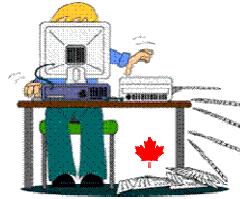


## **Media Watch...**

*is intended as an advocacy and research tool. The weekly report is international in scope and distribution – to colleagues who are active or have a special interest in hospice and palliative care, and in the quality of end-of-life care in general – to help keep them abreast of current, emerging and related issues – and, to inform discussion and encourage further inquiry.*

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

**Palliative care models for young people: Scroll down to [International](#) and: 'The challenge for hospices' (p.6), in the Edinburgh newspaper *The Herald*.**

## **Canada**

### **Cuts to palliative care nurses a callous route to cost savings**

ALBERTA | *The Calgary Herald* (OpEd) – 16 May 2013 – If Alberta Health Services is going to lay off 24 registered nurses who do palliative home care, it should stop insulting the public's intelligence by insisting via Twitter that palliative care will continue as it currently does. Those 24 nurses represent practically half of the 50 in the program; it is unrealistic to expect anyone to believe that the same care can be delivered by half the current team, but with the addition of some licensed practical nurses [LPNs]. LPNs do not have the level of training and expertise that RNs specializing in palliative care have. As usual, with brutal decisions like these, it is the patients and their families who will bear the brunt of it. Indeed, the reduction in staff means that just one nurse will be available by phone during the night; if she is called away, anyone who phones will have to leave a message on the answering machine. Not a very comforting thought for someone needing help, with concerns about the comfort and well-being of a dying loved one in the middle of the night, for fears and worries loom largest in the blackness and aloneness of the wee hours.  
<http://www.calgaryherald.com/opinion/Editorial+Cuts+palliative+care+nurses+callous+route+cost+savings/8396823/story.html>

Of related interest:

- ALBERTA | *The Edmonton Journal* – 15 May 2013 – '**Alberta Health Service rules out new long-term-care spaces.**' The provincial health authority announced it will no longer add long-term-care beds in Alberta and will focus instead on creating less-costly supportive-living and home-care spaces. Board chairman Stephen Lockwood insisted the decision is driven by demand from Alberta seniors for more care at their own homes, not by health-system cutbacks.  
<http://www.edmontonjournal.com/news/alberta/rethink+kilometre+policy+long+term+care+beds/8389001/story.html>
- ALBERTA | Global TV News (Edmonton) – 14 May 2013 – '**Alberta caregivers applaud new bill.**' The Compassionate Care Leave bill ... will provide job protected leave to family caregivers who take time off work to look after a dying family member. Prior to the passing of the bill, Alberta was the only jurisdiction in Canada without Compassionate Care Leave in its employment standards code. <http://globalnews.ca/news/561161/alberta-caregivers-applaud-new-bill/>

## **Canadians use average of \$220,000 in public health care over lifetime**

*THE GLOBE & MAIL* | Online – 14 May 2013 – Canadians consume, on average, just over \$220,000 in publicly funded health-care services over a lifetime, newly published data show.<sup>1</sup> <http://www.theglobeandmail.com/life/health-and-fitness/health/canadians-use-average-of-220000-in-public-health-care-over-lifetime/article11913571/>

1. *Lifetime Distributional Effects of Publicly Financed Health Care in Canada*, Canadian Population Initiative, Canadian Institute for Health Information, May 2013. English language report: [https://secure.cihi.ca/free\\_products/Lifetime\\_Distributional\\_Effects\\_AiB\\_EN.pdf](https://secure.cihi.ca/free_products/Lifetime_Distributional_Effects_AiB_EN.pdf)

## **Palliative care: Kensington Hospice lacks funding**

ONTARIO | *The Toronto Star* – 13 May 2013 – It's the only residential hospice in downtown Toronto now, with 10 beds, an ongoing wait-list, and zero government funding. Yet Kensington Hospice, which relies solely on donations, is cheaper, and more pleasant than a hospital. The hospice lacks funding because it opened its doors in 2011, six years after the province slated funding for 34 hospices in 2005. Today, 24 of those hospices are operational. "I have spoken to every bureaucrat known to man in Ontario," says Bill O'Neill, the hospice's executive director. "They all think it's a good idea, but they say they have no mechanism to provide funding." Kensington Health Centre began planning in 2008 to build a hospice in the former Chapel of St. John the Divine, at that time a vacant ... next door to its long-term

care centre. The provincial government declined to fund the hospice, but the board of directors decided to forge ahead anyway, hopeful funding would come once the need for palliative care beds was proved. [http://www.thestar.com/news/gta/2013/05/13/palliative\\_care\\_kensington\\_hospice\\_lacks\\_funding.html](http://www.thestar.com/news/gta/2013/05/13/palliative_care_kensington_hospice_lacks_funding.html)

### **Extract from *The Toronto Star* article**

Minister of Health Deb Matthews said the province was still considering Kensington's application for funding. The funding that Perram House received – some \$850,000 annually – has not been reallocated.

Noted in Media Watch, 13 May 2013:

- ONTARIO | *The Toronto Star* – 13 May 2013 – **'Palliative care: Toronto left with few residential hospice beds.'** Toronto has only two, 10-bed residential hospices now that Perram House has closed.<sup>1</sup> There are an estimated 193 palliative care beds in Toronto hospitals.<sup>2</sup> [http://www.thestar.com/news/gta/2013/05/13/palliative\\_care\\_toronto\\_left\\_with\\_few\\_residential\\_hospice\\_beds.html](http://www.thestar.com/news/gta/2013/05/13/palliative_care_toronto_left_with_few_residential_hospice_beds.html)
  1. 'Perram House hospice closing...' *The Toronto Star*, 10 April 2013. Perram House – one of the few hospices in the city providing end-of-life care to marginalized, homeless and drug-addicted people – will close on Wednesday. [Noted in Media Watch, 15 April 2013] [http://www.thestar.com/life/health\\_wellness/2013/04/10/perram\\_house\\_hospice\\_closing\\_wednesday\\_staff\\_got\\_two\\_days\\_notice.html](http://www.thestar.com/life/health_wellness/2013/04/10/perram_house_hospice_closing_wednesday_staff_got_two_days_notice.html)
  2. 'Scarborough Hospital braces for more cuts,' *The Toronto Star*, 7 May 2013. Proposed targets include a number of palliative care beds. [Noted in Media Watch, 13 May 2013] [http://www.thestar.com/life/health\\_wellness/2013/05/07/scarborough\\_hospital\\_braces\\_for\\_more\\_cuts.html](http://www.thestar.com/life/health_wellness/2013/05/07/scarborough_hospital_braces_for_more_cuts.html)

Of related interest:

- ONTARIO | *The Toronto Star* – 15 May 2013 – **'Toronto's first children's hospice to open.'** The residential hospice will feature six provincially funded palliative-care beds at first ... as well as respite care so that families with terminally ill children can take a badly-needed break. [http://www.thestar.com/news/gta/2013/05/15/palliative\\_care\\_torontos\\_first\\_childrens\\_hospice\\_to\\_open.html](http://www.thestar.com/news/gta/2013/05/15/palliative_care_torontos_first_childrens_hospice_to_open.html)

## U.S.A.

### "Life-preserving" law in Oklahoma raises questions for doctors

OKLAHOMA | *Kaiser Health News* – 16 May 2013 – University of Tulsa law professor Marguerite Chapman has been studying end-of-life issues in Oklahoma for three decades and has come to a conclusion: "It's getting almost to the point that you need a government permit in order to die in this state." Certainly, dying has gotten a lot more complicated here, the result of a unique measure passed by the Oklahoma legislature and signed into law last month. Modeled after legislation written by the National Right to Life Committee, the law says patients who are disabled, elderly or terminally ill cannot be denied life-preserving treatments if they or their health proxies want it. The law also prohibits health care providers from making medical decisions based on the assumption that "extending the life of an elderly, disabled, or terminally ill individual

(is) of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill." Idaho is the only state with a similar law, with a crucial distinction: the wishes of the patient or proxy must be followed "unless such care would be futile." Oklahoma law contains no such qualifier. <http://www.kaiserhealthnews.org/Stories/2013/May/16/doctors-oklahoma-life-preserving-law.aspx>

#### Specialist Publications

'The POLST<sup>1</sup> paradigm and form: Facts and analysis' (p.13), in *The Linacre Quarterly*.

1. Physician Orders for Life-Sustaining Treatment.

Noted in Media Watch, 22 April 2013:

- OKLAHOMA | *Journal Record Legislative Report* (Oklahoma City) – Accessed 15 April 2013 – 'Bill prohibiting end-of-life-care discrimination based on patient age, disability or terminal illness approved by Senate committee.' The Senate Committee on Health & Human Services approved a bill – 'Non-discrimination in Treatment Act' – that would prohibit a health care provider from denying life-preserving treatment to a patient who has directed that he or she receive such care. <http://jrlr.net/>

### Hospice Buffalo cuts 17 positions as use of services declines

NEW YORK | *The Buffalo News* – 13 May 2013 – Hospice Buffalo is eliminating 17 full-time-equivalent positions in response to a decline in the use of services the organization provides to terminally ill patients. The drop in usage has been driven in part by increased competition from other health care providers. Officials said more patients are using end-of-life services provided by hospitals, nursing homes and other facilities, who continue to refer patients to Hospice Buffalo but do so when the patients are closer to death. "We've gone from a period where, five years ago, people didn't know what palliative care was to, now, everybody's offering their own version of it," said Dr. Christopher Kerr, Hospice Buffalo's chief medical officer and acting interim CEO. <http://www.buffalonews.com/apps/pbcs.dll/article?AID=/20130513/BUSINESS/130519664/1010>

### Professional chaplaincy increasing in health care circles

CALIFORNIA | *Venture County Star* (Camarillo) – 10 May 2013 – Local clergy who volunteer in hospitals usually only serve patients of their own faith. Today, professional chaplains have been trained to take a different, multi-faith approach in providing spiritual care to patients. Professional chaplains like Adams are members of hospital health care teams who help people draw upon their spiritual strength to find meaning and comfort while the medical team focuses on the body. They often work in palliative care, which concentrates on improving the quality of life for patients and their families when facing a chronic illness, receiving treatment or nearing the end of life. <http://www.vcstar.com/news/2013/may/10/professional-chaplaincy-increasing-in-health/>

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

Representative sample of recent news media coverage:

- VERMONT | *The New York Times* – 14 May 2013 – **'Vermont passes "aid in dying" measure.'** Vermont will become the fourth state to make it legal for a physician to prescribe lethal medication for a terminally ill, mentally competent patient who wants to end his life. It has also become the first state [in the country] to approve the practice through legislation, instead of via a public referendum (as in Oregon and Washington) or a court decision (in Montana). The Vermont House of Representatives approved the measure by a 75-to-65, after 17-13 approval in the Senate last week. Governor Peter Shumlin has said he will sign it into law.  
<http://newoldage.blogs.nytimes.com/2013/05/14/vermont-passes-aid-in-dying-measure/>

## **International**

### **End of life care in Australia**

#### **Lack of palliative care at life's end as State needs grow under ageing population**

AUSTRALIA (QUEENSLAND) | *The Courier Mail* (Brisbane) – 20 May 2013 – Queensland cannot keep up with the growing need for palliative care. Experts say that while the care available in parts of Queensland is world-class, availability is severely lacking, leaving many to depend on family or on hospitals that are ill-equipped for the situation. Insiders say the system needs double the current levels of government funding. Palliative Care Queensland CEO John-Paul Kristensen said access to palliative care was dire on the Gold and Sunshine coasts and even worse in regional or isolated areas. "If you live in an area where there aren't trained clinicians and you have complex symptoms, the likelihood of finding adequate support is little and your death may not be dignified," he said. "There has been a 25% increase in people who require palliative care every year but the funding is not keeping pace." <http://www.couriermail.com.au/news/queensland/lack-of-care-at-lifes-end/story-e6freoof-1226646307497>

Of related interest:

- AUSTRALIA (QUEENSLAND) | *The Brisbane Times* – 20 May 2013 – **'Don't fear the reaper: researchers say plans ease death burden.'** Research by Palliative Care Australia has found a deep reluctance to discuss our wishes when it comes to shuffling off our mortal coils. The reticence was also found among health professionals, who resist talking about end-of-life care.  
<http://www.brisbanetimes.com.au/national/health/dont-fear-the-reaper-researchers-say-plans-ease-death-burden-20130519-2jukd.html>

### **Barry R. Ashpole**



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

### **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>

## Hungary considers do-it-yourself funerals

HUNGARY | *The Wall Street Journal* (U.S.) – 16 May 2013 – Fighting to reduce the cost of living, the Hungarian government may make dying a bit cheaper, too. It aims to tackle the country's sky-rocketing funeral costs by introducing a do-it-yourself version, where relatives or friends of the deceased would do some of the work funeral parlors currently charge for – including washing and dressing the body, digging the grave, carrying out the catafalque process, letting down the coffin or urn, and finally, filling the grave. For its part, the state would provide a free grave plus coffin or urn and grave marker in a specially assigned part of a cemetery.

<http://blogs.wsj.com/emergingeurope/2013/05/16/hungary-considers-do-it-yourself-funerals/>

## Paupers' funerals increase as families struggle to pay

U.K. (ENGLAND) | *Your Local Guardian* (Sutton, Surrey) – 16 May 2013 – Figures revealed by a Freedom of Information request show that the Epsom & St. Helier [National Health Service] trust undertook 17 public health funerals during 2012-2013 compared to seven the year before. Five of the paupers' funerals carried out last year were because family and friends actually refused to finance or make arrangements for the funerals.

