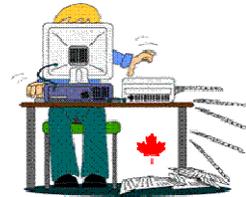


## Media Watch...

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.

17 October 2011 Edition | Issue #223



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Compiled & Annotated by Barry R. Ashpole

Fast Track Palliative Care Discharge Service: Scroll down to [International](#) and 'Service gives terminal cancer patients choice to die at home' (p.4), broadcast on Scotland's STV News.

## Canada

### Assisted (or facilitated) death

Representative sample of recent news media coverage:

- CTV | W5 – 15 October 2011 – **'Seeking an end to life and challenging the law.'** Since the [Sue] Rodriguez case, several countries – including Switzerland, Belgium and the Netherlands, and the U.S. states of Washington, Oregon and Montana – have legalized some form of assisted suicide. And now, the debate has been re-ignited in British Columbia where a number of Canadians wanting an assisted death has once again put the issue front and center. Along with the support of the British Columbia Civil Liberties Union, they have launched a court challenge to strike down the law as unconstitutional.  
<http://m.ctv.ca/topstories/20111014/w5-euthanasia-and-suicide-111015.html>

### Worth Repeating

Of particular interest:

**'Therapeutic failure: The elephant in the room'** (p.10), by the recently deceased Robert Buckman, published in the *Journal of Supportive Oncology*.

## U.S.A.

### U.S. suspends home-care program from healthcare law

REUTERS | Online report – 14 October 2011 – U.S. health officials said ... they were suspending a program to provide home care for the elderly and disabled, the first program to be pulled from the 2010 healthcare law. The insurance program was passed as part of President Barack Obama's overhaul of the nation's healthcare system, but Republican opponents have said it was not financially sound. <http://www.trust.org/alertnet/news/us-suspends-home-care-program-from-healthcare-law/>

## End-of-life care: Patient Protection & Affordable Care Act

UTAH | *Salt Lake Tribune* (OpEd) – 13 October 2011 – Sarah Palin's "death panels" must shoulder much of the blame for the elimination of a provision in the Patient Protection & Affordable Care Act that would have allowed Medicare to reimburse doctors for providing requested end-of-life counseling. Yes, that's Sarah Palin's death panels, not President Barack Obama's. The former Alaska governor was the one who coined the ridiculous phrase to frighten Americans and bolster criticism of the health care reform proposal. It worked. The reimbursement was taken out of the bill that became law in 2010. That's a shame because older Americans are too often undergoing invasive, unpleasant and expensive surgeries and procedures in their

last year of life that don't improve the quality of their remaining months. And worse, many of these people don't even get a chance to discuss the pros and cons of such questionable medical care with their doctors. <http://www.sltrib.com/sltrib/opinion/52706949-82/care-medicare-patient-counseling.html.csp>

### Specialist Publications

Of particular interest:

**'Perceived risks around choice and decision making at end-of-life: A literature review'** (p.7), published in *Palliative Medicine*.

Of related interest:

- MARYLAND | *Delmarva Now* – 10 October 2011 – **'New end-of-life health care regulations to take effect.'** In an effort to minimize concerns and streamline the decision-making process, a new regulation in Maryland, referred to as Maryland MOLST – Medical Orders for Life Sustaining Treatment – has been initiated to help guide patients and health care professionals through the process and ensure the patient's wishes for medical care are carried out. The law, scheduled to go into effect this year, requires a Maryland MOLST form be completed by or for all individuals admitted to nursing homes, assisted living facilities, hospices, home health agencies, and dialysis centers. <http://www.delmarvanow.com/article/20111010/NEWS01/110100311>

