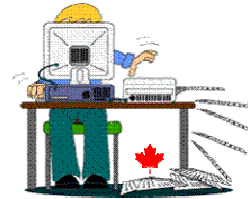


## Media Watch...

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

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Compilation of Media Watch 2008, 2009, 2010, 2011, 2012 ©

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

Expressions of love and gratitude: Scroll down to [Specialist Publications](#) and 'Forgiveness, depressive symptoms, and communication at the end of life: A study with family members of hospice patients' (p.7), published in the *Journal of Palliative Medicine*.

## Canada

### **Hospital wins right to withhold 'heroic measures' from 90-year-old car crash victim**

ONTARIO | *Ottawa Citizen* – 1 August 2012 – An Ottawa Hospital doctor has won the right to withhold "heroic measures" that would prolong the life of a 90-year-old car crash victim who has been in a coma for 20 months. The unusual case, which was heard by Ontario's Consent & Capacity Board, pitted the hospital against the man's daughter, his substitute decision-maker. She wanted the hospital to do everything possible to treat her father and extend his life. Her father, she said, is a Holocaust survivor who would want all steps taken to keep him alive. But internal medicine specialist Dr. Carl Van Walraven believed aggressive measures were not in the best interests of his patient, identified only as GS. GS suffered serious head and spinal cord injuries in a November 2010 car accident that left him with brain damage. During his long hospital stay ... GS has endured many infections and pneumonias. He has required tracheotomies and suctioning. He is fed by a tube connected to his stomach. The case went to the Consent & Capacity Board this spring because the two sides were unable to agree on a treatment plan for GS.

<http://www.ottawacitizen.com/news/Hospital+wins+right+withhold+heroic+measures+from+year+crash+victim/7025896/story.html>

## U.S.A.

### **Aging baby boomers face home health care challenge**

ASSOCIATED PRESS | Online report – 5 August 2012 – Demand for home health care workers is soaring as baby boomers – the 78 million Americans born between 1946 and 1964 – get older and states try to save money by moving people out of more costly nursing homes. But filling more than 1 million new home care positions over the next decade will be a challenge. The U.S. Labor Department projects that home health and personal care aides will be among the fastest-growing jobs over the next decade, adding 1.3 million positions and increasing at a rate higher than any other occupation. <http://www.seattlepi.com/news/article/Aging-baby-boomers-face-home-health-care-challenge-3763962.php>

## Research on bereavement is gaining momentum

CALIFORNIA | *Sacramento Bee* – 4 August 2012 – For the almost 11 million Americans age 65 and older who have lost their spouses, the emotional landscape of aging is defined at least in part by grief. In 2009, some 290,000 men in that age group and 648,000 women became widowed, U.S. census data show. Every year, at least 1 million people live through the death of a spouse, the Social Security Administration estimates. But all widowhood experiences are not the same. Some people seem to remain caught in an ongoing loop of mourning for years, while others manage to find new hope and energy in a relatively short time. Why? Answers have been hard to come by in the past, but research into bereavement is starting to gain new momentum, just as the enormous age wave of the baby boom generation edges into the territory of widowhood. <http://www.sacbee.com/2012/08/04/4691751/research-on-bereavement-is-gaining.html>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- *NEW YORK TIMES* | OpEd – 3 August 2012 – **'A desperate act, born of depression.'** Over the last several months, two California men have watched their wives end their lives after a long, drawn-out illness. Afterward, each of these old men was placed in handcuffs by the police, led from his home and questioned extensively, and faced the possibility of being charged with assisting in a suicide. Were the husbands' acts informed by love or despair? Were they a reasonable response to unbearable suffering? <http://newoldage.blogs.nytimes.com/2012/08/03/a-desperate-act-born-of-depression/>

