

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

Dying is a solitary act. You die, as a general rule, when you do not want to. For reasons not imagined. In a place that was not chosen. In a way that, in almost everything, contradicts what was wanted. Sent to a filigree fragility that cannot be escaped. And despite the desire of all those who love us, and the way they accompany us, we die alone.

'Thoughts of a palliative care nurse in times of pandemic' (p.7), in *Patient Experience Journal*.

Canada

A tale of two patients: The “postal code” lottery of palliative care

ONTARIO | *The Conversation* – 12 August 2020 – The evidence for palliative care (PC) is irrefutable. It provides better outcomes for patients facing a life-limiting illness while simultaneously cutting healthcare costs and use by limiting inappropriately aggressive care at end of life. Instead, it provides care in settings more appropriate for patients such as their homes or a hospice. While healthcare savings are not the goal of PC ... this as a “beautiful side effect.” These savings can then be reinvested into other areas of the healthcare system such as mental health, addiction, public health and preventative care. As such, PC contributes positively to the sustainability of our universal publicly funded healthcare system. Better and cheaper? Seems to be good to be true. Well, it's not. Look at any chart listing medical specialities; you will rarely see palliative medicine. Look at a politician's political platform; rarely will you see PC highlighted, even under healthcare. But ask the general public about what needs to be fixed in our healthcare system and you will hear a very different story. And those stories are not pretty. One of these patients [discussed in this article] had access to a high-quality PC program that boasts highly skilled family physicians and Royal College specialists; that is supported by a team that includes nurses, nurse practitioners, social workers, spiritual care, supportive staff and an army of volunteers; with two residential hospices, a community outreach program and access to a PCU; that is integrated with Local Health Integration Network home care services and available 24/7/365; that offers wellness programs to lessen the burden on caregivers and families; that spans all care settings including inpatient, outpatient, home and long-term care; that has adopted virtual care enthusiastically with quality improvement baked into its DNA; that trains PC doctors, nurses and social workers at the highest level; that is 40 years in the making and growing every day. The other patient [discussed] did not. Just because of where he lives. That is the “postal code” lottery for PC in Canada. <https://bit.ly/30Yvqq2>



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U.S.A.

Grief from Covid-19 death: Toll on bereaved family members runs deep, study says

CNN HEALTH | Online – 10 August 2020 – Every day, the nation is reminded of COVID-19's ongoing impact as new death counts are published. What is not well documented is the toll on family members. New research suggests the damage is enormous.¹ For every person who dies of COVID-19, nine close family members are affected, researchers estimate based on complex demographic calculations and data about the Coronavirus. Many survivors will be shaken by the circumstances under which loved ones pass away – rapid declines, sudden deaths and an inability to be there at the end – and worrisome ripple effects may linger for years, researchers warn. If 190,000 Americans die from COVID-19 complications by the end of August, as some models

suggest, 1.7 million Americans will be grieving close family members... Most likely to perish are grandparents, followed by parents, siblings, spouses and children. Because of family structures, Black families will lose slightly more close family members than white families, aggravating the pandemic's disproportionate impact on African Americans. <https://cnn.it/31ERc8s>

Specialist Publications

'The potential impact of bereavement grief on workers, work, careers, and the workplace' (p.8), in *Social Work in Health Care*.

1. 'Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the U.S.,' *Proceedings of the National Academy of Sciences of the United States of America*, published online 10 July 2020. [Noted in Media Watch 13 July 2020 (#674, p.11)] Full text: <https://bit.ly/322myb8>

International

Lone death may be chosen, says study

U.K. (England) | *Church Times* – 14 August 2020 – Dying alone is sometimes a choice rather than a tragedy, a two-year study from the University of Nottingham concludes. It has explored "lone deaths," when the person in question may have few friends or relatives and there is an increased chance that the body may not be discovered for some time. The research examines why people die alone, what circumstances can lead to them spending their final days isolated, and how individuals and services respond when such a death is discovered. Despite talk of "uncaring society" when such cases occur, it cannot be assumed that the deceased was feeling lost or abandoned, Dr. Glenys Caswell, a senior research fellow ... suggests. The researchers collected in-depth information on ten cases, from documents, coroners' trials, witness statements, interviews with people who knew the person, and people who responded to the death. They interviewed 12 professionals whose work involves them in dealing with the aftermath of a lone death, and who observed four funerals of people who died alone at home. In a few cases the deceased had cut themselves off and effectively entered a period of social death before their physical death. <https://bit.ly/2XZO1qS>

