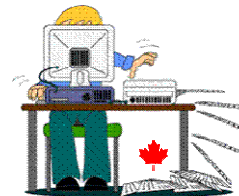


## **Media Watch...**

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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Compilation of Media Watch 2008, 2009, 2010, 2011, 2012, 2013 ©

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

**The consumer viewpoint in health decision making: Scroll down to [Specialist Publications](#) and 'Promoting the consumer voice in palliative care: Exploring the possibility of using consumer impact statements' (p.5), in *Health Expectations*.**

## **Canada**

### **A dozen palliative care centres join the province's telemedic network (with video)**

ONTARIO | *The Ottawa Citizen* – 22 August 2013 – Twelve palliative care facilities across Eastern Ontario are joining the province's telemedicine network [OTN] in an effort to improve patient care and better educate doctors, nurses and volunteers. "We're able to, through this project, link the different hospices and palliative care programs in the community, in the smaller towns, in the smaller regions, to the big hospitals right around the city," said Dr. José Pereira, medical chief of palliative care at The Ottawa Hospital and Bruyère Continuing Care as well as the medical lead for the Champlain Regional Hospice Palliative Care Program. OTN is used by more than 1,600 health care providers in the province. Implementing the network at the new sites cost about \$380,000. <http://www.ottawacitizen.com/health/dozen+palliative+care+centres+join+province+telemedic+network+with+video/8822255/story.html>

### **A national health care strategy for seniors is crucial: Poll**

QUEBEC | *The Montreal Gazette* – 19 August 2013 – Most Canadians believe a national health care strategy for seniors is needed, according to the Canadian Medical Association [CMA].<sup>1</sup> A CMA poll says 93% of the population support a pan-Canadian plan for care in the home and community, hospitals, long-term care facilities, and at the end of life. With the front line work being handled at the provincial and municipal levels, 89% consider that senior care is a national problem requiring federal, provincial and municipal governments to work closely together. The Association ... also found that Quebec was the only province in which a majority (56%) think the hospitals and long-term care facilities in their area can handle the needs of seniors. The national average on that question was 41%. Roughly the same proportion – 40% – expressed confidence that there are enough services in their area to help seniors live at home longer. <http://www.montrealgazette.com/health/national+health+care+strategy+seniors+crucial+poll/8804529/story.html>

1. *13th Annual National Report Card on Health Care*, Canadian Medical Association, 2013. [http://www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Media\\_Release/2013/2013-reportcard\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/2013/2013-reportcard_en.pdf)

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ALBERTA | *The Calgary Herald* – 19 August 2013 – **'Federal government won't reopen assisted-suicide debate, health minister says.'** The federal government has no intention of re-opening the debate on mercy killing and doctor-assisted death, Canada's health minister [Rona Ambrose] said ... as the nation's doctors began debating whether physician-assisted suicide is homicide or an ethically justifiable medical act to relieve incurable suffering. A key ethical question in the "unending" controversy surrounding euthanasia and doctor-hastened death is whether the "administration of death" contradicts the medical mandate, to "first, do no harm." <http://www.vancouversun.com/health/Federal+health+minister+wants+more+efficient+public+health+system/8806523/story.html>

Of related interest:

- ALBERTA | CTV News (Calgary) – 19 August 2013 – **'Little consensus among Canadian doctors on issue of assisted suicide.'** The issue of doctor-assisted suicide generated plenty of debate, but little consensus at the Canadian Medical Association's convention. <http://www.ctvnews.ca/health/little-consensus-among-canadian-doctors-on-issue-of-assisted-suicide-1.1418273>

## U.S.A.

### Perspectives: Managing your digital afterlife

*SCIENTIFIC AMERICAN*, September-October 2013. In courtrooms around the country, the online legacies of the departed are becoming the subject of painful battles for mourning families. [http://www.sciamedigital.com/index.cfm?fa=Products.ViewIssuePreview&ARTICLEID\\_CHAR=54D1BB53-1B78-E06C-AE57B2A1E42031D0](http://www.sciamedigital.com/index.cfm?fa=Products.ViewIssuePreview&ARTICLEID_CHAR=54D1BB53-1B78-E06C-AE57B2A1E42031D0)