N.B. Maryland MOLST website: <http://dhmh.maryland.gov/marylandmolst/>

### Pilot project: Navigating the challenges

#### Caregiver program offers support

CALIFORNIA | *Press Enterprise* (Riverside) – 12 October 2011 – The Riverside County Office on Aging began a pilot project this year called Care Pathways. Participants take classes, which include both educational and support-group components. The educational side includes legal and financial issues, caregiver burnout, dealing with grief, sensitivity training, prescription drug management and how to talk to doctors about the issues that arise. The long-term goal of the program is to create a group-therapy atmosphere and to determine whether depression among caregivers drops significantly once they begin receiving help through the program. Each of the two target areas has completed two rounds of classes, and more are scheduled to begin in January. <http://www.pe.com/local-news/riverside-county/hemet/hemet-headlines-index/20111012-region-caregiver-program-offers-support.ece>

Of related interest:

- PENNSYLVANIA | *Wellsboro Gazette* – 12 October 2011 – **'Family Caregiver Bill passed in House.'** The state House today passed legislation ... that would expand Pennsylvania's Family Caregiver Support Program to include non-relative caregivers and bring the state program in line with its federal counterpart. [http://www.tiogapublishing.com/news/free\\_press-courier/family-caregiver-bill-passed-in-house/article\\_b4399224-f501-11e0-9f26-001cc4c03286.html](http://www.tiogapublishing.com/news/free_press-courier/family-caregiver-bill-passed-in-house/article_b4399224-f501-11e0-9f26-001cc4c03286.html)

## International

### **Experts identify lapses in health care delivery in Nigeria**

NIGERIA | *Tribune* (Ibadan) – 14 October 2011 – Dr. Israel Kolawole [of the University of Ilorin Teaching Hospital] has criticised the nation's health care system, saying the relief of suffering as a goal of medical care has been subjugated or lost. He said Nigeria medical setting only emphasised quest to achieve cure and/or prolongation of life at all cost, adding that "our healthcare package does not fully address the emotional, spiritual and psychology suffering faced by patients with life-threatening illnesses." <http://www.tribune.com.ng/index.php/community-news/29644-experts-identify-lapses-in-health-care-delivery-in-nigeria>

- NIGERIA | *Tribune* (Ibadan) – 12 October 2011 – '**Experts canvass support for people living with life-threatening diseases.**' Hospice & Palliative Care Association of Nigeria has decried the unavailability of oral morphine and other opioid analgesic, the mainstay drug for pain control in people living with life-limiting or life-threatening illnesses conditions such as cancer, kidney failure, AIDS and heart failure. <http://www.tribune.com.ng/index.php/community-news/29523-experts-canvass-support-for-people-living-with-life-threatening-diseases>

### **Think, Talk & Tell Campaign**

### **Irish Prime Minister urges people to prepare for death**

IRELAND | *Irish Central* – 13 October 2011 – Irish Prime Minister Enda Kenny has urged people to prepare for their death – and discuss it with family and friends. The Fine Gael leader made the remarks at the Dublin Forum on End of Life conference in the capital. Kenny urged delegates to 'think about, prepare for and discuss' their eventual death in a keynote speech. He told the conference that: "Preparing for the end of life, difficult as it is to contemplate, helps avoid shock and confusion, and brings with it the capacity to reflect. Thinking ahead brings choice and a sense of dignity to death." <http://www.irishcentral.com/news/Irish-Prime-Minister-urges-people-to-prepare-for-death---131778833.html>

- *IRISH HEALTH* | Online report – 12 October 2011 – '**Public urged to consider care preferences.**' Members of the public are being urged to consider their care preferences in the event of an emergency, serious illness or death. The 'Think Ahead' initiative has been developed by the Forum on End of Life in Ireland, a project of the Irish Hospice Foundation. It is asking people to 'practise the three Ts – Think, Talk and Tell'. <http://www.irishhealth.com/article.html?id=19864>

### **Britons leave Internet passwords in wills**

U.K. | *Daily Telegraph* – 13 October 2011 – A growing number of Britons are including their internet passwords in their wills so that their family and friends can access and save their personal data on sites such as Facebook after they die ... in a bid to ensure their personal data is archived and not abused. <http://www.telegraph.co.uk/technology/news/8824216/Britons-leave-internet-passwords-in-wills.html>

