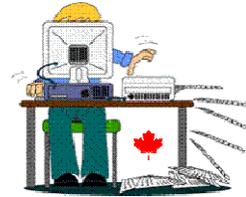


Media Watch...

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

Working in end-of-life care: Scroll down to [Specialist Publications](#) and 'Beyond knowledge and skills: Self-competence in working with death, dying, and bereavement' (p.6), in *Death Studies*.

Canada

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BRITISH COLUMBIA | CBC (*the fifth estate*) – 12 October 2012 – '**The Life and Death of Gloria Taylor.**' In her many conversations with *the fifth estate* Taylor maintained that she didn't want to kill herself and she didn't want anybody else to do it for her. It was just an option she wanted, a last resort. [*The fifth estate* program] chronicles her perseverance, her final victory in court, the backlash that threatened to take her victory away and in the end the peaceful death she had always wished for. <http://www.cbc.ca/fifth/content/2012/10/the-life-and-death-of-gloria-taylor.html>
- BRITISH COLUMBIA | CTV News (Vancouver) – 10 October 2012 – '**Focus on palliative care, not suicide: Doctor.**' A landmark case on doctor-assisted suicide is heading to the B.C. Appeals Court in March, but some doctors fear the hot-button issue is drawing focus away from a different, and widely used form of end-of-life care. Dr. Romyne Gallagher works with the palliative care program at Providence Health Care, which aims to alleviate suffering for the dying. She argues the highly controversial practice of assisted suicide would serve just a fraction of terminally ill pa-

tients. <http://bc.ctvnews.ca/focus-on-palliative-care-not-suicide-doctor-1.991011>

Specialist Publications

Of related interest:

'Physician-assisted dying: Bringing the family physician perspective to the table' (p.9), in *Canadian Family Physician*.

U.S.A.

Inmate's perspective

Prison hospice teaches a life lesson

CONNECTICUT | *Hartford Courant* (OpEd) – 12 October 2012 – In recent years, the [Connecticut Department of Corrections] has adopted a number of innovative programs that have proved successful. These hands-on activities teach participants how to develop empathy, compassion and pride while practicing honesty, integrity, patience and caring – values not commonly associated with prisoners. At Osborn prison in Somers, where I was serving a 25-year sentence for armed robbery, the programs include Alternatives to Violence, Certified Nurses Aide and hospice, among others. I became involved with hospice because I wanted to change who I was and give something back to society after a lifetime of taking from others. I was selfish and angry and could not be trusted. I cared about nothing and had a propensity for violence. I was a liar and a thief and desperately needed to change. As a hospice volunteer, I received no pay, benefits or special recognition, but felt the satisfaction of helping someone in need. Over the past six years, I have had the privilege of caring for more than a dozen dying men. I learned that every person has value, and no matter how different we may appear, we are far more similar than we sometimes think. <http://www.courant.com/news/opinion/hc-op-barile-prisoner-weighs-value-of-rehabilitati-20121012,0,6552082.story>

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.

We need better ways to train and support family caregivers

FORBES | Online commentary – 12 October 2012 – [Family] caregivers acknowledge they are largely untrained, and many say they learned how to perform these difficult tasks on their own, or from a friend or neighbor. Few were taught by health professionals. Imagine if nurses in hospitals or nursing facilities were providing such care with informal training like this. It would be a major scandal. Regulators would shut down the facilities within hours. Yet, 80% of the frail elderly are getting their care at home, and not in a residential care facility. Family caregivers are the backbone of the support system for the frail elderly and younger people with disabilities. Yet, to be blunt, they often don't know what they are doing. The result: Those receiving care may needlessly be in pain or discomfort. They are at greater risks of falls, infections, or even drug overdoses. They may require more frequent hospitalizations. They almost surely cost the health system more money. <http://www.forbes.com/sites/howardgleckman/2012/10/12/we-need-better-ways-to-train-and-support-family-caregivers/>

Of related interest:

- *WALL STREET JOURNAL* | Online commentary – 12 October 2012 – '**Men at work – as caregivers.**' Agencies and private firms are rolling out new tools and services to help the growing number of men taking on the role of family caregiver – many of whom are still trying to hold down their day jobs. Although the traditional stereotype of a family member taking care of an elderly relative is a wife, daughter or daughter-in-law, 45% of Americans in that role are men, according to [research]. <http://online.wsj.com/article/SB10000872396390444657804578048530741456000.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>

Married women lead the way in end-of-life discussions

ABC NEWS | Online report – 9 October 2012 – It may not be easy to talk about, but nearly all Americans say it's important to have a conversation with loved ones about end-of-life issues – and most have done so, albeit with substantial differences depending on age, sex and marital status. At the high end of the spectrum, 75% of married women have had a serious conversation with a spouse, parent, child or other loved one about their wishes for their care at the end of their life. At the low end, just 43% of unmarried men have done so. Overall, 95% in this ABC News/*Washington Post* poll think it's important to have this discussion, including 77% who say it's "very" important.¹ And among those who see it as important, 84% say it should happen years in advance, rather than days, weeks or months. For those who haven't had the discussion, a simple reason stands out: Many say it's simply because they don't feel it's the right time. That fits with the finding that young adults, in particular, are unlikely to have had end-of-life conversations with loved ones. <http://abcnews.go.com/blogs/politics/2012/10/married-women-lead-the-way-in-end-of-life-discussions/>

1. ABC NEWS/*Washington Post* Poll: End-of-life conversations, 9 October 2012. <http://www.langerresearch.com/uploads/1138a3End-of-LifeConversation.pdf>

Of related interest:

- NEW JERSEY |*The Record* – 13 October 2012 – 'New Jersey expands guidance for terminally ill.' http://www.northjersey.com/news/173996791_N_J_expands_guidance_for_terminally_ill.html

Teens want voice in end-of-life decisions

U.S. NEWS & WORLD REPORT | Online report – 9 October 2012 – Teens and young adults who are seriously ill should have a chance to be involved in end-of-life decisions, and a new planning guide – developed especially for this age group – can help, researchers say.^{1,2} "It's OK to raise these issues and open up communication," said Lori Wiener, director of the pediatric psychosocial support and research program at the U.S. National Cancer Institute and lead author of a study that helped develop the new guide. "Adolescents and young adults often stay silent and secret because they don't want to share their fears – because they don't want to upset their parents. And parents don't bring up end-of-life issues for the same reasons," she explained. But, for teens, Wiener said, "people really do want to know what you think and what you feel and what your choices will be. Those choices will be different for different folks, but find a way to have your voice heard." And, for parents, she advised telling your teen or young adult child, "We're going to do everything possible to get you well and for you to survive and live a long and healthy life." <http://health.usnews.com/health-news/news/articles/2012/10/09/teens-want-voice-in-end-of-life-decisions>

1. 'Allowing adolescents and young adults to plan their end-of-life care,' *Pediatrics*, 8 October 2012. <http://pediatrics.aappublications.org/content/early/2012/10/02/peds.2012-0663.abstract>
2. 'Voicing My Choices: A Planning Guide for Adolescents and Young Adults,' *Aging with Dignity*, October 2012. <http://www.agingwithdignity.org/forms/voicingmychoices.pdf>



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>

International

Unqualified home care worker figures revealed

U.K. (ENGLAND) | BBC News – 15 October 2012 – More than 200 home care providers in England have been using staff without proper qualifications, the BBC's Inside Out programme has found. The figures were released by the Care Quality Commission after a Freedom of Information Request. Care Minister Norman Lamb said they were unacceptable, but did not show that "the whole system" had failed. Inspectors for the Care Quality Commission - which regulates home care in England - found that 217 companies were employing workers who were not properly qualified. <http://www.bbc.co.uk/news/health-19944217>

Bodies of dead left in mortuaries for months because families can't afford to bury them

