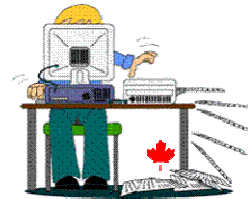


Media Watch...

is distributed weekly to my colleagues who are active or have a special interest in **hospice, palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

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Compiled & Annotated by Barry R. Ashpole

Partnership in end of life care: Scroll down to [Specialist Publications](#) and 'Program aims to move palliative care to the ICU' (p.8), published in *Chest Physician*.

Canada

The tragic reality of euthanasia

NATIONAL POST | Online article – 12 July 2011 –A Quebec government commission has been studying euthanasia and assisted suicide. At the end of June, its members flew to Europe to examine the issue in countries where the practices are legal (such as the Netherlands and Belgium) and in a country that rejected legalized euthanasia (France). What is the commission likely to hear? Proponents of euthanasia will undoubtedly stress that the practice is conducted only within tight guidelines. As a recent study ... shows, however, these guidelines keep shifting and are of little value in protecting the rights of patients.¹ According to José Pereira, medical chief of palliative care at Bruyère Continuing Care in Ottawa, safeguards are routinely ignored and abused. <http://www.nationalpost.com/opinion/tragic+reality+euthanasia/5086557/story.html>

1. 'Legalizing euthanasia or assisted suicide: The illusion of safeguards and controls,' *Current Oncology*, 2011;18(2):e38-e4 (noted in Media Watch dated 11 April 2011). <http://current-oncology.com/index.php/oncology/article/view/883/645>

U.S.A.

Palliative care funding

Waiting in the dark with Dad

CALIFORNIA | *Los Angeles Times* – 17 July 2011 – I tell myself death can be a blessing, but is that the selfish thinking of someone who can handle the liberating finality of death but can't handle the inconvenient business of dying? A lopsided percentage of American healthcare costs go toward meds and medical procedures to keep hearts beating in terminally ill people 65 and older, people who often have little or no quality of life. Wouldn't it make more sense to shift some of that funding into palliative care programs that allow people to live out their time with dignity, and medical support, in their own homes rather than in hospitals or nursing facilities? <http://www.latimes.com/news/local/la-me-0717-lopez-dad-20110717,0,7760672.column>

It's not just the money: Cost control in cancer care

KAISER HEALTH NEWS | Online OpEd – 17 July 2011 – Health reform raises central ideological questions about the size and scope of government, about progressive taxation, about the individual mandate and more. It's easy to forget that cost control will be a huge challenge, no matter how these ideological matters are resolved, indeed under any health system. Finding the right combination of humanity and restraint will be particularly hard in addressing life-threatening or life-ending illness. Economic incentives, American culture, a changing doctor-patient relationship and fundamental uncertainties at the boundaries of clinical care conspire against our efforts to provide more humane, more financially prudent care. The necessity and the difficulty of these tasks were underscored by a beautiful *New England Journal of Medicine* essay.¹

<http://www.kaiserhealthnews.org/Columns/2011/July/071511pollack.aspx>

1. 'Bending the cost curve in cancer care,' *New England Journal of Medicine*, online article published 26 May 2011. <http://www.nejm.org/doi/full/10.1056/NEJMsb1013826>

State cuts could put more seniors in nursing homes

ASSOCIATED PRESS | Online report – 16 July 2011 – Aging and disability services in three out of four states have been reduced over the last two years or face cuts, even though demand is increasing. Texas lawmakers underfunded Medicaid by nearly \$5 billion in the state budget, a move that home health advocates say leaves the elderly and adults with disabilities unsure how their care at home will be provided. California eliminated funding for about 330 adult day centers, a move that will affect some 35,000 seniors who use them for medical care and socializing. Lawmakers are hoping to restore about \$85 million to transition seniors into an as-yet undetermined alternate program – about half the amount cut from the budget. Minnesota is considering cuts to home health aides and a program that allows disabled people to live on their own.<http://www.google.com/hostednews/ap/article/ALeqM5hByzv43J0tgjiGuZxMXoxFg8ezcQ?docId=4682e1f3f8144d1aa1f87a93358fb3e3>

