

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.

9 June 2014 Edition | Issue #361



Compilation of Media Watch 2008, 2009, 2010, 2011, 2012, 2013, 2014 ©

Compiled & Annotated by Barry R. Ashpole

Personal perspectives: Scroll down to [Specialist Publications](#) and 'Learning through loss: Implementing lossography narratives in death education' (p.13), in *Gerontology & Geriatrics Education*.

Canada

Quebec passes "dying with dignity" bill

QUEBEC | CBC News – 6 June 2014 – Terminally ill patients in Quebec now have the right to choose to die. The non-partisan Bill 52, also known as an act respecting end-of-life care, passed ... in a free vote at the National Assembly... The bill passed 94-22. There were no abstentions. "Sometimes when you are suffering in pain, one hour can feel like one week... The protection of the vulnerable is reflected in every aspect of this bill," said Parti Québécois member of the National Assembly Véronique Hivon, who drafted the bill when she was minister of social services under the former Parti Québécois [PQ] government. Bill 52 allows for and outlines under which conditions terminally ill Quebecers can request to receive medical aid in dying. The main indicator for requesting medical aid in dying is "an incurable disease, an incurable illness, which is causing unbearable suffering." This legislation is the first of its kind in Canada. Its passage comes at a time when the right to die is being heavily debated in the rest of the country. <http://www.cbc.ca/news/canada/montreal/quebec-passes-dying-with-dignity-bill-1.2665834>

Quebec's end-of-life-care law may violate Criminal Code: Ottawa

QUEBEC | CBC News – 6 June 2014 – The federal government may challenge Quebec's new end-of-life-care law. Justice Minister Peter MacKay's office said the government believes Quebec has overstepped its bounds with the legislation and believes it violates the Criminal Code – Ottawa's jurisdiction. <http://www.cbc.ca/news/politics/quebec-s-end-of-life-care-law-may-violate-criminal-code-ottawa-1.2667535>

Quebec end-of-life-care law means new era for health providers

QUEBEC | CBC News – 6 June 2014 – Healthcare providers are figuring out what to do following the adoption of Quebec's landmark end-of-life-care legislation. The legislation means all healthcare institutions have to acknowledge it by developing a policy and code of ethics on medical aid in dying. <http://www.cbc.ca/news/canada/montreal/quebec-end-of-life-care-law-means-new-era-for-health-providers-1.2667127>

Cont.

Representative sample of reports on Quebec's Bill 52 and noted in recent issues of Media Watch:

- QUEBEC | *The Montreal Gazette* – 27 May 2014 – '**Motion filed in court to quash Quebec's proposed assisted death legislation.**' The Quebec government's assisted death legislation is illegal and should be quashed, says a motion filed in Quebec Superior Court... Under Bill 52 ... a doctor who receives the repeated consent of a patient could administer medication to cause death. The bill, the motion says, violates both the Quebec and Canadian Charter of Rights & Freedoms, Quebec's Civil Code, the Quebec Code of medical practice, medical ethics, the Criminal Code and the Constitution. [Noted in Media Watch, 2 June 2014, #360 (p.2)] <http://www.montrealgazette.com/news/Motion+filed+court+quash+Quebec+proposed+assisted+death+legislation/9882501/story.html>
- *THE NATIONAL* | Online – 21 February 2014 – '**The Conservatives' selective interest in protecting human life.**' Quebec is poised to legalize "medical aid in dying." The Conservative [federal] government is not on board. It appealed the 2012 decision by the British Columbia Supreme Court striking down Canada's euthanasia laws. The [federal] Supreme Court in Ottawa is set to consider this ruling... [Noted in Media Watch, 24 February 2014, #346 (p.2)] <http://fullcomment.nationalpost.com/2014/02/21/chris-selley-the-conservatives-selective-interest-in-protecting-human-life/>

N.B. The Supreme Court is expected to hear the case in October 2014.

Of related interest:

- *THE NATIONAL POST* | Online OpEd – 3 June 2014 – '**Canada's courts should stay out of matters of deep moral conviction, such as assisted suicide.**' A healthy democracy does not forfeit its popular authority on matters of deep moral conviction. And under the present regime, there is little recourse for publicly-minded citizens who object to court rulings on social policy, making the Charter [of Rights & Freedoms] an effectively anti-democratic instrument. A far better arrangement is for courts to stay out of these issues altogether. Following parliamentary tradition, political parties should take discrete positions on morally-fraught issues, allowing the public to voice its preference through the ballot box. And if the people are ultimately dissatisfied with a government's social policy, they can replace that government with one vowing to reverse course. But given that the Court does not operate according to original intent, and that Canadian politicians seem unprepared to confront the issue directly, a democrat might wish that the case not be heard at all. <http://fullcomment.nationalpost.com/2014/06/03/jackson-doughart-canadas-courts-should-stay-out-of-matters-of-deep-moral-conviction-such-as-assisted-suicide/>

U.S.A.

Feds ding Illinois agencies on hospice care

ILLINOIS | *Crain's Chicago Business* – 6 June 2014 – A federal watchdog has determined that more than 90% of hospice claims sampled in an audit involved care provided by workers who didn't meet state licensing requirements.¹ The audit ... sampled 120 claims from 2009 and 2010 and found that in 110 of them, hospices didn't ensure that workers had passed an initial health evaluation within 30 days of hiring. The screening involves a physical exam and a skin test for tuberculosis exposure, the audit says. In an additional 20 claims, the hospices did not ensure that a background check had been done on workers, in accordance with state licensing requirements. <http://www.chicagobusiness.com/article/20140606/NEWS03/140609859/feds-ding-illinois-agencies-on-hospice-care>

1. 'CMS'S Reliance on Illinois Licensure Requirements Could not Ensure the Quality of Care Provided to Medicaid Hospice Beneficiaries,' Department of Health & Human Services, June 2014. <http://oig.hhs.gov/oas/reports/region5/51200028.pdf>

State fines St. Petersburg nursing home for violating resident's do-not-resuscitate order

FLORIDA | *Tampa Bay Times* – 4 June 2014 – Jacaranda Manor nursing home has been fined by state regulators after workers there performed CPR and used a defibrillator on a 75-year-old man who had a "do not resuscitate" order on file. Under state law, nursing homes must honor residents' end-of-life directives. The incident happened in February after the man stopped breathing in the dining hall and was revived. A licensed practical nurse who helped perform CPR on him told her supervisor she discovered the 2010 order, which was signed by a legal guardian and physician, after paramedics took the man to the hospital. As a result of the investigation, the St. Petersburg facility has re-trained its staff, state records say. Records don't make clear what happened to the resident, who was placed in intensive care and had chest tubes inserted in his lungs. He suffered from nearly twenty medical conditions, including chronic airway obstruction, a kidney disorder and dementia. <http://www.tampabay.com/news/state-fines-st-petersburg-nursing-home-for-violating-residents/2182898>