U.K. | *Daily Mail* – 13 October 2012 – Grieving families are leaving loved ones lying in hospital mortuaries for months because they cannot afford to bury them. Relatives on benefits who have the responsibility of sorting out the funeral are finding the costs too high. So they are having to leave them in hospital mortuary refrigerators until they can work out how to pay for the service. The average cost of a funeral is over £2,000 but the social welfare cap for funerals is just £700 and has remained unchanged for nine years. <http://www.dailymail.co.uk/news/article-2217219/Funeral-costs-Bodies-dead-left-mortuary-months-families-afford-bury-them.html?ITO=1490>

Noted in Media Watch, 28 November 2011:

- U.K. (ENGLAND) | *The Argus* (Brighton) – 14 November 2011 – **'Hove mum's sponsored walk to pay son's funeral bill.'** A mother has been forced to do a sponsored walk to pay for her son's funeral. http://www.theargus.co.uk/news/9362434.Hove_mum_s_sponsored_walk_to_pay_son_s_funeral_bill/

Palliative care in Australia

Report calls for national conversation on palliative care

AUSTRALIA | ProBono News (Windsor, Victoria) – 11 October 2012 – The Senate has released a long-awaited report into the state of palliative care in Australia,¹ calling for a national conversation on palliative care. The Inquiry, chaired by Greens Senator, Rachel Siewert, praised the contributions of individuals and organisations who contributed 138 submissions and 23 oral accounts of their personal experience with palliative care. The Senators described listening to the oral evidence as, at times, 'harrowing' but always 'ennobling.' The committee made 38 recommendations on areas including palliative care funding, education for health professionals, education for the community, ongoing research, the need for improved access to information about services and supporting people to die in the place of their choice. The recommendations also focus on the needs of specific groups such as Indigenous Australians, CALD [Culturally & Linguistically Diverse] communities and children. The report highlighted advance care planning as a key priority for improvement, saying the current system is a 'mess' and recommending that there is a national framework developed to support people to make choices about their end of life care. It also suggested that palliative care needs to be funded under a separate category, not as part of sub-acute services as it is currently, and that Activity Based Funding must 'deal with the complexities of palliative care.' <http://www.probonoaustralia.com.au/news/2012/10/report-calls-national-conversation-palliative-care#>

1. 'Palliative Care in Australia,' Senate Community Affairs Committee Secretariat, October 2012. http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/palliative_care/report/index.htm

Ukraine needs public hospices and home palliative care

UKRAINE | *Weekly Digest: The Day* (Kyiv) – 8 October 2012 – Every year more than 700,000 people die in Ukraine, including 500,000 in need of professional palliative care. According to the Ukrainian League for Palliative & Hospice Care Development, cancer alone claims some 260 lives every day. The state is unable to provide citizens with adequate painkillers, just as there is no social protection and public support. The League's CEO, former Minister of Health Vasyl Kniazevych, is convinced that a system of effective palliative care can be built in Ukraine within the next decade, but this will require joint effort on the part of the bureaucracy and the public: "Being part of the European palliative care system, we are studying the experience of various countries. Actually, this system isn't that sophisticated; we must develop a network of hospices and palliative care wards at our hospitals and healthcare social centers, with special wards

for WW II veterans, with an emphasis on home care." <http://www.day.kiev.ua/236442>

'Morphine law hurting palliative care'

INDIA | *Hindustan Times* (Mumbai) – 14 October 2012 – Non-availability of morphine and other opioid painkillers is a major deterrent in the palliative care of patients who suffer from chronic diseases such as cancer, heart diseases, chronic obstructive pulmonary disease, HIV and geriatric diseases, say doctors and patients. The scarcity is due to the Narcotics & Psychotropic Substances Act, under which morphine is defined as a narcotic, a hospital or chemist procuring the drug must have a transport permit as well as an interstate import and export permit. These permits have to be arranged every month. <http://www.hindustantimes.com/India-news/Mumbai/Morphine-law-hurting-palliative-care/Article1-944374.aspx>

Noted in Media Watch, 13 August 2012:

- *PROGRESS IN PALLIATIVE CARE* | Published online – 9 August 2012 – '**Palliative care developments in Ukraine.**' <http://www.ingentaconnect.com/content/maney/ppc/pre-prints/1743291X12Y.000000029>