Palliative care in hospitals continues rapid growth for 10th straight year, according to latest analysis

CENTER TO ADVANCE PALLIATIVE CARE (CAPC) | Online report – 14 July 2011 – The number of hospitals with a palliative care team increased from 658 (24.5%) to 1,568 (63.0%) – a steady 138.3% increase from 2000-2009 [according to a new analysis released by CAPC¹]. The steady growth of palliative care has been primarily in response to the increasing number and needs of Americans living with serious and chronic illness. Approximately ninety million Americans are living with serious illnesses such as cancer, heart disease, diabetes, Parkinson's, stroke and Alzheimer's. This number is expected to more than double over the next twenty-five years with the aging of baby boomers. Also contributing to the rise of palliative care in this country are the overwhelming realities of caregiving faced by patients' families. In the practice of palliative care, these challenges are addressed through a strong partnership of patient, family and palliative care team. <http://www.capc.org/news-and-events/releases/07-14-11>

1. 'Growth of palliative care in U.S. hospitals 2011 snapshot,' Center to Advance Palliative Care, July 2011. <http://www.capc.org/news-and-events/releases/capc-growth-snapshot-2011.pdf>

N.B. See *2011 Public Opinion Research on Palliative Care: A Report Based on Research by Public Opinion Strategies*, Center to Advance Palliative Care, July 2011 (noted in Media Watch dated 4 July 2011. <http://www.capc.org/tools-for-palliative-care-programs/marketing/public-opinion-research/2011-public-opinion-research-on-palliative-care.pdf>

Cont.

Of related interest:

- GEORGIA | Associated Press – 12 July 2011 – **'University of Georgia study finds lag in palliative care programs at Georgia hospitals.'** A University of Georgia study shows that Georgia hospitals lag the nation in offering palliative care.¹ Nationally, about 60% of hospitals with 50 beds or more offer the special type of medical care that focuses on the pain, symptoms and stress of advanced illnesses.² But in Georgia, researchers found that just 17% of hospitals offered such programs in 2010. Researchers found that about half of the 128 Georgia hospitals contacted didn't know what palliative care is. Palliative care has only been a medical sub-specialty since 2006. <http://www.therepublic.com/view/story/37767702275a4c76bd8f2718e61c283d/GA--Palliative-Care-Georgia/>
- 1. 'A state-wide status report on hospital-based palliative care programs,' *Journal of Palliative Medicine*, 2011;14(7):806-809. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0489?prevSearch=allfield%253A%2528Georgia%2529&searchHistoryKey=>
- 2. *Trends and Variation in End-of-Life Care for Medicare Beneficiaries with Severe Chronic Illness*, Dartmouth Atlas Project (noted in Media Watch dated 18 April 2011). http://www.dartmouthatlas.org/downloads/reports/EOL_Trend_Report_0411.pdf

Prison hospice

A death sentence to change lives

LOUISIANA | *Examiner* – 11 July 2011 – The Louisiana State Penitentiary has developed an in-house hospice program that serves two purposes – to aid the overwhelming amount of inmates who will die inside their prison walls and also to introduce some of the most hardened criminals to their inner compassions and respect for human life. This program contradicts everything these prisoners have been taught. Though most of them will never see outside of the prison walls again and have been convicted of the most heinous crimes including rape, kidnapping and murder, the hospice program allows these men to change the quality of their lives one patient at a time. <http://www.examiner.com/everyday-people-in-national/forest-whitaker-a-death-sentence-to-change-lives>

From Media Watch dated 2 August 2010:

- LOUISIANA | *The Morning News* – 27 July 2010 – **'Hospice behind bars.'** At a Louisiana prison ... there's a glimmer of hope and humanity: a hospice where inmate volunteers provide end-of-life care for dying prisoners. http://www.themorningnews.org/archives/galleries/hospice_behind_bars/