### New Indiana rules would make it harder to get painkillers

INDIANA | *The Indianapolis Star* – 21 August 2013 – Certain painkillers soon could require more than a doctor's prescription in Indiana. Patients might also have to sign an agreement that they will use the medicines responsibly and submit to periodic drug tests. Some physicians have concerns about the new guidelines. As a palliative care specialist with St. Vincent Health, Dr. Colleen Brown sees many patients dealing with intense pain. While the proposed rules exclude patients who are terminal, they could apply to patients who live with cancer for many years and experience intermittent or constant pain. Up to 40% of cancer patients already report untreated pain. <http://www.news10.net/news/national/254952/5/New-Indiana-rules-would-make-it-harder-to-get-painkillers>

### Specialist Publications

**'Physician beliefs and patient preferences: A new look at regional variation in health care spending'** (p.7), in *National Bureau of Economic Research Working Paper No. 19320*.

### Barry R. Ashpole

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



## International

### Living wills: What would you want?

U.K. (WALES) | BBC News – 22 August 2013 – Professor Jenny Kitinger exposes the myth that next of kin can ensure our wishes are respected if we cannot make health-related decisions and explains the role of "living wills." This programme hears some moving stories from people who were unable to make important medical decisions for their loved ones, who then "were left in a state they would not have wanted." <http://www.compassionindying.org.uk/23-august-2013-cid-bbc-wales-living-wills-what-would-you-want>

Noted in Media Watch, 1 July 2013, #312 (p.8):

- *JOURNAL OF CLINICAL ETHICS*, 2013;24(2): '**Ways of knowing a loved one's end-of-life preferences and whether those preferences were honored.**' Although research indicates that the emotional burden of end-of-life decision making is diminished when surrogates have knowledge that a loved one's preferences are honored, it remains unclear how surrogates come to know these preferences were carried out. <http://www.clinicalethics.com/>

### End-of-life care in Australia

#### Tasmania gets a 24 hour palliative care service

AUSTRALIA (TASMANIA) | ABC News – 20 August 2013 – A not-for-profit community nursing organisation ... will receive \$38 million over the next three years to run a statewide home palliative care program. The money is part of an assistance package announced by the federal government last year ... [and] ... will include professional care, equipment and the delivery of e-health systems. <http://www.abc.net.au/news/2013-08-20/tasmania-gets-a-24-hour-palliative-care-service/4899494?section=tas>

#### Specialist Publications

'Why are advance care planning decisions not implemented? Insights from interviews with Australian general practitioners' (p.7), in *Journal of Palliative Medicine*.

### Elder care in the U.K.

#### Most care home residents "excluded from modern society" by lack of Internet access

U.K. | *The Daily Telegraph* – 19 August 2013 – Elderly people are increasingly being "excluded from modern society" because care homes are failing to offer access to the Internet, a report warns.<sup>1</sup> Only around one in six of the 20,000 care homes in the U.K. provides Internet access to residents. It comes despite evidence that using sites ranging from Facebook to online shopping resources can actively reduce isolation and improve people's quality of life. Records show ... only around 3,400 out of 20,000 provide Internet access to residents, or 17%. Technology can stimulate creativity and trigger reminiscence. It is important for the intellectual and emotional well-being of older people enabling them to connect through friends and family by email, Facebook... <http://www.telegraph.co.uk/finance/newsbysector/mediatechnologyandtelecoms/digital-media/10250664/Most-care-home-residents-excluded-from-modern-society-by-lack-of-internet-access.html>

1. 'carehome.co.uk reveals a fifth of care home residents are missing out on "crucial" Internet access,' carehome.co.uk, 2013. <http://www.carehome.co.uk/news/article.cfm/id/1560819/plea-to-get-residents-online-as-research-reveals-thousands-are-missing-out-on-crucial-internet-access>

Noted in Media Watch, 1 April 2013, #299 (p.7):

- U.K. | BBC News – 25 March 2013 – '**Social isolation "increases death risk in older people."** Social isolation is associated with a higher risk of death in older people regardless of whether they consider themselves lonely. <http://www.bbc.co.uk/news/health-21929197>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- REPUBLIC OF KOREA | *The Korea Herald* (Seoul) – 19 August 2013 – **'Should euthanasia be legal?'** If there is a right to life, is there also a right to die? That is the question the National Bioethics Committee sought to answer in a recommendation that terminally ill patients and their family be given the right to withdraw life-prolonging treatment in certain circumstances. The proposal, which would apply only to patients close to death with no chance of recovery, would end the current legal obligation on doctors to provide all treatment necessary to sustain life irrespective of the patient or their family's wishes. The recommendations, which would have to pass the National Assembly to acquire legal force, also propose that patients be encouraged to document their wishes regarding treatment in the event they are unable to give consent. Where a patient is unable to make health care decisions for himself and his wishes are unclear, the family would be allowed to cease treatment by unanimous agreement. <http://www.koreaherald.com/view.php?ud=20130819000721>