### **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>

## Quality Care Commission

### **Half of National Health Service hospitals failing to care for elderly**

U.K. | *The Guardian* – 13 October 2011 – Twenty hospitals in England broke the law by failing to protect the dignity of older patients and ensure they got sufficient food and water, spot checks by National Health Service watchdogs have found. Thirty-five others subject to unannounced visits between March and June this year also needed to make improvements, with just 45 of 100 involved satisfying the Care Quality Commission. Too often staff did not treat patients with kindness and compassion, according to its highly critical report. Amanda Sherlock, director of operations delivery at the commission, called the results "truly appalling and truly shocking," saying there could be no excuses from the hospitals involved. "Care should not be a lottery. It should be consistently meeting essential standards," she told BBC Radio 4's Today programme. The health secretary, Andrew Lansley, put the "unacceptable" findings down to failings in nursing leadership and promised more spot inspections. <http://www.guardian.co.uk/society/2011/oct/13/nhs-hospitals-care-of-elderly?newsfeed=true>

1. *Dignity and nutrition inspection report: National overview*, Care Quality Commission, October 2011. [http://www.cqc.org.uk/db/documents/20111007\\_Dignity\\_and\\_nutrition\\_inspection\\_report\\_FINAL.pdf](http://www.cqc.org.uk/db/documents/20111007_Dignity_and_nutrition_inspection_report_FINAL.pdf)

## Fast Track Palliative Care Discharge Service

### **Service gives terminal cancer patients choice to die at home**

U.K. (Scotland) | STV News – 12 October 2011 – A new scheme which gives patients with terminal cancer the choice to die at home is being trialled in the Lothians. It will allow those who have only two to three weeks left to live the chance to be cared for at home instead of in hospitals or hospices. They will be looked after by Marie Curie Nursing Service Care Assistants who can provide the same services as hospices. <http://news.stv.tv/scotland/east-central/274448-service-gives-terminal-cancer-patients-choice-to-die-at-home/>

Of related interest:

- NEW ZEALAND | TVNZ News – 12 October 2011 – '**District health board drops home help phone assessments.**' Wellington's district health board has dropped its controversial phone assessments of people who need home help, a year after strenuously defending them. Capital & Coast District Health Board will instead assess elderly and disabled patients face-to-face – as it routinely did until last year. <http://tvnz.co.nz/national-news/dhb-drops-home-help-phone-assessments-4460636>

## Analysis of Quality Care Commission Report

### **Elderly patients condemned to early death by secret use of do not resuscitate orders**

U.K. | *Daily Telegraph* – 15 October 2011 – Elderly patients are being condemned to an early death by hospitals making secret use of "do not resuscitate" orders, an investigation has found. In a national report published about the checks last week, the Care Quality Commission made no mention of its findings about the misuse of DNR notices. Action on Elder Abuse, an independent charity, carried out its own analysis of the official watchdog's inspection reports. The charity's findings ... uncover widespread evidence that patients are being left to die, without families knowing that such decisions have been taken. <http://www.telegraph.co.uk/health/elderhealth/8829350/Elderly-patients-condemned-to-early-death-by-secret-use-of-do-not-resuscitate-orders.html>

## Systemic change

### **Taking charge of palliative care**

AUSTRALIA AGEING AGENDA | Online article – 11 October 2011 – Medicare Locals<sup>1</sup> will drive the expansion and improvement of palliative care over the next few years, according to the Australian General Practice Network (AGPN), which is likely to be appointed to oversee the new healthcare hubs. The AGPN Chair, Dr. Emil Djakic, said the restructuring and re-organisation needed to deliver better palliative care would be "a key component of the Medicare Local agenda." Dr. Djakic said this would involve multidisciplinary teams, which he described as "very much a foundation stone" of the vision for a new primary healthcare system. Currently, he said, palliative care patients were provided services by a wide range of different professionals who often had little or no knowledge of what each other were doing. The advantage of a new coordinated approach, then, would be to provide greater continuity of care, which he said was "the sort of things we would hope an overarching body like a Medicare Local could coordinate." <http://www.australianageingagenda.com.au/2011/10/11/article/Taking-charge-of-palliative-care/BEMBTMACYY>

