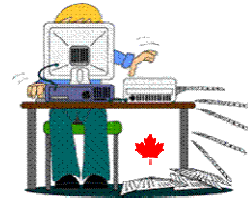


Media Watch...

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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Compiled & Annotated by Barry R. Ashpole

Elder care: Scroll down to [Specialist Publications](#) and 'Palliative and therapeutic harmonization: A model for appropriate decision-making in frail older adults' (p.8), in *Journal of the American Geriatrics Society*.

Canada

'Ageism' widespread in Canada, survey finds

CTV NEWS | Online report – 2 November 2012 – So many Canadians look down on seniors that ageism has become the most tolerated form of social discrimination in Canada, a new survey concludes.¹ Six in 10 seniors age 66 and older say they have been treated unfairly because of their age, while 35% of Canadians admit they've treated someone differently because of their age. One-third of seniors say they've faced discrimination from health-care professionals and the health-care system because of their age. <http://www.ctvnews.ca/canada/ageism-widespread-in-canada-survey-finds-1.1021641>

1. 'The Revera Report on Ageism,' Revera Inc., in collaboration with the International Federation on Ageing, October 2012. http://www.reveraliving.com/About-Us/Media-Centre/Revera-Report-on-Ageism/docs/Report_Ageism.aspx

The price of a life

CBC RADIO | 'White Coat, Black Art' – 29 October 2012 – If you were terminally ill how much would you be willing to pay for a few more months, maybe a year of life? How much would your province's health care system be willing to pay? This edition of the CBC program asked these difficult questions and got some complex answers: it depends on where you live, what kind of illness you have and maybe even how well you are able to present your case through the media. <http://www.cbc.ca/whitecoat/episode/2012/10/26/the-price-of-a-life/>

Canada's health care spending growth slows

CANADIAN INSTITUTE FOR HEALTH INFORMATION | Online report – 30 October 2012 – Total health care spending is expected to reach \$207 billion in 2012, averaging \$5,948 per person. Figures in 'National Health Expenditure Trends, 1975 to 2012' show the pace of growth is slowing. Modest economic growth and budgetary deficits are having a moderating effect. For the third straight year, growth in health care spending will be less than that in the overall economy. https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf

Cont.

Representative sample of articles on health care funding noted in past issues of Media Watch:

- *JOURNAL OF LAW, MEDICINE & ETHICS*, 2012;40(1):10-16. **'Must we ration health care for the elderly?'** <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2012.00640.x/abstract>
- *THE HASTINGS REPORT*, 2011;41(2):23-27. **'Rationing: Theory, politics, and passions.'** <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=5163>
- *JOURNAL OF LAW, MEDICINE & ETHICS*, 2011;39(2):156-171. **'Health care rationing, terminal illness, and the medically least well off.'** <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2011.00585.x/abstract>

Integrating palliative and cancer care

Cancer doctors often refer their patients to palliative care very late in the course of disease, according to a new survey from Canada¹

REUTERS | Online report – 29 October 2012 – Cancer doctors often refer their patients to palliative care very late in the course of disease. About a third of oncologists said they refer patients to palliative care, or hospice, when they diagnose a cancer that has spread and therefore usually is incurable. Another third, however, said they wait until chemotherapy has been stopped, which is often just a few months or even weeks away from death. "All palliative specialists believe palliative care should be involved early," said Dr. Camilla Zimmermann, of Princess Margaret Hospital in Toronto, who led the study ... "Despite that and despite guidelines to refer early, many studies have shown that palliative still happens too late, in the last few months of life. The take-home message for is that the palliative care specialists and oncologists need to work in collaboration." <http://www.reuters.com/article/2012/10/29/us-cancer-hospice-care-idUSBRE89S17020121029>

1. 'Referral practices of oncologists to specialized palliative care,' *Journal of Clinical Oncology*, 29 October 2012. <http://jco.ascopubs.org/content/early/2012/10/29/JCO.2012.44.0248.abstract>

Representative sample of articles on integrating palliative and cancer care noted in past issues of Media Watch:

- *JOURNAL OF THE NATIONAL COMPREHENSIVE CANCER NETWORK*, 2012;10(10):1192-1198. **'Integrating palliative care into comprehensive cancer care.'** <http://www.jnccn.org/content/10/10/1192.abstract>
- *SUPPORTIVE CARE IN CANCER* | Published online – 31 August 2012 – **'Concepts and definitions for "supportive care," "best supportive care," "palliative care," and "hospice care" in the published literature...'** <http://www.ncbi.nlm.nih.gov/pubmed/22936493>
- *JOURNAL OF CLINICAL ONCOLOGY* | Published online – 6 February 2012 – **'American Society of Clinical Oncology provisional clinical opinion: The integration of palliative care into standard oncology care.'** <http://jco.ascopubs.org/content/early/2012/02/06/JCO.2011.38.5161.abstract>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BRITISH COLUMBIA | *Vancouver Sun* – 2 November 2012 – **'Judge orders governments to pay \$1 M in legal costs.'** The federal and provincial governments have been ordered to pay about \$1 million in legal costs to the lawyers who won a constitutional challenge of Canada's ban on doctor-assisted suicide. The right-to-die case in B.C. Supreme Court included ... Gloria Taylor, who suffered from ALS, or Lou Gehrig's disease, and had planned to seek an assisted suicide before she died of an infection last month. The lawyers for Taylor provided their time for free, but then asked the court to award special costs for their legal bills because of the significance of the case. <http://www.vancouversun.com/Judge+orders+governments+legal+costs/7494205/story.html>

U.S.A.

The cost of dying: Simple act of feeding poses painful choices

CALIFORNIA | *Marin Independent Journal* – 2 November 2012 – A small plastic tube is all that stands between survival and starvation. The benefits of a feeding tube – helping elders who have forgotten how to eat – seem so obvious that it is used on one-third of demented nursing home residents, contributing to a growing device market worth \$1.64 billion annually. Except it does little to help. And it can hurt. Decades after the tube achieved widespread use for people with irreversible dementia, some families are beginning to say no to them, as emerging research shows that artificial feeding prolongs, complicates and isolates dying. Food is how we comfort those we love; when all other forms of communication have vanished, feeding remains a final act of devotion. So the easy availability of feeding tubes forces a wrenching choice upon families: Do we say yes, condemning a loved one to dependency on a small plastic tube in their stomach? Or do we say no, consenting to their death? http://www.marinij.com/ci_21905632/cost-dying-simple-act-feeding-poses-painful-choices?source=most_email

Hospice pay rule may actually drive more aggressive treatment, researchers say

MCKNIGHT'S LONG TERM CARE NEWS & ASSISTED LIVING | Online report – 1 November 2012 – A Medicare rule may ... lead to more aggressive end-of-life treatment according to a new analysis of patient outcomes.¹ The rule blocks some nursing home residents from receiving simultaneous reimbursement for hospice and skilled nursing facility (SNF) care at the end of life. The study attempted to understand how treatments and outcomes vary for nursing home residents with advanced dementia who use Medicare SNF care near the end of life and who do or do not enroll in Medicare hospice, wrote researchers, including lead author Susan Miller, research professor of health services policy and practice at Brown University. Given the high use of Medicare skilled care near the end of life and policy that prevents simultaneous Medicare reimbursement for skilled nursing and hospice

care, aggressive treatments that may not be the preference of families or their loved ones are "unfortunately" common, Miller said. She noted that a demonstration project mandated by the Affordable Care Act should help clear up whether it would be cost-effective to change the payment policy. <http://www.mcknights.com/hospice-pay-rule-may-actually-drive-more-aggressive-treatment-researchers-say/article/266365/>

Specialist Publications

Of related interest:

'Growing pains for the Medicare hospice benefit' (p.11), in *New England Journal of Medicine*.