Finally, some help for family caregivers after hospital discharges

FORBES | Online – 4 June 2014 – In the past month, two very different models have surfaced that will begin engaging family caregivers in hospital discharges, and give them the information and training they need to care for their loved ones once they return home. One expands a powerful voluntary program that helps hospitals improve the way they discharge patients. The other is new model state law that would require hospitals to better inform and educate family caregivers. <http://www.forbes.com/sites/howardgleckman/2014/06/04/finally-some-help-for-family-caregivers-after-hospital-discharges/>

Many with heart failure aren't told about end-of-life care: Study

US NEWS & WORLD REPORT | Online – 4 June 2014 – Healthcare providers are often hesitant to discuss end-of-life care with their heart failure patients, research reveals. Researchers surveyed 50 doctors and 45 nurse practitioners or physician assistants at the Mayo Clinic in Rochester, Minnesota, and the Mayo Clinic Health System. The investigators found only 12% said they had routine yearly discussions with heart failure patients about end-of-life care, as recommended by the American Heart Association. About 30% of the healthcare providers said they had little confidence in their own abilities to discuss or provide end-of-life care, according to the study. The study authors found 52% of the healthcare providers were hesitant to

mention end-of-life care to patients. Of those, 21% believed patients weren't ready to talk about the topic, 11% felt uncomfortable bringing it up, 9% said they were concerned about destroying a patient's sense of hope, and 8% said they didn't have time. <http://health.usnews.com/health-news/articles/2014/06/04/many-with-heart-failure-arent-told-about-end-of-life-care-study>

Specialist Publications

'End-of-life care: Doctors reluctant to discuss issue with chronic heart condition patients' (p.15), in *Medical Daily*.



Barry R. Ashpole

My involvement in hospice and palliative care dates from 1985. As a communications consultant, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My current work focuses primarily on advocacy and policy development in addressing issues specific to those living with a 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 college courses on different aspects of end-of-life care, and facilitating issue specific workshops, primarily for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://www.ipcrc.net/barry-r-ashpole.php>

Bill expanding experimental treatments for the terminally ill in Louisiana signed into law...

LOUISIANA | Associated Press – 2 June 2014 – Terminally-ill patients ... will be able to use experimental drugs or treatments that haven't been approved by the U.S. Food & Drug Administration. It prohibits the Louisiana State Board of Medical Examiners from taking action against a doctor authorizing the experimental treatments. Insurers would not be required to cover treatment. <http://www.therepublic.com/view/story/a417bf1ded714062a2f7398dc1663721/LA--Right-To-Try>

N.B. 'Right to Try' legislation exists in Arizona, Colorado, and Missouri.

From the archives:

- COLORADO | *Forbes* – 19 May 2014 – **'The false hope of Colorado's 'Right To Try' investigational drug law.'** While supporters claim that the bureaucracy surrounding "compassionate use" of drugs undergoing clinical trials is too burdensome for patients at imminent risk of death, the new law really does nothing to increase the odds that a patient will have access to an experimental therapy. <http://www.forbes.com/sites/davidkroll/2014/05/19/the-false-hope-of-colorados-right-to-try-act/>

Feds to consider paying doctors for end-of-life planning

WASHINGTON, DC | *Stateline* – 2 June 2014 – The federal government may reimburse doctors for talking to Medicare patients and their families about "advance care planning," including living wills and end-of-life treatment options – potentially rekindling one of the fiercest storms in the Affordable Care Act debate. A similar provision was in an early draft of the federal health care law, but in 2009, former Republican vice-presidential candidate Sarah Palin took to Facebook to accuse President Barack Obama of proposing "death panels" to determine who deserved life-sustaining medical care. Amid an outcry on the right, the provision was stripped from the legislation. Now, quietly, the proposal is headed toward reconsideration – this time through a regulatory procedure rather than legislation. <http://www.pewstates.org/projects/stateline/headlines/feds-to-consider-paying-doctors-for-end-of-life-planning-85899545989>

Insurance: Accelerated death benefit

For the chronically ill, a lump-sum option

THE WALL STREET JOURNAL | Online – 1 June 2014 – A new twist on an old life-insurance provision is enabling some policyholders to produce a pile of cash for long-term care. The change involves what's called an "accelerated death benefit." More insurers are selling riders – or additions to policies – that allow customers to take an accelerated benefit. At that point, the funds can generally be used, tax-free, to cover expenses associated with a chronic illness. Introduced some twenty-five years ago, accelerated-death-benefit riders were initially available only to life-insurance policyholders diagnosed with a terminal illness, typically defined as a life expectancy of twenty-four months or less. But in recent years, as pre-

miums on long-term-care policies have risen and aging baby boomers have started shopping for long-term-care insurance, life insurers have begun rolling out low-price riders that allow those who develop chronic conditions to take an accelerated death benefit. <http://stream.wsj.com/story/latest-headlines/SS-2-63399/SS-2-544849/>

Specialist Publications

'Cancer treatment and survivorship statistics, 2014' (p.12), in *CA: A Cancer Journal for Clinicians*.

Cont.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- NEW JERSEY | Associated Press – 5 June 2014 – **'New Jersey panel to consider assisted suicide bill.'** An Assembly committee on plans to consider a measure billed as the 'Death With Dignity Act.' The bill would allow residents who are told they have six months to live to obtain prescription drugs to commit suicide. The measure would require voter approval. An assisted suicide bill introduced last year faced opposition. Some opponents said it was unethical and went against a doctor's duty to help the dying. Others presented examples of people who received a diagnosis that they would die within six months but ended up living for years. <http://www.sfgate.com/news/article/New-Jersey-panel-to-consider-assisted-suicide-bill-5530487.php>
- STATE OF WASHINGTON | KEPR TV News (Pasco, Washington) – 4 June 2014 – **'More patients participating in Washington assisted suicide program.'** Terminally ill adult patients have had the right to ask their physician to prescribe a lethal dose of medication to end their life since 2009 under the state's Death with Dignity Act. Nearly 550 people have acted on that right since the law went into effect. About 175 people were given lethal doses of medication between 1 January through 31 December 2013. Of these patients, 153 are known to have died. Participation rose by 43% in 2013 from 2012. Those who died after receiving the lethal medications were between the ages of 29 and 95. Following the trend in previous years, many of the patients who received lethal doses of medication listed their concern over loss of independence as a reason for participating. <http://www.keprtv.com/news/local/More-patients-participating-in-Washington-assisted-suicide-program-261895601.html>
- WASHINGTON DC | Gallup – 30 May 2014 – **'New record highs in moral acceptability.'** The American public has become more tolerant on a number of moral issues, including ... euthanasia. On a list of 19 major moral issues of the day, Americans express levels of moral acceptance that are as high or higher than in the past on 12 of them... Moral agreement with doctor-assisted suicide, though at the majority level this year, is separated from disagreement by fewer than 10 percentage points, and so this issue is considered "contentious." <http://www.gallup.com/poll/170789/new-record-highs-moral-acceptability.aspx?version=print>