N.B. See 'Exploring views about independence and care towards the end of life for people who live alone,' Nottingham Centre for the Advancement of Research into Supportive, Palliative & End-of-life Care, University of Nottingham. <https://bit.ly/2Y0EJLE>

Noted in Media Watch 9 September 2019 (#630, p.10):

- *MORTALITY* | Online – 3 September 2019 – 'Moral ambiguity in media reports of dying alone.' The authors describe a media analysis of dying alone... They revisited a previous media analysis to examine whether news reporting of dying alone has changed. They focussed on a single case study to explore how an account of a lone death unfolded during the days following its discovery. The authors found dying alone remains a threat to individual and collective moral reputations. However, they also identified reports in which dying alone was presented as acceptable in some circumstances, and as congruent with aspects of a good death. The authors suggest that dying alone can be made good through media reporting, reflecting the individual choice and autonomy associated with a good death. Abstract: <http://bit.ly/2ksqSNq>

Pandemic response should prioritise advance care planning, says report

AUSTRALIA | *Hospital & Healthcare* – 13 August 2020 – A report released by Advance Care Planning Australia recommends that advance care planning (ACP) conversations should be happening now with older Australians and those with chronic conditions to avoid scenarios where people hospitalised with Coronavirus who would rather forgo invasive treatment are not unnecessarily “competing” with people who want it.¹ The report ... finds that ACP could be used as part of Australia’s response to the COVID-19 crisis by helping to manage surges in healthcare demand and reduce the need for rationing care. The report

reveals that 75% of older Australians do not have a plan to guide their treatment should they become suddenly unwell, meaning that decisions will be made for them. <https://bit.ly/3iOHqIb>

Specialist Publications

‘Exploring the cost-effectiveness of advance care planning (by taking a family carer perspective): Findings of an economic modelling study’ (p.5), in *Health & Social Care in the Community*.

1. ‘Advance care planning in Australia during the COVID-19 outbreak: Now more important than ever,’ *Internal Medicine Journal*, 2020;50(8):918-923. Full text: <https://bit.ly/2Q1DIUF>

COVID-19 drives home the importance of palliative care

AUSTRALIA | *The Canberra Times* (Australian Capital Territory) – 12 August 2020 – It is fortuitous that the Royal Commission into Aged Care Quality & Safety¹ ... is examining the impact of COVID-19 on the aged care sector ahead of its final report due in February next year. And not in preparation of a hypothetical future pandemic, but rather to urgently address ... what remains an ongoing and constantly evolving crisis. Palliative Care Australia (PCA) ... has been engaging with the royal commission via a range of submissions, which have provided eight key recommendations in relation to palliative care (PC) in aged care. PCA has now provided a further submission that includes 11 key recommendations. Our submission is informed by the clinical, research and academic expertise of the Australian Coronavirus Disease 2019 (COVID-19) Palliative Care

Working Group, which was established in March in response to the pandemic. The submission also draws on the work of PCA’s member organisations – representing all state and territory PC peak bodies – and professional affiliate members. Chief among the Association’s recommendations is a call for greater funding and resourcing of residential aged care facilities, together with an increased investment in PC in aged care to ensure residents are provided high-quality PC, when and where it is needed. <https://bit.ly/2DPr6aW>

Specialist Publications

‘The clash between palliative care and COVID-19’ (p.7), in *Supportive Care in Cancer*.