Judge backs doctors in Muslim man's right-to-life case

U.K. | BBC News – 8 October 2012 – A hospital trust can withhold life-saving treatment from a severely brain-damaged Muslim man if his condition deteriorates, a court ruled. Doctors argued it would be unfair to resuscitate the patient, known as Mr. L, if his condition worsened.¹ His family ... said that was against their Muslim faith. At the Court of Protection, Mr. Justice Moylan said it would be lawful to withhold treatment as it would not prolong life "in any meaningful way." He added: "It would result in death being characterised by a series of harmful interventions without any realistic prospect of such treatment producing any benefit." <http://www.bbc.co.uk/news/uk-england-19873175>

1. 'Right-to-life patient's family 'want to believe' he can respond, says expert,' *The Guardian*, 21 August 2012 (noted in Media Watch, 27 August 2012). <http://www.guardian.co.uk/law/2012/aug/21/right-to-life-patient-expert>

Noted in Media Watch, 30 January 2012:

- *JOURNAL OF THE ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA*, 2011;43(3). '**The end of life, the ends of life: An anthropological view.**' <http://jima.imana.org/article/view/7037>

Specialist Publications

Of related interest:

"In a twilight world'? Judging the value of life for the minimally conscious patient' (p.7), in *Journal of Medical Ethics*.

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

A study of the motivations of British hospice volunteers

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Published online – 11 October 2012 – The IMHPCV [Inventory of Motivations for Hospice Palliative Care Volunteerism] taps into five different categories of motives for becoming a hospice palliative care volunteer: altruism, civic responsibility, leisure, self-promotion, and personal gain. Altruistic motives were the most influential reasons [by study participants] for choosing to join hospice; personal gain motives were the least influential reasons for becoming a hospice volunteer. Altruistic motives were found to be a significant predictor of volunteers' length of service to the hospice. Compared to collected data from a sample of Canadian hospice palliative care volunteers,¹ the current study's sample of British hospice volunteers scored significantly different on 2 of the 5 categories of motives on the IMHPCV. <http://ajh.sagepub.com/content/early/2012/10/04/1049909112462057.abstract>

1. 'Holding on to what you have got: Keeping hospice palliative care volunteers volunteering,' *American Journal of Hospice & Palliative Medicine*, published online 18 July 2012 (noted in Media Watch, 30 July 2012). <http://ajh.sagepub.com/content/early/2012/07/16/1049909112453643.abstract>

Beyond knowledge and skills: Self-competence in working with death, dying, and bereavement

DEATH STUDIES | Published online – 11 October 2012 – This study explored helping professionals' views on death work competencies. Results showed that death work competencies can be categorized into four major areas: a) knowledge competence; b) practice competence; c) self-competence; and, d) work-environment competence. Self-competence was the most frequently mentioned by the participants ... further categorized into 3 themes: a) personal resources; b) existential coping; and, c) emotional coping. Implications on future death education and training for ... were discussed. <http://www.tandfonline.com/doi/abs/10.1080/07481187.2011.604465>

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.

Case report

Experience assisting an AIDS-infected homosexual patient and his same-sex partner make a do-not-resuscitate decision

HU LI ZA ZHI (The journal of nursing), 2012;59(5):97-102. Homosexual men infected with HIV often wish to authorize their intimate same-sex partner or friends rather than immediate family members to make medical decisions on their behalf. Although same-sex marriage is currently illegal in Taiwan, HIV infected homosexual patients are able to write advance directives appointing their same-sex partner to be their surrogate decision maker for end-of-life medical decisions. This case report describes an experience assisting a homosexual patient with HIV to write his advance directives. Family conferences held to discuss the patient's decisions regarding resuscitation helped legitimize his partner's primary role in making end-of-life healthcare decisions on his behalf. http://www.researchgate.net/publication/232009260_Experience_Assisting_an_AIDS-Infected_Homosexual_Patient_and_His_Same-Sex_Partner_Make_a_Do-Not-Resuscitate_Decision