International

End-of-life unit launched to care for dying prisoners

U.K. (England & Wales) | *The Northern Echo* (Stockton) – 6 June 2014 – Dying prisoners can now spend their last days in a hospice-style end-of-life suite at a North-East prison where there has been an increase in elderly inmates... Three cells ... have been converted into two spacious single rooms with specialist beds and a wet room which can all be accessed by nursing staff 24 hours a day. There are 123 prisons in England and Wales with a population of more than 85,000. In 2010-2011 about 200 people died in custody with 61% dying of natural causes. http://www.thenorthernecho.co.uk/news/local/teesvalley/stockton/11262781.End_of_life_unit_launched_to_care_for_dying_prisoners/

Prison Hospice

The provision and delivery of end-of-life care in the prison system have been highlighted in Media Watch on a regular basis. A compilation of articles, reports, etc., on this public health issue noted in the weekly report is available online at the Palliative Care Community Network website: <http://www.pcn-e.com/community/pg/file/read/3389844/end-of-life-care-in-prisons.>

Where it costs more to house the dead than the living

CHINA (Hong Kong) | *Otago Daily Times* (Dunedin, New Zealand) – 4 June 2014 – Land shortages in the late 1970s forced Hong Kong to ban construction of new permanent burial sites, and public cemeteries were ordered to ensure the remains of the deceased be exhumed and cremated after six years to make way for newcomers. The policy has done little to alleviate the grave shortage in a city where more than 40,000 people die each year. Some can get lucky if relatives choose to have the remains of a loved one removed from a public burial site to be cremated, opening the prized permanent space to a lottery system, but plots may

only come available every few years. The only other way is if the deceased is a member of a church that has a private graveyard with a plot available, a very rare instance that can cost up to HK\$3 million (\$386,900). <http://www.odt.co.nz/news/world/304696/where-it-costs-more-house-dead-living>

Specialist Publications

'Preference of Chinese general public and healthcare providers for a good death' (p.16), in *Nursing Ethics*.

End-of-life care: What do religions say?

U.K. | BBC News – 3 June 2014 – With figures showing that many people around the world die painfully due to scarce access to morphine, the World Health Organization is calling for improvements to end-of-life care. But even when pain medication is available, the end of someone's life is often an immensely difficult moment for all concerned. So for those who believe, what guidance can religions offer in a person's last moments? At first glance the words "good" and "death" might not seem compatible, yet most of us will have reflected on how we would like to depart this world, if given the opportu-

nity to choose. While the proverbial scenario "at home, asleep" might unfortunately not be attainable for everyone, it does give a sense of what the "ideal" death might look like... <http://www.bbc.co.uk/religion/0/27618826>

Specialist Publications

'Religiously affiliated ICU patients receive more aggressive end-of-life care' (p.14), in *Journal of Surgical Research*.

Noted in Media Watch, 20 August 2012, #267 (p.7):

- *SOCIAL FORCES* | Online – 10 August 2012 – '**Religion and end-of-life treatment preferences: Assessing the effects of religious denomination and beliefs.**' The authors found that fundamentalist Catholics and fundamentalist Protestants were significantly more likely than their non-fundamentalist counterparts to desire life-extending treatments in both scenarios. <http://sf.oxfordjournals.org/content/early/2012/08/09/sf.sos061.abstract>

Noted in Media Watch, 23 March 2009, #89 (p.7):

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* | Online – 18 March 2009 – '**Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer.**' Positive religious coping is associated with receipt of more intensive life-prolonging medical care at the end of life. These results suggest clinicians should be attentive to religious methods of coping as they discuss prognosis and treatment options with terminally ill patients. <http://jama.jamanetwork.com/article.aspx?articleid=183578&resultClick=3>

Media Watch Online

Media Watch (or a link to the weekly report) is posted on a number of websites that serve the hospice and palliative care community-at-large. Complete listing p.16.

End-of-life care in the U.K.

Specialist palliative care leading to more people being able to die at home

U.K. (England, Northern Ireland & Wales) | National Council for Palliative Care and Public Health England – 3 June 2014 – Specialist palliative care services in the community are continuing to lead to more people being able to die at home, according to the *National Survey of Patient Activity Data for Specialist Palliative Care Services, Minimum Data Set for 2012-2013 (MDS)*. The report shows nearly half the people receiving specialist palliative care in the community (46.2%) died in their own home – the place where most people say they want to die. The report also finds that nearly half (45%) of the people referred to a specialist palliative care in-patient service are discharged. Of these the majority (85%) were discharged to their home, dispelling the myth that people only go into a hospice to die. Continued progress has also been made in opening up specialist palliative care services to non-cancer patients, although there remains a long way to go. <http://www.ncpc.org.uk/sites/default/files/MDS%20Full%20Report%202013.pdf>

Of related interest:

- U.K. (England) | *Blackmore Vale Magazine* (Stalbridge, Dorset) – 1 June 2014 – **'Poole Hospital and Forest Holme Hospice work together on end-of-life care.'** A local hospice has introduced a care plan to replace the controversial Liverpool Care Pathway. Forest Holme has been working with the elderly care team at Poole Hospital on a plan for the last days of life which ensures care is tailored to the individual, rather than adopting a standardised approach. Some hospitals across the country have adapted the personalised care plan for their own use. Poole Hospital was chosen as one of the first to adopt the Route to Success programme to improve care ... to identify people who may be in the last few months of life and encourages hospital staff to ask patients what matters most to them at this time in their lives. <http://www.blackmorevale.co.uk/Poole-Hospital-Forest-Holme-Hospice-work-end-life/story-21166489-detail/story.html>