Delays are frequent when surrogates make DNR decisions

WALL STREET JOURNAL | Online report – 11 July 2011 – Adding to the evidence of a growing need to help patients and families with end-of-life decisions, a new study shows that delays often occur when a surrogate has to make decisions about do-not-resuscitate orders for a loved one.¹ Without a DNR order, if the heart or breathing stops, caregivers will provide full resuscitation. If a DNR order is in place, they will keep patients comfortable and allow them to die naturally. The study ... found that when a surrogate had to evaluate whether or not to sign a DNR, the decision process took significantly longer than when patients decided for themselves. That's important because the patients who had designated a surrogate were sicker and the decision whether to resuscitate might arise sooner. Among the patients who died, those with a surrogate had a shorter time period between writing the DNR order and time of death compared to patients who made their own decisions. http://blogs.wsj.com/health/2011/07/11/delays-are-frequent-when-surrogates-make-dnr-decisions/?mod=google_news_blog

1. 'Timing of do-not-resuscitate orders for hospitalized older adults who require a surrogate decision-maker,' *Journal of the American Geriatrics Society*, online article published 7 July 2011. <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2011.03480.x/abstract>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- TEXAS (HOUSTON) | *Spero News* (OpEd) – 11 July 2011 – **'Death with dignity: Two radically different perspectives.'** The U.S. Bishops recently issued a statement on physician assisted suicide ... which stands in dramatic contrast to the aggressive nationwide campaign by some who want to expedite a radical change in our attitude toward participation in another's death at their own request. Through the use of verbal engineering, the proponents of assisted suicide have replaced the words "assisted suicide" with "aid in dying" to confuse and thus convince us that this is a good thing. <http://www.speroforum.com/a/56844/Death-with-dignity-two-radically-different-perspectives>

International

End-of-life care 'must be priority'

U.K. (NORTHERN IRELAND) | *Belfast Telegraph* – 18 July 2011 – Healthcare commissioners must prioritise end of life care to ensure people's choices are met and to avoid unnecessary emergency hospital admissions, according to new advice. The guidelines, issued by the National Council for Palliative Care and the National End of Life Care Programme, includes recommendations such as ensuring each GP practice identifies people likely to die in the next 12 months, ensuring professionals know how to initiate conversations about end of life care and carry out advance care planning, appointing a clinical commissioning board member to lead on end of life care, and agreeing local priorities for end of life care services. The move follows the publication of the report of the independent palliative care funding review, which revealed "stunning inequities" ... in end of life care.¹ <http://www.belfasttelegraph.co.uk/news/local-national/uk/endoflife-care-must-be-priority-16024440.html>

1. *Palliative Care Funding Review: Funding the Right Care & Support for Everyone*, July 2011 (noted in Media Watch dated 11 July 2011). <http://palliativecarefunding.org.uk/wp-content/uploads/2011/06/PCFRFinal%20Report.pdf>
- U.K. | *Daily Telegraph* – 18 July 2011 – **'GPs told to keep list of terminally ill patients.'** GPs should keep lists of all patients expected to die over the next 12 months, according to new advice [published by the National Council for Palliative Care and the National End of Life Care Programme]. <http://www.telegraph.co.uk/health/healthnews/8643902/GPs-told-to-keep-list-of-terminally-ill-patients.html>

Less than 1% of terminally-ill get hospital care [in Chennai]

INDIA | *Times of India* – 16 July 2011 – For several days, Shyamala was shuttled to and from multi-specialty hospitals but never admitted. The 51-year-old, in the last stages of cancer, had severe vomiting and foul-smelling ulcers. The hospitals either directly turned down admission or discharged her in a few hours after prescribing some pain killers. Last week, she was admitted to a clinic offering palliative care. Two days later, she died. "But her death was peaceful. The clinic gave her good care. Had she been given some hospital care earlier, the suffering might have been less," says her husband R. Ramakrishnan. For many patients with incurable illnesses in the city (of Chennai), access to palliative care is not available. A random survey showed that in the city only four institutions offer palliative care and that less than 1% of patients receive it. http://articles.timesofindia.indiatimes.com/2011-07-16/chennai/29781400_1_palliative-care-hospital-patients

- **N.B.** India was rated 40th in *The Quality of Death: Ranking End of-life-Care Across the World*, July 2010. http://graphics.eiu.com/upload/QOD_main_final_edition_Jul12_toprint.pdf