## International

### Campaign to improve end of life care

U.K. | *West Sussex County Times* (Horsham) – 4 August 2012 – People living with dementia, carers, and groups are being invited to take part in a Sussex wide project to improve end of life care for people living with dementia. The invitation comes from former nurse and midwife Eleanor Langridge, who is leading the Sussex End of Life Care in Dementia project for National Health Service Sussex. She said: "The project's aim is to ensure more people with dementia die in their preferred place of care, with dignity, without undue pain and with their advance wishes respected." Although the project ... is Sussex wide Eleanor has established four groups across the county which reflect the diversity of the population and service provision. Mid Sussex, Crawley and Horsham is one of those groups and are working together to look at end of life care for people with dementia. More than 13,000 people are currently living with dementia in West Sussex and one in five people in the county will have a form of dementia during their lifetime. <http://www.wscountytimes.co.uk/news/local/sussex-wide-campaign-to-improve-end-of-life-care-1-4117560>

### Decision making in end-of-life care

Three of the lectures that I gave during my recent visit to Singapore were videotaped and can now be viewed on the website of the Centre for Bio-medical Ethics (CENTRES):

'Advance Care Planning' (at Khoo teck Phuat Hospital): <http://centres.sg/node/114>

'The Family Conference' (at Singapore General Hospital): <http://centres.sg/node/116>

'Withdrawal or Withholding Life-Sustaining Treatment' (at National University Hospital) <http://centres.sg/node/117>

On CENTRES' website is a posting of related interest. On the homepage, under 'What's New,' is a link to 'Preparing to Die at Home: Information for the Caregiver,' the first in a series of seven booklets published some years ago. The series was an initiative of the palliative care team at Cambridge Memorial Hospital, Ontario, Canada. Link: [http://www.centres.sg/sites/default/files/Journeys\\_Booklet1.pdf](http://www.centres.sg/sites/default/files/Journeys_Booklet1.pdf)

My visit to Singapore was at the invitation of the Centre for Biomedical Ethics, at the National University of Singapore, and the Lien Centre for Palliative Care, Duke-NUS.

**Barry R. Ashpole**

## All parliamentary group on palliative care announced

NEW ZEALAND (NZ) | Voxy.com – 1 August 2012 – North Shore Member of Parliament, Maggie Barry, announced the formation of an All Parliamentary Group on Palliative Care. "This is a significant step toward helping promote a better understanding among politicians about the outstanding level of palliative care available in this country. I intend this to be a group that can work constructively, across party lines to focus on improving the quality of life for those with life-limiting conditions. It will be an opportunity to foster discussion around the challenges of providing palliation in caring for people with chronic diseases and dementia, advance planning and the health economics of palliative care. The NZ All Parliamentary Group has been established in partnership with Hospice NZ and the palliative care sector will be modelled on similar ones internationally, including the U.K. All Party Parliamentary Group on Dying Well. <http://www.voxy.co.nz/politics/all-parliamentary-group-palliative-care-announced/5/130830>

Noted in Media Watch, 23 April 2012:

- NEW ZEALAND | Community Scoop – 12 April 2012 – '**Hospice New Zealand standards for palliative care...**' Development of the Standards involved 18 months work and collaboration between Hospice New Zealand, Maori hospice and health workers, experts from palliative care, aged care, management and audit. There has been a conscious effort to capture the spirit of palliative care in the document with inclusion of the many faces of New Zealanders, and whakatoki (Maori sayings), gifted to Hospice New Zealand by Maori elders associated with Hospices across the country. <http://community.scoop.co.nz/2012/04/hospice-nz-standards-for-palliative-care-launch/>

**N.B.** New Zealand was rated 3rd (of the 40 countries surveyed) in *The Quality of Death: Ranking End-of-life-Care Across the World*, commissioned by the Lien Foundation, Singapore, published by the Economist Intelligence Unit, July 2010. [http://graphics.eiu.com/upload/QOD\\_main\\_final\\_edition\\_Jul12\\_toprint.pdf](http://graphics.eiu.com/upload/QOD_main_final_edition_Jul12_toprint.pdf)