1. “‘Underprepared’: Aged care royal commission investigates Coronavirus response,’ Royal Commission into Aged Care Quality & Safety, August 2020. <https://bit.ly/3kFKLLi>

N.B. Palliative Care Australia website: <https://bit.ly/30QYoiF>

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>



Inquiry into health inequities for Māori

NEW ZEALAND | New Zealand House of Representatives – Accessed 10 August 2020 – Throughout its consideration, the Māori Affairs Committee heard both anecdotal and statistical evidence that make it very clear that Māori do not receive the same level of care as non-Māori. Māori have less access to healthcare services, experience a poorer quality of care, and are offered services developed from Western science that are not always in accordance with tikanga Māori. The committee acknowledged that unpacking the reasons for this disparity across the entire health sector is an enormous task. The reasons are complex and require a deep understanding of history, and socioeconomic issues. Because of this, the committee decided to narrow

the focus of its inquiry to look at cancer care, and use it to gauge the experiences of Māori within the wider healthcare system. **Download/view bilingual copy at:** <https://bit.ly/2XSqusc>

The Māori Affairs Committee recommended that government support and fund...

...the implementation and evaluation of Mauri Mate and draw on the framework for service development in the wider PC sector; and,

...a public health campaign targeted at Māori (with engagement at a national and local level) to increase their understanding of the PC sector.

Noted in Media Watch 3 August 2020 (#677, p.4):

- NEW ZEALAND | TVNZ News 1 (Auckland) – 29 July 2020 – ‘**New framework to address inequity for Māori in hospice care.**’ Mauri Mate is a new palliative care (PC) structure, which focuses on the quality, equity and compassion of hospices in Aotearoa.¹ It’s the first of its kind, with extensive collaboration between the Māori Medical Practitioners Association, Totara Hospice in South Auckland and Mary Potter Hospice in Wellington. It involves improving the access for Māori whānau, as well as increasing the cultural competence and awareness of staff in PC. Māori clinicians, leaders and academics were brought together to ensure the framework was “by Māori, for Māori.” Research and literature ... highlighted the need to improve the cultural safety and cultural value of Māori. <https://bit.ly/3hMM3BT>

1. ‘Mauri Mate: A Māori Palliative Care Framework for Hospices,’ Hospice New Zealand. **Download/view at:** <https://bit.ly/3hJY4YL>

N.B. Additional articles on Māori beliefs and practices in the context of end of life (EoL), and palliative and EoL care noted in Media Watch 24 February 2020 (#654, p.8).

Specialist Publications

Understanding hospice patients’ beliefs about their life expectancy: A qualitative interview study

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 10 August 2020 – Many participants had difficulty answering the life expectancy question and expressed uncertainty about when they would die. One-third overestimated their length of life relative to actual survival. The most common source of patients’ prognostic beliefs was knowledge about their body, including physical symptoms and change over time. Half of patients reported that a provider had given them a prognostic estimate, and one-third agreed with, or gave estimates consistent with, the provider’s estimate. Some patients said providers do not know prognosis or that time of death was unknowable. The findings of this study have im-

plications for measuring prognostic awareness, as valid assessment is a necessary component of determining whether prognostic awareness is beneficial for patients. **Abstract (w. list of references):** <https://bit.ly/2DOVIt2>

Publishing Matters

‘**Journal editors’ perspectives on the communication practices in biomedical journals: A qualitative study**’ (p.9), in *BMJ Open*.

‘**How to write a good abstract for a biomedical paper**’ (p.9), in *Medical Science Pulse*.

Medication use in the last year of life: A cross-sectional hospice study

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 11 August 2020 – Polypharmacy is common in patients accessing hospice care, as is the use of potentially questionable medication. The pill burden in this patient population is also high, which may be an additional treatment burden to patients. Holistic deprescribing approaches for this population should be developed and implemented. Patients [i.e., study participants] were using a mean number of 8.8 medications per day, while polypharmacy was evident in 80% of patients. In terms of potentially questionable medication, patients were prescribed a mean number of 1.3 per day. Common potentially questionable medications included vitamin and mineral supplements, antihypertensives, antiplatelets, lipid regulating agents and anticoagulants. The pill burden in this population was also high with, on average, people using 13.7 oral doses per day. **Abstract:** <https://bit.ly/3amS4Cl>