Elder care

Institute for Public Policy Research follows up on the Dilnot report

U.K. | *Financial Times* – 14 July 2011 – Following on the heels of Andrew Dilnot's report,¹ which outlined a better way to fund long-term care, the Institute for Public Policy Research [IPPR] published 'Home Care in London.'² Author Laura Bradley ... examined the current state of home-based care and how it can be used more efficiently to save money and reduce pressure on public services, such as hospital beds and care home places. Home-based care could also help older people stay in their homes longer, which she said significantly improved their quality of life. <http://www.ftadviser.com/FinancialAdviser/Insurance/News/article/20110714/9da8dd16-a877-11e0-b6c2-00144f2af8e8/IPPR-follows-up-on-the-Dilnot-report.jsp>

1. *Fairer Care Funding*, Commission on Funding of Care & Support, July 2011 (noted in Media Watch dated 11 July 2011). <https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf>
2. *Home Care in London*, Institute for Public Policy Research, July 2011 (noted in Media Watch dated 4 July 2011). <http://www.ippr.org/publications/55/7688/home-care-in-london>

Patients to gain records control

AUSTRALIA (AUSTRALIAN CAPITAL TERRITORY) | *Canberra Times* – 12 July 2011 – Up to 150,000 residents of the Canberra region will be have their own personally controlled electronic health records under a project to be led by Calvary Health Care ACT [Australian Capital Territory] ... one of several organisations chosen to lead the introduction of patient records under the Federal Government's Personally Controlled Electronic Health Records program. Patients will be issued with electronic cards containing key clinical

The records will initially be created for palliative care and aged care patients who will be able to decide which health professionals have access to the information.

information generated by hospitals, general practitioners and other health professionals. <http://www.canberratimes.com.au/news/local/news/general/patients-to-gain-records-control/2223235.aspx>

New calls to discuss end of life care with people with dementia

U.K. | National Council for Palliative Care & Dying Matters Coalition online posting – 12 July 2011 – Talking to people with dementia about their end of life wishes can help improve the quality of their care ... *Difficult Conversations*, which is being launched at a joint meeting of the All-Party Parliamentary Group on Hospice & Palliative Care and the All-Party Parliamentary Group on Dementia, is intended to help professionals and carers of people with dementia to open up conversations about end of life wishes, especially early on in the disease, and to provide support. <http://www.ncpc.org.uk/news/60>

Funeral directors box clever

U.K. | *Financial Times* – 11 July 2011 – While funeral service professionals once focused on developing softer skills, new economic pressures and market demands make business education an increasingly important tool for the industry. For funeral companies competition is heating up. In Europe, for example, new rules will allow more private companies to vie with public providers in selling funeral services and products. Meanwhile, rising demand for cremations, "green" funerals and more personalised send-offs means rolling out the traditional funeral cortege is no longer sufficient for today's funeral directors. <http://www.ft.com/intl/cms/s/2/f6488c36-a977-11e0-a04a-00144feabdc0.html#axzz1RnKc3Bb>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CZECH REPUBLIC | *Prague Daily Monitor* – 13 July 2011 – '**Legislation to include euthanasia safeguard.**' A safeguard against euthanasia will be for the first time embedded in Czech legislation. Though euthanasia is banned by the international convention on human rights and biomedicine that is binding on the Czech Republic as well, it has not yet been mentioned in the national legislation directly. The bill modifies the patients' rights, including their previously expressed wishes. <http://praguemonitor.com/2011/07/14/legislation-include-safeguard-preventing-euthanasia>
- U.K. (SCOTLAND) | *Guardian* – 14 July 2011 – '**Mother in the clear over son's suicide at Dignitas.**' Police are not pursuing charges against a woman who assisted the suicide of her paralysed son at a Swiss centre in October last year. Helen Cowie last month told a radio chat show how she had helped her 33-year-old son, Robert, by taking him to Dignitas in Zurich. After her admission ... Strathclyde police said they would consider the circumstances of the death. But a spokeswoman said on Thursday: "Strathclyde police is not conducting any investigation into the death of Robert Cowie at this time." <http://www.guardian.co.uk/society/2011/jul/14/mother-not-charged-assisted-suicide>

From Media Watch dated 28 September 2009:

- U.K. (SCOTLAND) | *Evening Times* (Glasgow) – 24 September 2009 – '**Suicide rule 'confusion.'**' The Lord Advocate ... rejected calls to publish new guidance on assisted suicide. She said there was no need for such guidelines in Scotland, where there is no offence of assisted suicide, but helping another person to end their life may amount to homicide depending on the circumstances. http://www.eveningtimes.co.uk/news/display.var.2530854.0.suicide_rule_confusion.php

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.