Noted in Media Watch, 10 June 2013, #309 (p.16):

- *KOREAN JOURNAL OF HOSPICE & PALLIATIVE CARE*, 2013;16(2):90-97. **'Public perception and acceptance of the National Strategy for Well-Dying.'** The authors conducted a survey on people's perception and acceptance of well-dying. The most important factor for well-dying was placing no burden of care on others (36.7%) and the second most important factor was staying with their family and loved ones (19.1%). Among nine suggestions of policy support for well-dying, the most popular was the promotion of voluntary care sharing (88.3%), followed by the palliative care training support for healthcare providers (83.7%) and the support for palliative care facilities instead of funeral halls (81.7%). The idea of formulating a five-year national plan for end-of-life care drew strong support (91%). <http://www.koreamed.org/SearchBasic.php?RID=0155KJHPC/2013.16.2.90&DT=1>

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

### Identifying predictors of hospice eligibility in patients with Parkinson disease

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 23 August 2013 – A range of indicators were compared across 3 time periods (30-36 months, 24-18 months, and 12-6 months before death) using within-subjects repeated measures design. Results indicate that body mass index less than 18, alone or combined with a shift in prescribing (when benefits of dopaminergic medications no longer outweigh risk of side effects), may signal appropriate timing for hospice referral. <http://ajh.sagepub.com/content/early/2013/08/22/1049909113502119.abstract>

Noted in Media Watch, 15 July 2013, #314 (p.11):

- *PALLIATIVE MEDICINE* | Online – 9 July 2013 – **'Palliative care for Parkinson's disease: A summary of the evidence and future directions.'** Limited evidence exists regarding timing of palliative interventions, triggers for specialist referral and management of terminal care. <http://pmj.sagepub.com/content/early/2013/07/05/0269216313495287.abstract>

**N.B.** Footnoted is articles on palliative care and Parkinson's disease noted in past issues of Media Watch.

Of related interest:

- *PALLIATIVE & SUPPORTIVE CARE* | Online – 13 August 2013 – **'Final decisions: How hospice enrollment prompts meaningful choices about life closure.'** It is important for clinicians to recognize that well-timed encouragement to consider and explore the use of hospice services, although it may indeed diminish hope for cure or recovery, simultaneously offers an opportunity to engage with important and time-sensitive developmental tasks. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8970275>

## Palliative care in mainland China

*ASIA PACIFIC JOURNAL OF HEALTH MANAGEMENT*, 2013;8(1):9-13. Predictable deaths from diseases like cancer account for approximately 83% of deaths in China. Despite the growing numbers of terminally ill people from all diseases, palliative care is in its infancy. Factors that have slowed the development of palliative care include cultural values that encourage efforts to cure (even when such treatment is likely to be futile) over the alleviation of suffering, limited public policies and funding for palliative care, and poor education of healthcare professionals about end-of-life care. To improve the palliative care of people in China who are terminally ill, efforts should be made to integrate best practice into the healthcare system, while being sensitive to, and preserving cultural values. Suggestions are made for the future development of palliative care in China. <http://search.informit.com.au/documentSummary;dn=489509343939048;res=IELHEA>

Noted in Media Watch, 27 August 2012, #268 (p.5):

- CHINA | *The Global Times* (Beijing) – 21 August 2012 – '**A new start for end-of-life care.**' Shanghai Municipal Health Bureau has issued guidelines for a pilot program to set up hospice centers in each of the city's 17 districts. <http://www.globaltimes.cn/content/728297.shtml>