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIAN & NEW ZEALAND SOCIETY OF PALLIATIVE MEDICINE (ANZSPM) | Scoop – 6 August 2012 – '**Australian & NZ Society of Palliative Medicine on euthanasia.**' The Society believes that the practice of euthanasia and assisted suicide are outside the discipline of palliative medicine. It endorses the position statement of the New Zealand Medical Association (NZMA)<sup>1</sup> and similarly the World Medical Association's which state that euthanasia and doctor-assisted suicide are unethical. <http://www.scoop.co.nz/stories/GE1208/S00019/australian-nz-society-of-palliative-medicine-on-euthanasia.htm>
  1. New Zealand Medical Association position statement on euthanasia: <http://www.nzma.org.nz/policies/advocacy/position-statements/euthanasia>
- AUSTRALIA POLICY ONLINE | Online article/report – 2 August 2012 – '**Euthanasia – tackling a wicked policy problem.**' This article highlights the range of real policy development, process and value issues that need to be addressed before further policy change can be considered in this area. <http://apo.org.au/sites/default/files/Prasser%20Euthanasia%20CHA%20Winter%202012.pdf>
- GERMANY | *The Local* – 1 August 2012 – '**Assisted suicide law splits government.**' A row has blown up within the government about possible changes to German assisted suicide laws, after the justice minister said she wanted to enable not just relatives but also doctors and friends to help people to die. <http://www.thelocal.de/society/20120801-44105.html>

### [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>

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

### End-of-life care in the ICU

#### **Can we simultaneously increase quality and reduce costs?**

*AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE MEDICINE* | Online article – 2 August 2012 – The incidence and costs of critical illness are increasing in the US at a time when there is a focus both on limiting the rising costs of healthcare and improving the quality of end-of-life care. Over 25% of healthcare costs are spent in the last year of life and approximately 20% of deaths occur in the ICU. Consequently, there has been speculation that end-of-life care in the ICU represents an important target for cost savings. It is unclear whether efforts to improve end-of-life care in the ICU could significantly reduce healthcare costs. Here, the authors summarize recent studies suggesting that important opportunities may exist to improve quality and reduce costs through two mechanisms: advance care planning for patients with life-limiting illness and use of time-limited trials of ICU care for critically ill patients. The goal of these approaches is to ensure patients receive the intensity of care that they would choose at the end of life, given the opportunity to make an informed decision. Although these mechanisms hold promise for increasing quality and reducing costs, there are few clearly described, effective methods to implement these mechanisms in routine clinical practice. Basic science in communication and decision-making, implementation research, and demonstration projects are critically important if we are to translate these approaches into practice and, in so doing, provide high-quality and patient-centered care while limiting rising healthcare costs. <http://ajrccm.atsjournals.org/content/early/2012/08/01/rcm.201206-1020CP.abstract>

Of related interest:

- *REVISTA BRASILEIRA DE TERAPIA INTENSIVA*, 2012; 24(2):197-206. '**Palliative care of elderly patients in intensive care units.**' 29 articles describing palliative care in intensive care units were analyzed according to the variables "satisfaction of relatives when they participate in the discussions on palliative care" and "difficulties to implement such type of care due to lack of technical skills of the health caregivers." [http://rbti.org.br/rbti/download/artigo\\_ingles\\_2012723151857.PDF](http://rbti.org.br/rbti/download/artigo_ingles_2012723151857.PDF)

#### **Development of a generic working definition of 'supportive care'**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online article – 2 August 2012 – The term 'supportive care,' despite everyday and widespread use, remains an ambiguous concept that lacks clarity. A generic definition would underpin the development of services and provide a basis for disease specific approaches to care. The literature review identified one brief generic definition of supportive care with no explanation of its origin. A further 17 disease specific definitions were identified, all relating to cancer. The resulting definition of supportive care might provide a basis for service development and could be further adapted to disease specific contexts. It would benefit from broader consultation to determine acceptability among a wider range of health professionals and service users. <http://spcare.bmj.com/content/early/2012/08/02/bmjspcare-2012-000222.abstract>

