_main_final_edition_Jul12_toprint.pdf)

### **Healthcare experts in the region call for further development of palliative care for severely ill patients in the Middle East**

UNITED ARAB EMIRATES | Zawya (Dubai) – 13 January 2015 – Palliative care remains underdeveloped in the Middle East. A few Arab countries such as Lebanon, Kuwait, Saudi Arabia, Sudan, Egypt, and Jordan have limited palliative care services, but most Middle Eastern countries do not have any palliative care at all. It is estimated that approximately 60-80% of patients in the region who die each year could benefit from receiving palliative care. At this stage, only small fractions of the people who need these services are receiving them. According to Dr. Hibah Osman, Medical Director, Balsam Lebanese Center for Palliative Care, Beirut, Lebanon: "Palliative care needs to be further developed in the Middle East. It is a medical specialty that focuses on providing care alongside curative therapies that a patient with a severe illness is receiving. We pay special attention to relieving the suffering of patients and maintaining the best possible quality of life. We encourage patients and their families and help them understand their illness, the treatment and what to expect. In doing so we empower them so they can manage their illness and live well; we try to ensure that patients receive care that is in line with their goals and values." [https://www.zawya.com/story/Healthcare\\_experts\\_in\\_the\\_region\\_call\\_for\\_further\\_development\\_of\\_palliative\\_care\\_for\\_severely\\_ill\\_patients\\_in\\_the\\_Middle\\_East-ZAWYA20150113065352/](https://www.zawya.com/story/Healthcare_experts_in_the_region_call_for_further_development_of_palliative_care_for_severely_ill_patients_in_the_Middle_East-ZAWYA20150113065352/)

Selected articles on palliative care in Middle Eastern Countries noted in past issues of Media Watch:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online – 10 October 2014 – '**Evaluating palliative care needs in Middle Eastern countries.**' Cancer incidence in Middle Eastern countries ... is predicted to double in the next 10 years, greater than in any other part of the world. While progress has been made in cancer diagnosis/treatment, much remains to be done to improve palliative care for the majority of patients with cancer who present with advanced disease. Top barriers include lack of designated palliative care beds/services, community awareness, staff training, access to hospice services, and personnel/time. [Noted in Media Watch, 13 October 2014, #379 (p.13)] <http://online.liebertpub.com/doi/abs/10.1089/jpm.2014.0194>
- *SUPPORTIVE CARE IN CANCER* | Online – 18 July 2014 – '**Developing a palliative care service model for Muslim Middle Eastern countries.**' Palliative Care was first introduced to Muslim Middle Eastern countries in 1992, but growth has been slow and access is still limited. While most models have been developed in Western countries, Muslim middle eastern societies have different cultural and religious values not incorporated in Western models. [Noted in Media Watch, 21 July 2014, #367 (p.12)] <http://link.springer.com/article/10.1007/s00520-014-2347-4>
- *JOURNAL OF PALLIATIVE CARE MEDICINE* | Online – Accessed 6 June 2013 – '**Palliative care training gains ground in Middle Eastern countries.**' The responses and observations gleaned from two American Society of Clinical/Middle East Cancer Consortium workshops in the Middle East provide further support for the notion that additional efforts are needed to improve the management of cancer-related physical and emotional symptoms by means of ongoing training sessions for all care givers ... as has been recently advocated. [Noted in Media Watch, 10 June 2013, #309 (p.15)] <http://www.omicsgroup.org/journals/2165-7386/2165-7386-S3-e001.pdf>

## End-of-life care in England (Part I)

### David Cameron's flagship Cancer Drugs Fund "is a waste of NHS cash"

U.K. (England) | *The Guardian* – 10 January 2015 – The Cancer Drugs Fund [CFD], which was set up at the prime minister's behest to bring last-chance drugs to dying patients, is expected to have its soaring costs severely trimmed by an NHS [National Health Service] England review. The move will draw attention to intense criticisms of what was one of the prime minister's flagship health plans. Some doctors claim the fund is "an unethical political fix." Pharmaceutical companies have already expressed outrage because their drugs will no longer be bought through the fund and have warned that thousands of terminally ill cancer patients will lose crucial palliative care. At the same time, other health experts say that the reining in of the fund – set up to promote expensive cancer medicines in priority to drugs for all other diseases – reveals its creation was merely a politically expedient move aimed at ending the embarrassment of tabloid tales about cancer patients being denied "life-saving" drugs. They want the CFD to be axed. <http://www.theguardian.com/politics/2015/jan/10/cancer-drugs-fund-waste-of-nhs-cash-david-cameron>