## Rehabilitation modalities in palliative care

*CRITICAL REVIEWS™ IN PHYSICAL & REHABILITATION MEDICINE* | Online – Accessed 24 August 2013 – When treating [patients living with life threatening illnesses ] with an interdisciplinary approach, rehabilitation medicine specialists and rehabilitative modalities are beneficial adjuvants to utilize. Like palliative medicine, rehabilitation medicine also incorporates an interdisciplinary approach to treating patients with chronic and even terminal illnesses. These rehabilitation modalities may include physical therapy, occupational therapy, speech therapy, transcutaneous electrical nerve stimulation units, heat pads, massage, prosthetics, orthotics, and medications. These modalities may be useful in improving function, mobility, activities of daily living, pain relief, endurance, and the psyche of a patient with a terminal illness. The modalities may also improve the patient's quality of life and ability to maintain as much independence as possible. This independence in turn can also decrease the burden on the caregivers and family members. <http://www.dl.begellhouse.com/journals/757fcb0219d89390,forthcoming,7810.html>

Noted in Media Watch, 21 February 2011, #189 (p.10):

- *GERIATRIC REHABILITATION*, 2011;27(1):229-235. '**Geriatric rehabilitation and palliative care: Opportunity for collaboration or oxymoron?**' Over the past decade, there has been much collaboration among clinicians in the area of palliative care and several medical specialties including physical medicine and rehabilitation (PM&R). PM&R's primary focus is on restoring function, coping with disability, and decreasing the illness burden of chronic disease. [http://journals.lww.com/topicsingeriatricrehabilitation/Abstract/2011/01000/Geriatric\\_Rehabilitation\\_and\\_Palliative\\_Care\\_5.aspx](http://journals.lww.com/topicsingeriatricrehabilitation/Abstract/2011/01000/Geriatric_Rehabilitation_and_Palliative_Care_5.aspx)

**N.B.** This issue of *Geriatric Rehabilitation* includes several articles on end-of-life care. Contents page: <http://journals.lww.com/topicsingeriatricrehabilitation/pages/currenttoc.aspx>

## Promoting the consumer voice in palliative care: Exploring the possibility of using consumer impact statements

*HEALTH EXPECTATIONS* | Online – 19 August 2013 – There is considerable scope for developing the use of Consumer Impact Statements to promote the consumer viewpoint in health decision making, because it will allow people who are otherwise unlikely to contribute to the public debate to have their views heard by decision makers ... [and] ... is particularly suited to palliative care, given that consumers are often otherwise unable to contribute to the public debate. <http://onlinelibrary.wiley.com/doi/10.1111/hex.12118/abstract;jsessionid=BA7FEEF6A610D082EA8719A89483E783.d03t01?deniedAccessCustomisedMessage=&userIsAuthenticated=false>

## Essential knowledge for family caregivers: A qualitative study

*INTERNATIONAL JOURNAL OF PALLIATIVE NURSING*, 2013;19(8):383-388 Community palliative care health professionals participated in one of three focus groups. Three themes emerged as dominant priorities for the education of family caregivers: caring for oneself physically, emotionally, and spiritually; learning practical skills; and, knowing what to expect and plan for as the family member's health declines. The participants encourage caregivers to meet their own needs as well as care for family members. They help to empower family caregivers by encouraging them to take time for themselves, providing practical information for individual situations, and educating them on the signs and symptoms of approaching death. [http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=100341;article=IJPN\\_19\\_8\\_383\\_388](http://www.ijpn.co.uk/cgi-bin/go.pl/library/article.html?uid=100341;article=IJPN_19_8_383_388)

## Factors influencing the provision of end-of-life care for adolescents and young adults with advanced cancer: A scoping review protocol

*JBI DATABASE OF SYSTEMATIC REVIEWS & IMPLEMENTATION REPORTS*, 2013;11(7). The objective is to locate and describe literature relating to EoL [end-of-life] care provision to adolescents and young adults with cancer. The specific areas of investigation include: care service provision in adolescents and young adults with cancer during the EoL phase of care; experiences and perceptions of adolescents and young adults with cancer during the EoL phase of care; experience and perceptions of the health professionals and family members involved in their care; practices/interventions used with adolescents and young adults with cancer during the EoL phase of care. <http://www.joannabriggslibrary.org/jbibrary/index.php/jbisrir/article/view/630/1337>

Noted in Media Watch, 15 October 2012, #275 (#275):