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

Level of consciousness in dying patients: The role of palliative sedation

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online article – 10 July 2011 – [The authors conclude that] palliative sedation is not slow euthanasia nor an ambivalent practice. It is an intentional medical treatment which is administered in a proportional way when refractory suffering occurs. It occurs in extraordinary situations and at the very end of the dying process. <http://ajh.sagepub.com/content/early/2011/07/04/1049909111413890.abstract>

From Media Watch dated 11 July 2011:

- *BIOETHICS* | Online article – 4 July 2011 – '**Narratives of 'terminal sedation' and the importance of the intention-foresight distinction in palliative care practice.**' In contrast to their colleagues in acute medical practice, these Australian palliative care specialists [i.e., study participants] were almost unanimously committed to distinguishing their actions from euthanasia. <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8519.2011.01895.x/abstract>

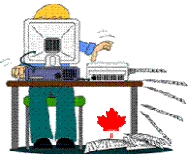
From Media Watch dated 20 June 2011:

- *AMERICAN JOURNAL OF BIOETHICS*, 2011;11(6):32-40. '**Is continuous sedation at the end of life an ethically preferable alternative to physician-assisted suicide?**' Continuous sedation (CS) is increasingly being debated in the clinical and ethical literature. This practice received much attention when a U.S. Supreme Court ruling noted that the availability of CS made legalization of physician-assisted suicide (PAS) unnecessary, as CS could alleviate even the most severe suffering. <http://www.informaworld.com/smpp/content~db=all~content=a938610297~frm=abslink>

N.B. This issue of the *American Journal of Bioethics* includes several articles on continuous sedation. Contents page: <http://www.informaworld.com/smpp/title~db=all~content=g938624806~tab=toc>

National Institute of Health & Clinical Excellence consults on draft quality standard on end of life care

BMJ SUPPORTIVE & PALLIATIVE CARE | Online report – 11 July 2011 – NICE [National Institute of Health & Clinical Excellence] is developing Quality Standards – a set of qualitative statements and quantitative measurements that act as a final distillation of clinical best practice – and is now requesting comments on 20 quality statements on end of life care. The aim of the standards is to clarify what high quality care looks like in relation to the three dimensions of quality – 'safety, effectiveness and patient experience.' Over the next five years, NICE plans to publish 150 standards. It has been suggested that these standards will be used by the CQC as part of the assessment process, and by local commissioners as part of their service level agreement in contracts. [http://blogs.bmj.com/spcare/2011/07/11/nice-consults-on-draft-quality-standard-on-end-of-life-care/?q=w spcare news tab](http://blogs.bmj.com/spcare/2011/07/11/nice-consults-on-draft-quality-standard-on-end-of-life-care/?q=w%20spcare%20news%20tab)



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>

Program aims to move palliative care to the ICU

CHEST PHYSICIAN, 2011;5(8):1,3. Critical care and palliative care may seem like opposing concepts, but experts in both fields say bringing palliative care techniques into the intensive care unit can decrease costs and improve patient satisfaction. A new project launched in partnership with the Center to Advance Palliative Care aims to jump-start the integration of palliative care techniques into ICU programs by providing a slew of online tools and resources. The IPAL-ICU Project, which is partially funded by the National Institute on Aging, includes templates, protocols, quality monitoring tools, and a library of journal citations with the latest evidence about palliative care in the ICU. <http://accpstorage.org/physician/2010/0810.pdf>

From Media Watch dated 4 April 2011:

- *JOURNAL OF INTENSIVE CARE MEDICINE* | Online article – 24 March 2011 – '**End of life care in ICU: A practical guide.**' The purpose of this manuscript is to provide a practical guide to end of management for all bedside practitioners. The manuscript outlines not all but some fundamentally important ethical concepts and provides helpful rules and steps on end-of-life management... <http://jic.sagepub.com/content/early/2011/02/13/0885066610392697.abstract>

N.B. Additional articles on the palliative care in ICU are noted in this issue of Media Watch.