The route to success in End-of-life care series

These National End-of-Life Care Programme publications aim to provide practical support and guidance for health and social care professionals responsible for delivering end-of-life care. The publications cover: Care homes (June 2010); Acute hospitals (June 2010); Hostels and homeless people (Dec 2010); People with learning disabilities (Feb 2011); Domiciliary care (Feb 2011); Occupational therapy (June 2011); Nursing (July 2011); Environments of care (Aug 2011); Prisons (Sept 2011); Ambulance services (Feb 2012) Lesbian, gay, bisexual and transgender people (June 2012); and, Social work (July 2012)

@

<http://webarchive.nationalarchives.gov.uk/20130718121128/http://endoflifecare.nhs.uk/search-resources/route-to-success-resources.aspx>

- U.K. | *The Daily Telegraph* – 4 June 2014 – **'Is there such a thing as a "good death"?'** Certainly, there are situations at the end of life where things are calm and gentle and symptom-free, and where those involved understand exactly what is happening. But the popular conception of a good death ... where families exchange meaningful sentiments and sunlight bathes the room, is unrealistic. So is death without sadness. We can hope for the absence of pain, of throwing up, of shouting and confusion, and of fear. But there will be no absence of sadness. <http://www.telegraph.co.uk/women/womens-life/10871932/Is-there-ever-such-a-thing-as-a-good-death.html>

N.B. The author of this article refers to a BBC Channel 4 series on confronting death, which features five terminally ill people talking frankly about their experiences as they face the last few months of their lives. <http://www.channel4.com/programmes/my-last-summer/episode-guide>

The Liverpool Care Pathway

This care plan for dying people, abandoned in the U.K., is still in use in Australia

AUSTRALIA | *The Business Insider* – 2 June 2014 – In Australia, where The Liverpool Care Pathway is still used, medical staff are faced with a dilemma. A [recent] report ... says the program is in widespread use across acute care hospitals and residential aged care facilities in Australia.¹ The program designed in the 1990s defined 18 goals of care relating to comfort, psychological and insight concerns, religious and spiritual support, communication with family and primary healthcare teams, and care after death. It rapidly evolved from a local solution to a local problem into a national program promoted by the U.K.'s National Health Service and adopted by more than 1,800 health care institutions, without a sufficiently robust evaluation of its effectiveness. <http://www.businessinsider.com.au/a-palliative-care-program-now-abandoned-in-the-uk-is-still-being-used-in-australia-2014-6>

1. 'The withdrawal of The Liverpool Care Pathway in the U.K.: What are the implications for Australia?' *Medical Journal of Australia*, 2014;200(10):573-573. Despite the widespread adoption and policy endorsement of end-of-life care pathways, there has been insufficient rigorous evaluation of the net effect in Australia. <file:///C:/Users/Barry/Downloads/cha10998.pdf>

How Ugandan hospice makes cheap liquid morphine

UGANDA | BBC News – 2 June 2014 – The lack of access to pain relief for dying patients around the world is a public health emergency, according to doctors specialising in caring for people who are terminally ill. The Worldwide Palliative Care Alliance says the restrictions on these drugs are in place because of exaggerated fears about patients becoming addicted. Hospice Africa makes all of Uganda's liquid morphine. They started making it in the sink in a tiny kitchen in 1993, using recycled soft drink bottles to bottle it up and get it to people who needed it. It is now a slightly more sophisticated process, but they keep the manufacturing costs down by buying everything from the local market. <http://www.bbc.com/news/health-27664121>

Of related interest:

- U.K. | BBC News – 2 June 2014 – **'Millions denied end-of-life drugs.'** Figures suggest almost 18 million people – mainly in developing countries – died in unnecessary pain in 2012. <http://www.bbc.com/news/health-27661462>

Noted in Media Watch, 3 February 2014, #343 (p.10):

- *JOURNAL OF PAIN & PALLIATIVE CARE PHARMACOTHERAPY* | Online – 28 January 2014 – **'The Global Opioid Policy Initiative: A wealth of information, but what is next?'** This study shows by country which opioid medicines are available, what they cost to the patient, and investigates the presence of barriers for access to these medicines. Data from the project will be an important resource for those who advocate for improved access to opioid analgesics. <http://informahealthcare.com/doi/abs/10.3109/15360288.2013.873513>

Noted in Media Watch, 2 December 2013, #334 (p.9):

- *ANNALS OF ONCOLOGY*, 2013;24(suppl11):xi7-xi13. **'The Global Opioid Policy Initiative project to evaluate the availability and accessibility of opioids for the management of cancer pain in Africa, Asia, Latin America and the Caribbean, and the Middle East: Introduction and methodology.'** As the follow-up to a successful project to evaluate the availability and accessibility of opioids and regulatory barriers in Europe, the European Society for Medical Oncology and the European Association for Palliative Care undertook to expand their research to those parts of the world where data were lacking regarding these aspects of care, in particular Africa, Asia, the Middle East, Latin America and the Caribbean, and the states of India. http://annonc.oxfordjournals.org/content/24/suppl_11/xi7.abstract

Children's hospice launches *Getting Home* report

U.K. (Northern Ireland) | Northern Ireland Children's Hospice – 28 May 2014 – This report evaluates the impact, outcomes and added value that 'step down' care provides to children, families, health and social care providers, and commissioners, in a children's hospice setting and puts forward six recommendations which centre on the need for a holistic care approach. It ascertains that children who are considered "medically stable" should not remain in an acute hospital setting for any longer than is clinically necessary and explores the potential for children's hospice's to provide an alternate setting for care within a 'step down' model. 'Step down' care is the name given to a bespoke programme of care developed by the Children's Hospice. It enables a child whose condition is stable to transfer from an acute hospital environment to the more "home-like" hospice setting. http://www.nihospicecare.com/dloads/getting_home_study.pdf

Noted in Media Watch, 24 September 2012, #272 (p.5):

- U.K. (Northern Ireland) | *Belfast Telegraph* – 18 September 2012 – '**Northern Ireland Children's Hospice in cash plea to ease burden on patients' parents.**' Parents of children with life-limiting conditions are so stretched they are missing important medical appointments themselves – with devastating consequences for some. The Northern Ireland Children's Hospice has called for the government to improve funding to support parents in such a position. <http://www.belfasttelegraph.co.uk/news/local-national/northern-ireland/northern-ireland-childrens-hospice-in-cash-plea-to-ease-burden-on-patients-parents-16212007.html>