1. 'Establishment of Medicare Locals and better access to afterhours care,' Department Health & Ageing. <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/factsheet-gp-01>

## Technology: Summary Care Record

### **Emergency staff to be told if you want to live or die**

U.K. | *Daily Telegraph* (OpEd) – 11 October 2011 – Seriously ill patients will be encouraged to provide detailed information on how they wish to die on the new system which will be available to those involved in their treatment. Simon Burns, a health minister, backs the scheme which he describes as "encouraging" because it will help ensure a more "dignified death" for hundreds of thousands of people.<sup>1</sup> It is understood that paramedics and out-of-hours emergency doctors will respect the end-of-life wishes of people if they are stated on the electronic records, rather than taking those close to death to hospital. The scheme is expected to raise privacy concerns and the accuracy of the new computer system is likely to come under intense scrutiny as life and death decisions will be made on what is included in the records. <http://www.telegraph.co.uk/health/healthnews/8821226/Emergency-staff-to-be-told-if-you-want-to-live-or-die.html>

1. 'Commentary: Patients are in the driving seat over their National Health Service care,' *Daily Telegraph*. <http://www.telegraph.co.uk/health/healthnews/8821433/Commentary-patients-are-in-the-driving-seat-over-their-NHS-care.html>

#### **Do not resuscitate: Case studies**

U.K. | *Daily Telegraph* – 12 October 2011 – Ambulance staff will be alerted if patients do not want to be resuscitated under a scheme to create an electronic register detailing people's wishes if they are taken seriously ill. <http://www.telegraph.co.uk/health/healthnews/8821262/Do-not-resuscitate-case-studies.html>

### **Equal funding should be given to hospices**

U.K. | *The News* (Portsmouth) – 11 October 2011 – The chief executive of the Rowans Hospice has welcomed an independent review calling for equal funding to be given to centres across the country. Health secretary Andrew Lansley called for the Palliative Care Funding Review to be undertaken, which found some hospices received more funding than others. The Rowans needs £4.1m to run each year – of which 17% (£850,000) is provided through government grants. But some hospices get up to 50%. <http://www.portsmouth.co.uk/news/local/east-hampshire/equal-funding-should-be-given-to-hospices-1-3137888>

Cont.

From Media Watch dated 10 October 2011:

- **NURSING TIMES** | Online report – 3 October 2011 – '**Health secretary Andrew] Lansley brings forward deadline for new palliative care funding regime.**' Health secretary Andrew Lansley ... wants a new system of per-patient funding for end of life care in place by 2015, a year earlier than was recommended in the Palliative Care Funding Review.<sup>1</sup> <http://www.nursingtimes.net/nursing-practice/clinical-specialisms/end-of-life-and-palliative-care/lansley-brings-forward-deadline-for-new-palliative-care-funding-regime/5035818.article>
1. *Palliative Care Funding Review Interim Report*, December 2010. (Noted in Media Watch dated 17 January 2011). <http://www.palliativecarefunding.org.uk/InterimReport.pdf>

### **Pay funeral costs of organ donors, says think-tank**

U.K. | *Daily Telegraph* – 10 October 2011 – People who donate organs on their death beds should have their funeral expenses paid for by the National Health Service... Doing so could markedly increase the number of donations made every year without compromising the altruistic motivation behind the act, the Nuffield Council on Bioethics has concluded.<sup>1</sup> Hugh Whittall, director of the centre, said there was a need to think radically because demand for organs far outstripped supply. <http://www.telegraph.co.uk/health/healthnews/8818109/Pay-funeral-costs-of-organ-donors-says-think-tank.html>