#### **Dying other, dying self: Creating culture and meaning in palliative healthcare**

*PALLIATIVE & SUPPORTIVE CARE* | Online article – 1 August 2012 – Dying is an act of creativity, and we each die as cultural beings. Culture helps us create the meaning death requests of us. However, the dominant culture of the healthcare system views death as a failure of modern medicine, an event of unspeakable terror and taboo. Palliative clinicians must honor each dying person's cultural identity (as well as the person's family), not subject it to the dominant discourse of Western medicine. This article offers practical guidelines for palliative clinicians to do so, as well as a case vignette. <http://journals.cambridge.org/ac-tion/displayAbstract?fromPage=online&aid=8654091&fulltextType=RA&fileId=S1478951512000557>

## Personal view

### **We must give children a voice in advance care planning**

*BRITISH MEDICAL JOURNAL* | Online article – 27 July 2012 – Advance care planning has become a key component of end of life care, but it involves far more than just conversations about whether or not to resuscitate. The wishes and preferences of the person concerned must be identified before they are too unwell to be involved in decision making. However, insufficient research and guidance exist on involving children and adolescents in advance care planning. Retrospective interviews with the parents of children who had an advance care plan found the process helpful in assuring that the best care was obtained for their child, and in avoiding unnecessary suffering and preserving quality of life. Perhaps unsurprisingly, these plans focused exclusively on medical interventions, covering decisions around resuscitation, artificial feeding, intubation and ventilation, antibiotic use, and admission to hospital. Parents reported "having peace of mind" and retaining a sense of control once they had signed the plan...[http://www.bmj.com/content/345/bmj.e5111?utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+bmj%2Fcomment+\(Latest+BMJ+Comment\)](http://www.bmj.com/content/345/bmj.e5111?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fcomment+(Latest+BMJ+Comment))

Noted in Media Watch, 2 July 2012:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 25 June 2012 – **'Parent-clinician communication intervention during end-of-life decision making for children with incurable cancer.'** <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0006>

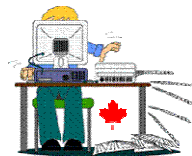
Noted in Media Watch, 12 March 2012:

- *ACTA PAEDIATRICA*, 2012;101(4):333-336. **'Decisions about life-sustaining measures in children...'** <http://onlinelibrary.wiley.com/doi/10.1111/j.1651-2227.2011.02531.x/abstract>
- *PEDIATRICS* | Online article – 5 March 2012 – **'Barriers to conducting advance care discussions for children...'** <http://pediatrics.aappublications.org/content/early/2012/02/29/peds.2011-2695.abstract>

### **"That must be so hard" – Examining the impact of children's palliative care services on the psychological well-being of parents**

*JOURNAL OF CLINICAL CHILD PSYCHOLOGY & PSYCHIATRY* | Online article – 26 July 2012 – In 2003 the New Opportunities Fund ... awarded £48 million to 70 home-based care teams to enable them to provide a range of services to allow children with non-malignant life-limiting conditions to be cared for at home. As there is limited evidence about the impact of palliative care services on psychological well-being, this study measured parental stress and the psychological wellbeing of parents of newly referred children with life-limiting and life-threatening conditions. Measures were administered at the point of referral and at 12 months follow-up. Statistical analysis indicated that there was no significant change at 12 month follow-up. The lack of deterioration in levels of parental stress and psychological wellbeing is viewed positively within this context. It is hypothesised that multi-agency and partnership working was a significant contributory factor in not increasing levels of parental stress and psychological wellbeing through social support. <http://ccp.sagepub.com/content/early/2012/07/25/1359104512448146.abstract>

