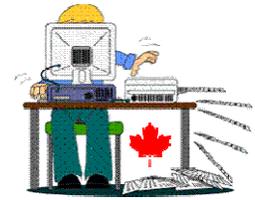


Media Watch...

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

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Compiled & Annotated by Barry R. Ashpole

Nurses support relationship functioning by creating a couple-positive care environment, by being present/acknowledging feelings, and by rectifying imbalances between couples. They do so in a proactive way, backed up by team support.

'A qualitative study about how nurses in Belgium offer relationship support to couples in palliative care' (p.11), in *Journal of Family Nursing*.

Canada

New palliative care training for paramedics gaining momentum in British Columbia interior

BRITISH COLUMBIA | InfoTel News (Kamloops) – 29 August 2019 – A pilot project launched through Pallium Canada has hit Kamloops... It's called the Learning Essential Approach to Palliative Care (LEAP) paramedic program and it gives emergency health professionals the skills and resources to care for patients with life-limiting or life-threatening illnesses. The program was initially piloted several years ago in Nova Scotia and Prince Edward Island... The non-profit organization conducted a survey and found the majority of family members and patients stated their preferred location of palliative care (PC) treatment was in their home. The aim of the program is to increase paramedics' comfort and confidence in delivering better PC, and from a systemic standpoint it saves money because it reduces the number of patients coming into the emergency department. Currently, Kamloops paramedics are the first [in the province] to receive the training. The program ... includes both online and face-to-face learning components. The training takes participants through different topics such as advanced care planning, modules on pain, and palliative emergencies. <http://bit.ly/30LsDoV>

Noted in Media Watch 20 May 2019 (#614, p.13):

- *JOURNAL OF PARAMEDIC PRACTICE* | Online – 7 May 2019 – '**Attitudes and perceptions of paramedics about end-of-life care: A literature review.**' Involvement with end-of-life care is the context in which the authors of this article examine how paramedics perceive and respond to this part of their role. Five themes emerged, which suggest that paramedics are not prepared to work with crisis situations involving the end of patients' lives: 1) Emotional resilience; 2) Decision making; 3) Communicating death; 4) Recognising dying patients; and, 5) Death education. The review concludes that the dearth of data is not preventing improvements in services, nor education and training, in this field. **Abstract:** <http://bit.ly/2YtgYcV>

N.B. Articles on paramedics and palliative and end-of-life care noted in past issues of Media Watch: in Canada 18 February 2019, #602, p.9; in Australia 11 February 2019, #601, p.12; and, in the U.K. 20 August 2018, #577, p.7.

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- ALBERTA | *Folio* (University of Alberta) – 28 August 2019 – **‘What you need to know about medical assistance in dying.’** Canadians gained the right to ask for medical assistance in dying (MAiD) in June 2016, but compared with other countries where euthanasia is legal, relatively few have taken advantage of it, according to new research out of the University of Alberta.¹ The researchers suggest that may be because, despite heavy media coverage, most people don’t know much about the law or how it could apply to them. Nearly 300 Albertans were asked about their basic MAiD knowledge in early 2018, two years after the law came into effect. Even doctors and nurses demonstrated a lack of understanding about who is eligible for MAiD, where it can be carried out and by whom. “It was absolutely shocking,” said lead author Donna Wilson, a University of Alberta nursing professor who also chairs the Alberta Hospice Palliative Care Association. “What you know about something really can influence how open you are to it.” <http://bit.ly/2NAJPK1>

1. ‘Educational needs of healthcare professionals and members of the general public in Alberta, Canada, two years after the implementation of medical assistance in dying,’ *Health & Social Care in the Community*, 31 May 2019. [Noted in 3 June 2019 issue of *Media Watch* (#616, p.12)] **Abstract:** <http://bit.ly/2Xjt6wG>

U.S.A.

Wisconsin legislature mulls palliative care bill

WISCONSIN | *Hospice News* – 29 August 2019 – A bi-partisan bill before the Wisconsin Legislature would set up a Palliative Care Council within the state’s Department of Health Services, as well as establish a public education program on palliative care (PC). If the bill is enacted, Wisconsin will join a growing list of states in establishing laws to promote PC as legislators and other stakeholders become increasingly aware of the benefits and potential cost savings that PC can produce. As of December 2018, 27 states have laws on their books designed to promote PC, according to the National Academy of State Health Policy. Though details of the legislation vary among the states, they each serve the goal of bringing PC to more patients with serious, chronic, or life-limiting conditions. Adding to that number are several states that have

passed similar pieces of legislation during the current year. <http://bit.ly/2UglOco>

Specialist Publications

‘Panel convened to discuss end-of-life care concerns in the lesbian, gay, bisexual and transgender community’ (p.8), in *American Journal of Nursing*.

‘Family perceptions of quality of end-of-life care for veterans with advanced chronic kidney disease’ (p.10), in *Clinical Journal of American Society of Nephrology*.

‘Transitioning to comfort-focused care at the end of life’ (p.15), in *Surgical Clinics of North America*.

California hospices face lax oversight and few rules. The sick and dying pay the price

CALIFORNIA | *The Sacramento Bee* – 28 August 2019 – In California, where the population is rapidly aging and end-of-life care is on the rise, patient advocates and researchers say the state’s oversight of hospice facilities and hospice care has not caught up. Largely subsidized by federal money through Medicare, hospice care consists of nurses entering hospitals, nursing homes or patients’ homes to ease patients’ pain in their last months of living. Interviews and documents reviewed by *The Sacramento Bee* show a system marred by lax oversight and an inability of regulators to take meaningful action against hospices that may have violated rules and jeopardized the health of patients. Many elderly patients are

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being transferred to hospice care too quickly, advocates say, taking them away from remedial treatment and costing Medicare more money. The problems in California mirror what the federal Office of the Inspector General found last month in a report outlining the ways hospices have not complied with federal guidelines. The report found that nationwide, 87% of hospices surveyed violated at least one federal guideline.¹ Among the hospices surveyed in California, the number was 94%. <http://bit.ly/2Zra4tq>

1. 'Hospice Deficiencies Pose Risk for Medicare Beneficiaries,' Office of the Inspector General, Department of Health & Human Services, July 2019. [Noted in 15 July 2019 issue of Media Watch (#622, p.2)] **Download/view at:** <http://bit.ly/2XTBPJH>

Legacy plans to close house for hospice patients in Portland

OREGON | *Portland Business Journal* – 28 August 2019 – Legacy Health is closing a hospice house in Southwest Portland, a reflection of trends in end-of-life care. As homey as Hopewell House is, the closure will allow Legacy to focus more on caring for the increasing numbers of patients who prefer to receive hospice services in their own homes... “We are finding that more and more people are choosing to receive hospice care in their own homes and thanks to technology, the level of care our hospice team can provide at home has increased significantly,” [spokesperson Kristin] Whitney said. “Combined with decreasing insurance reimbursements and new regulations that limit which patients qualify for inpatient hospice services, this change means we are only serving, on average, one to two qualified patients each day at Hopewell House, which is not financially sustainable.” Legacy’s Home Hospice program will continue to serve patients. Hospice patients who require more acute care can be supported by the hospice team at one of Legacy’s six hospitals. <http://bit.ly/2MFHGgp>