Media Watch: Editorial Practice

Each listing in Media Watch represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy 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 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>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BELGIUM | *The Tablet* – 4 June 2014 – '**Euthanasia cases in Belgium rise by 27% in a year to almost five deaths a day.**' There was a record 1,816 cases of euthanasia in 2013, the equivalent of about five deaths a day, official statistics show. The latest figures show that the number of deaths rose by more than a quarter (27%) over the previous year. That record result followed a similar increase in 2012 over 2011. Only 24 people opted for euthanasia when Belgium legalised it in 2002... The official report said 73% of the cases concerned cancer patients, just over half of them older than 70. The gender ratio was 51.7% men and 48.3% women. <http://www.thetablet.co.uk/news/865/0/euthanasia-cases-in-belgium-rise-by-27-per-cent-in-a-year-to-almost-five-deaths-a-day>
- U.K. | *The Daily Telegraph* – 4 June 2014 – '**Assisted dying Bill: can you really tell if someone's of sound and settled mind for suicide?**' In practice, assisted dying means licensing doctors to supply lethal drugs to terminally ill patients to enable them to commit suicide. This is quite different from pain relief or sedation, which are of course perfectly legal, although sometimes under-used for fear of litigation. Make no mistake, this is no mere amendment of the law that is being proposed but a major change to it – as well as to the principles that underpin medical practice. It's all very well to say there would be safeguards but there are no possible safeguards that would protect vulnerable, sick and elderly people. <http://www.telegraph.co.uk/health/10875414/Assisted-dying-Bill-can-you-really-tell-if-someones-of-sound-and-settled-mind-for-suicide.html>

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

The role of relationship biography in advance care planning

AGING & HEALTH | Online – 2 June 2014 – The authors examine the ways that romantic relationship biographies are related to whether, how, and with whom individuals complete advance care planning (ACP)... Co-habitors were less likely than married people to complete ACP. Relationship quality was an important influence on ACP, but did not account for the differences between married and co-habiting persons. Differences were largely explained by the age composition of the groups. Couples who foresee a long and stable future together are those most likely to engage in end-of-life planning, a preventative health behavior with long-term consequences for well-being. <http://jah.sagepub.com/content/early/2014/05/23/0898264314534895.abstract>

The cost of inappropriate care at the end of life: Implications for an aging population

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 5 June 2014 – Elderly patients (65+ years) account for only 11% of the U.S. population yet they account for 34% of health care expenditure. The disproportionate usage of health care costs by elderly patients is in striking contrast with that of other Western Nations. It is likely these differences are largely due to variances in hospitalization and the use of high technology health care resources at the end of life. The U.S. has 8 times as many intensive care unit (ICU) beds per capita when compared to other Western nations. In the U.S., elderly patients currently account for 42% to 52% of ICU admissions and for almost 60% of all ICU days. A disproportionate number of these ICU days are spent by elderly patients before their death. In many instances, aggressive life supportive measures serve only to prolong the patient's death. Such treatment inflicts pain and suffering on the patient (with little prospect of gain) and incurs enormous financial costs to the health care system. The authors present the case of an 86-year-old female who spent almost 3 months in ICU prior to her death. The fully allocated hospital costs for this patient were estimated to be US\$254,945... <http://ajh.sagepub.com/content/early/2014/06/05/1049909114537399.abstract>

Cont.

Of related interest:

- *BRITISH MEDICAL JOURNAL* | Online – 6 June 2014 – '**Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: A pooled analysis.**' A pooled analysis of 11 community based, palliative care teams strongly suggests that – despite variation in team size, composition, and geography served – exposure to the specialist team intervention compared with usual care significantly reduces the risk of: being in hospital or having an emergency department visit in the last two weeks of life and of dying in hospital. <http://www.bmj.com/content/348/bmj.g3496>
- *PALLIATIVE MEDICINE*, 2014;28(7):917-918. '**Avoidable for whom? Hospital use at the end of life.**' The use of health services by people with palliative care needs has come under particular scrutiny. Indeed, a policy concern in many countries is reducing the number, and length, of acute hospital admissions among people who are at the end of life. This is typically presented as a "win-win" situation as a "good death" is viewed as hard to achieve in a hospital setting. However, papers in this edition add to a growing body of evidence which indicates that, while this argument may appear both appealing and straightforward on paper, the realities of dying are more complex and unpredictable.^{1,2} <http://pmj.sagepub.com/content/28/7/917.extract>
 1. 'What justifies a hospital admission at the end of life? A focus group study on perspectives of family physicians and nurses,' *Palliative Medicine*, 2014;28(7):941-948.[Noted in Media Watch, 24 February 2014, #346 (p.13)] <http://pmj.sagepub.com/content/28/7/941.abstract>
 2. 'General practitioners' perspectives on the avoidability of hospitalizations at the end of life...' *Palliative Medicine*, 2014;28(7):949-958. [Noted in Media Watch, 7 April 2014, #352 (p.13)] <http://pmj.sagepub.com/content/early/2014/04/02/0269216314528742.abstract>
- *PLOS MEDICINE* | Online – 3 June 2014 – '**Place and cause of death in centenarians: A population-based observational study in England, 2001 to 2010.**' Centenarians are a rapidly growing demographic group, yet their health and social care needs are seldom considered. To reduce reliance on hospital care at the end of life requires recognition of centenarians' increased likelihood to "acute" decline ... and wider provision of anticipatory care to enable people to remain in their usual residence, and increasing care home bed capacity. <http://www.plos.org/wp-content/uploads/2013/05/plme-11-06-evans.pdf>
- *SOCIOLOGY OF HEALTH & ILLNESS* | Online – 3 June 2014 – '**Do those over 80 years of age seek more or less medical help? A qualitative study of health and illness beliefs and behaviour of the oldest old.**' Increasing longevity and prevalence of long-term conditions contribute to older adults being the greatest users of health services. However, relatively little is known about the health and illness beliefs of the oldest old or how they decide to seek help in response to symptoms. This study furthers theoretical understanding of the health and illness beliefs and behaviour of the oldest old, with important practical implications. <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12129/abstract>

Strategies for development of palliative care from the perspectives of general population and health care professionals: A Japanese outreach palliative care trial of integrated regional model study

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 5 June 2014 – This study primarily aimed to identify future actions required to promote palliative care in Japan. The future actions regarded as effective by the general population were "improve physicians' skill in palliative care" (61%), "create a counseling center for cancer" (61%), and "improve nurses' skill in palliative care" (60%). In contrast, future actions regarded as effective by the health care professionals were "set up a Web site that provides information about cancer" (72%), "promote consultation with specialists in palliative care" (71%), and "open an outpatient department specializing in palliative care" (70%). The results suggest: 1) development and maintenance of settings; 2) enhancement of palliative care education and training programs for health care providers; and, 3) improvement in distributing information about cancer and regional palliative care resources to the general population. <http://ajh.sagepub.com/content/early/2014/06/05/1049909114532341.abstract>

Cont.