Noted in Media Watch 20 July 2020 (#675, p.6):

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 14 July 2020 – ‘**Polypharmacy, medication possession, and deprescribing of potentially non-beneficial drugs in hospice patients.**’ Patients frequently have comorbidities that when combined with their primary diagnosis qualifies the patient for hospice. Consequently, patients are at risk for polypharmacy due to the number of medications prescribed to treat both the underlying conditions and the related symptoms. Polypharmacy is associated with negative consequences, including increased risk for adverse drug events, drug-drug and drug-disease interactions, reduced functional status and falls, multiple geriatric syndromes, medication non-adherence, and increased mortality. **Abstract (w. list of references):** <https://bit.ly/3gW3e3s>

N.B. Additional articles on deprescribing noted in this issue of Media Watch.

Exploring the cost-effectiveness of advance care planning (by taking a family carer perspective): Findings of an economic modelling study

HEALTH & SOCIAL CARE IN THE COMMUNITY | Online – 11 August 2020 – To the authors’ knowledge, this is the first economic study which explores the cost-effectiveness of a strategy in which advance care planning (ACP) is offered systematically for the general population of older people reaching end-of-life. This was explored from a carer perspective... A strategy in which ACP is provided following good practice in England has a probability of 55% (70%) of being cost-effective when compared with standard care at a cost per quality adjusted life years threshold of £20,000 (£30,000). The authors’ findings are highly sensitive to the duration of ACP (which was substantially longer in their study because experts estimated the costs of ACP as an ongoing, personalised and multidisciplinary process), and to the effectiveness of ACP in terms of carer’s quality-of-life. Model structure and parameters were done in comprehensive consultation with recognised experts in the field. This ensured that the model was relevant to current practice. In addition, by carefully evaluating the resource inputs and costs of ACP, this study addressed an important gap in the evidence. **Full text:** <https://bit.ly/30S8obt>

End-of-life care in acute hospitals: Practice change reported by health professionals following online education

HEALTHCARE | Online – 6 August 2020 – ‘End of Life Essentials’ (EoLE) was developed to address gaps in health professionals’ knowledge, skills and confidence in end-of-life (EoL) care via the provision of online learning modules and practice resources. This study aimed to determine whether survey respondents could describe clinical practice change as a result of module completion. Results from 122 learners showed improvements in knowledge, skills, awareness and confidence as a result of the undertaking of the learning modules. Two thirds self-reported practice changes following the education, with “communication” cited most commonly. The findings suggest that the EoLE education modules can help to improve EoL care by increasing health professionals’ awareness of good practice as well as their knowledge, skills and confidence. Online learning has also been reinforced as an appropriate forum for EoL education. Following education, implementing what has been learned occurs more easily at a personal level rather than at a team and organisational level. Barriers to and enablers of clinical practice change in hospital are described, including the fact that the organisation may not be responsive to changes or have the relevant resources to support change. **Full text:** <https://bit.ly/3anNbtm>

Why should palliative care faculty attend on general medicine teaching services?

JOURNAL OF GENERAL INTERNAL MEDICINE | Online – 10 August 2020 – Effective internal medicine practice requires a palliative care (PC) skill set often developed during residency training. Most internists care for seriously ill patients who need effective pain and symptom management, particularly as they approach end of life (EoL). Skilled communication is equally important for serious illness care and is relevant to nearly every clinical encounter. Accordingly, the [U.S.] Accreditation Council for Graduate Medical Education has identified interpersonal and communication skills as a core competency for resident trainees, and effective communication with patients and caregivers as an expected educational milestone. Despite the importance of such primary PC skills, trainees report inadequate preparedness to manage serious illness conversations and EoL care. When PC faculty serve as general medicine attendings, they provide a unique opportunity for resident education in skills essential to internist practice. Incorporating communication and prognostication teaching into daily inpatient care can increase residents' awareness of unmet PC needs and sharpen their use of primary PC skills. **Full text:** <https://bit.ly/33VzzEj>