### **Barry R. Ashpole**



My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class courses, and facilitating issue specific workshops, for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://www.ipcrc.net/barry-r-ashpole.php>

## Palliative care in India

### Concepts and debates in end-of-life care

*INDIAN JOURNAL OF MEDICAL ETHICS*, 2012;9(3):202-206. Debates in India on end-of-life care assumed a new life after the petition in the Supreme Court in the case of Aruna Ramchandra Shanbaug, calling for withdrawal of life-sustaining therapy from a patient in a persistent vegetative state. The Court's landmark decision has led the way for discussing and developing guidelines on various situations in end-of-life care. This paper discusses some key concepts in end-of-life care... with reference to the guidelines of various medical associations and decisions in Indian courts. <http://xa.yimg.com/kq/groups/23247941/291579136/name/issue203.html.pdf#page=64>

Noted in Media Watch, 31 January 2011:

- INDIA | BBC News (South Asia) – 24 January 2011 – **'India doctors to examine 'euthanasia' woman.'** India's Supreme Court has directed three doctors to examine the medical condition of a woman who has been in a vegetative state since 1973. The court is hearing a plea to end the life of Aruna Shanbaug ... who has been paralysed and considered "brain-dead" since she was attacked by a rapist in November 1973. <http://www.bbc.co.uk/news/world-south-asia-12272915>

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

## Legal and ethical issues

### Regulation of advance directives in Italy: A bad law in the making

*INTENSIVE CARE MEDICINE* | Online article – 2 August 2012 – Advance Directives (ADs) have been adopted in many countries to defend patients' autonomy. In Italy, the role of ADs has recently been the subject of heated debate involving political parties and the Roman Catholic Church. In February 2009, the conservative government coalition presented a bill of law on this issue. It has been passed by the Low Chamber and is now being discussed in the Senate. The purpose of the article is to highlight any possible bill's contradiction with Italian Constitution, Italian Code of Medical Ethics, and Oviedo Convention contents, relevant for intensivists. [http://icmjournals.esicm.org/journals/abstract.html?v=0&j=134&i=0&a=2656\\_10.1007\\_s00134-012-2656-3&doi=](http://icmjournals.esicm.org/journals/abstract.html?v=0&j=134&i=0&a=2656_10.1007_s00134-012-2656-3&doi=)

Of related interest:

- *ANNALS OF SURGERY*, 2012;256(1):10-15. **'The role of surgeon error in withdrawal of post-operative life support.'** Sixty-three percent of respondents would not honor the request to withdraw life-supporting treatment. Willingness to withdraw life-support was significantly lower in the setting of surgeon error and elective operations rather than in emergency cases. [http://journals.lww.com/annalsofsurgery/Abstract/2012/07000/The\\_Role\\_of\\_Surgeon\\_Error\\_in\\_Withdrawal\\_of.3.aspx](http://journals.lww.com/annalsofsurgery/Abstract/2012/07000/The_Role_of_Surgeon_Error_in_Withdrawal_of.3.aspx)
- *GENERAL SURGERY NEWS*, 2012;39(7). **""Failure to pursue rescue" ups deaths from complications.'** Elderly patients who sign a preoperative "do not resuscitate" order are more likely to die from complications following surgery ... because they turn down aggressive management of their complications, according to a study presented at a meeting of the American Surgical Association. [http://www.generalsurgerynews.com/ViewArticle.aspx?d=ln%2bthe%2bNews&d\\_id=69&i=July+2012&i\\_id=865&a\\_id=21243&tab=MostRead](http://www.generalsurgerynews.com/ViewArticle.aspx?d=ln%2bthe%2bNews&d_id=69&i=July+2012&i_id=865&a_id=21243&tab=MostRead)
- *IRISH MEDICAL JOURNAL*, 2012;105(6). **'To hydrate or not at the end of life.'** The decision to give or withhold fluids should be informed not only by a background knowledge of ethical principles, state legislation and scientific evidence but also by careful consideration of the circumstances of the individual patient and open discussion with families to reach, if possible, a consensus. <http://www.imj.ie/ViewArticleDetails.aspx?ArticleID=9590>