1. 'Influence of hospice on nursing home residents with advanced dementia who received Medicare-Skilled Nursing Facility care near the end of life,' *Journal of the American Geriatrics Society*, published online 30 October 2012. <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.04204.x/abstract>

N.B. 'Hospice Care in America: Facts & Figures,' National Hospice & Palliative Care Organization, November 2012. http://www.nhpco.org/files/public/Statistics_Research/2012_Facts_Figures.pdf

Media Watch posted on Palliative Care Network-e Website

Palliative Care Network-e (PCN-e) promotes education amongst health care providers in places around the world where the knowledge gap may be wider than the technology gap ... to foster teaching and interaction, and the exchange of ideas, information and materials. <http://www.pcn-e.com/community/pg/file/owner/MediaWatch>

Hidden curriculum shapes how med students learn end-of-life care

NATIONAL PUBLIC RADIO | Online report – 30 October 2012 – Attention medical students: When selecting your residency program, there's more than just geography and the hospital's reputation to consider. The nation's 23 top academic medical centers also vary quite a bit in what researchers say is the intensity of care they provide patients at the end of life, according to an analysis from the Dartmouth Atlas Project.^{1,2} More intense care can translate into worse, and more expensive, care at the end of life, according to the authors. So, the thinking goes, physicians who train at hospitals with better and more efficient care will be in better shape to become leaders in changing how health care is delivered. The authors of the report call it the "hidden training curriculum." "Learning how to use health care resources wisely, provide high-quality care, and incorporate patient preferences into a care plan is just as important as learning to work up a patient," said Alicia True, a co-author of the report and a student at the Geisel School of Medicine at Dartmouth. The report tracks variations in end-of-life care and chronic illness management, surgical procedures, and quality and patient experience using data from Medicare and published on the Hospital Compare website.³



<http://www.wbur.org/npr/163941693/hidden-curriculum-shapes-how-med-students-learn-end-of-life-care>

1. 'What Kind of Physician Will You Be? Variation in Health Care and Its Importance for Residency Training,' The Dartmouth Institute for Health Policy & Clinical Practice, October 2012. http://www.dartmouthatlas.org/downloads/reports/Residency_report_103012.pdf
2. 'Hospital Care Intensity Index, Last Two Years of Life,' The Dartmouth Atlas of Health Care. <http://www.dartmouthatlas.org/>
3. Hospital Compare, U.S. Department of Health & Human Services. [http://hospitalcompare.hhs.gov/\(X\(1\)S\(feakoi1voslldaij2oid4o4a\)\)/hospital-search.aspx?AspxAutoDetectCookieSupport=1](http://hospitalcompare.hhs.gov/(X(1)S(feakoi1voslldaij2oid4o4a))/hospital-search.aspx?AspxAutoDetectCookieSupport=1)

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- MASSACHUSETTS | *The Boston Globe* (OpEd) – 2 November 2012 – **'End-of-life discussions, care should come before Question 2.'** Massachusetts, like most of the U.S., has been in a woeful state of denial about the way its medical system handles the end of life. Too often, doctors shy away from frank discussions with terminally ill patients about their options – from continuing treatment, to palliative care, to some combination of both. Worse, society is so scared of such conversations – so conflicted about how far doctors should go in declaring a patient's condition to be terminal, so reluctant to ever give up hope — that many insurers, including Medicare, don't even cover the cost of an end-of-life conversation. Instead, they keep plowing money into treatments, while too many lives end in hospital beds, after unnecessarily painful side effects from unsuccessful drugs and devices. <http://www.bostonglobe.com/opinion/editorials/2012/11/01/election-endorsement-question/qAAp21DIC6mkoGYPjA9J6M/story.html>
- SCIENTIFIC AMERICAN | Online commentary – 2 November 2012 – **'Support for Massachusetts Death with Dignity: What 14 years of data show us.'** Massachusetts voters will face the Death with Dignity Act and decide whether they are comfortable with the idea of a physician being able to provide medication that a terminally ill patient can self-administer to end his or her life. If the act passes, Massachusetts will join Oregon, Washington, and Montana in being one of the few states that legally allows physician-assisted suicide. Many point to the Massachusetts outcome as a critical turning point in the nationwide debate. <http://blogs.scientificamerican.com/unofficial-prognosis/2012/11/03/support-for-massachusetts-death-with-dignity-what-14-years-of-data-show-us/>

Cont.