Of related interest:

- U.K. (England) | *The Independent* – 12 January 2015 – '**Cancer drugs fund: Life-extending drugs to be denied to National Health Service (NHS) patients in England as fund overspends.**' Sixteen life-extending cancer drugs will no longer be available to patients in from March after the NHS announced it would not pay for them through the Government's Cancer Drugs Fund. The drugs have been removed from a list of treatments paid for by the Fund in a bid to cut costs. The £280m fund was due to overspend by £100m in 2014-2015. Some drugs will be removed altogether and others will be restricted to use against specific forms of cancer. <http://www.independent.co.uk/life-style/health-and-families/health-news/cancer-drugs-fund-lifeextending-drugs-to-be-denied-to-nhs-patients-in-england-as-fund-overspends-9973957.html>

Cont. next page

### 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 and research tool.

### 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.

- U.K. | *The Times* – 12 January 2015 – **'Stop "pointless" cancer care for dying, says former minister.'** The National Health Service should stop needlessly treating dying patients to help to finance the soaring cost of new cancer drugs... Lord Darzi of Denham, a former health minister, said cutting down on unnecessary tests and treatments with little chance of success would free money to spend on the expensive modern medicines that the health service struggles to afford. <http://www.thetimes.co.uk/tto/news/uk/article4320638.ece>

## **End-of-life care in England (Part II)**

### **Dying Well Community Charter pathfinders announced**

NATIONAL COUNCIL FOR PALLIATIVE CARE (NCPC) | Online – 7 January 2015 – NCPC and Public Health England (PHE) have announced details of eight Pathfinder communities who are taking up the opportunity to pioneer a public health approach to end of life care in England. The Pathfinder communities were chosen from 23 organisations that expressed an interest, and will be supported and led by local authorities, Clinical Commissioning Groups, Health & Well-being Boards, NHS and voluntary sector providers of health and social care. Pathfinders will be implementing the new Dying Well Community Charter and will receive support and resources from the NCPC and PHE to help their local community to work together to improve their response to people who are dying and those who have been bereaved. To help support local good practice, many of the Pathfinders will also support a "buddy" from another area. The new Charter has been updated from 'What makes a good death? A North East Char-

ter.<sup>1</sup> It incorporates ... Priorities for Care that came from the Leadership Alliance for the Care of Dying People recommendations,<sup>2</sup> as well as work from the Royal College of Nursing and Royal College of General Practitioners' End-of-Life Care Patient Charter.<sup>3</sup> <http://www.ncpc.org.uk/news/dying-well-community-charter-pathfinders-announced>

#### **Specialist Publications**

**'Variation in local trust Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policies: A review of 48 English healthcare trusts'** (p.9), in *BMJ Open*.

**'Role of the community matron in advance care planning and "do not attempt CPR" decision-making: A qualitative study'** (p.9), in *British Journal of Community Nursing*.

**'Patients are being discharged to die in care homes...'** (p.10), in *British Medical Journal*

1. 'North East Charter for A Good Death,' 2010. [Noted in Media Watch, 22 November 2010, #176 (p.6)] <http://www.phine.org.uk/a-good-death/charter>
2. 'One Chance to Get it Right: Improving people's experience of care in the last few days and hours of life,' Leadership Alliance for the Care of Dying People, June 2014. [Noted in Media Watch, 30 June 2014, #364 (p.7)] <https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations>
3. 'Royal College of Nursing and Royal College of General Practitioners' End-of-Life Care Patient Charter: A Charter for the care of people who are nearing the end of their life,' 2011 [Noted in Media Watch, 6 June 2011, #204 (p.7)] <http://www.goldstandardsframework.org.uk/cd-content/uploads/files/Library.%20Tools%20%26%20resources/RCGP%20EOLC%20Charter.pdf>

Of related interest:

- NATIONAL COUNCIL FOR PALLIATIVE CARE (NCPC) | Online – 15 January 2015 – **'10 questions patients, carers and professionals most want answered about end-of-life care.'** The answers raise themes familiar to many people – the availability of 24/7 care, improved access to services, training for professionals, advance care planning, and the delivery of care at home. <http://www.ncpc.org.uk/mccc-10-questions-report>

Cont.