## **Community palliative care nurse experiences and perceptions of follow-up bereavement support visits to carers**

*INTERNATIONAL JOURNAL OF NURSING PRACTICE*, 2012;18(4):332-339. Although positive experiences were commonly reported [in this study in Australia], with 95% of participants considering bereavement follow-up visits as consistent with their role, 53% found the visits difficult for reasons such as the nurse or client not understanding the purpose, the CN's excessive personal identification with the client's situation, the emotional intensity of visits, and lack of confidence or skills despite prior training. <http://onlinelibrary.wiley.com/doi/10.1111/j.1440-172X.2012.02046.x/abstract;jsessionid=1318AA17B6A63AFAF2ABA017E61A66D5.d04t01?deniedAccessCustomisedMessage=&userIsAuthenticated=false>

## **Care versus treatment at the end of life for profoundly disabled persons**

*JOURNAL OF CLINICAL ETHICS*, 2012;23(1):79-83. Individuals who are profoundly mentally handicapped do not have the capacity to make their own decisions and also do not have a past record of decisions, from when they had capacity, to guide us in making decisions for them. They represent a difficult group, ethically, for surrogate decision making. The author proposes some guidelines, distinguishing between these patients and patients in a persistent vegetative state. As the life span of patients becomes shorter, or their level of consciousness becomes permanently impaired, the presumption for comfort care should become an imperative, and the standard of evidence to justify any invasive intervention should become higher. For members of this population, who have no more ability to refuse treatment than to consent to it, protection of the vulnerable must mean allowing a peaceful death as well as a comfortable life. Reasonable legal safeguards are also proposed to allow improved end-of-life decisions to be made for this population. [http://www.clinicalethics.com/single\\_article/sw8asougieA.html](http://www.clinicalethics.com/single_article/sw8asougieA.html)

Of related interest:

- *JOURNAL OF CLINICAL ETHICS*, 2012;23(1):71-78. **'Surrogate medical decision making on behalf of a never-competent, profoundly intellectually disabled patient who is acutely ill.'** With the improvements in medical care and resultant increase in life expectancy of the intellectually disabled, it will become more common for healthcare providers to be confronted by ethical dilemmas in the care of this patient population. Many of the dilemmas will focus on what is in the best interest of patients who have never been able to express their wishes with regard to medical and end-of-life care and who should be empowered to exercise surrogate medical decision-making authority on their behalf. [http://www.clinicalethics.com/single\\_article/tiec6ux3a3A.html](http://www.clinicalethics.com/single_article/tiec6ux3a3A.html)

## **Barriers that define a genre of shared decision making in palliative care communication**

*JOURNAL OF COMMUNICATION IN HEALTHCARE*, 2012;5(2):140-146. Although shared decision making (SDM) is advocated and adopted widely in the American healthcare system, SDM can be strained and even avoided when medical decisions involve end-of-life care – particularly the decision to forgo life-saving treatment for palliative care ... current research points to failed communication among patients, their families, their physicians, and other caregivers as a reason why palliative care is underutilized. This paper reviews literature that describes the cultural, social, and cognitive barriers to successful SDM in palliative care communication and further addresses institutional barriers that prevent this genre of risk communication from being utilized. <http://www.ingentaconnect.com/content/maney/cih/2012/00000005/00000002/art00009>

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online article – 31 July 2012 – **'Forgiveness, depressive symptoms, and communication at the end of life: A study with family members of hospice patients.'** Forgiveness has begun to receive empirical attention in end-of-life contexts, but primarily among patients. Although not as commonly endorsed as expressions of love and gratitude, forgiveness-related communications are seen as extremely important by many family members of hospice patients. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0138>