[http://www.yourlocalguardian.co.uk/news/local/suttonnews/10421133.Paupers\\_funerals\\_increase\\_as\\_families\\_struggle\\_to\\_pay/](http://www.yourlocalguardian.co.uk/news/local/suttonnews/10421133.Paupers_funerals_increase_as_families_struggle_to_pay/)

## Dying matters taught at school: New research

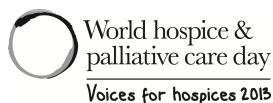
U.K. (NORTHERN IRELAND) | University of Ulster – 16 May 2013 – Secondary schoolchildren should be educated about death and dying – this is one of the recommendations in a new palliative care report led by a University of Ulster academic. Dr. Sonja McIlpatrick from the University's Institute of Nursing was Principal Investigator on the 'Exploring Public Awareness of Palliative Care' research project. This is the first study of its kind in Northern Ireland to explore public perceptions towards palliative care. Dr. McIlpatrick, who is also Head of Research at the All Ireland Institute of Hospice & Palliative Care, added: "Our research found that the key barrier to improving awareness was reluctance among the general public to talk about death and dying. This was attributed to fear and a taboo within society to openly address such issues. "A widespread education programme among adults and secondary schoolchildren would help to change these attitudes."

<http://news.ulster.ac.uk/releases/2013/6965.html>

Noted in Media Watch (under 'Worth Repeating'), 6 May 2013:

- ACADEMIC EXCHANGE QUARTERLY | Online – 22 June 2005 – **'Morbid fascination: Teaching the history of death.'** Talking about death is a widely held taboo in modern society, or so the theorists say. That taboo contributed to making this course initially popular but it also laid at the basis of its effectiveness as a vehicle for personal and intellectual development.
- <http://www.questia.com/library/1G1-136071090/morbid-fascination-teaching-the-history-of-death>

N.B. Footnoted is three articles of related interest from past issues of Media Watch.



<http://www.worldday.org/>

12 October 2013

## **Easing Africa's pain: The need for palliative care**

AFRICA | *Think Africa Press* – 15 May 2013 – Millions of patients in Africa with advanced cancer, HIV or other illnesses live and die in extreme pain every year. And their numbers grow year by year. In 2007, there were over 700,000 new cancer cases and nearly 600,000 cancer-related deaths in Africa, though those figures do not include the many people who are misdiagnosed or never diagnosed at all. Non-communicable diseases are expected to become Africa's biggest killer by 2030, surpassing maternal, child and infectious diseases. But much of the suffering ... could be addressed. The World Health Organization has encouraged all countries to ensure that palliative care is integrated into public healthcare systems. Yet, palliative care services do not exist in almost half of Africa's countries. In most others, they are accessible to only a small percentage of patients who need them. As a result, many patients die in their homes, in agony and without proper support. For example, in Senegal, palliative care is only available in the capital Dakar – and even there it is very limited. According to the International Narcotics Control Board, in many African countries, morphine is simply not available, even though it is inexpensive and essential for treating severe cancer pain. <http://thinkafricapress.com/health/easing-africas-pain-need-palliative-care>

### **End of life care in Ukraine**

#### **New breakthrough for incurably ill**

UKRAINE | Reuters – 15 May 2013 – Ukraine's cabinet of ministers' approval of new regulations on access to pain medicines will dramatically expand healthcare services for patients with incurable illnesses and reduce unnecessary suffering. The new regulations ... greatly simplify the prescription and dispensing of strong pain killers, such as morphine, to patients with severe pain due to cancer and other illnesses. They replace drug regulations that Human Rights Watch had previously criticized as among the most restrictive in the world. A Human Rights Watch report in 2011 concluded that tens of thousands of cancer patients in Ukraine die every year in severe pain because they cannot get adequate palliative care services.<sup>1</sup> Human Rights Watch found that some patients contemplated or attempted to commit suicide because their suffering was unbearable.

<http://www.trust.org/item/20130515040000.0000-g96tq/>

1. *Uncontrolled Pain: Ukraine's Obligation to Ensure Evidence-Based Palliative Care*, Human Rights Watch, 12 May 2011. [Noted in Media Watch, 16 May 2011]  
<http://www.hrw.org/en/reports/2011/05/12/uncontrolled-pain-0>

### **Palliative care models for young people**

#### **The challenge for hospices**

U.K. (SCOTLAND) | *The Herald* (Edinburgh) – 14 May 2013 – The topic of suitable and individual palliative care models for young people is not new and muscular dystrophy sufferer Robert Watson, the case study within the [recent *Herald*] article who is under the care of CHAS [Children's Hospice Association Scotland], correctly cites that the facilities of Rachel House and Robin House can be quite unsatisfactory for a young adult and he understands the change being imposed by CHAS is not its fault. The unfortunate reality for these young people who should be transitioned from children's services to adult care is that there is a huge gap in the provision of suitable places of care for them. The need for accelerated support is now essential. In National Health Service Greater Glasgow & Clyde there are about 200 young people in the 16-19 age group, many of whom will survive further into adulthood, with complex needs who would benefit from accessing specialist palliative care services, at home, in hospital and in a hospice.

<http://www.heraldscotland.com/comment/letters/the-challenge-for-hospices.21075882>

Cont.

Noted in Media Watch, 13 May 2013:

- U.K. (SCOTLAND) | *The Herald* (Edinburgh) – 10 May 2013 – '**Hospice charity sets age limit on services for young people.**' CHAS chief executive Maria McGill ... said there was a lack of suitable services for people aged 25-45, with adult hospice services set up largely to cater for much older adults suffering from cancer and other terminal illnesses.  
<http://www.heraldscotland.com/news/health/hospice-charity-sets-age-limit-on-services-for-young-people.21041823>

Noted in Media Watch, 3 December 2012:

- U.K. (ENGLAND, WALES & NORTHERN IRELAND) | National Council for Palliative Care – 27 November 2012 – '**Call for better support for seriously ill young people moving into adult care.**' The All Party Parliamentary Group for Hospice & Palliative Care heard how Government, the National Health Service, and professionals can improve care and support to young people with life-limiting and life-threatening conditions.<sup>1</sup> <http://www.ncpc.org.uk/news/call-better-support-seriously-ill-young-people-moving-adult-care>
1. The STEPP Project (Supporting health Transitions for young people with life-limiting conditions – researching Evidence of Positive Practice): Briefing, 27 November 2012.  
[http://www.togetherforshortlives.org.uk/assets/0000/2262/FINAL\\_APPG\\_key\\_findings\\_pap\\_er\\_2.pdf](http://www.togetherforshortlives.org.uk/assets/0000/2262/FINAL_APPG_key_findings_pap_er_2.pdf)