'In a twilight world'? Judging the value of life for the minimally conscious patient

JOURNAL OF MEDICAL ETHICS | Published online – 12 October 2012 – The recent ruling from England on the case of M is one of very few worldwide to consider whether life-sustaining treatment,¹ in the form of clinically assisted nutrition and hydration, should continue to be provided to a patient in a minimally conscious state. Formally concerned with the English law pertaining to precedent autonomy ... and the best interests of the incapacitated patient, the judgment issued in M's case implicitly engages with three different accounts of the value of human life, which respectively emphasise its self-determined, intrinsic and instrumental value. The judge appeared to be most persuaded by the intrinsic value of life and he concluded that treatment ought to continue. Assessing whether his approach or conclusion were ethically appropriate involves significant substantive and evidential questions regarding where the burden of proof should lie and what standard of proof should be required when decisions are to be made about the fates of patients inhabiting 'twilight worlds'. <http://jme.bmj.com/content/early/2012/10/11/medethics-2012-101028.abstract>

1. "Brain-damaged woman could become first person to have food and water tubes withdrawn while she is still 'conscious,'" *Daily Mail*, 15 April 2011 (noted in Media Watch, 18 April 2011). <http://www.dailymail.co.uk/news/article-1377161/Judge-decide-conscious-woman-life-support-machine-switched-off.html>

All stories are not alike: A purpose-, content-, and valence-based taxonomy of patient narratives in decision aids

MEDICAL DECISION MAKING | Published online – 11 October 2012 – The use of patient stories in decision aids is a highly controversial practice. However, the resulting debates and research have yielded little consensus about the impact of patient stories due to vague operational definitions of narratives. In this article, the authors argue that narratives are not homogeneous in either content or effect and hence should not be considered a single construct in research. The purpose of this article is to provide a taxonomy that guides both the development of decision aids and future research on this topic. They define three dimensions of narratives that are likely to moderate their impact on decision making: 1) the purpose of the narrative; 2) the content of the message; and, 3) the evaluative valence, or overall tone, of the message. In addition, we describe predicted effects of different types of narratives on decision making and discuss their potential interactions. <http://mdm.sagepub.com/content/early/2012/10/11/0272989X12463266.abstract>

Continuous sedation until death: Moral justifications of physicians and nurses – a content analysis of opinion pieces

MEDICINE, HEALTH CARE & PHILOSOPHY | Published online – 12 October 2012 – Continuous sedation until death (CSD), the act of reducing or removing the consciousness of an incurably ill patient until death, often provokes medical-ethical discussions in the opinion sections of medical and nursing journals. A content analysis of opinion pieces in medical and nursing literature was conducted to examine how clinicians define and describe CSD, and how they justify this practice morally. Most publications were written by physicians and published in palliative or general medicine journals. 'Terminal sedation' and 'palliative sedation' are the most frequently used terms to describe CSD. Seventeen definitions with varying content were identified. CSD was found to be morally justified in 73 % of the publications using justifications such as 'last resort,' 'doctrine of double effect,' 'sanctity of life,' 'autonomy,' and 'proportionality' The debate over CSD in the opinion sections of medical and nursing journals lacks uniform terms and definitions, and is profoundly marked by 'charged language,' aiming at realizing agreement in attitude towards CSD. <http://www.springerlink.com/content/w230263533787119/>

Perinatal and pediatric issues in palliative and end-of-life care...

NURSING OUTLINE | Published online – 2 October 2012 – More than 25,000 infants and children die in U.S. hospitals annually; 86% occur in the Neonatal Intensive Care Unit or Pediatric Intensive Care Unit. Parents see the child's pain and suffering and, near the point of death, must decide whether to resuscitate, limit medical treatment, and/or withdraw life support. Immediately after the death, parents must decide whether to see and/or hold the infant/child, donate organs, agree to an autopsy, make funeral arrangements, and somehow maintain functioning. Few children and their families receive pediatric palliative care services, especially those from minority groups. Barriers to these programs include lack of services, difficulty identifying the dying point, discomfort in withholding or withdrawing treatments, communication problems, conflicts in care among providers and between parents and providers, and differences in cultural beliefs about end-of-life care. [http://www.nursingoutlook.org/article/S0029-6554\(12\)00236-9/abstract](http://www.nursingoutlook.org/article/S0029-6554(12)00236-9/abstract)