- U.K. | BBC News – 13 January 2015 – **'How do you tell someone they're dying?'** If the person in front of you doesn't have long to live, what are the right words to tell them? <http://www.bbc.com/future/story/20150112-how-do-you-say-youre-dying>
- U.K. (England) | *The Norfolk Eastern Daily Press* – 12 January 2015 – **'East of England Ambulance Service releases full report into downgrading of thousands of 999 calls.'** The region's ambulance service ... released the full report into why thousands of calls at the [East of England Ambulance Service] trust were downgraded - potentially leading to slower response times and less urgent care for patients in life-threatening situations. The report reveals that 57 end-of-life care patients died during the two month period [covered by the report]. [http://www.edp24.co.uk/news/health/east\\_of\\_england\\_ambulance\\_service\\_releases\\_full\\_report\\_into\\_downgrading\\_of\\_thousands\\_of\\_999\\_calls\\_1\\_3912950](http://www.edp24.co.uk/news/health/east_of_england_ambulance_service_releases_full_report_into_downgrading_of_thousands_of_999_calls_1_3912950)

### Assisted (or facilitated) death

Representative sample of recent news media coverage:

- U.K. | *The Guardian* – 17 January 2015 – **'Assisted dying bill held up in the House of Lords.'** A bill ... is unlikely to pass through parliament before May's general election after a debate in the Lords only managed to address a handful of over 150 amendments to be discussed. <http://www.theguardian.com/society/2015/jan/17/assisted-dying-bill-held-up-in-the-house-of-lords>
- BELGIUM | National Public Radio (U.S.) – 15 January 2015 – **'The right to die in Belgium: An inside look at the world's most liberal euthanasia law.'** Belgium has the world's most liberal law on physician-assisted suicide, which is not just for the terminally ill. Patients with psychiatric conditions – and now, even children – can request euthanasia. Surveys in Belgium show overwhelming public support, and many doctors say it gives patients with constant and unbearable suffering a practical and humane way to die peacefully. But even in a country with a far-reaching acceptance, controversy still exists. <http://www.pbs.org/newshour/bb/right-die-belgium-inside-worlds-liberal-euthanasia-laws-2/>
- THE NETHERLANDS | *The Daily Mail* (U.K.) – 13 January 2015 – **'Number of mentally ill patients killed by euthanasia in Holland trebles in a year as doctors warn assisted suicide is "out of control."'** The number of mentally-ill patients killed by euthanasia in Holland has trebled in the space of a year, new figures have revealed. In 2013, a total of 42 people with "severe psychiatric problems" were killed by lethal injection compared to 14 in 2012 and 13 in 2011. The latest official figures also revealed a 15% surge in the number of euthanasia deaths from 4,188 cases in 2012 to 4,829 cases last year. The incremental rise is consistent with a 13% increase in 2012, an 18% rise in 2011, 19% in 2010 and 13% in 2009. <http://www.dailymail.co.uk/news/article-2779624/Number-mentally-ill-patients-killed-euthanasia-Holland-trebles-year-doctors-warn-assisted-suicide-control.html>
- U.K. (Scotland) | BBC News – 13 January 2015 – **'Assisted suicide law in Scotland "needs clarity."'** Legal experts and the police said a law allowing assisted suicide in Scotland needed more clarity in order to remove the risk of someone being prosecuted. There is a "fine line" between assisting someone killing themselves and an act of euthanasia which could result in criminal charges, Members of the Scottish Parliament heard. The plans, contained in a back-bench bill, have widespread public backing, said supporters. But opponents believed such a move was "unethical and uncontrollable." The Scottish government does not support a change in the law. <http://www.bbc.com/news/uk-scotland-scotland-politics-30779817>
- SLOVENIA | Slovenska Tiskovna Agencija (Ljubljana) – 12 January 2015 – **'End-of-life care debate shows strong opposition to euthanasia.'** A debate about end-of-life care of terminally ill patients held in the aftermath of the first suspected case of euthanasia in Slovenia indicates health professionals are opposed to euthanasia and favour other types of treatment under the umbrella term palliative care. <http://www.sta.si/en/vest.php?s=a&id=2091951>



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

### **Variation in local trust Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policies: A review of 48 English healthcare trusts**

*BMJ OPEN* | Online – 13 January 2015 – Policies from 26 acute, 12 community and 10 ambulance service Trusts were reviewed. There was variation in terminology (85% described documents as policies, 6% procedures and 8% guidelines). Only one quarter of Trusts used the recommended Resuscitation Council (U.K.) record form (or a modification of the form). There was variation in the terminology used, which included DNAR, DNACPR, Not for CPR and AND (allow natural death). Accountability for DNACPR decisions rested with consultants at all acute Trusts and the most senior clinician at community Trusts. Most recommended discussion of decisions with a multidisciplinary team. Compliance with guidance requiring clinical staff to assess the patient for capacity and when to consult a lasting power of attorney or independent mental capacity advocate occurred less commonly. There was wide variation in the duration of time over which a DNACPR decision was considered valid as well as in the Trusts' approach to reviewing DNACPR decisions. The level of portability of DNACPR decisions between healthcare organisations was one of the greatest sources of variation. <http://bmjopen.bmj.com/content/5/1/e006517.full>