- MASSACHUSETTS | *MetroWest Daily News* (Framingham) – 31 October 2012 – '**Support plunges for assisted suicide question.**' Support has plummeted for a ballot question to legalize assisted suicide [scheduled 6 November]. Support for the Death with Dignity measure waned from 64% to 47% since a similar poll released last month. Forty-one percent of voters oppose it, according to the Suffolk University/7News poll, giving the question a six-point lead compared to the 37 point advantage six weeks ago. <http://www.metrowestdailynews.com/news/x1757123000/Support-plunges-for-assisted-suicide-question>

International

Palliative care in Australia

Opposition casts doubt on palliative care scheme

AUSTRALIA (NEW SOUTH WALES) | *Sydney Morning Herald* – 2 November 2012 – The government's plan to improve palliative care in NSW is unachievable because it is not backed up by the necessary funding, the opposition says. The Minister for Health, Jillian Skinner, launched the NSW government 'Plan To Increase Access To Palliative Care 2012-2016' at the Palliative Care NSW state conference. The plan will provide an additional \$35 million over four years, on top of the current annual budget of \$86 million for specialist palliative care. The opposition spokesman on health, Andrew McDonald, said the extra money equated to about \$1 for every person in NSW over four years. The Palliative Care plan says that about two thirds of all cancer patients who need it currently access palliative care, but only 10% of people who die predictable deaths from other illnesses receive the care. Dr. McDonald said palliative care would also be hit by the government's decision to cut \$3 billion from the health budget over the same period. But Mrs. Skinner said unlike the previous government she was trying to fix the palliative care system - something that could not be achieved overnight. <http://www.smh.com.au/nsw/opposition-casts-doubt-on-palliative-care-scheme-20121101-28mye.html>

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.

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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.

Liverpool Care Pathway: We need to be honest about how much a human life is really worth

U.K. | *Daily Telegraph* (Commentary) – 1 November 2012 – The Pathway [LCP] has been developed by doctors at the Royal Liverpool University Hospital and the city's Marie Curie hospice, who presumably have seen their fair share of needlessly prolonged suffering. But we report that in some cases, patients who had been placed on the Pathway have then made full recoveries. And that's where we reach the uncomfortable decision. In some cases, the Pathway involves taking patients off hydration and nutrition; at that point, you start getting into questions about where "withdrawing treatment" ends and "hastening death" begins. It's a racing certainty that some patients who might have lived, perhaps for years more, if they weren't put on the Pathway, have died unnecessarily. So we need to be honest. What is our position? In medicine, there is an attempt to create a semi-objective measure of the value of suffering and life, the Quality-Adjusted Life Year [QALY]. At its heart is the perfectly sensible idea we should try to keep people alive for as long as possible, but that we're doing better if we keep them alive and not suffering than we are if we keep them alive and in pain, or disabled. But even QALY's most robust defenders would admit that it is problematic: when you start weighting for quality of life, you make a year of, say, a blind man's life worth less than a year of a fully sighted one, not a position that, say, my blind grandfather (himself a retired GP) would be necessarily comfortable with. And it reaches even bigger problems with the LCP, and any end-of-life decision-making: at its heart is an assumption ... that there comes a point when the

quality of life is so low that longer life is no longer a good thing, that QALYs have taken on a negative value. This is neither a defence of the LCP nor an attack on it. <http://blogs.telegraph.co.uk/news/tomchivers/science/100187400/liverpool-care-pathway-we-need-to-be-honest-about-how-much-a-human-life-is-really-worth/>

Liverpool Care Pathway: Relatives 'must be informed'

U.K. | BBC News – 3 November 2012 – Relatives of terminally-ill patients would have to be consulted before a decision to withdraw food or water is taken, under new government proposals. <http://www.bbc.co.uk/news/health-20191568>

Liverpool Care Pathway concerns must be challenged, says minister

U.K. | *Daily Telegraph* – 1 November 2012 – [Minister of State for Care Services] Norman Lamb said he was "absolutely determined" to prevent a repeat of cases in which families of people given intensive end of life care claimed they were not consulted or even informed when treatment was withdrawn from their loved-ones. He was speaking after research for the *Daily Telegraph* disclosed that hospital trusts have been paid millions of pounds in recent years for hitting targets associated with use of the LCP. In some cases [National Health Service] trusts have set goals explicitly requiring them to ensure that a set number of dying patients are placed on the pathway. <http://www.telegraph.co.uk/health/healthnews/9649378/Liverpool-Care-pathway-concerns-must-be-challenged-says-minister.html>