### **Millions leaving it too late to discuss dying wishes**

U.K. | Dying Matters Coalition – 13 May 2013 – New research shows that the majority of people in Britain have not discussed or made any plans for when they die.<sup>1</sup> As a result, they are risking not getting appropriate end of life care and making it harder for their families to deal with bereavement. The research ... finds encouraging signs that older people are increasingly taking action to make their end of life wishes known, but that most people are leaving it too late to face up to their own mortality. This is despite the fact that almost two-thirds of us have been bereaved in the last five years. The latest study

reveals that although 70% of the public say they are comfortable talking about death, most of us haven't done anything to discuss our end of life wishes or put plans in place.  
<http://www.dyingmatters.org/page/millions-leaving-it-too-late-discuss-dying-wishes>

#### **Specialist Publications**

**'Nurses' preferred end-of-life treatment choices in five countries'** (p.12), in *International Nursing Review*.

### **Homeless charity publishes end of life care guide**

U.K. | *Inside Housing* – 10 May 2013 – The homelessness charity St Mungo's has produced a new guide to help improve end of life care for homeless people.<sup>1</sup> Created in partnership with the end of life care charity Marie Curie Cancer Care, the guide is the first of its kind in the U.K., the guide pulls together resources to enable front line staff to talk confidently about end of life issues with service users and health and social care professionals. Feedback from a four-week pilot showed that the material helped staff identify residents who are at risk of developing a terminal illness ... and engage more confidently with residents who had already received a diagnosis.  
<http://www.insidehousing.co.uk/care/homeless-charity-publishes-end-of-life-care-guide/6526912.article>

1. *Homelessness and End of Life Care*, St Mungo's and Marie Curie Cancer Care, 2013.  
<http://www.mariecurie.org.uk/Documents/Commissioners-and-referrers/HomelessReport.pdf>

Cont.

Noted in past issues of Media Watch:

- **AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE** | Online – 21 March 2013 – '**Does end-of-life decision making matter? Perspectives of the older homeless adults.**' Key emergent themes in this study included discomfort with the topic, trust in God's decisions, physicians preferred as decision makers, and planning is important but not an immediate concern. <http://ajh.sagepub.com/content/early/2013/03/15/1049909113482176.abstract>
- **AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE** | Online – 5 June 2012 – '**A qualitative study of homelessness and palliative care in a major urban center,**' The findings suggest that in order to increase access and to serve the city's terminally ill homeless better, the following areas must be addressed: 1) increasing positive interaction between the health care system and the homeless; 2) training staff to deal with the unique issues confronting the homeless; 3) providing patient-centered care; and, 4) diversifying the methods of delivery. <http://ajh.sagepub.com/content/early/2012/06/03/1049909112448925.abstract>
- **BMC PALLIATIVE CARE** | Online – 15 September 2012 – '**Recommendations for improving the end-of-life care system for homeless populations: A qualitative study of the views of Canadian health and social services professionals.**' Changes in the rules and regulations that reflect the health needs and circumstances of homeless persons and measures to improve continuity of care have the potential to increase equity in the end-of-life care system for this underserved population. <http://www.biomedcentral.com/content/pdf/1472-684X-11-14.pdf>
- **CANADIAN HEALTHCARE NETWORK** | Online – 9 November 2010 – '**End-of-life care for homeless.**' For homeless and marginalized people on the streets of Halifax, Nova Scotia, there's a good chance they may not have the opportunity to choose the kind of end-of-life that care that they would prefer. <http://www.canadianhealthcarenetwork.ca/nurses/news/movers-shakers/monica-flinn-end-of-life-care-for-homeless-6956>
- **CANADIAN MEDICAL ASSOCIATION JOURNAL** | Online – 1 March 2011 – '**Bringing palliative care to the homeless.**' There is perhaps no population more challenging to assist in dying than the homeless. <http://www.cmaj.ca/earlyreleases/1mar11 Bringing-palliative-care-to-the-homeless.dtl>
- **NATIONAL END OF LIFE CARE PROGRAMME (U.K.)** | Online – 8 December 2010 – '**End of life care – achieving quality in hostels and for homeless people.**' *End of life care – achieving quality in hostels and for homeless people – a route to success* is a practical guide to support hostel staff in ensuring people nearing end of their life receive high quality end-of-life care. [http://www.endoflifecareforadults.nhs.uk/assets/downloads/RTS\\_Homeless\\_Final\\_20101208.pdf](http://www.endoflifecareforadults.nhs.uk/assets/downloads/RTS_Homeless_Final_20101208.pdf)

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

Representative sample of recent news media coverage:

- **AUSTRALIA** | Aljazeera (101 East) – 16 May 2013 – '**License to kill.**' It is illegal in Australia, taboo across Asia, and a political and moral minefield to boot, yet poll after poll shows 80% of Australians want voluntary euthanasia introduced. The nation shocked the world in the 1990s when the Northern Territory became the first place in the world to permit voluntary euthanasia. The controversial law was almost immediately repealed, but now euthanasia is back on the agenda as it grapples with an ageing population coupled with huge advances in technology that mean many people face a medicalised, prolonged and costly death. As Australia's state parliaments debate euthanasia bills, the hysteria surrounding the issue is matched only by its ethical complexity and the number of heart-rending stories it generates. <http://www.aljazeera.com/programmes/101east/2013/05/201351383531424786.html>

Cont.

- THE NETHERLANDS | *De Volkskrant* – 16 May 2013 – '**Doctors: Euthanasia for dementia patients should be restricted.**' The Dutch doctors' organisation (Royal Dutch Medical Association) is to meet Health Minister Edith Schippers to discuss the possibility of limiting the scope of the law on euthanasia, which came into force in 2002. A large proportion of doctors believe that euthanasia should not be used in cases where patients suffering from serious dementia are no longer able to communicate, even if they have previously signed a request for euthanasia. Instead they want the practice restricted to cases where patients can confirm – verbally or otherwise – they want to put an end to their lives. However, the medical profession remains divided on the issue, with some doctors still in favour of the full application of the law. <http://www.presseeurop.eu/en/content/news-brief/3779801-doctors-euthanasia-dementia-patients-should-be-restricted>

Of related interest:

- THE NETHERLANDS | *Dutch News* – 17 May 2013 – '**"No increase" in euthanasia cases among dementia patients last year.**' There is no evidence that the number of dementia patients opting for euthanasia rose last year from the 49 cases recorded in 2011. [http://www.dutchnews.nl/news/archives/2013/05/no\\_increase\\_in\\_euthanasia\\_case.php](http://www.dutchnews.nl/news/archives/2013/05/no_increase_in_euthanasia_case.php)
- SWITZERLAND | Associated Press – 14 May 2013 – '**European Court finds Swiss assisted suicide laws unclear when people entitled to lethal dosage.**' The European Court of Human Rights has found that Swiss laws on so-called passive assisted suicide are unclear and need revising to clarify when people are entitled to a medical prescription for a lethal dose of drugs. Alda Gross, a Swiss woman in her early 80s, appealed to the Strasbourg, France-based court after she couldn't find a doctor to prescribe her a lethal dosage because she had no clinical illness. She had argued she was entitled to end her life rather than become increasingly frail. A Zurich health board denied Gross' request in 2009 and the Swiss Federal Supreme Court rejected her appeal in 2010. [http://www.washingtonpost.com/world/europe/european-court-finds-swiss-assisted-suicide-laws-unclear-when-people-entitled-to-lethal-dosage/2013/05/14/46a506f4-bc87-11e2-b537-ab47f0325f7c\\_story.html](http://www.washingtonpost.com/world/europe/european-court-finds-swiss-assisted-suicide-laws-unclear-when-people-entitled-to-lethal-dosage/2013/05/14/46a506f4-bc87-11e2-b537-ab47f0325f7c_story.html)
- U.K. | *The Daily Telegraph* – 13 May 2013 – '**Lord Chief Justice won't allow "personal sympathy" to sway decision on assisted suicide.**' The Lord Chief Justice, Lord Judge, said he and his fellow judges were "acutely aware of the desperate situation" faced by people such as Tony Nicklinson, the "locked-in" syndrome sufferer who starved himself to death last year after losing a right-to-die case. But he said "only basic principles of law" could decide whether or not there could ever be any relaxation of the ban on assisted suicide. He also challenged lawyers brandishing opinion poll findings pointing to strong public support for a change in the law, questioning how it was relevant, adding: "The public may change its mind next week." He said the case could not be decided "on the basis of opinion polls." Lord Judge was speaking as he, joined by the Master of the Rolls Lord Dyson and Lord Justice Elias, began to hear submissions as part of a wide ranging Court of Appeal challenge to the U.K.'s laws on euthanasia. <http://www.telegraph.co.uk/news/uknews/law-and-order/10054106/Lord-Chief-Justice-wont-allow-personal-sympathy-to-sway-decision-on-assisted-suicide.html>
- U.K. | *The Guardian* – 13 May 2013 – '**Assisted suicide should be regulated by courts, senior judges told.**' Courts should be able to regulate individual requests for assisted suicide without reference to parliament, senior judges have been told. In the latest attempt to overturn the prohibition on doctors helping to end the lives of their patients, the court of appeal is considering three requests for legal guidelines to be relaxed. At the opening of the case, the court was told that a private member's bill on assisted dying was due to be introduced by Lord Falconer. It follows his report on assisted dying, which condemned current laws on the issue as inadequate and incoherent. The bill will apply only to the terminally ill. The challenges before the appeal court are being brought by Paul Lamb, who suffered catastrophic injuries after a car accident; Jane Nicklinson, widow of the right-to-die campaigner Tony Nicklinson; and, a claimant known only as AM. <http://www.guardian.co.uk/society/2013/may/13/assisted-suicide-court-of-appeal>

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

### DSM-5: Prolonged grief disorder

#### **Psychologists' and counsellors' perspectives on prolonged grief disorder and its inclusion in diagnostic manuals**

*COUNSELLING & PSYCHOTHERAPY RESEARCH* | Online – 8 May 2013 – Tentative support for the inclusion of prolonged grief disorder (PGD) in diagnostic manuals was given [by study participants]; however, many therapists indicated considerable reservations about potential negative repercussions of using such a diagnosis. This research was conducted prior to the latest update to the diagnostic category concerning bereavement in the *DSM-5 [Diagnostic & Statistical Manual of Mental Disorders]*, but many observations and recommendations made by the therapists participating in this research can be seen to be applicable to persistent complex bereavement-related disorder. <http://www.tandfonline.com/doi/abs/10.1080/14733145.2013.790456>

Of related interest:

- *BMC MEDICINE* | Online – 14 May 2013 – '**The DSM-5: Hyperbole, hope or hypothesis?**' The largest problem ... is how it's used; sometimes too loosely by clinicians, and too rigidly by regulators, insurers, lawyers and at times researchers, who afford it reference and deference disproportionate to its overt acknowledged limitations. <http://www.biomedcentral.com/1741-7015/11/128>

Noted in Media Watch, 13 May 2013:

- *THE NEW YORK TIMES* | Online – 6 May 2013 – '**Psychiatry's guide is out of touch with science, experts say.**' Just weeks before the long-awaited publication of a new edition of the so-called bible of mental disorders [i.e., *DSM-5*], the federal government's most prominent psychiatric expert has said the book suffers from a scientific "lack of credibility." <http://www.nytimes.com/2013/05/07/health/psychiatrys-new-guide-falls-short-experts-say.html?ref=health&r=0>

**N.B.** Footnoted are several articles, reports, etc., on *DSM-5* and the issue of complicated grief from past issues of Media Watch.

#### **Palliative sedation in end-of-life care**

*CURRENT OPINION IN ONCOLOGY* | Online – 9 May 2013 – A number of authors have published interesting new findings on different areas of palliative sedation, that is prevalence, indications, monitoring, duration and choice of drugs. In particular, a clear definition of palliative sedation and of its more pronounced form, deep continuous sedation, has emerged. It has been confirmed that, when performed in the correct way and with the right aims, palliative sedation does not have a detrimental impact on survival. Recent findings confirm that palliative sedation is an integral part of a medical palliative care approach and is needed in certain clinical situations. It is a legitimate clinical practice from any ethical point of view. [http://journals.lww.com/co-oncology/Abstract/publishahead/Palliative\\_sedation\\_in\\_end\\_of\\_life\\_care.99618.aspx](http://journals.lww.com/co-oncology/Abstract/publishahead/Palliative_sedation_in_end_of_life_care.99618.aspx)

Noted in recent issues of Media Watch:

- *BIOETHICS*, 2013;27(1):1-11. '**Narratives of 'terminal sedation' and the importance of the intention-foresight distinction in palliative care practice.**' In contrast to their colleagues in acute medical practice, these Australian palliative care specialists [i.e. study participants] were almost unanimously committed to distinguishing their actions from euthanasia. <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8519.2011.01895.x/abstract>

Cont.