1. *Human Bodies: Donation for Medicine & Research*, Nuffield Council on Bioethics, October 2011. [http://www.nuffieldbioethics.org/sites/default/files/Donation\\_full\\_report.pdf](http://www.nuffieldbioethics.org/sites/default/files/Donation_full_report.pdf)

### **Survey reveals most common special request from hospice patients is to see a pet or animal**

U.K. | Help the Hospices posting – 10 October 2011 – The most common special request from hospice patients is to see a pet or animal, according to a poll of hospice staff by Help the Hospices. Sixty per cent of hospice staff said that one of the most popular requests from patients with life-limiting and terminal illnesses was to see a beloved pet or spend the day with a favourite animal. This was closely followed by arranging romantic occasions such as weddings or date nights (57%) and celebrations and parties (50%), in the poll of 56 members of staff from hospices across the U.K. <http://www.helpthehospices.org.uk/media-centre/press-releases/hospices-reveal-most-common-special-requests-from-patients/>

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

Representative sample of recent news media coverage:

- U.K. | *The Guardian* – 16 October 2011 – '**Suicide of Dan James convinced Lord Falconer that the law had to change.**' Lord Falconer has read or listened to more than 1,000 submissions, endured foul abuse from an array of angry voices and, as head of the commission examining reforms to the law on assisted suicide, is predicting trouble even from his more rational critics when the conclusions are published next month. <http://www.guardian.co.uk/society/2011/oct/16/suicide-dan-james-law-change?newsfeed=true>
- SWEDISH | *The Local* – 11 October 2011 – '**Swedish MPs tout assisted suicide.**' A network of Swedish MPs has been formed to push for a legalisation of assisted suicide with the group's founder comparing the issue to the abortion debate in the 1970s. The network, while actively seeking a change in the law, is shrouded in a cloak of secrecy with the group's founder, Eva Flyborg, unwilling to divulge the identity of members. "The atmosphere is such that we do not want to tell you how many we are or who is involved. Euthanasia is an issue which stirs up a lot of emotion," [said] Flyborg. <http://www.thelocal.se/36684/20111011/>

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

### Lifesaving or life-prolonging treatment

#### When the patient says no

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 13 October 2011 – The need to ascertain appropriate decision-making capacity is greatest when dealing with refusals of lifesaving or life-prolonging treatment. Ultimately, a patient must be able to understand the information given to him, evaluate the consequences of the options presented, deliberate on these options based on his values, communicate this choice, and maintain consistency overtime. These refusals of treatment may fluctuate with time and intensity of the illness. Denial of this right of autonomy and self-determination may worsen the individual's physical and existential suffering.

<http://ajh.sagepub.com/content/early/2011/09/08/104990911421163.abstract>

Of related interest:

- *PALLIATIVE MEDICINE* | Online article – 12 October 2011 – '**Perceived risks around choice and decision making at end-of-life: A literature review.**' Little is known about how choice, which implies an objective balancing of options and risks, is understood and enacted through decision making at end-of-life. Thematic analysis of 25 papers suggests that decision making at end-of-life is multi-factorial, involving a balancing of risks related to caregiver support; service provider resources; health inequalities and access; challenges to information giving; and perceptions of self-identity. <http://pmj.sagepub.com/content/early/2011/10/12/0269216311424632.abstract>
- *RESPIRATION*, 2011;82:395-399. '**Can help for patients be too expensive? Ethical considerations and end-stage lung disease.**' The mission of medicine is to help people in need and that any confidence is shaken if the physician is forced to be both physician and gatekeeper at the same time. Medicine as a central form of care will only be able to survive if it has the chance to remain a free profession, a profession which has the liberty to help each individual patient even if this help is expensive. However, it remains ... to accept limits and to learn that for a good death it is necessary to be honest and to talk early enough about the possibilities of palliative care. <http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowAbstract&ArtikelNr=332232&Ausgabe=255568&ProduktNr=224278>