N.B. Noted in Media Watch 29 October 2012 (p.6) are recent articles with a footnote with regard "coverage" in recent months in the lay press and professional journals on the controversy surround the LCP.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- IRELAND | *Irish Times* – 2 November 2012 – '**Ruling sought on assisted suicide.**' A woman confined to a wheelchair and in the final stages of multiple sclerosis has asked the High Court to rule whether she has a constitutional right to be assisted in taking her own life. Marie Fleming (59) ... is past the point where she can take her life by her own hand but wants to establish the right to end her life with someone else's assistance. A specially convened divisional High Court ... will hear her case 4 December. <http://www.irishtimes.com/newspaper/ireland/2012/1102/1224326035558.html>

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

Literature review

Physician attitudes toward advanced directives

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Published online – 2 November 2012 – Physicians overall have a positive attitude toward patients' AD [advance directives]. However, other factors affect this "general positive attitude." These influence the attitude-behavior relationship of physicians, and hence their actual practice in relation to patients' AD. The findings from this review are of importance in explaining the differences in the attitude of physicians toward AD and their compliance. This raises the issue of consideration of other ethical paradigms/theories in the clinical context other than the framework of "principlism-" based autonomy, on which AD leans. <http://ajh.sagepub.com/content/early/2012/11/01/1049909112464544.abstract>

Of related interest:

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Published online – 2 November 2012 – **'Disentangling consumer and provider predictors of advance care planning.'** <http://ajh.sagepub.com/content/early/2012/11/01/1049909112464692.abstract>

Identifying patients suitable for palliative care: A descriptive analysis of enquiries using a Case Management Process Model approach

BMC RESEARCH NOTES | Published online – 1 November 2012 – In Germany, case management in a palliative care unit was first implemented in 2005 at the Department of Palliative Medicine at the University Hospital Cologne. One of the purposes of this case management is to deal with enquiries from patients and their relatives as well as medical professionals. Using the Case Management Process Model of the Case Management Society of America as a reference, this study analysed a) how this case management was used by different enquiring groups, and b) how patients were identified for case management and for palliative care services. <http://www.biomedcentral.com/content/pdf/1756-0500-5-611.pdf>

Public attitudes to death and dying in the U.K.: A review of published literature

BMJ SUPPORTIVE & PALLIATIVE CARE | Published online – 2 November 2012 – The review outcomes challenge widespread assumptions about public attitudes to death and dying and identify the need for more rigorous work to better understand public views on dying and death. Such work is needed if public health services are to meet the expectations and reflect the wishes of individuals in this area in future. <http://spcare.bmj.com/content/early/2012/11/02/bmjspcare-2012-000203.abstract>

Paediatric palliative care: The challenging dimensions

GRIEF MATTERS: THE AUSTRALIAN JOURNAL OF GRIEF & BEREAVEMENT, 2012;15(2):28-31. This article explores, through a case study, the challenging dimensions of paediatric palliative care. This group of children and families face particular challenges including the uncertainty of their prognosis, intense care needs and the need to negotiate a large and complex service system. <http://search.informit.com.au/documentSummary;dn=828802803304085;res=IELHEA>

Of related interest:

- *NURSE EDUCATION IN PRACTICE* | Published online – 29 October 2012 – **'Seeing is believing – Reducing misconceptions about children's hospice care through effective teaching with undergraduate nursing students.'** [http://www.nurseeducationinpractice.com/article/S1471-5953\(12\)00173-4/abstract](http://www.nurseeducationinpractice.com/article/S1471-5953(12)00173-4/abstract)

Motor neurone disease and palliative care

GRIEF MATTERS: THE AUSTRALIAN JOURNAL OF GRIEF & BEREAVEMENT, 2012;15(2):32-35. This paper explores the progression of motor neurone disease (MND) in order to outline the complex needs and care requirements with respect to symptoms, suffering, grief and loss, and the potential for early referral to palliative care to ameliorate the impact of the disease. The person with MND has to constantly adapt to multiple losses and increasing paralysis, which affects them emotionally, physically, psychologically and spiritually. Ultimately they will die from respiratory failure. Palliative care can provide symptom management, comfort and care to the person, their carers and family, and help to ameliorate the distress and impact of a devastating illness. <http://search.informit.com.au/documentSummary;dn=828691005476536;res=IELHEA>

Noted in Media Watch, 27 August 2012:

- *PALLIATIVE MEDICINE* | Published online – 20 August 2012 – 'A 10-year literature review of family caregiving for motor neurone disease: Moving from caregiver burden studies to palliative care...' <http://pmj.sagepub.com/content/early/2012/08/17/0269216312455729.abstract>

Bioethical debate and health policy deliberations

Exploring the positions of German and Israeli patient organizations in the bioethical context of end-of-life policies

HEALTH CARE ANALYSIS | Published online – Accessed 29 October 2012 – Patient organizations are increasingly involved in national and international bioethical debates and health policy deliberations. In order to examine how and to what extent cultural factors and organizational contexts influence the positions of patient organizations, this study compares the positions of German and Israeli patient organizations (POs) on issues related to end-of-life medical care. Bioethical positions that emanated from the interviews [conducted] concerned advance directives – general views, recent legal framework, and formalization; as well as active and passive euthanasia, withholding and withdrawing of treatment, and physician-assisted suicide. In addition to the unifying, within-country impact of cultural factors, the authors found that constituency-based organizations and partner organizations in both countries often share common views, whereas disease-based support organizations have very heterogeneous positions. They conclude by discussing how organizational contexts provide a source of uniformity as well as diversity in the positions of POs. <http://www.springerlink.com/content/315m205030720257/>

Palliative and therapeutic harmonization: A model for appropriate decision-making in frail older adults

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY | Published online – 30 October 2012 – Frail older adults face increasingly complex decisions regarding medical care. The Palliative & Therapeutic Harmonization (PATH) model provides a structured approach that places frailty at the forefront of medical and surgical decision-making in older adults. Preliminary data from the first 150 individuals completing the PATH program shows that the population served is frail, has multiple co-morbidities, and takes many medications. Ninety-two percent of participants were able to complete decision-making for an average of three current or projected health issues, most often with the help of a substitute decision-maker (SDM). Decisions to proceed with scheduled medical or surgical interventions correlated with baseline frailty level and dementia stage, with participants with a greater degree of frailty or more-advanced stage of dementia being more likely to choose less-aggressive treatment options. <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.04210.x/abstract>

Cont.

Of related interest:

- *AMERICAN MEDICAL NEWS* | Online report – 29 October 2012 – **'Gerontologists outline how doctors can bridge communication gap with older patients.'** With the elderly population expected to increase substantially in the next two decades, physicians need to be prepared for the unique challenges they will face treating these patients, says a new report from the Gerontological Society of America.¹ <http://www.ama-assn.org/amednews/2012/10/29/hlsa1029.htm>
 1. 'Communicating with older adults: An evidence-based review of what really works,' Gerontological Society of America, October 2012. <https://www.geron.org/Resources/Online%20Store/gsa-products/communicating-older-adults>
- *INTERNATIONAL JOURNAL OF NURSING STUDIES* | Published online – 29 October 2012 – **'Day-to-day care in palliative sedation: Survey of nurses' experiences with decision-making and performance.'** [http://www.journalofnursingstudies.com/article/S0020-7489\(12\)00335-5/abstract](http://www.journalofnursingstudies.com/article/S0020-7489(12)00335-5/abstract)
- *JOURNAL OF THE AMERICAN GERIATRICS SOCIETY* | Published online – 30 October 2012 – **'Medical decision-making for older adults without family.'** This article reviews medical decision-making for older adults without families or designated surrogates and proposes a solution: "health fiduciaries" – a new type of professional trained and certified to act as a surrogate decision-maker... <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.04212.x/abstract>
- *JOURNAL OF BIOETHICAL INQUIRY* | Published online – 25 October 2012 – **'The importance of patient-provider communication in end-of-life care.'** The authors present the narrative of a man with schizophrenia who wished to forgo hemodialysis as a study in the ethical importance of attention to non-verbal communication. <http://www.springerlink.com/content/x621n738448481p3/>
- *NEUROLOGY TODAY* | Published online – 26 October 2012 – **'When should you discuss end-of-life care?'** Many doctors, advocates, and family members are pushing to start the conversation earlier... <http://journals.lww.com/neurotodayonline/blog/breakingnews/pages/post.aspx?PostID=120>