- **BMJ SUPPORTIVE & PALLIATIVE CARE** | Online – 6 March 2013 – '**Moral differences in deep continuous palliative sedation and euthanasia.**' In palliative care there is much debate about which end of life treatment strategies are legitimate and which are not. Some writers argue that there is an important moral dividing-line between palliative sedation and euthanasia, making the first acceptable and the latter not. The authors question this. <http://spcare.bmjjournals.org/content/early/2013/03/06/bmjspcare-2012-000431.abstract>
- **JOURNAL OF MEDICAL COLLEGES OF PLA**, 2013;28(1):32-34. '**Continuous sedation until death: Therapeutically and ethically acceptable.**' If a patient is dying and still suffering great pain, what is the least harmful alternative? Here we prefer continuous sedation until death continuous sedation until death (CSD). CSD differs from physician-assisted death (PAD) in many aspects. <http://www.sciencedirect.com/science/article/pii/S1000194813600131>
- **JOURNAL OF PAIN & SYMPTOM MANAGEMENT** | Online – 8 April 2013 – '**From sedation to continuous sedation until death: How has the conceptual basis of sedation in end-of-life care changed over time?**' There is a pressing need to resolve the conceptual confusion that currently exists in the literature to bring clarity to the dialogue and build a base of commonality on which to design research and enhance practice of sedation in end-of-life care. [http://www.jpsmjournal.com/article/S0885-3924\(13\)00141-3/abstract](http://www.jpsmjournal.com/article/S0885-3924(13)00141-3/abstract)
- **JOURNAL OF PALLIATIVE MEDICINE** | Online – 19 February 2013 – '**Palliative sedation: A focus group study on the experiences of relatives.**' Most relatives [i.e., study participants] evaluated the provision of palliative sedation of their dying family member positively. Positive experiences were related to: the beneficial impact of palliative sedation on the patient's suffering, the opportunity that was offered to prepare for the patient's death, their involvement in the decision-making and care for the patient, and the pleasant care environment. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0410>

### 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 and research tool.

### 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.
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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.

## **Considering the role of social work in palliative care: Reflections from the literature**

*EUROPEAN JOURNAL OF PALLIATIVE CARE* | Online – Accessed 19 May 2013 – The challenges of palliative care social work are many, particularly those arising from the increasing social inequalities present in many countries in the West. Offering appropriate "respectful" care to those from diverse cultural backgrounds is a further challenge. This challenge depends on professionals thinking through how race, culture and gender impact on an individual's value system and life circumstances. Because social workers practise in varied and divergent settings across the life span and are committed to promoting culturally competent care for the most vulnerable and oppressed members of society, they have an important contribution to make in helping to improve the quality of end-of-life care for all sections of society. Since the essence of all social work practice entails matters of loss and adjustment to changes in a person's assumptive world, the author would argue that social workers are the professional group particularly well placed to provide skilled psychosocial support of all kinds to those struggling to come to terms with terminal illness.

<http://oro.open.ac.uk/37581/1/Considering%20the%20role%20of%20social%20work%20in%20EJPC%20PDF.pdf>

Noted in Media Watch, 23 July 2012:

- **COMMUNITY CARE** | Online – 19 July 2012 – **'Social work "too often missing from end-of-life care."**" Social workers have a vital role in end-of-life care but they often struggle to perform it because of cuts, workloads and a lack of confidence, says a report from the National End of Life Care Programme.<sup>1</sup> <http://www.communitycare.co.uk/Articles/19/07/2012/118394/Social-work-39too-often-missing-from-end-of-life.htm>
  1. 'The route to success in end of life care – achieving quality for social work,' National End of Life Care Programme, The College of Social Work & National Health Service, July 2012. [http://www.endoflifecareforadults.nhs.uk/assets/downloads/EoLC\\_Social\\_Work\\_Route\\_to\\_Success\\_web.pdf](http://www.endoflifecareforadults.nhs.uk/assets/downloads/EoLC_Social_Work_Route_to_Success_web.pdf)

## **Nurses' preferred end-of-life treatment choices in five countries**

*INTERNATIONAL NURSING REVIEW* | Online – 8 April 2013 – This study is the first to examine and compare nurses' preferred EOL [end of life] treatment choices in five countries from three different continents [i.e., Hong Kong, Ireland, Israel, Italy, and the U.S.]. Previous research has focused on physician's perspectives of EOL decision making as well as patient and family EOL decision making. Nurses in every country consistently chose a more aggressive option for patients than for themselves or for a parent. The treatment preferences of nurses varied from country to country. Lack of knowledge of patients' wishes and duty of care were the main influencing factors on treatment preferences. <http://onlinelibrary.wiley.com/doi/10.1111/inr.12024/abstract>

Noted in Media Watch, 4 March 2013:

- **THE MEDICAL POST** (Canada) | Online – 26 February 2013 – **'Doctors aren't like others at the end of life.'** Researchers found that when doctors were asked about their treatment preferences in the hypothetical event of an irreversible brain injury, 90% said they would decline CPR, more than 85% reported they would say no to ventilation and dialysis, and around 80% would opt out of surgery and a feeding tube. The only treatment most wanted: pain medication. <http://www.canadianhealthcarenetwork.ca/physicians/news/doctors-arent-like-others-at-the-end-of-life-26828>

**N.B.** Footnoted are other articles on the same subject noted in past issues of Media Watch.

## **Early admission to community-based palliative care reduces use of emergency departments in the ninety days before death**

*JOURNAL OF PALLIATIVE MEDICINE* | Online – 15 May 2013 – Overcrowded emergency departments (EDs) and the staff within them are often not able to address the complex physical and psychosocial needs of people at the end of life. While some studies have suggested that the ED environment should be adapted and staff trained to address this issue, there are no previous studies which have investigated whether the provision of timely palliative care services could prevent people with palliative care needs from attending EDs. This study investigates whether early admission to community-based palliative care reduces ED admissions in the last 90 days of life for patients with cancer. [The authors conclude that] proactive care in the form of timely community-based palliative care assists in preventing vulnerable people at the end of life from being exposed to the stressful ED environment and decreases the pressure on EDs.

<http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0403>

Noted in Media Watch, 4 June 2012:

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE CARE* | Online – 23 May 2012 – **'Why do palliative care patients present to the emergency department? Avoidable or unavoidable?'** With an understanding of why patients present, interventions to avoid these presentations close to the end-of-life may be possible. A comprehensive, coordinated ... approach across community and acute services may help ensure patients are not sent to the ED inappropriately. <http://ajh.sagepub.com/content/early/2012/05/18/1049909112447285.abstract>

**N.B.** Noted in Media Watch, 16 July 2012 (p.6), are several articles from past issues of the weekly report on the provision and delivery of palliative care in the emergency department.