From Media Watch dated 15 November 2010:

- PBS TV | FRONTLINE – 10 November 2010 – '**Facing death: How far would you go to sustain the life of someone you love, or your own?**' In 'Facing death,' FRONTLINE ... takes a measure of today's complicated end-of-life decisions. <http://www.pbs.org/wgbh/pages/frontline/facing-death/>

End-of-life care across Southern Europe: A critical review of cultural similarities and differences between Italy, Spain and Portugal

CRITICAL REVIEWS IN ONCOLOGY/HEMATOLOGY | Online article – 8 July 2011 – Evidence from a range of sources demonstrates that end-of-life (EoL) care practices and preferences vary across countries; culture is consistently one of the main explanations given for this. In order to understand how cultural factors are used to explain similarities and differences in EoL care between Spain, Italy and Portugal, database and hand searches were performed and cross-cutting core themes identified. Similarities included higher proportions of people who wished to die at home than actually died at home, a persistent trend for partial disclosure in Italy and Spain, low use of advance directives, and low incidence of all medical EoL decisions (with the exception of terminal sedation) compared to northern European countries. The role of religion and the importance of family ties were the two main cultural factors used to explain the similarities. Further research is needed in order to interpret the important differences that were also found. <http://www.sciencedirect.com/science/article/pii/S1040842811001600>

- **N.B.** Italy, Spain and Portugal were rated 24th, 26th and 31st, respectively, in *The Quality of Death: Ranking End-of-life-Care Across the World*, July 2010. The Economist Intelligence Unit study was reported on in detail in the editions of Media Watch dated 26 July 2010 (p.2) and 19 July 2010 (pp.1,2 & 3). http://graphics.eiu.com/upload/QOD_main_final_edition_Jul12_toprint.pdf

[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/world/world/>

Staff want more training in end-of-life care

IRISH HEALTH | Online report – 13 July 2011 – Healthcare professionals says they need more training in caring for people close to death in their homes. A new survey has also found that many GPs are not informing out-of-hours services about patients at home with palliative care needs. The Irish Hospice Foundation says its survey has found a significant desire from healthcare staff for more training in this area. The survey of 182 professionals found that 66% felt that training in symptom control such as pain and emotional distress would be a useful educational initiative. It was found that 47% of those surveyed sought training in care of the dying patient at home, and this was particularly favoured by nurses. A further 31% of those surveyed wanted more education in prescribing in palliative care, and this was identified as a need primarily by GPs. Another 44% of those surveyed sought training in the area of bereavement support. <http://www.irishhealth.com/article.html?id=19476>

Findings of Irish Hospice Foundation survey

- 87% sought timely access to specialised equipment and supplies
- 81% supported the introduction of an electronic communications system between primary services and hospitals to assist in prompt updates, information on discharge and/or death
- 76% supported out-of-hours nursing service for people nearing the end of life
- 73% called for psychological support for patients and families
- 72% wanted access to a Specialist Palliative Care 24 hour helpline
- 63% wanted a summary of patient notes available in the home setting
- 66% sought education in symptom control
- 39% sought introduction of a method to identify patients in the community who require palliative care approach

Pediatric palliative care

A conceptual analysis for pediatric nursing practice

JOURNAL OF PEDIATRIC NURSING | Online article – 13 July 2011 – Although there have been significant advances in medical technology, thousands of children continue to die annually. Pediatric palliative care is a relatively new field and has not been well defined in the literature. Therefore, the purposes of this article were to provide a concept analysis of pediatric palliative care that presents pediatric nurses with fundamental information regarding this concept and to increase their ability to understand, identify, provide, and subsequently meet and enhance the needs of those children with a life-limiting illness and their families. With this enhanced understanding of pediatric palliative care, pediatric nurses will continue to improve and provide quality, safe nursing care for this vulnerable population of children with life-limiting illnesses. <http://www.sciencedirect.com/science/article/pii/S0882596311002806>