Hospice care: Between existential and medical hope

MORTALITY | Online – 9 August 2020 – Medicalisation of hospice care has been discussed simultaneously with the development of palliative care into a medical speciality. However empirical knowledge of the role of medicalisation in hospice practice is underexplored. The authors consider hospice managers' perspectives on hospice care in the complex between values related to hospice philosophy and a specialised medical approach to hospice care. Focus groups and ... interviews were conducted with hospice managers from 16 out of the 19 Danish hospices. Drawing on hope as a theoretical framework, this study contributes to further understanding of the complexity of navigating hospice care in the impasse between an existential hope focused on meaning at the end of life and a medical hope for control of the dying body. Hospice care appeared as pulled between these dimensions of hope. The hospice managers took a pragmatic approach to medicalisation but their emphasis on dying as an existential event also points to a role for hospices as a critical voice against over-medicalisation of dying. **Abstract:** <https://bit.ly/2DLRfru>

COVID-19 and hospital palliative care: A service evaluation exploring the symptoms and outcomes of 186 patients and the impact of the pandemic on specialist hospital palliative care

PALLIATIVE MEDICINE | Online – 14 August 2020 – The findings of this study contribute to the emerging evidence base on patient demographics, clinical profiles and palliative care (PC) requirements in end stage COVID-19. The study demonstrates a short dying phase in deaths from COVID-19, with a median of 6 days from diagnosis to death and a median of just 2 days from referral to PC to death. The replacement of "typical" PC patients raises the question as to the location of these patients and the implications, for patients and services, if they present at a later stage of their illness instead. It may also suggest a need for directing more services into community management of patients in a pandemic situation. This would be an interesting area for further evaluation and research. Pandemics characteristically have peaks of infection across disparate nations at different times and can also have multiple peaks of infection and death across time. In a globalised and connected healthcare community, the authors' findings provide important information to other clinicians managing patients with end-stage COVID-19 disease, both during the current and likely future waves of the disease. **Full text:** <https://bit.ly/2Fqzbn9>



Media Watch: Access 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.10.

Thoughts of a palliative care nurse in times of pandemic

PATIENT EXPERIENCE JOURNAL, 2020;7(2): 27-30. This narrative presents a series of stories (interactions) lived by a palliative care nurse during the time of COVID-19, a time when healthcare professionals tirelessly prepare to help the services that need them, but with little preparation for the changes that they will have to face in the care of their patients and families. It shares the lived experiences, difficulties, emotions lived by the author, but shared by so many around the world. It also tries to show that despite the scarcity of physical presence, “creativity and commitment to patients and families make us go beyond ourselves and continue to make a difference by saying we are here!” The author takes the reader on a “journey through a maze of different challenges and emotions.” A journey ... “often marked by doubt, anguish and restlessness with frequently asked questions: Are we living? Are we allowing patients and families to live, or are we simply guaranteeing life? Times of strangeness, of com-

plexity, of uncertainties but also times of surprise, solidarity, compassion and gratitude.” **Full text (click on pdf icon):** <https://bit.ly/3fGZPod>

Extract from *Patient Experience Journal* article

Dying is a solitary act. You die, as a general rule, when you do not want to. For reasons not imagined. In a place that was not chosen. In a way that, in almost everything, contradicts what was wanted. Sent to a filigree fragility that cannot be escaped. And despite the desire of all those who love us, and the way they accompany us, we die alone. But to die without being able to give a hand to the one you love or without having the right to a funeral without goodbyes and hugs, without the gratitude ceremony of those who insist on its presence, showing us recognition for having existed, and without people who like us can cry in each other's company reduces death to an aseptic imperative and to a sanitary urgency that humiliates us all.