Noted in Media Watch, 13 October 2014, #379 (p.11):

- BRITISH MEDICAL ASSOCIATION, (U.K.) RESUSCITATION COUNCIL & THE ROYAL COLLEGE OF NURSING | Online – Accessed 8 October 2014 – **'Decisions relating to cardiopulmonary resuscitation.'** This new edition ... identifies key ethical and legal principles that should inform all CPR decisions. <https://www.resus.org.uk/pages/DecisionsRelatingToCPR.pdf>

### **Role of the community matron in advance care planning and "do not attempt CPR" decision-making: A qualitative study**

*BRITISH JOURNAL OF COMMUNITY NURSING*, 2015;20(1):19-24. The community matron (CM) is often the key worker caring for patients with chronic, life-limiting, long-term conditions, but these patients are not always recognised as palliative cases. This study explored the experiences of CMs with regard to advance care planning (ACP) and "do not attempt cardiopulmonary resuscitation" (DNACPR) decision-making to understand whether or not they felt adequately prepared for this aspect of their role, and why. The study found that although participants faced complex ethical situations around ACP and DNACPR almost on a daily basis, none had received any formal training despite the emphasis on training in national and local guidelines. Participants often struggled to get their patients accepted on to the Gold Standards Framework. The research found variability and complexity of cases to be the main barriers to clear identification of the palliative phase. <http://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2015.20.1.19>

Of related interest:

- *CRITICAL CARE MEDICINE* | Online – 6 January 2015 – **'How clinicians discuss critically ill patients' preferences and values with surrogates: An empirical analysis.'** In roughly a third of [71] ICU family conferences [recorded] for patients at high risk of death, neither clinicians nor surrogates discussed patients' preferences or values about end-of-life decision making. In less than 12% of conferences did participants address values of high importance to most patients, such as cognitive and physical function. Interventions are needed to ensure patients' values and preferences are elicited and integrated into end-of-life decisions in ICUs. [http://journals.lww.com/ccmjournal/Abstract/publishahead/How\\_Clinicians\\_Discuss\\_Critically\\_Ill\\_Patients\\_.97364.aspx](http://journals.lww.com/ccmjournal/Abstract/publishahead/How_Clinicians_Discuss_Critically_Ill_Patients_.97364.aspx)

## End-of-life care in the U.K.

### **Patients are being discharged to die in care homes...**

*BRITISH MEDICAL JOURNAL* | Online – 15 January 2015 – Experts have called for more funding for research into care at the end of life and have urged close scrutiny of the "increasing" number of deaths in care homes. John Ellershaw, of the Marie Curie Palliative Care Institute said more research was needed as part of the effort to resolve the "unacceptable variation" across the country in the quality of end of life care. For every £100 (€130; \$150) spent on cancer research, just 24 pence was spent on research into end of life, around 0.3%, he said. "With this level of funding we will not move forward fast enough, if at all. I would like to see this increased to 10%." <http://www.bmj.com/content/350/bmj.h253>

## End-of-life care in Canada

### **More palliative care specialists is not enough**

*CANADIAN MEDICAL ASSOCIATION JOURNAL* | Online – 12 January 2015 – By international standards, Canada has fewer doctors specializing in palliative care than some comparable countries. In 2012, about 200 palliative care physicians worked either part- or full-time in Canada, comprising just 0.28% of all Canadian doctors. By comparison, the latest available figures show that the U.S. had 0.52% and Australia had 0.38%. How many specialists in palliative care does Canada need? The Canadian Society of Palliative Care Physicians and others are currently conducting a survey aimed, in part, at finding out. But the society's President, Dr. Susan MacDonald, says specialists are essential for complex cases and as consultants and educators, but often trained primary care providers can do the job. "Not everyone is going to need to see specialized teams," agrees Leanne Clarke at the Canadian Hospice Palliative Care Association. [http://www.cmaj.ca/site/earlyreleases/12jan15\\_more=palliative-care-specialists-is-not-enough.xhtml](http://www.cmaj.ca/site/earlyreleases/12jan15_more=palliative-care-specialists-is-not-enough.xhtml)