Most long-term acute care hospital patients die within five years

REUTERS HEALTH | Online – 26 August 2019 – Most elderly patients admitted to long-term acute care hospitals (LTACHs) die within five years, and spend two-thirds of their remaining life as an inpatient, a U.S. study suggests.¹ The goal of LTACHs is to help patients recover from debilitating illnesses and injuries and regain their ability to live independently. Patients in LTACHs are very ill and may need cardiac monitoring, intravenous lines and mechanical ventilators. But the study of 14,072 Medicare patients who were transferred from regular acute-care hospitals to LTACHs found that the average patient spent 66% of their remaining life in a hospital or inpatient setting. And, 37% of these patients died in a facility without ever returning home, often without receiving any hospice care in their final days. <https://reut.rs/2ZyvDrf>

1. 'The clinical course after long-term acute care hospital admission among older Medicare beneficiaries,' *Journal of the American Geriatrics Society*, 26 August 2019. **Abstract:** <http://bit.ly/2ZmF39j>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- NEW JERSEY | ABC News (Newark) – 27 August 2019 – ‘**New Jersey court ruling lets assisted suicide go ahead.**’ New Jersey can move ahead with a new law allowing terminally ill patients to seek life-ending drugs, a state appeals court ruled, overturning a lower court’s temporary hold on the law. Judges Carmen Messano and Arnold Natali ruled that a state Superior Court “abused its discretion” in blocking the law earlier this month. “We conclude the court failed to consider adequately the interests of qualified terminally-ill patients, who the Legislature determined have clearly prescribed rights to end their lives consistent with the Act,” the appeals court wrote in its opinion. <https://abcn.ws/2ZvjMu9>



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 beginning on p.17.

International

Older Australians “dying” waiting for home-care packages, advocates say

AUSTRALIA (Tasmania) | ABC News – 30 August 2019 – Home care packages are in-home care schemes for people who are assessed as needing extra help to stay in their home longer, rather than having to move into nursing homes. There are four levels ranging from basic to high needs, and the Federal Government subsidises approved organisations to provide the packages. But the subsidies are capped and demand has quickly outstripped supply. According to the Australian Department of Health’s most recent data, 2,142 Tasmanians were approved for a package, but are still waiting to receive any care. Nationally, more than 129,000 people are waiting for the right care. About 60% of those people are waiting to be approved for a package, while the remainder are waiting to get the services for which they have been approved. The Royal Commission into Aged Care Quality & Safety heard [recently] in the year to December 2018, 16,000 people died while waiting for the package for which they were approved – about 44 people a day. The figure has prompted calls for the Government to fund more packages and reform the home-care system to meet increasing demand. <https://ab.co/2ZvruVO>

Specialist Publications

‘Early referral to palliative care: The rationing of timely healthcare for cancer patients’ (p.6), in *Acta Médica Portuguesa*.

‘Defining primary palliative care for universal health coverage’ (p.12), in *The Lancet*.

‘Think of the children: Liability for non-disclosure of information post-Montgomery’ (p.13), in *Medical Law Review*.

‘The role of professional supervision for palliative care doctors in New Zealand: A quantitative survey of attitudes and experiences’ (p.14), in *New Zealand Medical Journal*.

‘When is hastened death considered suicide? A systematically conducted literature review about palliative care professionals’ experiences where assisted dying is legal’ (p.16), in *BMC Palliative Care*.

Elderly & end of life care for Muslims in the U.K.

MUSLIM COUNCIL OF BRITAIN | Online – Accessed 30 August 2019 – In terms of end-of-life care (EoLC) needs within the Muslim community, although hospices and palliative care services are recognising the specific needs of faith, there is scope for extending religious and cultural literacy amongst professionals. There is also potential to harness families’ commitment to caring for their loved ones at home at the end of life. Muslim families’ faith and cultural values mean that many may choose to care for loved ones who are terminally ill at home. Palliative and EoLC services need to better understand how these preferences can be recognised and supported. With scarce healthcare resources, ensuring that families are able to support care alongside healthcare staff may be a means of optimising available resources for patients. Findings also emphasise the need for a culture change, led by imams and mosque leadership, to raise issues of death and dying that can increase awareness of palliative and EoLC services and help counter the cultural stigma in accessing of services. There is also a need for service redesign through “community-based chaplaincy” such that Muslim patients and families can better access palliative and EoLC services through “trusted people and trusted spaces.” **Download/view report at:** <http://bit.ly/2zvuzw4>

N.B. Selected articles on the Islamic perspective on end of life and palliative and end-of-life care noted in 17 June 2019 issue of Media Watch (#618, p.10).



Share this issue of Media Watch with a colleague

Multi-million pound hospice cash boost will not tackle “long-term issues,” says Ulverston hospice

U.K. (England) | *The Mail* (High Wycombe, Buckinghamshire) – 30 August 2019 – A recent announcement promising a £25 million cash boost for hospices across the country will not tackle the “long term sustainability issue.” Plans to secure the future of hundreds of palliative care services across the U.K. have been scrutinised by St. Mary’s Hospice in Ulverston. The new investment will help keep many of these facilities open, ensuring people die as comfortably as possible. The money will also support the sector in relieving workforce pressures as well as introducing new services – such as out-of-hours support, respite care and specialist community teams. Chief Executive of St. Mary’s Hospice, Val Stangoe [added that] the new funds “need to be measured in context” to the “static” funding the hospice has previously received. She said: “There are around 220 hospices so even this amazing sum will not tackle the long term sustainability issue.” <http://bit.ly/2NGSsCH>

Related

- U.K. (England) | *Brent & Kilburn Times* – 28 August 2019 – ‘**St. Luke’s Hospice to make cuts despite government’s £25 million pledge to help all end-of-life charities.**’ A Kenton hospice is under so much pressure it is finding ways to cut costs – despite a government multi-million-pound pledge to help end-of-life charities. But while St. Luke’s Hospice’s Alpana Malde welcomed the government’s financial support, she has said it won’t make a difference to the long-term financial situation at the charity. The cost of its specialist in-patient unit, hospice at home care, day care and outpatient services and work to support other healthcare professionals is £5.2 million annually. <http://bit.ly/32c17Uu>

Noted in Media Watch 26 August 2019 (#628, p.4):

- U.K. (England) | ITV News (London) – 21 August 2019 – ‘**Hospices to get £25 million cash boost to secure future...**’ The government has pledged £25 million to help struggling hospices and palliative care services following an ITV News and Hospice UK investigation into funding for end-of-life care (EoLC). In May an exclusive ITV survey with Hospice UK found one in three hospices are being forced to cut services, while more than half (55%) either have, or plan to, delay or cancel the roll out future plans to provide EoLC.¹ <http://bit.ly/30mvpkg>