#### Telling the story: Perceptions of hospice in long-term care

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 13 October 2011 – The authors used qualitative methods ... to examine the components of a good death in a long-term care. Hospice involvement as beneficial to end-of-life care emerged as a naturally occurring theme and hospice was deemed as expert in all groups. Participants indicated some barriers to hospice involvement as well as difficulties in collaboration between facility staff and hospice personnel. <http://ajh.sagepub.com/content/early/2011/09/08/104990911421340.abstract>

Of related interest:

- *HEALTH & SOCIAL CARE IN THE COMMUNITY* | Online article – 13 October 2011 – '**Navigation roles support chronically ill older adults through healthcare transitions: A systematic review of the literature.**' This review suggests that the role of a navigator for the chronically ill older person is a relatively new one. It provides some evidence that integrated and coordinated care guided by a navigator, using a variety of interventions such as care plans and treatment goals, is beneficial for chronically ill older adults transitioning across care settings. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2011.01032.x/abstract>

#### Quotable Quotes

*Quotations are extremely effective at capturing and concisely communicating thoughts and ideas. They can be inspirational but more importantly quotations can help us reveal and assess the assumptions, values and beliefs that underlie the ways in which we perceive the world. Robert Buckman (1948-2011)*

## Prevalence and characteristics of outpatient palliative care services in California

*ARCHIVES OF INTERNAL MEDICINE* | Online article – 10 October 2011 – Outpatient PCS [palliative care services] are rare compared with inpatient services and most are new. Most outpatient PCSs in California have been established within the last 4 years and half within the previous year, which may indicate a commitment to growth in this area consistent with recent evidence that demonstrates that outpatient PCSs improve patient outcomes. The presence of an existing inpatient PCS may help launch an outpatient PCS and the large number of existing inpatient PCSs may serve as a platform for building more palliative care services in the outpatient setting. <http://archinte.ama-assn.org/cgi/content/full/archinternmed.2011.469>

## Long-term impact of childhood bereavement: Preliminary analysis of the 1970 British Cohort Study

CHILDHOOD WELLBEING RESEARCH CENTRE (U.K.) | Online report – Accessed 16 October 2011 – There is a body of evidence suggesting that for some children there can be a profound impact on their life from the loss of a parent at the time of the bereavement. Case-study research suggests this impact can be felt throughout an individual's life, but less is known about how this emotional upheaval in childhood influences achievement in the different domains of adult life. [http://www.cwrc.ac.uk/news/documents/LongTermOutcomesOfParentalBereavement\\_finalforpublication\\_\(2\).pdf](http://www.cwrc.ac.uk/news/documents/LongTermOutcomesOfParentalBereavement_finalforpublication_(2).pdf)

Of related interest:

- CHILDHOOD WELLBEING RESEARCH CENTRE (U.K.) | Online report – Accessed 16 October 2011 – **'Childhood bereavement: A rapid literature review.'** Two linked pieces of work were undertaken for the Department for Education Children's Mental Health team. The first was a rapid literature review, covering evidence both on educational and psychological outcomes of childhood bereavement (losing a parent or sibling) and on the effectiveness of services provided for this group. [http://www.cwrc.ac.uk/news/documents/Childhood\\_bereavement\\_literature\\_review\\_final\\_for\\_publication.pdf](http://www.cwrc.ac.uk/news/documents/Childhood_bereavement_literature_review_final_for_publication.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/owner/MediaWatch>

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>

### **A legislatively mandated council: A model for palliative care policy integration**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 11 October 2011 – Mechanisms are needed to foster discussion of policy choices about end-of-life care, identify areas of general agreement, and clarify possible areas of disagreement. The Maryland State Advisory Council on Quality Care at the End of Life (MSAC), created by legislation as a permanent part of Maryland government, is one such mechanism. The authors describe the rationale for creating the MSAC, its operational features, and some of its successes and challenges. Given state-to-state variation in many aspects of health care organization and financing, they do not present the MSAC as a model to be adopted in every state. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2011.0003>