Noted in Media Watch, 18 November 2013, #332 (p.9):

- *CANADIAN FAMILY PHYSICIAN*, 2013;59(11):1149-1150. **'Defining and measuring a palliative approach in primary care.'** The most frequently cited statistic about palliative care in Canada, quoted in numerous publications from Canadian policy makers, politicians, academics, advocates, and the mass media, is that "only 16-30% of those who need it receiv[e] palliative care." The fallacy in this claim, of course, is the implication that all Canadians approaching the end of life should be cared for by specialist palliative care teams. The widely held perception is that primary care's role in providing palliative care is both minor and shrinking, and that the system's response should be to build webs of specialist palliative care to assume responsibility for the growing numbers of these patients. <http://www.cfp.ca/content/59/11/1149.full>

## End-of-life care in the Czech Republic

### **Palliative care in cardiology**

*COR ET VASA* | Online – 5 January 2015 – Despite (or perhaps, because of) all the advances in medicine, chronic heart failure (CHF) remains one of the leading causes of death. Even with the availability of numerous prognostic tools, an estimate of the course and outcome of a CHF patient continues to pose a challenge. As a result, palliative care should be initiated early and provided in parallel with curative treatment. The cornerstone of palliative care is communication based, mainly, on listening to the patient, telling the patient their unfavorable diagnosis, and therapeutic dialog. Drug therapy is provided in an effort to alleviate the symptoms. Non-pharmacological options of improving the quality of life of the patient include nutritional care, rehabilitation and, possibly, treatment of sleep apnea. Deactivation of the implantable cardioverter/defibrillator should also be considered as an option. Last but not least, the attending physician should focus on the

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psychological and spiritual needs of the patient. Palliative care in cardiology poses a major challenge to all members of teams caring for the CHF patient not only over the last weeks of their lives, but during their entire course of treatment. [http://www.czechcardiology.com/article/S0010-8650\(14\)00100-3/abstract](http://www.czechcardiology.com/article/S0010-8650(14)00100-3/abstract)

**N.B.** English language article. *Cor et Vasa* is the journal of the Czech Society of Cardiology and Czech Society for Cardiovascular Surgery.

Selected articles on palliative care for patients with heart failure noted in past issues of Media Watch:

- *JOURNAL OF THE AMERICAN HEART ASSOCIATION* | Online – 2 January 2014 – **"Not the grim reaper service": An assessment of provider knowledge, attitudes, and perceptions regarding palliative care referral barriers in heart failure.** Interviews [with cardiology, primary care, and palliative care providers] identified ... potential barriers: 1) the unpredictable course of HF; 2) lack of clear referral triggers across the HF trajectory; and, 3) ambiguity regarding what differentiates standard HF therapy from palliative care. Nevertheless, providers expressed interest for integrating palliative care into traditional HF care, but were unsure of how to initiate collaboration. [Noted in Media Watch, 13 January 2014, #340 (p.11)] <http://jaha.ahajournals.org/content/3/1/e000544.abstract?sid=0cecc158-d515-4d9f-bcbb-a124374c1c70>
- *JOURNAL OF CARDIAC FAILURE*, 2013;19(3):193-201. **'Palliative care consultations for heart failure patients: How many, when, and why?'** Palliative care consultations (PCCs) are not being initiated until the last month of life. Earlier referral for PCC may allow for integration of a broader array of palliative care services. [Noted in Media Watch, 25 March 2013, #298 (p.9)] [http://www.onlinejcf.com/article/S1071-9164\(13\)00030-4/abstract](http://www.onlinejcf.com/article/S1071-9164(13)00030-4/abstract)
- *HEART*, 2013;99(2):A11. **'Training in cardiology: Is end-of-life care being addressed?'** This [online] survey shows that despite being part of the national curriculum for training in cardiology since 2010, trainees' level of confidence in delivering end-of-life care in advanced heart failure and discussing prognosis ... is poor. [Noted in Media Watch, 3 June 2013, #308 (p.11)] [http://heart.bmj.com/content/99/suppl\\_2/A11.2.abstract](http://heart.bmj.com/content/99/suppl_2/A11.2.abstract)
- *HEART & LUNG: THE JOURNAL OF ACUTE & CRITICAL CARE* | Online – 18 December 2012 – **'Patient and family members' perceptions of palliative care in heart failure.** Lack of awareness [among study participants] of palliative care (PC) and the conflation of PC and hospice were barriers to this specialist care and many participants felt that PC services are needed to fill the gaps in their care. [Noted in Media Watch, 7 January 2013, #287 (p.8)] [http://www.heartandlung.org/article/S0147-9563\(12\)00398-6/abstract](http://www.heartandlung.org/article/S0147-9563(12)00398-6/abstract)