1. ‘U.K. hospices face funding crisis as one in three forced to cut end-of-life services,’ ITV News, 7 May 2019. [Noted in 20 May 2019 issue of Media Watch (#614, p.6)] <http://bit.ly/3071bSA>

Survey reveals 1 in 3 people know someone caring for a child with a life-threatening condition – but they are too uncomfortable to talk to them about it

U.K. | Together for Short Lives – 27 August 2019 – A new YouGov survey, on behalf of Together for Short Lives, has revealed a concern that families caring for a child with a life-threatening condition continue to face feelings of loneliness and isolation, with results showing that less than half of us (40%) would feel comfortable talking to a friend caring for a terminally-ill child. To add to this, 37% of all those surveyed would not feel comfortable talking to a friend caring for a child with a life-limiting health condition. Sadly, this reluctance to reach out to friends with a child with a life-limiting condition is despite many people having experience of friends or family members having children who have terminal conditions. The survey found that 9% of people say that they (2%) or a member of their family (7%) has had a child with a life-limiting condition, and altogether 30% of people have had or know someone who has had experience of caring for a child with a life-limiting or life-threatening condition. Alongside a discomfort in talking about these issues, the survey also found that there is a widespread lack of understanding of what children’s hospices do, with a fifth of people (20%) saying they do not know what children’s hospices or children’s palliative care are. <http://bit.ly/2MGfKZK>



Would this article be of interest to a colleague?

512 people told they could leave Northern Ireland hospitals died waiting to go home

U.K. (Northern Ireland) | *The Belfast Telegraph* – 27 August 2019 – More than 500 people died in hospitals across Northern Ireland (NI) over three years while waiting to be discharged... Official figures highlight the scale of the crisis facing social and community care in NI, with 512 people medically fit for discharge dying in a hospital ward between 2016-2017 and 2018-2019. Bed-blocking, as it is known, is when a person has been assessed as no longer requiring hospital inpatient treatment, but is not discharged. This can happen for a range of reasons – in some cases, it is through patient choice, but the vast majority of cases happen because there is no community care package in place. <http://bit.ly/2HsgXzU>

Noted in Media Watch 12 January 2015 (#392, p.6):

- U.K. (Scotland) | *The Press & Journal* (Aberdeen) – 6 January 2015 – ‘**Shock over number of Highland hospital bed-blocking deaths.**’ Shock new figures revealed nearly 100 people needlessly languishing in Highland hospitals died before they could be released. Official bed blocking statistics show that dozens of patients clinically ready to leave wards were left stranded because of a care crisis in the north. The bed blocking figures show 33 people died in Highland hospitals in 2012-2013 because of a shortage of care home places or care at home provision. The Scottish Government insisted tackling delayed discharges was a "top priority" and has allocated £18 million to health boards to help ease the problem. <http://bit.ly/34aBzpS>

Assisted (or facilitated) death

Representative sample of recent news media coverage:

- AUSTRALIA (Western Australian) | *The Sydney Morning Herald* – 28 August 2019 – ‘**West Australians should not ponder euthanasia due to lack of care”: End of life specialists.**’ Western Australia’s most senior end-of-life care specialists have said they are worried the state’s most vulnerable people might consider euthanasia because of an alarming lack of resources available for palliative care (PC), especially in the regions. As the McGowan Government prepares to debate its euthanasia bill in Parliament, PC specialists have said no Western Australian (WA) would die in pain if the state allocated adequate funding to specialist care. WA Palliative Medicines Specialist Group chairman Anil Tandon said only one in three Western Australians who needed specialist PC had access to it. Across the state there are only 15 full-time PC specialists. Dr. Tandon said it was no coincidence that states with the worst PC were often the most supportive of euthanasia. <http://bit.ly/2L7bG1m>

[Specialist Publications](#)

Early referral to palliative care: The rationing of timely healthcare for cancer patients

ACTA MÉDICA PORTUGUESA, 2019;52(7-8):475-476. Although clinical guidelines recommend a holistic intervention, early integration of palliative care (PC) into traditional oncological treatment, research shows a great delay in referral of patients, restricting PC to end-of-life care. Why does there seem to be a rationing of the early referral, sometimes in violation of human dignity? To a large extent it has to do with lack of knowledge, training and education of health professionals about PC and the techniques to deal with the process of death and dying. Several studies have demonstrated the benefit of integrating palliative actions into the routine of active cancer treatments, not only in terms of effective control of physical and psychological symptoms, but also in terms of overall quality of life, patient and family satisfaction, health-care costs and survival in some cases. It is necessary to take measures that encourage oncologists to obtain further training in PC, as a formal, compulsory internship, integrated in their specific training program. This way, a new generation of physicians will surely change the lives of cancer patients, and their families, integrating – without disproportionate rationing – oncology and palliative medicine. **Abstract:** <http://bit.ly/2Hn3Yil>

N.B. Portuguese language article. Click on pdf icon to access full text.

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Related

- *PROGRESS IN PALLIATIVE CARE* | Online – 29 August 2019 – ‘**Integration of early supportive and palliative care in a patient’s journey with cancer.**’ Specialist palliative care (SPC) aims to effectively support the quality of life (QoL) of patients and those close to them through progressive, life-limiting disease. QoL, an individual concept, requires a personalized approach to support and maintain it. Primarily achieved through the management of symptoms, both physical and psychological, alongside social and spiritual support, this approach is of the utmost importance to patients with advanced malignancy. Several randomized, controlled trials suggest earlier provision of SPC may increase QoL, improve symptoms and facilitate considered end-of-life care planning. **Abstract:** <http://bit.ly/2zxn15F>

N.B. Scroll down to ‘Transitioning to comfort-focused care at the end of life’ (p.15), in *Surgical Clinics of North America*.