Noted in Media Watch, 20 January 2014, #341 (p.12):

- *JAPANESE JOURNAL OF CLINICAL ONCOLOGY* | Online – 11 January 2014 – '**Regional medical professionals' confidence in providing palliative care, associated difficulties and availability of specialized palliative care services in Japan.**' Confidence in providing palliative care was low and difficulties frequent for all types of medical professionals assessed. <http://jjco.oxfordjournals.org/content/early/2014/01/08/jjco.hyt204.abstract>

Noted in Media Watch, 26 November 2012, #281 (p.9):

- *JAPANESE JOURNAL OF CLINICAL ONCOLOGY* | Online – 19 November 2012 – '**Past, present, and future of palliative care in Japan.**' Palliative care is steadily growing with a trend away from palliative care units toward palliative care teams and care in the home. <http://jjco.oxfordjournals.org/content/early/2012/11/18/jjco.hys188.abstract>

Thematic synthesis of qualitative studies on patient and caregiver perspectives on end-of-life care in chronic kidney disease

AMERICAN JOURNAL OF KIDNEY DISEASES, 2014;63(6):913-927. [In this systematic review of qualitative studies] some patients with CKD [chronic kidney disease] experience physical and psychosocial frailty and feel ambivalent about prolonging life. Some caregivers believe in providing relief from suffering, but are uncertain about making decisions regarding dialysis therapy initiation and discontinuation. The authors suggest that CKD management should encompass palliative care strategies that promote emotional resilience, sense of well-being, and self-value. Also, respectful and attentive communication may empower patients to convey their values and preferences about their own care. [http://www.ajkd.org/article/S0272-6386\(13\)01536-9/abstract](http://www.ajkd.org/article/S0272-6386(13)01536-9/abstract)

Representative sample of articles on end-of-life care for people living with chronic kidney disease noted in past issues of Media Watch:

- *JOURNAL OF RENAL CARE* | Online – 18 January 2014 – '**Pathways to palliative care for patients with chronic kidney disease.**' Whilst renal healthcare professionals support early discussion of end-of-life care at pre-dialysis education, congruity with the patient and family when making the final decision is of great importance. [Noted in Media Watch, 27 January 2014, #342 (p.9)] <http://onlinelibrary.wiley.com/doi/10.1111/jorc.12049/abstract>
- *CLINICAL JOURNAL OF THE AMERICAN SOCIETY NEPHROLOGY* | Online – 14 January 2010 – '**End-of-life care preferences and needs: Perceptions of patients with chronic kidney disease.**' Survey participants relied on the nephrology staff for extensive end-of-life care needs not currently systematically integrated into their renal care, e.g., pain and symptom management, advance care planning... [Noted in Media Watch, 18 January 2010, #132 (p.5)] <http://cjasn.asnjournals.org/content/5/2/195.abstract?sid=ffe4ad3e-bb66-4daa-bc3c-43a7330495b2>

U.S. statistics

Cancer treatment and survivorship statistics, 2014

CA: A CANCER JOURNAL FOR CLINICIANS | Online – 1 June 2014 – The number of cancer survivors continues to increase due to the aging and growth of the population and improvements in early detection and treatment. Nearly 14.5 million Americans with a history of cancer were alive on 1 January 2014; by 1 January 2024, that number will increase to nearly 19 million. The three most common prevalent cancers among males are prostate cancer (43%), colorectal cancer (9%), and melanoma (8%), and those among females are cancers of the breast (41%), uterine corpus (8%), and colon and rectum (8%). The age distribution of survivors varies substantially by cancer type. <http://onlinelibrary.wiley.com/doi/10.3322/caac.21235/abstract>

Cont.

Of related interest:

- *ANNALS OF INTERNAL MEDICINE* | Online – 27 May 2014 – '**What are cancer centers advertising to the public? A content analysis of cancer center advertisements.**' Clinical advertisements by cancer centers frequently promote cancer therapy with emotional appeals that evoke hope and fear while rarely providing information about risks, benefits, costs, or insurance availability. <http://annals.org/article.aspx?articleid=1874737>

Learning through loss: Implementing lossography narratives in death education

GERONTOLOGY & GERIATRICS EDUCATION | Online – 2 June 2014 – Students may have a greater willingness to discuss issues of death and loss through written assignments, however, there is little guidance for instructors regarding how to manage these sensitive assignments, nor how students benefit from them. The authors implemented and evaluated a "lossography" assignment in an undergraduate thanatology course in which students wrote about their losses and anonymously shared these narratives with their classmates. Although many themes of loss emerged, the most frequently reported significant loss was death of a grandparent. Additionally, most significant losses occurred in childhood/adolescence. Prominent themes related to student learning included gaining self-awareness, knowledge about grief responses, and compassion for others. Students also completed a survey reflecting on their course learning. Of all aspects of course delivery, 44% identified the lossography as the most beneficial, while 97% recommended this assignment for future students. The implications of the assignment for death education are discussed. <http://www.tandfonline.com/doi/full/10.1080/02701960.2014.926268>

Descriptions by general practitioners and nurses of their collaboration in continuous sedation until death at home. In-depth qualitative interviews in three European countries

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online – 5 June 2014 – One palliative care approach that is increasingly being used at home for relieving intolerable suffering in terminally ill patients is continuous sedation until death. Its provision requires a multidisciplinary team approach, with adequate collaboration and communication. However, it is unknown how general practitioners (GPs) and home care nurses experience being involved in the use of sedation at home. The authors found that, in Belgium and The Netherlands, it was the GP who typically made the final decision to use sedation whereas in the U.K., it was predominantly the nurse who both encouraged the GP to prescribe anticipatory medication and decided when to use the prescription. Nurses in the three countries reported that they commonly perform and monitor sedation in the absence of the GP, which they reported to experience as "emotionally burdensome." [http://www.jpmsjournal.com/article/S0885-3924\(14\)00291-7/abstract](http://www.jpmsjournal.com/article/S0885-3924(14)00291-7/abstract)

Noted in Media Watch, 12 May 2014, #357 (p.6):

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 7 May 2014 – '**Palliative sedation: An analysis of international guidelines and position statements.**' Guidelines were published by American College of Physicians-American Society of Internal Medicine (2000), Hospice & Palliative Nurses Association (2003), American Academy of Hospice & Palliative Medicine (2006), American Medical Association (2008), Royal Dutch Medical Association (2009), European Association for Palliative Care (2009), National Hospice & Palliative Care Organization (2010), and National Comprehensive Cancer Network (2012). <http://ajh.sagepub.com/content/early/2014/05/06/1049909114533002.abstract>



World hospice &
palliative care day

11 October 2014

Who Cares? We Do!