Spiritual care for terminally ill patients

The chaplain profession from the employer perspective: An analysis of hospice chaplain job advertisements

JOURNAL OF HEALTH CARE CHAPLAINCY | Published online – 24 October 2012 – Hospitals and hospice organizations who are hiring chaplains to provide spiritual care for terminally ill patients post online job advertisements with specific qualifications and communication skills that applicants should possess. An examination of job advertisements can uncover trends in credentials and responsibilities expected of hospice chaplains. Results of a framework analysis of 71 hospice chaplain job advertisements indicated that 44% of chaplain job advertisements did not require chaplain applicants to have completed clinical pastoral education and 41% did not require ordination and/or endorsement from a recognized denomination. Only 37% of hiring organizations required or preferred professional certification. Furthermore, patient support (70%), ambassadorship (54%), team collaboration (52%), and interfaith proficiency (46%) were the communication skills that advertisements tended to emphasize. This article focuses on how the study findings reflect ongoing challenges for the chaplain occupational group on its path to professionalization. <http://www.tandfonline.com/doi/full/10.1080/08854726.2012.720548>

Noted in Media Watch, 9 July 2012:

- *BMC PALLIATIVE CARE* | Published online – 2 July 2012 – **'A national study of chaplaincy services and end-of-life outcomes.'** <http://www.biomedcentral.com/content/pdf/1472-684X-11-10.pdf>

Noted in Media Watch, 24 January 2011:

- *PALLIATIVE MEDICINE*, 2011;25(1):21-25. **'Hope beyond (redundant) hope: How chaplains work with dying patients.'** <http://pmj.sagepub.com/content/25/1/21.abstract>

Dying and death in some Roma communities: Ethical challenges

JOURNAL OF IMMIGRANT & MINORITY HEALTH | Published online – 25 October 2012 – The Roma people have specific values, therefore their views and beliefs about illness, dying and death are important to be known for health care providers caring for members of this community. Five more important themes about the Roma people facing dying and death have been identified: 1) the perception of illness in the community as reason for shame and the isolation that results from this, as well as the tendency for Roma people to take this on in their self image; 2) the importance of the family as the major support for the ill/dying individual, including the social requirement that family gather when someone is ill/dying; 3) the belief that the patient should not be told his/her diagnosis for fear it will harm him/her and that the family should be informed of the diagnosis as the main decision maker regarding medical treatment; 4) the reluctance of the Roma to decide on stopping life prolonging treatment; and, 5) The view of death as 'impure.' By paying attention to and respecting the Roma patients' values, spirituality, and relationship dynamics, the medical staff can provide the most suitable healthcare by respecting the patients' wishes and expectations.
<http://www.springerlink.com/content/f6494wu42j22427h/>

Perception and attitude toward end of life in Albania

ADVANCES IN PALLIATIVE MEDICINE, 2012;11(1):1-5. Most of the patients relatives, general public and health professionals [i.e., study participants] defined easy end of life as: to be treated with dignity and respect; being auto-sufficient; living in a family environment; being close with friends and family members; living without pain and suffering. Most of physician don't tell the truth to the cancer patients asserting that: familiars don't allow them; the low health culture among population affects their perception and attitude on this topic; communication issue have not been part of curricula; and most of them are not trained on how to tell the truth.
<http://www.advpm.eu/>

Le futur de la médecine palliative tendu entre Hippocrate et Esculape

('Walking between Hippocrates and Asklepius: The future of palliative medicine')

MÉDECINE PALLIATIVE : SOINS DE SUPPORT – ACCOMPAGNEMENT – ÉTHIQUE, 2012;11(5):262-265. Two basis can be found for palliative care: the medical ability to relieve pain and the other symptoms of the palliative patient and the profound humanistic effect that proper accompanying the patient have on himself, on his family and on the caregivers. The future of palliative medicine is linked with the progress in both fields. On one hand, a better understanding of the physiology of the dying is required to continue to improve the quality of medical care: new avenues of research are required; on the other hand, a better understanding of the effect of compassionate care and companionship on the ultimate identity quest of the patient will help in providing a better context for patients, families and caregivers. The end of the life of a loved one will always be a sad but precious moment where one's humanity is requested into new gestures and accomplishments: a proper

environment is required for this, and palliative care is at the service of this goal.
<http://www.sciencedirect.com/science/article/pii/S1636652212001067>