Pediatric palliative care in practice: Perspectives between acute and long-term healthcare teams

ACTA PAEDIATRICA | Online – 23 August 2019 – In this study, palliative care (PC) definitions were similar throughout groups: to provide active care early in the illness, focusing on the child as a whole, and supporting families. Each group perceived a different role in the patient’s illness trajectory, reflecting their own culture of care. They demonstrated important differences in their approach to PC. Disagreements regarding when or how to discuss goals of care were expressed. Acute care professionals reported discomfort when having to introduce these discussions for the first time, while long-term care professionals perceived negative judgments about their patients’ quality of life by acute care teams during health events. Personalized care, communication with families and continuity of care were thought to be key elements to improve care. Pediatric PC is well recognized throughout specialties, yet continuity of care is challenged by groups’ roles and interventions in a patient’s illness. A reflective and mutual clinical approach is needed to improve quality of care and professionals’ satisfaction. **Abstract:** <http://bit.ly/30yelCp>

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McGill University
Health Centre

Related

- *PAEDIATRICS & CHILD HEALTH* | Online – 23 August 2019 – ‘**Symptomatic palliative care for children with neurodisability,**’ Paediatric palliative care (PC) and neurodisability are two relatively new, evolving paediatric sub-specialties that have increasing relevance in the current paediatric landscape. For many people PC has been synonymous with end-of-life care (EoLC), but in paediatrics it encompasses much more and is for all children with life-threatening or life-limiting conditions, from the point of diagnosis. This breadth of focus is demonstrated well through the interface between paediatric PC and paediatric neurodisability. The authors explore this unique interface through the three domains of complex symptom management, advanced care planning and EoLC. They describe the practicalities involved in all three areas and highlight the importance of early referral and the process of “dual” or “parallel” planning. **Abstract (w. link to references):** <http://bit.ly/2MI9a4W>

Providing data-driven equitable palliative and end-of-life care for structurally vulnerable populations: A pilot survey of information management strategies

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 29 August 2019 – Considerable gains are being made in data-driven efforts to advance quality improvement in healthcare. However, organizations providing hospice-oriented palliative care (PC) for structurally vulnerable persons with terminal illnesses may not have the enabling data infrastructure or framework to derive such benefits. The authors contacted 13 organizations across North America and interviewed 9. All served structurally vulnerable populations, including the homeless and vulnerably housed, socially isolated, and HIV-positive patients. Common examples of collected data included the number of referrals, the number of admissions, length of stay, and diagnosis. More than half of the organizations used an electronic medical record, although none of the record systems were specifically designed for PC. All the organizations used

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the built-in reporting capacity of their information management systems and more than half augmented this capacity with chart reviews. A number of themes emerged from the authors' discussions. Present data collection is heterogeneous, and storage of these data is highly fragmented within and across organizations. Funding appeared to be a key enabler of more robust data collection and use. Future work should address these gaps and examine opportunities for innovative ways of analysis and reporting to improve care for structurally vulnerable populations. **Abstract:** <http://bit.ly/2UjbW1q>

Panel convened to discuss end-of-life care concerns in the lesbian, gay, bisexual and transgender community

AMERICAN JOURNAL OF NURSING, 2019;119(9):14. Aging poses challenges to everyone, but for the older lesbian, gay, bisexual and transgender (LGBT) population, particularly those who lived through the AIDS crisis of the 1980s and who did not expect to reach old age, issues remain. In 1996, the life expectancy for a 20-year-old with HIV was 39 years; with the advent of antiretroviral therapy, life expectancy by 2011 estimates was 70 years. This was the backdrop for a panel discussion among healthcare professionals and other experts in the field of aging and palliative care about end-of-life concerns of LGBT patients, partners, and caregivers. According to SAGE, an advocacy group for LGBT elders, about 7 million LGBT people in the U.S. will be older than 50 by 2030, up from 3 million today. A 2018 survey of LGBT adults 45 years and older, conducted by American Association for Retired Persons, found that roughly 60% expressed concerns about neglect, physical abuse, and verbal harassment in long-term care facilities... **Full text:** <http://bit.ly/2MEO0oo>

Noted in Media Watch 22 July 2019 (#623, p.12)

- *JOURNAL OF HOSPICE & PALLIATIVE NURSING*, 2019;21(4):286-290. **'Meeting the needs of people who identify as lesbian, gay, bisexual, transgender, and queer in palliative care settings.'** The end-of-life needs of people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are in many ways identical to those of non-LGBTQ people; however, for a variety of reasons, they are at risk of receiving suboptimal care, irrespective of whether they are being cared for at home or in a nursing home, hospital, or hospice. This article explores some of their unique concerns that practitioners should consider during their interactions. **Abstract:** <http://bit.ly/2xNvvES>

N.B. Additional articles on end-of-life care for LGBT people noted in 10 December 2018 issue of Media Watch (#593, p.4 & p.14).

Palliative care education in the undergraduate medical curricula: Students' views on the importance of, their confidence in, and knowledge of palliative care

BMC PALLIATIVE CARE | Online – 28 August 2019 – This study reveals that medical students view palliative care (PC) as an important subject that should be addressed properly in their medical education, especially the aspects of patient-focused work and communication. The survey respondents reported limited confidence in providing PC. The four medical schools involved in this study address many PC topics to a limited extent in their curricula. The findings will be of interest to all those concerned with the development of PC education. **Full text:** <http://bit.ly/2Pfmno3>

Lung cancer and end-of-life care: A systematic review and thematic synthesis of aggressive inpatient care

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 31 August 2019 – This study was undertaken to evaluate the literature on aggressive inpatient end-of-life care (EoLC) for lung cancer and analyse the evolution of its aggressiveness over time. Among the 150 articles identified, 42 were retained for review... The percentage of patients subjected to aggressive therapy seems to have increased over time. Early management by palliative care teams seems to limit aggressive care. The authors' analysis indicated frequent aggressive EoLC for patients with lung cancer, regardless of the definition used. The extent of that aggressiveness and its impact on healthcare costs warrant further studies. **Full text:** <http://bit.ly/2HCMA3a>

General practice physicians' and nurses' self-reported multidisciplinary end-of-life care: A systematic review

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 29 August 2019 – General practitioners (GPs) and general practice nurses (GPNs) face increasing demands to provide end-of-life care (EoLC) as the population ages. To enhance primary palliative care (PC), the care they provide needs to be understood to inform best practice models of care. From 6,209 journal articles, 29 reviewed papers reported the GPs' and GPNs' role in EoLC or PC practice. GPs report a central role in symptom management, treatment withdrawal, non-malignant disease management and terminal sedation. Information provision included breaking bad news, prognosis and place of death. Psychosocial concerns were often addressed. Quality of communication depended on GP-patient relationships and GP skills. Challenges were unrealistic patient and family expectations, family conflict and lack of advance care planning. GPs often delayed end-of-life discussions until 3 months before death. Home visits were common, but less so for urban, female and part-time GPs. GPs coordinated care with secondary care, but in some cases parallel care occurred. Trust in, and availability of, the GP was critical for shared care. There was minimal reference to GPNs' roles. More work is required on the role of GPNs, case finding and models to promote shared care, home visits and out-of-hours services. **Abstract:** <http://bit.ly/2UfS6o0>

Noted in Media Watch 20 May 2019 (#614, p.10):

- *GP* | Online – 16 May 2019 – **'Most general practitioners have too little time to discuss end-of-life care.'** Amid rising pressure on general practice, 72% of the 370 GPs who responded to a survey by the medico-legal organisation Medical Protection said they did not have enough time to discuss end-of-life care (EoLC). The findings come just months after the Royal College of General Practitioners published quality improvement standards for EoLC in general practice, alongside research showing that four in five GPs felt that heavy workload left them unable to dedicate as much time as they would like to EoLC.¹ The Medical Protection poll also found that just 55% of GPs felt comfortable talking to patients about dying. <http://bit.ly/2HnyNms>