"All my saints are within me": Expressions of end-of-life spirituality

PALLIATIVE & SUPPORTIVE CARE | Published online – 10 October 2012 – With spirituality being one of the most important components of end-of-life (EOL) care, this study explored the oral responses of 44 dying persons who expressed spirituality. Eight inter-related and separate themes emerged. Although the highest number of responses centered on religious beliefs and values, non-religious beliefs and values that included reason, dignity, mental discipline, and communion were expressed. The themes of life meaning, purpose, and connections with others also surfaced as important aspects of EOL spirituality. The findings support the need for hospice/palliative care professionals to approach spirituality from other than a Judeo-Christian viewpoint, help dying persons create meaning and purpose within the context of their lives, and assist them in their desire for connectedness to faith communities and other significant individuals in their lives.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8711606&fulltextType=RA&fileId=S1478951512000235>

Death: 'Nothing' gives insight

MEDICINE, HEALTH CARE & PHILOSOPHY | Published online – 12 October 2012 – According to a widely accepted belief, we cannot know our own death – death means 'nothing to us. At first sight, the meaning of 'nothing' just implies the negation or absence of 'something.' Death then simply refers to the negation or absence of life. As a consequence, however, death has no meaning of itself. This leads to an ontological paradox in which death is both acknowledged and denied: death is ... nothing. In this article, the author investigates whether insight into the ontological paradox of the nothingness of death can contribute to a good end-of-life. <http://www.springerlink.com/content/r838268511656w51/>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *CANADIAN FAMILY PHYSICIAN*, 2012;58(10):1169. **'Physician-assisted dying: Bringing the family physician perspective to the table.'** The trend to PAD [physician assisted suicide] (which encompasses physician-assisted suicide and euthanasia) is occurring worldwide. In 2007, 76% of Canadians agreed that people with incurable disease have the right to die, and in 2010, 67% supported the legalization of euthanasia. The Collège des médecins du Québec, the Royal Society of Canada Expert Panel, and the Quebec National Assembly have all proposed legislative reforms that would permit PAD. Other health care organizations have published papers examining the issue. It is now time for the CFPC [College of Family Physicians of Canada] to bring the specific perspective of Canada's family physicians to the table. <http://www.cfp.ca/content/58/10/1169.full>
- *FRONTIERS* | Published online – 4 October 2012 – **'Attitudes towards assisted suicide and life-prolonging measures in Swiss ALS patients and their caregivers.'** A liberal legal setting does not necessarily promote the wish for assisted suicide. However, the desire to discuss assisted suicide is prevalent in ALS patients and higher level of suffering and loneliness on the caregivers' side. http://www.frontiersin.org/Psychology_for_Clinical_Settings/10.3389/fpsyg.2012.00443/abstract

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>

Worth Repeating

Predicting one's own death: The relationship between subjective and objective nearness to death in very old age

EUROPEAN JOURNAL OF AGEING, 2010;7(4):293-300. Previous research found that the perception of a limited remaining lifetime is related to goal setting, social network composition, attitudes, and behavior. However, to better understand those findings, it is important to know if this subjective perception of being close to death corresponds with the time a person actually survives. The aim of the present study was to examine the predictive and time-dynamic relationship between subjective and objective nearness to death using 16-year longitudinal data from the Berlin Aging Study (Baltes & Mayer, 1999). Older adults who felt close to death at the first measurement occasion were more likely to die over the following 16 years than persons who did not report feeling close to dying. Results of multilevel analyses revealed that there was a time-dynamic relationship such that subjective nearness to death increased as a function of objective nearness to death. The authors' results indicate that very old adults seem to have quite accurate perceptions of their nearness to death. <http://www.springerlink.com/content/q1m6858477627805/>

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