#### Pediatric palliative care

#### **Understanding death with limited experience in life: Dying children's and adolescents' understanding of their own terminal illness and death**

*CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE* | Online – 9 January 2015 – Clinicians still find it difficult to speak with pediatric patients about death even though guidelines for facilitating communication on the topic exist. As a result, pediatric patients are less likely to develop a clear understanding of their illness and there is a disconnect between clinicians and parents about prognosis, even when clinicians have concluded there is no longer possibility for cure. Insufficient communication and poor understanding may increase the risk of patients feeling isolated, mistrustful and anxious, and deprive them of a role model who can communicate about painful issues or share difficult feelings. Despite these complexities, young people often show remarkable resiliency in the face of death and want to get the most out of the remaining time they have. The authors provide an up-to-date summary of the literature on children's and adolescents' understanding of their own terminal illness and death. They examine the challenges in researching this topic, obstacles to patients receiving information about prognosis, and how physical

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symptoms affect patients' ability to develop an understanding. The authors review sources of insight into pediatric patients' understanding, including the development of concepts of death, fears about their own death, legal interpretations of what patients understand, and how terminally ill young people continue to treasure life. The article addresses ways clinicians can use the knowledge they have to communicate well with dying children and adolescents and their families.

[http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Understanding\\_death\\_with\\_limited\\_experience\\_in.99660.aspx](http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Understanding_death_with_limited_experience_in.99660.aspx)

### **Supporting youth grieving the dying or death of a sibling or parent: Considerations for parents, professionals, and communities**

*CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE* | Online – 9 January 2015 – Current research is directly engaging the voices of youth who have experienced a parent or sibling's death. Although there continues to be much evidence about the distressing effect of such deaths on children and adolescents, there is a welcome emerging tendency to distinguish between adaptive and maladaptive grief. Although the literature strongly encourages parents to take an open and honest approach to supporting youth prior to a death, many barriers remain to them doing so. The literature identifies healthcare providers as being ideally positioned to provide guidance to families around best practice in the area of preparing youth for the death of a parent or sibling. Following a death, there is now encouraging evidence regarding the efficacy of certain interventions for bereaved youth, both in the

short and long term, which is an important development in the field.

[http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Supporting\\_youth\\_grieving\\_the\\_dying\\_or\\_death\\_of\\_a.99654.aspx](http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Supporting_youth_grieving_the_dying_or_death_of_a.99654.aspx)

#### **Summary of Current Opinion in Supportive & Palliative Care article**

Youth benefit from being involved in open and honest conversations about a family member's cancer diagnosis, treatment, prognosis, and end-of-life care. Although advances are being made with regard to understanding the grief experience of youth, there remains a wide gap between the current theoretical knowledge and the availability of practical well informed support for grieving youth.

#### **End-of-life care in Asia**

### **Withholding and withdrawal of life-sustaining treatments in intensive care units in Asia**

*JAMA INTERNAL MEDICINE* | Online – 12 January 2015 – Whereas physicians in ICUs in Asia reported they often withheld but seldom withdrew life-sustaining treatments at the end of life, attitudes and practice varied widely across countries and regions. Multiple factors ... including economic, cultural, religious, and legal differences, as well as personal attitudes, were associated with these variations. Initiatives to improve end-of-life care in Asia must begin with a thorough understanding of these factors. <http://archinte.jamanetwork.com/article.aspx?articleid=2089234>

Of related interest:

- *JAMA INTERNAL MEDICINE* | Online – 12 January 2015 – '**End-of-life care in the intensive care unit: How Asia differs from the West.**' The decision to withhold and withdraw life-sustaining treatment in an intensive care unit remains a challenge given the presence of technological advances that make it possible to prolong life even when there is minimum chance of meaningful recovery. <http://archinte.jamanetwork.com/article.aspx?articleid=2089228>

## End-of-life care in Australia

### **Voluntary palliated starvation: A lawful and ethical way to die?**

*JOURNAL OF LAW & MEDICINE*, 2015;22:376-386. The desire for self-determination at the end of life is one of the drivers for the ever-increasing number of jurisdictions overseas that are legalising voluntary euthanasia and/or assisted suicide, and for the continuous attempts to reform state and territory law in Australia. Despite public support for law reform in this field, legislative change in Australia is unlikely in the near future given the current political landscape. The authors argue that there may be another solution which provides competent adults with control over their death and to have any pain and symptoms managed by doctors, but which is currently lawful and consistent with prevailing ethical principles. "Voluntary palliated starvation" refers to the process which occurs when a competent individual chooses to stop eating and drinking, and receives palliative care to address pain, suffering and symptoms that may be experienced by the individual as he or she approaches death. They argue, at least in some circumstances, such a death would be lawful for the individual and doctors involved, and consistent with principles of medical ethics. <http://eprints.qut.edu.au/79897/>