1. 'Palliative and End-of-Life Care Toolkit,' Royal College of General Practitioners, noted in 18 February 2019 issue of Media Watch, #602, p.11. **Download/view at:** <http://bit.ly/2G12LTJ>

Noted in Media Watch 11 March 2019 (#605, p.6):

- *BMC FAMILY PRACTICE* | Online – 5 March 2019 – **'Recruiting general practitioners for palliative care research in primary care: Real-life barriers explained.'** Recruitment in primary palliative care research is difficult for many reasons. This study shows a high level of interest from the GPs to be involved, but also produced high GP dropout rates and low data completion. Suggestions for future recruitment and quality improvement efforts in this field are formulated. The key is to offer a well-defined intervention which clearly benefits the GPs and/or the patients and a well-designed research protocol which takes the research burden as much as possible away from GPs and patients. **Full text:** <http://bit.ly/2H61nLE>

Cannabinoids, pain, and opioid use reduction: The importance of distilling and disseminating existing data

CANNABIS & CANNABINOID RESEARCH | Online – 30 July 2019 – The high prevalence of chronic pain conditions combined with an over-reliance on opioid prescriptions has resulted in an opioid epidemic and a desperate need for solutions. There is some debate about whether cannabis might play a role in addressing chronic pain conditions as well as the opioid epidemic. Recent surveys suggest that a large number of people are using cannabis as a treatment for pain and to reduce use of opioids, and cannabis-derived products demonstrate at least modest efficacy in the treatment of pain in randomized controlled trials. In addition, surveillance studies from countries that have approved the use of Sativex, which is a cannabis-based product, have demonstrated that a combination of Δ 9-tetrahydrocannabinol and cannabidiol has low potential for harm, is well tolerated, and is helpful to patients. Given the number of people

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in the U.S. who are already using cannabis to manage pain and opioid use in state-regulated markets, it is imperative to conduct additional research in these areas, and to disseminate information on how to minimize harm and maximize any benefits of using cannabinoids to mitigate pain and reduce opioid use. The purpose of this article is to call attention to the fact that cannabis is being used in the management of chronic pain. Thus, this article also provides a set of guidelines on how to approach using cannabis to treat pain. **Abstract:** <http://bit.ly/2MGJN3p>

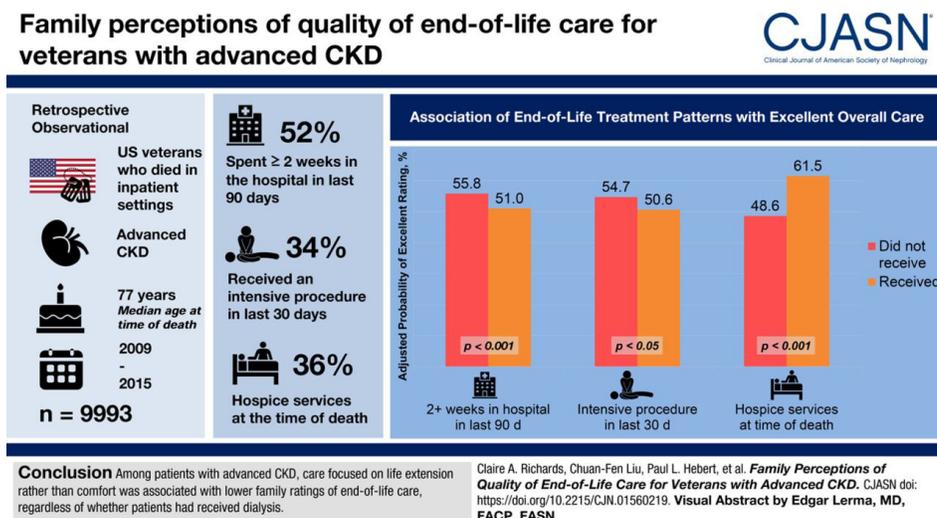
Related

- *DER SCHMERZ* | Online – 23 August 2019 – ‘**The use of cannabis-based drugs in pain and palliative medicine.**’ An online questionnaire about cannabis medication (CAM) was sent to German pain therapists[i.e., members of the Professional Association of Physicians and Psychotherapists in Pain and Palliative Medicine in Germany, the German Pain Society, and the German Society for Pain Medicine] one year after the introduction of the new act ‘Amendment to Drug and Other Regulations’ (2017). Information on 1,560 treated patients was analyzed. This study shows an information deficit in knowledge and handling of selected CAM among physicians. **Abstract:** <http://bit.ly/2Zv5Yj4>

N.B. German language article. Additional articles on cannabinoids and cannabis-based drugs in hospice and palliative medicine noted in 1 July 2019 issue of Media Watch (#620, p.1).

Family perceptions of quality of end-of-life care for veterans with advanced chronic kidney disease

CLINICAL JOURNAL OF AMERICAN SOCIETY OF NEPHROLOGY | Online – 29 August 2019 – The authors designed a retrospective observational study among a national cohort of 9,993 veterans with advanced chronic kidney disease (CKD) who died in Department of Veterans Affairs facilities between 2009 and 2015. Overall, 52% of cohort members spent ≥ 2 weeks in the hospital in the last 90 days of life, 34% received an intensive procedure, and 47% were admitted to the intensive care unit, in the last 30 days, 31% died in the intensive care unit, 38% received a palliative care (PC) consultation in the last 90 days, and 36% were receiving hospice services at the time of death. Most (55%) did not receive dialysis, 12% received acute dialysis, and 34% received maintenance dialysis. Patients treated with acute or maintenance dialysis had more intensive patterns of end-of-life care (EoLC) than those not treated with dialysis. After adjustment for patient and facility characteristics, receipt of maintenance (but not acute) dialysis and more intensive patterns of EoLC were associated with lower overall family ratings of EoLC, whereas receipt of PC and hospice services were associated with higher overall ratings. Among patients with advanced CKD, care focused on life extension rather than comfort was associated with lower family ratings of EoLC regardless of whether patients had received dialysis. **Abstract:** <http://bit.ly/2LfuonG>



N.B. Additional articles on palliative and end-of-life care for people living with chronic kidney disease noted in 18 February 2019 issue of Media Watch (#602, p.15).