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

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

Palliative care for terminally ill individuals with schizophrenia

JOURNAL OF PSYCHOSOCIAL NURSING & MENTAL HEALTH SERVICES | Online – 4 June 2014 – Individuals with schizophrenia are often medically undertreated and experience symptoms that interfere with communication and the capacity to make medical decisions. These issues complicate quality end-of-life care for this population and are of particular concern for hospice and palliative care nurses and health care providers. This article presents a case study of a terminally ill patient with schizophrenia. <http://www.healio.com/psychiatry/journals/jpn/%7Bd6cc3e01-1d74-4a36-95a2-c011ceb55884%7D/palliative-care-for-terminally-ill-individuals-with-schizophrenia>

Representative sample of articles on end-of-life care for people living with schizophrenia noted in past issues of Media Watch:

- *JOURNAL OF CLINICAL PSYCHIATRY*, 2013;74(6):e551-e557. **'Where and how people with schizophrenia die: A population-based, matched cohort study in Manitoba, Canada.'** The percentage of deaths was higher for respiratory illnesses and suicide, similar for circulatory illnesses, and lower for cancer in decedents with schizophrenia compared to matched controls. Place of death was more likely a nursing home, less likely a hospital for decedents with schizophrenia overall and by specific cause, with the exception of suicide deaths showing no difference by place. Except for those who died in nursing homes, decedents with schizophrenia had higher general practitioner but lower specialist rates and inpatient hospital separations. [Noted in Media Watch, 22 July 2013, #315 (p.9)] http://article.psychiatrist.com/dao_1-login.asp?ID=10008307&RSID=17372494235377
- *SCHIZOPHRENIA RESEARCH* | Online – 20 August 2012 – **'Comparative health care use patterns of people with schizophrenia near the end of life: A population-based study in Manitoba, Canada.'** In the last six months of life, compared to their matched cohort: decedents with schizophrenia had higher rates and number of days residing in a nursing home; had higher ambulatory visit rates to general practitioners, higher rate of visits to psychiatrists and lower rates of seeing other specialists. They were less likely to have opioid analgesia or to receive palliative care. [Noted in Media Watch, 27 August 2012, #268 (p.12)] [http://www.schres-journal.com/article/S0920-9964\(12\)00422-7/abstract](http://www.schres-journal.com/article/S0920-9964(12)00422-7/abstract)

Religiously affiliated ICU patients receive more aggressive end-of-life care

JOURNAL OF SURGICAL RESEARCH | Online – 2 June 2014 – 2,013 patients met inclusion criteria [in this retrospective review] with 1,355 (67%) affirming a religious affiliation. Religiously affiliated patients in the EOL [end of life] group incurred 23% more hospital charges, 25% more ventilator days, 23% more hospital days, and 30% longer time until death than their non-affiliated counterparts. Among all included patients, survival did not differ significantly among affiliated and non-affiliated patients, nor was religious affiliation associated with a difference in survival... [http://www.journalofsurgicalresearch.com/article/S0022-4804\(14\)00540-X/abstract](http://www.journalofsurgicalresearch.com/article/S0022-4804(14)00540-X/abstract)

Noted in Media Watch, 20 August 2012, #267 (p.7):

- *SOCIAL FORCES* | Online – 10 August 2012 – **'Religion and end-of-life treatment preferences: Assessing the effects of religious denomination and beliefs.'** The authors found that fundamentalist Catholics and fundamentalist Protestants were significantly more likely than their non-fundamentalist counterparts to desire life-extending treatments in both scenarios. <http://sf.oxfordjournals.org/content/early/2012/08/09/sf.sos061.abstract>

Noted in Media Watch, 23 March 2009, #89 (p.7):

- *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* | Online – 18 March 2009 – **'Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer.'** Positive religious coping is associated with receipt of more intensive life-prolonging medical care at the end of life. These results suggest clinicians should be attentive to religious methods of coping as they discuss prognosis and treatment options with terminally ill patients. <http://jama.jamanetwork.com/article.aspx?articleid=183578&resultClick=3>

End-of-life care: Doctors reluctant to discuss issue with chronic heart condition patients

MEDICAL DAILY (U.S.) | Online – 4 June 2014 – With increased life expectancy and ever-increasing medical expenses, end-of-life care is becoming more of a necessity than a luxury. And for health care providers, unfortunately, end-of-life care discussions with their patients often do not occur. While patients may be appreciative of such discussions, according to a study presented at the recent Quality of Care and Outcomes Research 2014 Scientific Sessions, doctors may feel quite the opposite, especially when the discussions involve heart failure patients and their families. The reasons for this reluctance could be a lack of time or that the doctors are uncomfortable broaching these topics with patients with chronic heart failure. Even though health care for heart diseases has improved considerably over the past decade, about 720,000 people have heart attacks in the U.S. every year and one in every four deaths is related to heart diseases, according to the Centers for Disease Control & Prevention. Even though it is an acknowledged fact that heart failure cases will be better off with palliative care, it is not enforced in all cases, majorly due to a lack of communication. <http://www.medicaldaily.com/end-life-care-doctors-reluctant-discuss-issue-chronic-heart-condition-patients-286324>

New European consensus on palliative care in neuro disease

MEDSCAPE MEDICAL NEWS | Online – 3 June 2014 – A new consensus paper for palliative care for patients with progressive neurologic disease emphasizes the special needs of these patients and how neurologists and palliative care specialists can work together to fulfil them. One of the authors, David Oliver, a geriatrician at Wisdom Hospice and consultant in palliative medicine at the University of Kent, U.K., said that for progressive and disabling neurologic diseases without curative treatment, palliative care aims to relieve pain and other distressing symptoms and to affirm life while regarding dying as a normal process. It should neither hasten nor postpone death and should integrate the psychological and spiritual aspects of patient care. The paper, presented at the [recent] meeting of the European Neurological Society, is the product of a joint effort of the European Federation of Neurological Societies and the European Association for Palliative Care. In the face of little evidence-based information in this area, the joint task force decided to issue what it called a consensus document "based on the available evidence" rather than a guideline. <http://www.medscape.com/viewarticle/826100>