Of related interest:

- *INTERNATIONAL JOURNAL OF RESEARCH IN MEDICAL SCIENCES*, 2015;3(1):1-10. **'Is there a moral difference between killing and letting die in healthcare?'** The purpose of this review is to prove that there is no moral difference between killing and letting one die in healthcare. It is important to be aware of the moral equivalence of killing and letting die. The doctor that allows the patient to die without providing life saving measures, and the doctor that administers a lethal injection both have the same outcome. The patient dies in either case. [https://zenodo.org/record/13798/files/My\\_publish\\_paper\\_IJRM\\_S\\_Moral\\_difference\\_between\\_killing\\_and\\_letting\\_die.pdf](https://zenodo.org/record/13798/files/My_publish_paper_IJRM_S_Moral_difference_between_killing_and_letting_die.pdf)

### **'Why are we doing this': Clinician helplessness in the face of suffering**

*JOURNAL OF PALLIATIVE MEDICINE*, 2015;18(1):26-30. When the brutality of illness outstrips the powers of medical technology, part of the fallout lands squarely on front-line clinicians. In the authors' experience, this kind of helplessness has cognitive, emotional, and somatic components. They draw on social psychology and neuroscience to define a new approach. First, they show how clinicians can re-frame helplessness as a self-barometer indicating their level of engagement with a patient. Second, they discuss how to shift deliberately from hyper- or hypo-engagement toward a constructive zone of clinical work, using an approach summarized as 'RENEW' – recognizing, embracing, nourishing, embodying, and weaving – to enable clinicians from all pro-

fessional disciplines to sustain their service to patients and families. <http://online.liebertpub.com/doi/pdf/10.1089/jpm.2014.0115>

#### **Extract from *Journal of Palliative Medicine* article**

The feeling of helplessness in the face of suffering is an unavoidable experience for clinicians who work with serious illness. Yet "human beings are not only passive perceivers in the context of social interactions but also active creators of shared emotional experiences." How we respond to our own helplessness likely shapes the suffering of our patients.

#### **[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>

## Religious, ethical and legal considerations in end-of-life issues: Fundamental requisites for medical decision making

*JOURNAL OF RELIGION & HEALTH* | Online – 10 January 2015 – With the influential development of patient autonomy and the right to self-determination, a patient's religious affiliation constitutes a key component in medical decision making. This is particularly pertinent in issues involving end-of-life decisions such as withdrawing and withholding treatment, medical futility, nutritional feeding and do-not-resuscitate orders. These issues affect not only the patient's values and beliefs, but also the family unit and members of the medical profession. The law also plays an intervening role in resolving conflicts between the sanctity of life and quality of life that are very much pronounced in this aspect of healthcare. Thus, the medical profession in dealing with the inherent ethical and legal dilemmas needs to be sensitive not only to patients' varying religious beliefs and cultural values, but also to the developing legal and ethical standards as well. <http://link.springer.com/article/10.1007/s10943-014-9995-z>

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### Media Watch Online

#### International

INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE: <http://hospicecare.com/about-iahpc/newsletter/2015/01/media-watch/>

INTERNATIONAL PALLIATIVE CARE RESOURCE CENTER: <http://www.ipcrc.net/archive-global-palliative-care-news.php>

PALLIATIVE CARE NETWORK COMMUNITY: <http://www.pcn-e.com/community/pg/file/owner/MediaWatch>

PALLIMED (Hospice & Palliative Medicine Blog): <http://www.pallimed.org/2013/01/the-best-free-hospice-and-palliative.html> [Scroll down to 'Aggregators' and Barry Ashpole and Media Watch]

#### Asia

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK: <http://aphn.org/category/media-watch/>

SINGAPORE | Centre for Biomedical Ethics (CENTRES): <http://centres.sg/updates/international-palliative-care-resource-center-media-watch/>

#### Australia

WESTERN AUSTRALIA | Palliative Care WA Inc: <http://palliativecarewa.asn.au/site/helpful-resources/> [Scroll down to 'International Websites' and [www.ipcrc.net/archive-global-palliative-care-news.php](http://www.ipcrc.net/archive-global-palliative-care-news.php) to access the weekly report]