- *U.S. NEWS & WORLD REPORT* | Online – 9 October 2012 – **'Teens want voice in end-of-life decisions.'** Teens and young adults who are seriously ill should have a chance to be involved in end-of-life decisions, and a new planning guide ... can help, researchers say.<sup>1,2</sup> <http://health.usnews.com/health-news/news/articles/2012/10/09/teens-want-voice-in-end-of-life-decisions>
  1. 'Allowing adolescents and young adults to plan their end-of-life care,' *Pediatrics*, 8 October 2012. <http://pediatrics.aappublications.org/content/early/2012/10/02/peds.2012-0663.abstract>
  2. 'Voicing My Choices: A Planning Guide for Adolescents and Young Adults,' *Aging with Dignity*, October 2012. <http://www.agingwithdignity.org/forms/voicingmychoices.pdf>

## Islam and the four principles of medical ethics

*JOURNAL OF MEDICAL ETHICS* | Online – 23 August 2013 – This paper summarises the foundations of the Islamic ethical theory, elucidating the principles and methodology employed by the Muslim jurist in deriving rulings in the field of medical ethics. The four-principles approach, as espoused by Beauchamp and Childress, is also interpreted through the prism of Islamic ethical theory. Each of the four principles (beneficence, non-maleficence, justice and autonomy) is investigated in turn, looking in particular at the extent to which each is rooted in the Islamic paradigm. <http://jme.bmj.com/content/early/2013/08/23/medethics-2012-101309.abstract>

Noted in Media Watch, 30 January 2012, #238 (p.10):

- *JOURNAL OF THE ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA*, 2011;43(3). **'The end of life, the ends of life: An anthropological view.'** All known human societies have a worldview that deserves to be called religion; all religions must explain death. Anthropologists study the diversity of religious systems, present and past, in order to understand what is common to humanity. <http://jima.imana.org/article/view/7037>

**N.B.** This issue of *Journal of the Islamic Medical Association of North America* includes several articles on end-of-life care. Contents page: <http://jima.imana.org/index>

**Assessment of reasons for referral and activities of hospital palliative care teams using a standard format: A multicenter 1,000 case description**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online -23 August 2013 – The authors obtained data from 1,055 patients who were referred to PCTs [palliative care teams]. The two major reasons for referral were pain (63%) and anxiety/depression/grief/emotional burden (22%). The major recommendations were pharmacological treatment (74%), care for the patient's physical symptoms (49%), and support for patient's decision making (38%). The major activities performed by the PCTs were comprehensive assessment (90%), care for the patient's physical symptoms (77%), and pharmacological treatment (74%). [http://www.jpmsjournal.com/article/S0885-3924\(13\)00337-0/abstract](http://www.jpmsjournal.com/article/S0885-3924(13)00337-0/abstract)

**Why are advance care planning decisions not implemented?  
Insights from interviews with Australian general practitioners**

*JOURNAL OF PALLIATIVE MEDICINE* | Online – 21 August 2013 – Factors considered to have an important influence on the implementation of ACPs [advance care plans] include: factors such as form, legal standing, accessibility, clarity, currency, and specificity; illness factors such as quality of life, function, diagnosis, prognosis, and prognostic certainty; family factors such as attitudes to ACP and different conceptualizations on whether care is provided to individuals or to a family unit; and organizational and care setting factors such as health care facility's attitudes and policies in relation to end-of-life care. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2013.0156>

**Représentations de la collégialité dans les prises de décision en unité de soins palliatifs**

**(Collegial decision-making in palliative care units)**

*MÉDECINE PALLIATIVE : SOINS DE SUPPORT* | Online – 13 August 2013 – The analysis of 52 patient-records demonstrates that over 20% of collegial decisions do not concern treatment methods but the patient's outcome, and the 60% of cases the patient is able to express his/her will. Doctors have varying definitions of collegial decision-making. Some define it by the presence of at least two doctors in the discussion, others by the quality of the discussion. All believe that the decision on discontinuing certain treatments such as anticoagulants, corticosteroids and antibiotics does not necessitate the routine application of a collegial decision-making process. There are situations where such a process is imperative, for example whether or not to discontinue mechanical ventilation and sedation. In other cases, the context determines whether collegial decision-making is necessary or not. Despite some limitations to this decision-process, the physicians interviewed can see benefits in the existence of this legal framework for end-of-life decision-making. <http://www.sciencedirect.com/science/article/pii/S1636652213000792>