Representative sample of articles on end-of-life care for people living with a neurological condition or disorder noted in recent issues of Media Watch:

- *EUROPEAN JOURNAL OF PALLIATIVE CARE*, 2014;21(2):57. **'Reflections on neurological palliative care.'** Neurological palliative care has led the authors to consider new aspects of care, new interventions, different symptoms and challenging issues, setting an example for how palliative care services should deal with non-cancer diagnoses. [Noted in Media Watch, 17 March 2014, #349 (p.10)]

N.B. Access to this article requires a subscription. <http://www.haywardpublishing.co.uk/ejpc.aspx>

- *NEUROLOGY*, 2014;18;82(7):640-642. **'Emerging subspecialties in neurology: Palliative care.'** Individuals with conditions including stroke, multiple sclerosis, Parkinson disease, muscular dystrophies, amyotrophic lateral sclerosis, and nervous system malignancies share a host of physical, emotional, and existential symptoms difficult to treat. [Noted in Media Watch, 24 February 2014, #346 (p.13)] <http://www.neurology.org/content/82/7/640.extract>

Preference of Chinese general public and healthcare providers for a good death

NURSING ETHICS | Online – 30 May 2014 – The attributes that were perceived as important by ... [survey] ... respondents for a good death were maintaining hope and pleasure, good relationship with medical staff, good relationship with family, independence, environment comfort, being respected as an individual, preparation for death, physical and psychological comfort, dying in a favorite place, and not being a burden to others. Relatively less important characteristics were life completion, receiving enough treatment, natural death, controlling over the future, unawareness of death, pride and beauty, feeling that one's life is worth living, and religious and spiritual comfort. <http://nej.sagepub.com/content/early/2014/05/30/0969733014524760.abstract>

Cont. next page

Media Watch Online

International

INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE: <http://hospicecare.com/about-iahpc/newsletter/2014/5/media-watch/>

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]

Asia

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK: <HTTP://APHN.ORG/CATEGORY/MEDIA-WATCH/>

SINGAPORE | Centre for Biomedical Ethics (CENTRES): <http://centres.sg/updates/international-palliative-care-resource-center-media-watch/>

Australia

WESTERN AUSTRALIA | Palliative Care WA Inc: <http://palliativecarewa.asn.au/site/helpful-resources/> [Scroll down to 'International Websites' and www.ipcrc.net/archive-global-palliative-care-news.php to access the weekly report]

Canada

ONTARIO | Central Regional Hospice Palliative Care Program: <http://www.centralrhpcp.ca/Physicians/resources.htm?mediawatch=1>

ONTARIO | Central West Palliative Care Network: http://cwpcn.ca/Health_Practitioners/resources.htm?mediawatch=1

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.acclaimhealth.ca/menu-services/palliative-care-consultation/resources/> [Scroll down to 'Additional Resources']

Europe

EUROPEAN ASSOCIATION FOR PALLIATIVE CARE: <http://www.eapcnet.eu/Themes/Organization/Links.aspx> [Scroll down to International Palliative Care Resource Center – IPCRC.NET]

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>

Noted in Media Watch, 2 June 2014, #360 (p.6):

- *JOURNAL OF TRANSCULTURAL NURSING* | Online – 20 May 2014 – '**Preferences on end-of-life decisions among older Chinese in Macau.**' Four major themes were identified in this study: a) institutionalized care ... was preferred so as not to be a burden on family; b) life-prolonging measures were not preferred; c) funeral arrangement preferences were based on personal and religious beliefs; and, d) end-of-life decision making would be deferred to others. <http://tcn.sagepub.com/content/early/2014/05/20/1043659614526758.abstract>

Palliative care clients' and caregivers' notion of fear and their strategies for overcoming it

PALLIATIVE & SUPPORTIVE CARE | Online – 3 June 2014 – The recognition of emotions is embedded in palliative care; healthcare professionals should view the management of emotions as an integral part of professional practice. Addressing fear is essential because unresolved fear can impinge on one's ability to cope. The authors' paper brings together different perspectives on fear and how vulnerable individuals attempt to cope with it while at the same time providing a view of the challenges confronting healthcare professionals who are engaged with them and committed to optimizing health outcomes for palliative care clients and their caregivers. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9276170&fulltextType=RA&fileId=S1478951514000571>

Pediatric psycho-oncology care: standards, guidelines, and consensus reports

PSYCHO-ONCOLOGY | Online – 6 June 2014 – Despite calls by a number of international pediatric oncology and psycho-oncology professional organizations about the urgency of addressing the psychosocial needs of the child with cancer to reduce suffering, there remains a need for development of a widely acceptable, evidence-based and consensus-based, comprehensive standard of care to guide provision of essential psychosocial services to all patients with pediatric cancer. <http://onlinelibrary.wiley.com/doi/10.1002/pon.3589/abstract>

Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *ASIAN JOURNAL OF NURSING EDUCATION & RESEARCH*, 20014;4(1):56-60. '**Euthanasia: An overview with Indian and nursing perspective.**' There are many arguments for and against euthanasia. Very few countries in the world have legalized euthanasia, PAS [physician assisted suicide] or both. India has become a step closer in legalizing passive euthanasia through the recent Supreme Court judgment in the Aruna Shaunbag [or Shanbaug] case. <http://www.indianjournals.com/ijor.aspx?target=ijor:ajner&volume=4&issue=1&article=012>

Noted in Media Watch, 30 May 2011, #203 (p.5):

- *INDIA* | Inter Press Service – 27 May 2011 – '**Supreme Court verdict revives euthanasia debate.**' In a secluded hospital bed in this bustling Indian metropolis, a woman who has lain brain dead for 37 years after a brutal sexual assault is at the centre of a national debate on mercy killing. India's Supreme Court has ruled that Aruna Shanbaug should live, while at the same time supporting passive euthanasia – or the withholding of medical treatments that are keeping her alive. <http://ipsnews.net/news.asp?idnews=55809>

Barry R. Ashpole
Guelph, Ontario CANADA

'phone: 519.837.8936
e-mail: barryashpole@bell.net