The vihara of compassion: An introduction to Buddhist care for the dying and bereaved in the modern world

CONTEMPORARY BUDDHISM, 2012;13(1): 139-155. As the [hospice] movement has grown, it has inspired Buddhists in Asia to rediscover and revive their own traditions around death and caring for the terminally ill and the bereaved that date back to the time of the Buddha. In Asia and the West as well, we are witnessing the work of several groups attempting to apply Buddhist teachings and practices in modern medical settings or develop new institutions for holistic care based in Buddhist values.
<http://www.tandfonline.com/doi/abs/10.1080/14639947.2012.669284>

Growing pains for the Medicare hospice benefit

NEW ENGLAND JOURNAL OF MEDICINE | Published online – 1 November 2012 – By many accounts, Medicare's hospice benefit has been an enormous success. From its initial focus on community-dwelling seniors with cancer, hospice has expanded to offer access for a much wider range of Americans at the end of life. Although data on its cost-effectiveness are mixed, hospice appears to deliver valuable benefits to recipients, including a reduced number of hospitalizations, greater attention to emotional and spiritual needs, improved pain management, and greater patient and family satisfaction. As hospice has grown, much has changed in terms of the populations that are served and the care that they receive. In 1990, 16% of Medicare hospice recipients had non-cancer diagnoses; today, more than two thirds do, with conditions ranging from advanced pulmonary disease to heart failure to dementia. Driven by the small portion of enrollees with very long hospice stays, the mean length of use has increased considerably – from 54 to 86 days over the past decade. <http://www.nejm.org/doi/full/10.1056/NEJMp1208465>

Of related interest:

- *GERIATRIC NURSING* | Published online – 31 October 2012 – '**Differentiating programs versus philosophies of care: Palliative care and hospice are not equal.**' Abstract or link to article unavailable. [http://www.gnjournal.com/article/S0197-4572\(12\)00341-2/fulltext](http://www.gnjournal.com/article/S0197-4572(12)00341-2/fulltext)

Becoming a palliative care nurse

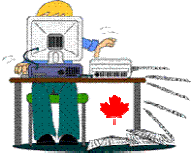
Swimming with piranha

REFLECTIONS ON LEARNING, LIFE & WORK | Online commentary – Accessed 1 November 2012 – I became a palliative care nurse after experiencing the exceptional care provided by the Blue Nurses in Far North Queensland who cared for my mother during her dying. I have since then had a fascination with death and dying – and have continued to seek an understanding of what death means to me, to others, and more specifically to those that I have nursed while they were dying. Somehow, by becoming a palliative care nurse I had only found more questions. How does one give comfort and dignity in dying? Does your attitude to death and dying have any impact on how well you die? How ... has palliative care and the study and science of thanatology changed our thinking over the years? <http://www.springerlink.com/content/r610824367484160/>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *AMERICAN JOURNAL OF FORENSIC MEDICINE & PATHOLOGY* | Published online – 25 October 2012 – '**Debates about assisted suicide in Switzerland.**' It was only in 1985 that Exit Deutsche Schweiz "medically" assisted the first patient to end his life. Even if authorized by the Swiss law upon certain conditions, assisted suicide is subject to debates for ethical reasons. http://journals.lww.com/amjforensicmedicine/Abstract/publishahead/Debates_About_Assisted_Suicide_in_Switzerland.99650.aspx
- *MEDICAL LAW REVIEW* | Published online – 1 November 2012 – '**Relying on Common Law defences to legalize assisted dying: problems and possibilities.**' In English law, a competent person has a right to refuse medical treatment, even where the refusal might result in the patient's death, for example where this requires that physicians switch off a patient's life-support. On the other hand, active voluntary euthanasia, i.e., the intentional killing of another person upon that person's request, is regarded as murder, resulting in a mandatory life sentence. This is the case regardless of whether the victim consented to the killing, or even begged the defendant to end his/her life, and notwithstanding the motive with which the killing was carried out. While suicide has been decriminalised, to assist someone else's suicide is a criminal offence, though one of lesser culpability than murder. <http://medlaw.oxfordjournals.org/content/early/2012/11/01/medlaw.fws037.extract>



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>

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>

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