**End-of-life care in the U.S.**

**Physician beliefs and patient preferences: A new look at regional variation in health care spending**

*NATIONAL BUREAU OF ECONOMIC RESEARCH WORKING PAPER No. 19320* | Online – August 2013 – There is considerable controversy about the causes of regional variations in health-care expenditures. The authors use vignettes from patient and physician surveys, linked to Medicare expenditures at the level of the Hospital Referral Region, to test whether patient demand-side factors, or physician supply-side factors, explains regional variations in Medicare spending. They find patient demand is relatively unimportant in explaining variations. Physician organizational factors ... matter, but the single most important factor is physician beliefs about treatment: 36% of end-of-life spending, and 17% of U.S. health care spending, are associated with physician beliefs unsupported by clinical evidence. <http://www.nber.org/papers/w19320>

**American Society for Pain Management Nursing  
Position Statement: Pain Management at the End of Life**

*PAIN MANAGEMENT NURSING*, 2013;14(3):172-175. This position statement ... contains recommendations for nurses, prescribers, and institutions that would improve pain management for this vulnerable population. <http://www.sciencedirect.com/science/article/pii/S152490421300074X>

**Evidence on home palliative care: Charting past, present, and future at the Cicely Saunders Institute – WHO Collaborating Centre for Palliative Care, Policy & Rehabilitation**

*PROGRESS IN PALLIATIVE CARE*, 2013;21(4):204-213. The need for home palliative care is increasing globally as the overall number of deaths rise and home remains where most people prefer to die and where most spend their last months of life. Research must accompany this growing demand and inform service developments. The authors highlight key findings by its team at the Cicely Saunders Institute that have informed policy in the U.K., Europe, and beyond, influencing clinical practice and training. They also share the lessons learnt in the process of conducting research on aspects related to home palliative care over the last 15 years. The authors conclude by presenting priorities for future research, expressing their commitment as the WHO Collaborating Centre for Palliative Care, Policy & Rehabilitation to continue helping the development of quality, accessible, and cost-effective home palliative care for the generations to come. <http://www.ingentaconnect.com/content/maney/ppc/2013/00000021/00000004/art00003>

**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.
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.

**Media Watch Online**

Media Watch (or a link to the weekly report) is posted on several websites that serve the hospice and palliative care community-at-large. See a complete listing on p.9.



## Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *SOCIOLOGY OF HEALTH & ILLNESS* | Online – 20 August 2013 – '**Descriptions of euthanasia as social representations: Comparing the views of Finnish physicians and religious professionals.**' Almost all the physicians interviewed saw that euthanasia does not fit the role of a physician and anchored it to different kinds of risks such as the slippery slope. Most of the religious and world-view professionals also rejected euthanasia. The article shows how the social representations of euthanasia are used to protect professional identities and to justify their expert knowledge of death and dying. <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12057/abstract;jsessionid=81810D3514994A5E7323FB5102915E13.d04t03?deniedAccessCustomisedMessage=&userIsAuthenticated=false>

### Media Watch Online

#### **Asia**

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK: [HTTP://APHN.ORG/CATEGORY/MEDIA-WATCH/](http://aphn.org/category/media-watch/)

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/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>

ONTARIO | Toronto Central Hospice Palliative Care Network: <http://www.tcpcn.ca/?s=ashpole>

#### **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)

## Worth Repeating

### **The impact of culture and religion on truth telling at the end of life**

*NEPHROLOGY DIALYSIS TRANSPLANTATION*, 2011;26(12):3838-3842. Truth telling, a cardinal rule in Western medicine, is not a globally shared moral stance. Honest disclosure of terminal prognosis and diagnosis are regarded as imperative in preparing for the end of life. Yet in many cultures, truth concealment is common practice. In Asian and Muslim cultures, illness is a shared family affair. Consequently, decision making is family centred and beneficence and non-maleficence play a dominant role in their ethical model, in contrast to patient autonomy in Western cultures. The "four principles" are prevalent throughout Eastern and Western cultures, however, the weight with which they are considered and their understanding differ. The belief that a grave diagnosis or prognosis will extinguish hope in patients leads families to protect ill members from the truth. This denial of the truth, however, is linked with not losing faith in a cure. Thus, aggressive futile treatment can be expected. The challenge is to provide a health care service that is equitable for all individuals in a given country. The British National Health Service provides care to all cultures but is bound by the legal principles and framework of the U.K. and aims for equity of provision by working within the U.K. ethical framework with legal and ethical norms being explained to all patients and relatives. <http://ndt.oxfordjournals.org/content/26/12/3838.abstract>

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