The voices of death doulas about their role in end-of-life care

HEALTH & SOCIAL CARE IN THE COMMUNITY | Online – 25 August 2019 – “Death doulas” have emerged as a relatively new role supporting dying people and their family members; however there is a lack of clarity around how the role is enacted, and around the death doula role within health and social care systems. This study aimed to explore the ambiguity of the role of death doulas in end-of-life (EoL) care including the skills, training and experience of death doulas; how the role is communicated to the community; and, the relationships to palliative care (PC) providers and other health professionals. People identifying as death doulas were invited to participate in an online survey... One hundred and ninety completed or partially completed surveys were received. Results showed diversity within, and some commonalities across the sample in terms of: training, experience and skills. Death doulas have emerged not only as a response to the overwhelming demands on families and carers, but also demands placed on healthcare professionals – including PC – at the EoL. They have identified gaps in health and social care provision, perhaps taking on tasks that health professionals don't have responsibility for. However, the roles and scope of practice of death doulas is not clear-cut even within their cohort, which can then make it hard for patients and families when choosing a death doula, especially as a lack of regulation and standardised training means that doulas are working without oversight, and often in isolation. **Abstract:** <http://bit.ly/2ZuHcQb>

Noted in Media Watch 1 October 2018 (#583, p.13):

- *HEALTH & SOCIAL CARE IN THE COMMUNITY* | Online – 26 September 2018 – ‘**What role do death doulas play in end-of-life care? A systematic review.**’ Current health and social care systems do not always meet the needs of the dying in our communities. As a result, patients and families are choosing to place their trust in those who can advocate for them or fill the gaps in care. Death doulas may represent a new direction for personalised care directly controlled by the dying person, an adjunct to existing services, or an unregulated form of care provision without governing oversight. **Full text:** <http://bit.ly/2Ld0Oz8>

N.B. Additional articles on death doulas in 30 July 2018 issue of Media Watch (#574, p.3).

A qualitative study about how nurses in Belgium offer relationship support to couples in palliative care

JOURNAL OF FAMILY NURSING | Online – 27 August 2019 – Although palliative care (PC) nurses are identified as key players in supporting couples during advanced illness, there is a lack of evidence about their knowledge and experiences with this particular role. The aim of the study was to explore PC nurses' attitudes, roles, and experiences in addressing relationship functioning of couples in daily practice. Nurses support relationship functioning by creating a couple-positive care environment, by being present/acknowledging feelings, and by rectifying imbalances between couples. They do so in a proactive way, backed up by team support. Nurses hesitate toward explicitly unraveling and intervening in relationship problems, in favor of providing comfort or offering a strengths-based approach. The findings offer an urgent call to enhance the educational programs for PC nurses by integrating the theories and practice frameworks that guide relational assessment and intervention, which are being used in family nursing. **Abstract:** <http://bit.ly/2KZy6Tu>

[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://bit.ly/2RPJy9b>



Burnout and resilience after a decade in palliative care: What “survivors” have to teach us. A qualitative study of palliative care clinicians with more than 10 years of experience

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online – 26 August 2019 – Burnout is common amongst palliative care (PC) clinicians. Resilience helps to reduce burnout, compassion fatigue and is associated with longevity in PC. Four major themes emerged from this qualitative study: 1) Struggling; 2) Changing mindset; 3) Adapting; and, 4) Resilience. Intervening conditions such as self-awareness, reflection, and evolution were also important factors. The core phenomenon of this study was that of “transformational growth” – a process which PC clinicians have to go through before they achieve resilience. The authors also further classified resilience into both personal and collective resilience. Their findings highlight the evolving process of transformational growth which PC clinicians must repeatedly undergo as they strive towards sustained resilience and longevity. It also stresses the importance of taking individual and collective responsibility towards building a culture of personal and team resilience. **Abstract (w. link to references):** <http://bit.ly/2HxCJIM>

Noted in Media Watch 11 March 2019 (#605, p.14):

- *PALLIATIVE & SUPPORTIVE CARE* | Online – 7 March 2019 – ‘**Meaning of work and personal protective factors among palliative care professionals.**’ Healthcare professionals who work in palliative care units face stressful life events on a daily basis, most notably death. For this reason, these professionals must be equipped with the necessary protective resources to help them cope with professional and personal burnout. Despite the well-recognized importance of the construct “meaning of work,” the role of this construct and its relationship with other variables is not well-understood. **Abstract (w. references):** <http://bit.ly/2HiTjGG>

Noted in Media Watch 18 March 2019 (#606, p.7):

- *JOURNAL OF PALLIATIVE MEDICINE* | Online – 15 March 2019 – ‘**Clinicians’ perceptions of futile or potentially inappropriate care and associations with avoidant behaviors and burnout.**’ Futile or potentially inappropriate care (futile/PIC) for dying inpatients leads to negative outcomes for patients and clinicians. In the setting of rising end-of-life healthcare costs and increasing physician burnout, it is important to understand the causes of futile/PIC, how it impacts on care and relates to burnout. Surveys were completed by 349 subjects. A majority of clinicians (91.3%) felt they had provided or “possibly” provided futile/PIC in the past six months. **Abstract:** <http://bit.ly/2Tf4v9K>

Defining primary palliative care for universal health coverage

THE LANCET, 2019;394(10199):621-622. Changing population demographics and disease epidemiology mean people are increasingly dying from chronic non-communicable diseases (NCDs) in low-income and middle-income countries (LMICs). Primary care-led management of chronic diseases, including palliative care (PC), is essential to deliver cost-effective universal health coverage (UHC) that does not impose financial hardship on people with NCDs. PC for all is only achievable if all members of the health workforce who care for people with life-limiting illnesses deliver it – in all health systems, irrespective of a country’s income status. People are mostly at home for their last years of life, so primary care teams provide much of their PC. The PC delivered by primary care teams is well developed and promoted in some higher-income countries, but much less so in LMICs, although the 2018 WHO guidelines are an encouraging start. Efforts to achieve primary care-led UHC provide an opportunity to ensure that PC is being delivered at the primary care level in all parts of the world and to exploit synergies between disciplines. PC sits comfortably within primary care. Both deal with a wide spectrum of illnesses, not limited to a single disease process. At their best, both recognise the importance of a holistic approach, coordination of care, and person-centred care within a wider context. The clinical competencies and resources to achieve this care are often lacking among health workers, particularly in LMICs. Incorporating a PC approach into primary care addresses health-related suffering in advanced illness while facilitating development of core skills for primary care practitioners even in remote LMICs. **Full text:** <http://bit.ly/2ZmyDry>

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N.B. See 'Palliative Care and Universal Health Coverage Fact Sheet,' developed by the Worldwide Hospice Palliative Care Alliance, the International Association of Hospice & Palliative Care and the International Childrens' Palliative Care Network. The information is based on the findings of the *Lancet* Commission Report on Palliative Care & Pain Relief.¹ **Download/view at:** <http://bit.ly/2ZroKsM>

1. 'The *Lancet* Commission on Palliative Care & Pain Relief: Findings, recommendations, and future directions,' *The Lancet Global Health*, 2018;6(Supplement):S5-S6. [Noted in 12 March 2018 issue of Media Watch (#554, p.10)] **Full text:** <http://bit.ly/2ZtLH9z>

Noted in Media Watch 16 October 2017 (#534, p.14):