## **The ambiguities of free-standing pediatric hospices**

*JOURNAL OF PALLIATIVE MEDICINE* | Online – 15 May 2013 – At present the options for location of end-of-life care and death for children with serious illness are not standardized. Possibilities for location of care include home, hospital, and free-standing pediatric hospices (FSPH); however, access to these choices varies greatly depending on geographical location. In the U.S. most children and families have a choice between home with palliative or hospice support and hospital, with pediatric FSPH existing in only a few states. In contrast, the U.K. has embraced the model of independent hospice facilities, with the development of over 40 pediatric FSPHs. Canada has also welcomed the FSPH paradigm, with the establishment of five FSPHs since 1995 and an additional one scheduled to open this year. Pediatric FSPHs are a relatively recent phenomenon, and further research needs to be directed towards understanding the cost benefit in comparison to home and hospital-based palliative care. At the moment, it is unclear whether having all three options available should be the standard of care. If home is the overwhelming first choice for the majority of families, then perhaps the availability of hospital as a second alternative is acceptable, or even desirable. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2013.9500>

### **Care at the end of life**

## **The POLST paradigm and form: Facts and analysis**

*THE LINACRE QUARTERLY*, 2013;80(2):103-138. This white paper ... provides a commentary on a new type of end-of-life document called a POLST form (Physician Orders for Life-Sustaining Treatment) as well as on its model (or "paradigm") for implementation across the U.S. After an introductory section reviewing the origin, goals, and standard defenses of the POLST paradigm and form, the paper offers a critical analysis of POLST, including an analysis of the risks that POLST poses to sound clinical and ethical decision-making ... with recommendations to help Catholic healthcare professionals and institutions better address the challenges of end-of-life care. <http://www.ingentaconnect.com/content/maney/lng/2013/00000080/00000002/art00002>

Cont.

Noted in Media Watch, 30 July 2012;

- WISCONSIN | *The Compass* – 25 July 2012 – '**Catholic leaders warn against use of Physician Orders for Life-Sustaining Treatment.**' The Catholic bishops of Wisconsin recently expressed concern for upholding the dignity of human life in a statement warning against the use of Physician (or Provider) Orders for Life-Sustaining Treatment (POLST).  
<http://www.thecompassnews.org/news/local/3474-wisconsin-bishops-issue-statement-on-life-sustaining-treatment.html>

Of related interest:

- *JOURNAL OF THE AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS*, 2013;26(6):38-43. '**Improving patient-centered care through advance care planning: Three-quarters of patients at the end of life cannot participate in medical decision making.**' A patient may encounter many physicians on different levels of care, including primary care physicians, hospitalists, and geriatricians. Studies show physician assistants and nurse practitioners are helping to fill physician gaps to meet health care demands and to improve the quality of patient care.  
[http://journals.lww.com/jaapa/Fulltext/2013/06000/Improving\\_patient\\_centered\\_care\\_through\\_advance.13.aspx](http://journals.lww.com/jaapa/Fulltext/2013/06000/Improving_patient_centered_care_through_advance.13.aspx)

#### Withdrawal of life-sustaining treatment

#### **When is life not in our own best interests? The best interests test as an unsatisfactory exception to the right to life in the context of permanent vegetative state cases**

*MEDICAL LAW INTERNATIONAL* | Online – 7 May 2013 – This article investigates the relationship between the application of the best interests test in respect of the withdrawal of life-sustaining treatment and the positive obligation under the right to life. The author argues that the superficial reconciliation of the concepts of best interests and the right to life in English case law fails to adequately protect the right to life of incompetent patients, while also failing to afford sufficient protection to a patient's personal perception of human dignity. She further argues that greater recognition should be given both to the obligations placed upon the state, by domestic and international human rights law, to take reasonable steps to preserve life as well as to the need to incorporate subjective values into the statutory test of best interests.  
<http://mli.sagepub.com/content/early/2013/05/07/0968533213486146.abstract>

#### **Exploring factors and caregiver outcomes associated with feelings of preparedness for caregiving in family caregivers in palliative care: A correlational, cross-sectional study**

*PALLIATIVE MEDICINE* | Online – 13 May 2013 – Feelings of preparedness seem to be important for how family caregivers experience the unique situation when caring for a patient who is severely ill and close to death. The authors' findings [of this study involving 125 family caregivers] support the inclusion of preparedness in support models for family caregivers in palliative care. Psycho-educational interventions could preferably be designed aiming to increase family caregiver's preparedness to care, including practical care, communication and emotional support.  
<http://pmj.sagepub.com/content/early/2013/05/03/0269216313486954.abstract>

Of related interest:

- *BMC GERIATRICS* | Online – 16 May 2013 – '**Gender differences in home care clients and admission to long-term care in Ontario, Canada: A population-based retrospective cohort study.**' Understanding who uses home care and why is critical to ensuring that these programs effectively reduce long term care use. The authors found that women outnumbered men, but that men presented with higher levels of need. This detailed gender analysis highlights how needs differ between older women, men, and their respective caregivers.  
<http://www.biomedcentral.com/content/pdf/1471-2318-13-48.pdf>

## Patient and family experiences of palliative care in hospital: What do we know? An integrative review

**PALLIATIVE MEDICINE** | Online – 13 May 2013 – In most developed countries, acute hospitals play a significant role in palliative care provision and are the setting in which most people die. They are often the setting where a life-limiting diagnosis is made and where patients present when symptoms develop or when they are not well managed. Understanding the experiences of hospital admissions for people with a life-limiting illness and their families is essential in understanding the role acute hospitals play in providing palliative care. This review has identified that, largely as a result of study design, our knowledge of patient and family experiences of palliative care in an acute hospital remains limited to discrete aspects of care. Further research is required ... taking into account all aspects of care including potential benefits of hospital admissions in the last year of life. <http://pmj.sagepub.com/content/early/2013/05/10/0269216313487568.abstract>

Of related interest:

- **JOURNAL OF PAIN & SYMPTOM MANAGEMENT** | Online – 15 May 2013 – 'Ontario hospitals are not using palliative care performance indicators in their balanced scorecards.' No abstract available. [http://www.jpsmjournal.com/article/S0885-3924\(13\)00191-7/fulltext](http://www.jpsmjournal.com/article/S0885-3924(13)00191-7/fulltext)
- **PALLIATIVE & SUPPORTIVE CARE** | Online – 13 May 2013 – 'Do residents need end-of-life care training?' Physicians continue to relinquish end-of-life care to ER staff and palliative care consultants. Exploring unfounded and preconceived fears associated with hospice referral needs to be integrated into the curriculum, to prepare future generations of physicians. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8918043&fulltextType=RA&fileId=S1478951512001101>

Noted in past issues of Media Watch:

- **BRITISH MEDICAL JOURNAL** | Online – 17 April 2013 – 'Caring for a dying patient in hospital.' Many people dying in hospital continue to have unmet needs and in the U.K. more than half of complaints referred to the Healthcare Commission concerned the care of dying people. <http://www.bmjjournals.org/cgi/content/full/346/bmj.f2174>
- **JOURNAL OF ADVANCE NURSING**, 2012;68(5):981-993. 'The hospital environment for end of life care of older adults and their families: An integrative review.' Themes identified were: privacy as needed; proximity (physically and emotionally) to loved ones, home and nature; satisfaction with the physical environment; and deficiencies in physical environment. Little evidence exists about physical hospital environments for end of life care of older adults and their families. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05900.x/abstract>
- **JOURNAL OF PAIN & SYMPTOM MANAGEMENT** | Online – 27 August 2012 – 'Nurse executives' perceptions of end-of-life care provided in hospitals.' The findings of this study highlight the need for interventions that focus on improving communication at the bedside and in transitions of care, enhancing educational interventions, and developing patient-centered care systems, which translate into a higher quality end-of-life experience for patients and their family members. [http://www.jpsmjournal.com/article/S0885-3924\(12\)00267-9/abstract](http://www.jpsmjournal.com/article/S0885-3924(12)00267-9/abstract)
- **JOURNAL OF PALLIATIVE MEDICINE** | Online – 9 November 2012 – 'Impact of hospital case volume on quality of end-of-life care in terminal cancer patients.' Significant associations between hospital case volume and quality of end-of-life care were identified in this study. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0361>
- **JOURNAL OF PALLIATIVE MEDICINE** | Online – 11 June 2012 – 'Measuring palliative care quality for seriously ill hospitalized patients.' The authors tested feasibility, usability, reliability, and validity of Prepare, Embrace, Attend, Communicate, Empower (PEACE) quality measures for palliative care. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0471>

## Integrating music therapy into pediatric palliative care

*PROGRESS IN PALLIATIVE CARE*, 2013;21(2):65-77. Music therapy is seen as an integral component within the scope of multi-disciplinary services offered to provide patient- and family-centered care, encourage positive coping, and enhance quality of life. Grounded in a palliative care philosophy, a sense of hope is always encouraged despite the circumstances, although various "lenses" may be offered to help reframe hope. Certified music therapists provide creative opportunities for expression and assist in pain management using non-pharmacological modalities. <http://www.ingentaconnect.com/content/maney/ppc/2013/00000021/00000002/art00002>

Of related interest:

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2013;45(5):822-831. '**Music therapy reduces pain in palliative care patients: A randomized controlled trial.**' A single music therapy intervention incorporating therapist-guided autogenic relaxation and live music was effective in lowering pain in palliative care patients. [http://www.jpsmjournal.com/article/S0885-3924\(12\)00330-2/abstract](http://www.jpsmjournal.com/article/S0885-3924(12)00330-2/abstract)

Noted in past issues of Media Watch:

- *MORTALITY*, 2012;17(2):92-105. '**Resounding the great divide: Theorising music in everyday life at the end of life.**' The author ... concludes that music opens up opportunities for action and social relation at end of life. Music is a dynamic medium for the collective performance of what it means to be well or ill, and what it means (and can mean) to be alive, dying or dead. <http://www.tandfonline.com/doi/abs/10.1080/13576275.2012.673375>

**N.B.** This issue of *Mortality* includes several articles on music, dying and death. Journal contents page: <http://www.tandfonline.com/toc/cmrt20/current>

- *MUSIC & MEDICINE*, 2011;3(1):9-14. '**Mapping the cultural landscape in palliative care and music therapy.**' In recent decades, the fields of palliative care and music therapy have undergone rapid formal and global development, to be practiced in many countries and cultures. <http://mmd.sagepub.com/content/3/1/9.abstract>

**N.B.** This issue of *Music & Medicine* focuses on music therapy and supportive cancer care. Journal contents page: <http://mmd.sagepub.com/content/3/1.toc>

## Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *AMERICAN JOURNAL OF CLINICAL ONCOLOGY* | Online – 8 May 2013 – '**Israeli Dying Patient Act: Physician knowledge and attitudes.**' The ... Israeli Dying Patient Act was designed to strike balance between enhancing patient autonomy in end-of-life decision making and cultural/religious norms that are in opposition to active euthanasia and physician-assisted suicide (PAS). [37% of survey respondents, i.e., physicians] supported passive euthanasia (withholding treatment), whereas over 40% maintained active forms of euthanasia should be allowed for terminal patients in severe physical pain. Multivariate analysis showed a negative relationship between support for more active forms of euthanasia and physicians' self-reported religiosity. Physicians cited lack of time as a reason for not complying with the new law. Physicians had a familiarity with the general aspects of the new legislation, but a large proportion was not aware of the specifics of the law. [http://journals.lww.com/amjclinicaloncology/Abstract/publishahead/Israeli\\_Dying\\_Patient\\_Act\\_Physician\\_Knowledge\\_and\\_99378.aspx](http://journals.lww.com/amjclinicaloncology/Abstract/publishahead/Israeli_Dying_Patient_Act_Physician_Knowledge_and_99378.aspx)

Noted in Media Watch, 8 February 2010:

- *BIOETHICS*, 2010;24(3):134-144. '**Reclaiming the patient's voice and spirit in dying.**' This paper describes the recent regulation of dying in Israel under its Dying Patient Law [*sic*], 2005. The Law recognizes advance directives in principle, but limits their effect and form through complex medico-legal artifices. <http://www3.interscience.wiley.com/journal/123269138/abstract>

Cont.

- *HEC FORUM*, 2013;20(4). 'The ethicist as language czar, or cop: "End of life" v. "ending life." Bioethics promises a considered, unprejudicial approach to areas of medical decision-making. It does this, in theory, from the perspective of moral philosophy. But the promise of fairly considered, insightful commentary fails when word choices used in ethical arguments are prejudicial, foreclosing rather than opening an area of moral discourse. The problem is illustrated through an analysis of the language of 'The Royal Society Expert Panel Report: End of Life Decision Making' advocating medical termination.<sup>1</sup>  
<http://link.springer.com/article/10.1007/s10730-013-9215-3>
  1. 'The Royal Society of Canada Expert Panel: End of Life Decision Making,' November 2011. [Noted in Media Watch, 21 November 2011] [http://rsc-src.ca/sites/default/files/pdf/RSCEndofLifeReport2011\\_EN\\_Formatted\\_FINAL.pdf](http://rsc-src.ca/sites/default/files/pdf/RSCEndofLifeReport2011_EN_Formatted_FINAL.pdf)

### Media Watch Online

#### **Asia**

SINGAPORE | Centre for Biomedical Ethics (CENTRES): <http://centres.sg/> (Scroll down to 'Palliative Care Network: Media Watch')

#### **Australia**

WESTERN AUSTRALIA | Palliative Care WA Inc: <http://palliativecarewa.asn.au/site/helpful-resources/> (Scroll down to 'International Websites' to 'Palliative Care Network' to access the weekly report)

#### **Canada**

ONTARIO | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network:  
<http://www.hnhbhpc.net/CurrentNewsandEvents/tabcid/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>

#### **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>

#### **International**

INTERNATIONAL PALLIATIVE CARE RESOURCE CENTER: <http://www.ipcrc.net/archive-global-palliative-care-news.php>

PALLIATIVE CARE NETWORK COMMUNITY: <http://www.pcn-e.com/community/pg/file/owner/MediaWatch>

PALLIMED (Hospice & Palliative Medicine Blog): <http://www.pallimed.org/2013/01/the-best-free-hospice-and-palliative.html> (Scroll down to 'Aggregators' and Barry Ashpole and Media Watch)

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