Talking about faith increases hospital patients' overall satisfaction

UNIVERSITY OF CHICAGO MEDICAL CENTER | Online report – 13 July 2011 – Hospitalized patients who had conversations about religion and spirituality with the healthcare team were the most satisfied with their overall care. However, 20% of patients who would have valued these discussions say their desires went unmet, according to a new study by Joshua Williams from the University of Chicago and his colleagues. Religious and spiritual concerns are particularly prominent during times of illness, suffering and death. Some medical leaders and policy-makers in the U.S. have urged healthcare systems and providers to give due attention to patients' spiritual concerns. However, there is disagreement about which members of the healthcare team should ask about and address these concerns. According to hospitalized patients in this study, whom they speak to makes no difference. The important factor appears to be that they have these discussions. <http://www.uchospitals.edu/news/2011/20110713-faith.html>

Cont.

Of related interest:

- *BMJ SUPPORTIVE & PALLIATIVE CARE* | Online article – 14 July 2011 – '**Sources of spiritual well-being in advanced cancer.**' The authors' findings support a multidimensional approach to spiritual well-being that addresses not only religious issues, but also pain and symptom control, and the potentially damaging effects of advanced disease on self-worth and close relationships. <http://spcare.bmj.com/content/early/2011/07/14/bmjspcare-2011-000005.abstract>

Assisted (or facilitated) death

Death by voluntary dehydration: Suicide or the right to refuse a life-prolonging measure?

WIDENER LAW REVIEW, 2011;17(2):351-361. The decision concerning voluntarily stopping eating and drinking (VSED) is increasingly discussed by health care professionals as an appropriate palliative option for decisionally capable, suffering patients who wish to hasten their deaths. Most palliative care clinicians consider VSED an ethical and legally supported choice, and some argue that there is therapeutic value in discussing this option with patients when suffering is intolerable and the desire to control the circumstances of dying is clear and enduring. Others resist informing patients about this option. This article presents a case of a decisionally capable, terminally ill patient who requests hospice support for her decision to hasten her death by VSED. <http://widenerlawreview.org/files/2011/07/02-schwarz2.pdf>

Of related interest:

- *WIDENER LAW REVIEW*, 2011;17(2):362-427. '**Voluntarily stopping eating and drinking: A legal treatment option at the end of life.**' There has been little legal analysis of a right to VSED. In this Article, the authors aim to fill this gap and to clarify the legal status of VSED. Specifically, they argue that both contemporaneous and (most) non-contemporaneous decisions for VSED are legally permissible. Individuals may refuse nutrition and hydration just as they may refuse other intrusions on their personal autonomy. <http://widenerlawreview.org/files/2011/07/03-pope2.pdf>

Media Watch Online

The weekly report can be accessed at several websites, among them:

Canada

Ontario | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network: <http://www.hnhbhpc.net/Resources/UsefulLinks/MediaWatch/tabid/97/Default.aspx>

Ontario | HPC Consultation Services: <http://www.hpconnection.ca/newsletter/inthenews.html>

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

U.S.A.

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

International

Global | Palliative Care Network Community: <http://www.pcn-e.com/community/pg/file/world/world/>

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

U.K. | Omega, the National Association for End of Life Care: <http://www.omega.uk.net/news.htm>

Worth Repeating

Hospice and palliative care: What unites us, what divides us?

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2009;11(1):19-24. The terms hospice and palliative care are often used interchangeably in Canada. However, these words have distinct histories, from which the authors explore their ideological roots. Questions are posed concerning the impetus to combine these terms – to unite compatible ideologies or perhaps to mask the potentially divisive differences between the two. The modern development of the hospice palliative care movement in Canada is reviewed in the context of a social movement. Questions are posed: Is this a social movement that has reached its conclusion with the mainstreaming and medicalization of palliative care? Finally, the effects of mainstreaming and medicalization are explored in terms of their impact on the interprofessional team: Who benefits and who stands to lose disciplinary ground? An approach to forward vision and movement in the field is posed, which ... invites a curiosity toward the question of what divides and unites us in the care of the dying. http://journals.lww.com/jhpn/Abstract/2009/01000/Hospice_and_Palliative_Care_What_Unites_Us_What.9.aspx

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