- *THE LANCET* | Online – 12 October 2017 – '**Alleviating the access abyss in palliative care and pain relief: An imperative of universal health coverage.**' This *Lancet* Commission aims to: 1) Quantify the heavy burden of serious health-related suffering associated with a need for palliative care (PC) and pain relief; 2) Identify and cost an essential package of PC and pain relief health services that would alleviate this burden; 3) Measure the unmet need of an indispensable component of the package – off patent, oral, and injectable morphine; and, 4) Outline national and global health-systems strategies to expand access to PC and pain relief as an integral component of universal health coverage while minimising the risk of diversion and non-medical use. **Full text:** <http://bit.ly/2Ww8Cku>

Think of the children: Liability for non-disclosure of information post-Montgomery

MEDICAL LAW REVIEW | Online – 26 August 2019 – In 2015, the Supreme Court [in the U.K.] in *Montgomery v Lanarkshire Health Board* handed down a landmark decision on informed consent to medical treatment, heralding a legal shift to a more patient-centred approach. *Montgomery*, and the extensive commentary that has followed, focuses on "adult persons of sound mind." The authors consider the potential claims that may flow from a failure to adequately inform children. They argue that the relevance of the best interests test blurs the boundaries between negligence and battery. Limitations on children's rights to make treatment decisions for themselves impact on their potential to claim in negligence for non-disclosure and, conversely, enhance the potential relevance of the tort of battery. In paediatric cases, *Montgomery* raises expectations that the law is currently ill-equipped to satisfy. Tort law provides a legal incentive to disclose relevant information to children but limits the availability of a remedy. **Abstract:** <http://bit.ly/2HvB7sN>

To die well: The phenomenology of suffering and end of life ethics

MEDICINE, HEALTH CARE & PHILOSOPHY | Online – 28 August 2019 – Medicine and end-of-life (EoL) ethics could profit from a phenomenological theory of suffering in several ways. First, by acknowledging and becoming better in understanding the attuned, experientially-integrated multi-level character of suffering. Second, by better understanding how different levels of experience ... could all be important and interconnected in mitigating (or possibly ending) suffering for a person. Third, by better understanding what wholeness and completeness may mean to a dying person, that is: what it means to have completed a human life, dying as the person one wants to have been, in one's own eyes, and in the eyes of others. The phenomenological account of suffering as a multi-level experientially-integrated phenomenon could also be used to articulate a better informed existential-political argument about the implementation of physician assisted suicide and/or euthanasia. In this way phenomenology may assist and contribute to the analysis of medical ethical dilemmas associated with EoL suffering within the domains of healthcare and within society as a whole. **Full text:** <http://bit.ly/2ztuT8a>

Patient-centered care at the end of life in the emergency department

NEJM CATALYST | Online – 29 August 2019 – In the last few decades, innovation in cancer care and the widespread availability of new therapies has resulted in increased hospitalization and resource utilization and later hospice referrals, adding significant cost to the healthcare system without improving quality. Although palliative care may improve outcomes, referral to these services is usually late, decreasing the advantages of this holistic approach to the physical, emotional, social, and spiritual needs of the patient and family at the end of life (EoL). The MD Anderson Cancer Center [at the University of Texas] has initiated interventions in the emergency department that improve EoL for these patients while saving money. **Full text:** <http://bit.ly/32810rM>

Noted in Media Watch 26 August 2019 (#628, p.8):

- *EMERGENCY MEDICINE JOURNAL* | Online – 13 August 2019 – ‘**End-of-life care in the emergency department.**’ The importance of end-of-life care (EoLC) for patients and their families is well documented, however, the skills and knowledge of emergency clinicians in delivering EoLC is not widely understood but it is clear from the existing literature that we fall short in delivering consistently good EoLC although there is recognition of the need to improve. The author ... considers practical ways of improving EoLC in the emergency department in line with best practice guidelines on EoLC. **Abstract:** <http://bit.ly/2ZaD4km>

N.B. Additional articles on palliative and end-of-life care in the ED noted in 5 August 2019 issue of Media Watch (#625, pp.9-10).

The role of professional supervision for palliative care doctors in New Zealand: A quantitative survey of attitudes and experiences

NEW ZEALAND MEDICAL JOURNAL, 2019;132(1501):10-20. Professional supervision (PS), a collaborative relationship that promotes reflection on contextualised work-related issues for the benefit of ongoing learning and development and improved professional practice, is not well understood in the medical context. This study aimed to explore the attitudes and experiences of PS among doctors working in palliative care in New Zealand. Eighty members of the Australia New Zealand Society of Palliative Medicine participated in a cross-sectional quantitative survey. Overall, PS was felt to be important, particularly by those currently participating in PS, for enhancing clinical functioning and supporting doctors’ wellbeing. Barriers to undertaking PS included finding a supervisor, lack of funding and time, with the most significant factor being whether the workplace supported PS. Supervisees’ responses showed PS to be a safe experience, addressing a wide range of issues, with a positive effect on personal coping. Further consideration should include the impact of professional and organisational culture on uptake of PS, future research and acknowledgment that palliative medicine may be in a position to highlight the benefits of PS for the wider medical community. **Abstract:** <http://bit.ly/2Zp6Qqz>

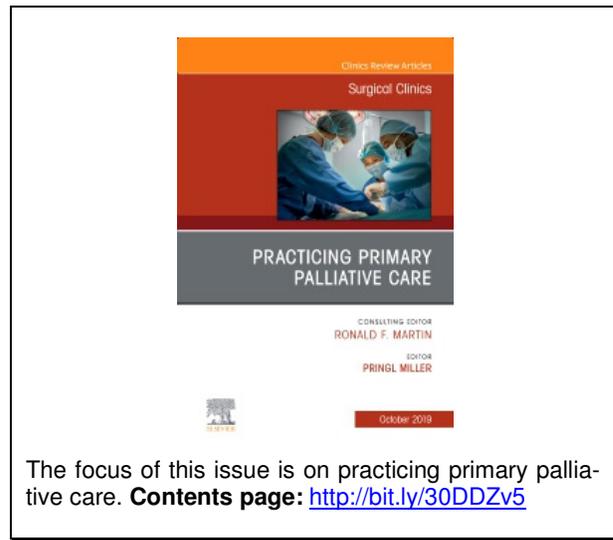
Perinatal/neonatal palliative care: Effecting improved knowledge and multi-professional practice of midwifery and children’s nursing students through an inter-professional education initiative

NURSE EDUCATION IN PRACTICE | Online – 20 August 2019 – The setting [of this study] was a Higher Education Institute in the South of England that included final year midwifery students and children’s nursing students... Inter-professional education intervention had proven worth in developing knowledge and confidence in the students as both student groupings felt they lacked knowledge and confidence about perinatal/neonatal palliative care before attending a study day. They felt learning with, from and about the other profession represented was important in generating their knowledge. **Abstract:** <http://bit.ly/30z00uO>

N.B. Additional articles on neonatal and perinatal PC noted in 22 July 2019 and 10 December 2018 issues of Media Watch (#625, pp.11-12, and #593, p.13, respectively).