## **Palliative care after attempted suicide in the absence of premorbid terminal disease: A case series and review of the literature**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online article – 30 July 2012 – Palliative care involvement in the management of incomplete suicide in patients without terminal illness is rare. This paper documents two such cases and explores some of the clinical and ethical issues raised. [http://www.jpmsjournal.com/article/S0885-3924\(12\)00241-2/abstract](http://www.jpmsjournal.com/article/S0885-3924(12)00241-2/abstract)

## **Pediatric palliative care: Beyond the end of life**

*PEDIATRIC NURSING*, 2012;38(4):198-227. Palliative care is an emerging nursing specialty and is developing a dedicated spot in the field of pediatrics. In pediatrics, advances in health care mean that many children are living longer with these conditions and could benefit from services that focus on quality of life and superior symptom management. Palliative care can be provided concurrently with curative therapies and is philosophically similar yet distinct from hospice services. <http://ajj.com/services/pblshng/pnj/ce/2014/article3804198227.pdf>

### **Media Watch Online**

#### **Canada**

ONTARIO | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network: <http://www.hnhbhpc.net/CurrentNewsandEvents/tabid/88/Default.aspx> (Click on 'Current Issue' under 'Media Watch')

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

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

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

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

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

#### **Europe**

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

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

#### **Asia**

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

#### **International**

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

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

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



## Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *ISAA REVIEW* (Independent Scholars Association of Australia), 2012;11(1). **'The case for euthanasia and physician-assisted suicide.'** The prospect of enduring a long drawn out dying process generates both fear and apprehension in both terminally ill and chronically ill patients. Many of them wish to choose the time and manner of their death. On the other side, passionate, mainly religious groups have campaigned long and hard to deny suffering people assistance to die. As the law currently stands in Australia, there is a complete ban on both euthanasia and assistance in suicide. <http://search.informit.com.au/documentSummary;dn=608784679152920;res=IELHSS>
- *KING'S LAW JOURNAL*, 2012;23(2):121-139. **'Supervision and control in euthanasia law: Going Dutch?'** This article provides information on the design and working of the law on euthanasia in the Netherlands and Belgium. It argues that ever since the enactment of the law transparency regarding the euthanasia practice is growing. Furthermore, it argues that, at least in the Netherlands, an evolution is taking place from supervision and control after the fact to supervision and control in advance. In the authors' opinion the law has not freed doctors from constraints that bind their colleagues in other countries but subjected them to much more legal scrutiny. Going Dutch is therefore a possibility for those who think protecting life important. <http://www.ingentaconnect.com/content/hart/klj/2012/00000023/00000002/art00003>

**N.B.** This issue of the *King's Law Journal* includes several articles on the issue of assisted (or facilitated death). Contents page: <http://www.ingentaconnect.com/content/hart/klj/2012/00000023/00000002>

### 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.

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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.

## Worth Repeating

### **"Nobody understands": On a cardinal phenomenon of palliative care**

*JOURNAL OF MEDICINE & PHILOSOPHY*, 2006;31(1):13-46. In the clinical practice of palliative medicine, recommended communication models fail to approximate the truth of suffering associated with an impending death. The author provides evidence from patients' stories and empiric research alike to support this observation. Rather than attributing this deficiency to inadequate training or communication skills, he examines the epistemological premises of the biomedical language governing the patient-physician communication. He demonstrates that the contemporary biomedicine faces a fundamental aporetic occlusion in attempting to examine death. This review asserts that the occlusion defines, rather than simply complicating, palliative care. Given the defining place of aporia in the care for the dying, the author suggests that this finding shape the clinicians' responses to the needs of patients in clinical care and in designing palliative research. Lastly, he briefly signal that a genuinely apophatic voice construing the occlusion as a mystery rather than an aporia may be superior to the present communication and empathy models. <http://jmp.oxfordjournals.org/content/31/1/13.abstract?sid=b79fce54-6a5a-461c-8bbd-a3a8fcc9e0de>

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