**N.B.** Maryland State Advisory Council on Quality Care at the End of Life website: <http://www.oag.state.md.us/Healthpol/SAC/index.htm>

### **"Don't become a burden and don't complain": A case study of older persons suffering from incurable cancer and living alone in rural areas**

*NURSING REPORTS* | Online article – 10 October 2011 – The aim of this study was to investigate how older people, who live on their own, experience living with incurable cancer and commuting for palliative care in rural Norway. Three major categories were identified: hovering between hope and fear; stressful commuting to palliative care; and, being exhausted. The findings indicated that older people who have been stricken with incurable cancer and who live alone in rural areas have to walk the palliative path alone. A common feature of all the informants is that they do not speak out and they do not complain. Even though the trend in healthcare is towards centralized treatment, shorter and more effective stays in hospital, and policlinic (policlinic services are a place where healthcare services can be accessed without the need for an overnight stay in hospital, usually such clinics are located close to a hospital) treatment and care, not all older persons manage to take care of themselves. The findings suggest that nurses should pay more attention to these patients' needs for care at different levels of the healthcare service. <http://pagepressjournals.org/index.php/nursing/article/view/nursrep.2011.e3>

### **Establishing hospice care for prison populations: An integrative review assessing the U.K. and U.S. perspective**

*PALLIATIVE MEDICINE* | Online article – 12 October 2011 – The aim of this review is to examine the evidence ... on the promotion of palliative care in the prison sector, summarizing examples of good practice and identifying barriers for the provision of end-of-life care within the prison environment... The results highlight a number of issues surrounding the implementation of palliative care services within the prison setting and emphasize the disparity between the U.S. model of care (which emphasizes the in-prison hospice) and the U.K. model of care (which emphasizes palliative care in-reach) for dying prisoners. The provision of palliative care for the increasing prison population remains under-researched globally, with a notable lack of evidence from the U.K. <http://pmj.sagepub.com/content/early/2011/10/12/0269216311424219.abstract>

**N.B.** Articles and reports focused on the provision and delivery of end of life care for prison inmates have been highlighted in Media Watch on a fairly regular basis. A compilation of these articles and reports in a single document is available on request. Contact information at foot of (p.10).

### **Suffering and distress at the end-of-life**

*PSYCHO-ONCOLOGY* | Online article – 11 October 2011 – Assessment processes require keeping in mind the complexity, multi-dimensionality, and subjectivity of symptoms and experiences. Optimal palliative care is based on continuous and multidimensional evaluation and treatment of symptoms and syndromes. It should take place in a clinical context where the psychological, spiritual, and socio-cultural needs of the patient-family unit are taken care of simultaneously. A deep knowledge of the nature of suffering and its associated factors is central to alleviate unnecessary suffering. <http://onlinelibrary.wiley.com/doi/10.1002/pon.2087/full>

## Worth Repeating

### **Therapeutic failure: The elephant in the room**

*JOURNAL OF SUPPORTIVE ONCOLOGY* | Online article – 28 January 2011 – We are collectively – and justifiable – proud of the achievements of clinical oncology over the last 50 years. However, in the current state of treatment and knowledge, it would be helpful for us to be aware not only of our successes but also of the limitations of our therapies and to be more openly aware of the personal toll of therapeutic failure. There is a great deal that we can achieve for our patients, even when there is nothing more that we can do to control the disease process. This understanding is the whole basis of supportive oncology and a function that helps us to maintain some degree of our own equanimity, as well as that of our patients, during the very difficult times of dealing with therapeutic failure. Even though this is a very demanding part of the clinician's job, it is an important one and is of great value to the patient. It is thus a central and worthwhile part of our job and one that, when done effectively, reflects well on us and on our specialty. Much of the time, communication is the most important component of our therapy – some of the time, it is the only one. <http://jso.imng.com/specialty-focus/end-of-life-issues/single-article-page/therapeutic-failure-the-elephant-in-the-room.html>

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#### Something Missed or Overlooked?

If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

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