Transitioning to comfort-focused care at the end of life

SURGICAL CLINICS OF NORTH AMERICA, 2019;99():1019-1027. Surgeons spend their careers taking care of complex surgical problems with high risk that have the potential to improve patient quality of life (QoL). Regrettably, patients do not always do well and the goal of improved QoL through surgical palliation is not always achieved. Sometimes surgical complications arise, and patients fail to recover, or their disease progresses and the reality of cure changes, necessitating transparent communication. Ideally, surgeons address end-of-life (EoL) issues as potentialities over the continuum of care within the framework of the surgeon-patient relationship, rather than during a crisis when all treatment options have been exhausted. This article helps surgeons with the components of transitioning to comfort-focused care at the EoL, beginning with preoperative preparation and by encouraging ongoing goals-of-care discussions thereafter. **First page view:** <http://bit.ly/2NzxHJh>



Noted in Media Watch 29 July 2019 (#624, p.3):

- *MCKNIGHT'S LONG-TERM CARE NEWS* | Online – 22 July 2019 – ‘**Palliative care or surgery? New guidelines offer helpful benchmarks.**’ A new program has been launched that sets quality standards for surgical decision-making for the oldest old. The programs findings may shift the need from step-down post-surgical care to palliative care for some residents over the age of 75. The new Geriatric Surgery Verification Program, proposed and recently pilot-tested by the American College of Surgeons, has introduced 30 new standards designed to improve surgical care and outcomes for aging adults. <http://bit.ly/2M5FGwL>

N.B. American College of Surgeons’ Geriatric Surgery Verification Program: <http://bit.ly/2XZLEXo>

Noted in Media Watch 22 July 2019 (#623, p.5):

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 17 July 2019 – ‘**Palliative care consultation is underutilized in critically ill general surgery patients.**’ The American College of Surgeons recommends palliative care (PC) and surgeons collaborate on the care of patients with poor prognoses.¹ However, contemporary practice patterns of PC consultation for surgical patients are poorly defined. The authors’ data showed patients who received consultation were generally older, white, and insured. Median number of days between palliative consult and death was 3 days. **Abstract:** <http://bit.ly/2Lsrr5D>

1. ‘Statement of Principles of Palliative Care,’ American College of Surgeons, August 2005. **Download/view at:** <http://bit.ly/2NXJ1jZ>

Noted in Media Watch 11 December 2017 (#542, p.13):

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 5 December 2017 – ‘**Characterizing the role of U.S. surgeons in the provision of palliative care: A systematic review and mixed-methods meta-synthesis.**’ Four major themes affected receipt of palliative care (PC) for surgical patients: 1) Surgeon experience and knowledge; 2) Surgeons’ attitudes; 3) Surgeons’ preferences and decision-making for treatment; and, 4) Perceived barriers. Surgeons overall demonstrated insight into the benefits of PC, but reported limited knowledge and comfort as well as a multitude of challenges to introducing PC to their patients. **Full text:** <http://bit.ly/2Y9K5FC>

Assisted (or facilitated) death

Representative sample of recent journal articles:

- *BMC PALLIATIVE CARE* | Online – 31 August 2019 – ‘**When is hastened death considered suicide? A systematically conducted literature review about palliative care professionals’ experiences where assisted dying is legal.**’ The aim of this review was to answer the research question about when hastened death is deemed a suicide by palliative care (PC) professionals working in areas where assisted dying is legal. The results indicate that it is unclear how and when a patient’s death is considered a suicide, whether the patient dies from an overdose of medications, utilises assisted dying, or hastens death unassisted. Overall, this review demonstrates that significant gaps remain in the literature regarding hastened death, assisted dying and suicide with patients receiving PC. Understanding professionals’ experiences with patients who die by suicide can contribute to improving communication and assessment with patients around issues of hastened death and provide needed guidance for future research in all jurisdictions. However, the literature identified in this review indicates that there is limited information and research about professionals’ experiences of patient suicide in areas that allow assisted dying. Improved knowledge about PC team experiences can improve communication about issues of suicide and alleviate individual fear over what has been considered by many to be a taboo topic. If open discussion about death is considered taboo, then suicide is likely to trigger even deeper anxiety and fear within that taboo of death. If palliative care is indeed patient-centred, then opportunity for open conversation about whatever is important to the patient must be available. **Full text:** <http://bit.ly/2MO98su>
- *MEDICAL LAW INTERNATIONAL* | Online – 20 August 2019 – ‘**Assisted dying for prison populations...**’ Canadian federal legislation setting out the framework for medical assistance in dying (MAiD) in Canada came into effect in June 2016. Because of section 86(1) of the Corrections & Conditional Release Act, as soon as MAiD became available in the community, it also needed to be made available to federal prisoners. There are some good reasons to be concerned about MAiD in the Canadian corrections system based on logistical, legal, and moral considerations. Fortunately, Canada is not the first country to decriminalize assisted dying and so Canadian policies and practices can be compared to others and take some lessons from their experiences. Thus, by reviewing the legal status of assisted dying in prisons internationally, the regulation of assisted dying, demand for assisted dying from prisoners, and the process for prisoners accessing assisted dying, this article offers a comparative overview of assisted dying for prisoners around the world in an effort to inform Canadian and other jurisdictions’ law, policy, and practice. **Abstract:** <http://bit.ly/2ZENp8m>

Noted in Media Watch 24 June 2019 (#619, p.12):

- *JOURNAL OF CRIMINAL LAW & CRIMINOLOGY*, 2019;109(3). ‘**Death with dignity for the seemingly undignified: Denial of aid in dying in prison.**’ The incarcerated population is particularly relevant to the aid-in-dying (AiD) conversation because, as the justice system continues to balloon and incarcerate more people, prisons are overcrowded, underfunded, and ill-equipped to support terminally ill and aging inmates. This leaves the aging incarcerated population vulnerable. As states [in the U.S.] continue to contemplate and pass legislation that permits AiD in particular circumstances, one is left wondering how, if at all, this legislation will affect those incarcerated. Early signs, in the form of prison policies and regulations, of how prisons will approach AiD for qualifying inmates suggests that the same dignitary respect afforded to non-incarcerated folk is explicitly forbidden to inmates in prison. **Download/view full text at:** <http://bit.ly/2MUD0n1>

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EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (BLOG): <http://bit.ly/2XC24jA>

HUNGARY | Magyar Hospice Alapítvány: <http://bit.ly/2RgTvYr>

U.K. | Omega, the National Association for End-of-Life Care: <http://bit.ly/2MxVir1>

South America

Academia Nacional de Cuidados Paliativos (Brazil): <http://bit.ly/2G2ISGr>



World Hospice & Palliative Care Day 12 October 2019

The theme 'My Care, My Right' aims to communicate that palliative care (PC) can be demanded by the public – and that, together, every person impacted by a life limiting illness can influence their policy makers to prioritize PC financing under universal health coverage. <http://bit.ly/2RMImQK>



Closing the Gap Between Knowledge & Technology

<http://bit.ly/2DANDFB>

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