#### Canada

ONTARIO | HPC Consultation Services (Waterloo Region/Wellington County): <http://hpcconnection.ca/general-resources/in-the-news/>

ONTARIO | Palliative Care Consultation Program (Oakville): <http://www.acclaimhealth.ca/menu-services/palliative-care-consultation/resources/> [Scroll down to 'Additional Resources']

#### Europe

EUROPEAN ASSOCIATION FOR PALLIATIVE CARE: <http://www.eapcnet.eu/Themes/Organization/Links.aspx> [Scroll down to International Palliative Care Resource Center – IPCRC.NET]

HUNGARY | Hungarian Hospice Foundation: <http://hospicehaz.hu/alapitvanyunk/irodalom/nemzetkozi-kitekintes>

U.K. | Omega, the National Association for End-of-Life Care: <http://www.omega.uk.net/media-watch-hospice-palliative-care-and-end-of-life-news-n-470.htm?PHPSESSID=b623758904ba11300ff6522fd7fb9f0c>

Selected articles on religion and end-of-life care noted in past issues of Media Watch:

- *JOURNAL OF SURGICAL RESEARCH* | Online – 2 June 2014 – '**Religiously affiliated ICU patients receive more aggressive end-of-life care.**' Religiously affiliated patients [i.e., study participants] incurred 23% more hospital charges, 25% more ventilator days, 23% more hospital days, and 30% longer time until death than their non-affiliated counterparts... [Noted in Media Watch, 9 June 2014, #361 (p.14)] [http://www.journalofsurgicalresearch.com/article/S0022-4804\(14\)00540-X/abstract](http://www.journalofsurgicalresearch.com/article/S0022-4804(14)00540-X/abstract)
- *SOCIAL FORCES* | Online – 10 August 2012 – '**Religion and end-of-life treatment preferences: Assessing the effects of religious denomination and beliefs.**' Fundamentalist Catholics and fundamentalist Protestants were more likely than their non-fundamentalist counterparts to desire life-extending treatments... [Noted in Media Watch, 20 August 2012, #267 (p.7)] <http://sf.oxfordjournals.org/content/early/2012/08/09/sf.sos061.abstract>
- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* | Online – 18 March 2009 – '**Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer.**' Positive religious coping is associated with receipt of more intensive life-prolonging medical care at the end of life. [Noted in Media Watch, 23 March 2009, #89 (p.7)] <http://jama.jamanetwork.com/article.aspx?articleid=183578&resultClick=3>

Of related interest:

- *CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE* | Online – 12 January 2015 – '**The supportive roles of religion and spirituality in end-of-life and palliative care of patients with cancer in a culturally diverse context: A literature review.**' Behavioral, cognitive and psychosocial scientists have taken a more in-depth look at the claims made in the past, suggesting that a relationship between religion and spirituality, cultural diversity and health exists. Case in point are the studies on end-of-life care, [http://journals.lww.com/supportiveandpalliative-care/Abstract/publishahead/The\\_supportive\\_roles\\_of\\_religion\\_and\\_spirituality.99649.aspx](http://journals.lww.com/supportiveandpalliative-care/Abstract/publishahead/The_supportive_roles_of_religion_and_spirituality.99649.aspx)
- *IRANIAN JOURNAL OF MEDICAL ETHICS & HISTORY OF MEDICINE*, 2015;7(5):17-35. '**A discussion on some ontological components of death in Holy Quran.**' In this article, the authors aim to extract ontologic components of death mentioned in the Holy Quran, and ... propose a set of criteria for death. This may help provide a clear understanding of the concept from the point of view of the Holy Quran, although more research is warranted to further illuminate this complex subject. [http://ijme.tums.ac.ir/browse.php?a\\_id=5470&sid=1&slc\\_lang=en](http://ijme.tums.ac.ir/browse.php?a_id=5470&sid=1&slc_lang=en)

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ASSOCIATION FOR PALLIATIVE MEDICINE (U.K.) | Online – 15 January 2015 – '**Doctors who care for dying people are unwilling to participate in physician assisted suicide.**' A survey of members of the Association confirms continued opposition to physician assisted suicide. A majority of respondents (82%) do not support a change in the law on assisted suicide, confirming the a similar finding in a recent survey by the Royal College of Physicians in which 85% of Palliative physician members opposed any change in the law and 92% opposed physician assisted suicide. <http://www.apmonline.org/page.php?pageid=182&newsid=100112>

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