Related:

- *SUPPORTIVE CARE IN CANCER* | Online – 14 August 2020 – ‘**The clash between palliative care and COVID-19.**’ Regardless of the desirable involvement of palliative care (PC) physicians in patients with COVID-19, PC delivery care was extraordinarily affected by the pandemic in different ways. Worries about spreading and contracting COVID-19 have been growing in hospitals, possibly dissuading patients with symptoms from contacting PC services. The COVID-19 crisis has had an impact on the common pattern of admissions and discharges in PC units and hospices, in which visit restrictions were strictly applied according to government decision and health local policies, because of the fear of a possible contagion with caregiver admission. **Full text:** <https://bit.ly/3fVTq8S>

End-of-life issues in intensive care units

SEMINARS IN RESPIRATORY & CRITICAL CARE MEDICINE | Online – 9 August 2020 – Critical care clinicians strive to reverse the disease process and are frequently faced with difficult end-of-life (EoL) situations, which include transitions from curative to palliative care (PC), avoidance of disproportionate care, withholding or withdrawing therapy, responding to advance treatment directives, as well as requests for assistance in dying. This article presents a summary of the most common issues encountered by intensivists caring for patients around the end of their life. Topics explored are the practices around limitations of life-sustaining treatment, with specific mention to the thorny subject of assisted dying and euthanasia, as well as the difficulties encountered regarding the adoption of advance care directives in clinical practice and the importance of integrating PC in the everyday practice of critical-care physicians. The aim of this article is to enhance understanding around the complexity of EoL decisions, highlight the intricate cultural, religious, and social dimensions around death and dying, and identify areas of potential improvement for individual practice. **Abstract:** <https://bit.ly/31Bc9RU>

Cont. next page



Would this article be of interest to a colleague?

Noted in Media Watch 27 July 2020 (#676, p.9)

- *BMC PALLIATIVE CARE* | Online – 22 July 2020 – ‘**Factors influencing the integration of a palliative approach in intensive care units: A systematic mixed-methods review.**’ Factors identified were: 1) Organizational structure in facilitating policies, unappropriated resources, multi-disciplinary team involvement, knowledge and skills; 2) Work environment, including physical and psychosocial factors; 3) Interpersonal factors/barriers, including family and patients’ involvement in communication and participation; and, 4) Decision-making, e.g., decision and transition, goal conflict, multidisciplinary team communication, and prognostication. Factors hindering integration ... constitute a complex interplay among organizational structure, the care environment, and clinicians’ perceptions and attitudes. **Full text:** <https://bit.ly/39lf04Z>

N.B. Selected articles on PC in the ICU noted in Media Watch 27 January 2020 (#650, p.5).

The potential impact of bereavement grief on workers, work, careers, and the workplace

SOCIAL WORK IN HEALTH CARE, 2020;59(6):335-350. Bereavement grief is typically very painful and often highly consequential. People who are working could be significantly impacted by the death of someone they care about. A qualitative study sought an understanding of the lived experience of bereavement on the mourner’s ability to work and their work-related experiences following the death of a loved one. Three themes emerged: 1) Grief is universal but individually impactful; 2) Accommodation is needed to assist the return to work and to regain work abilities; and, 3) There are many impediments to working again. These themes highlight the potential for bereavement grief to substantially effect mourners and thus their work, careers, and the workplace. Older workers could be particularly disadvantaged because of workplace ageism. Societal and other changes appear to be needed for the health and wellbeing of mourning workers, and to address related work and bereavement issues. Bereavement grief is highly relevant to the social work profession, given its involvement in providing information, developing supportive services, and making referrals. **Abstract (w. link to references):** <https://bit.ly/3gWqhLN>

N.B. Selected articles on bereavement in the workplace noted in Media Watch 28 October 2019 (#637, pp.3-4).

Association of a pediatric palliative oncology clinic on palliative care access, timing and location of care for children with cancer

SUPPORTIVE CARE IN CANCER | Online – 11 August 2020 – The initiation of a limited-day, solo-provider, consult-based, embedded pediatric palliative oncology (PPO) clinic for children with cancer and a high-risk event was associated with increased pediatric palliative care (PPC) consultation, earlier receipt of PPC services relative to the time of death, and more time at home in the last 90 days of life. Despite the significance of these findings, there was still substantial room for improvement. Only 46% of palliative oncology (PO) patients with high-risk events received subspecialty PPC – usually in the last 3 months of life – likely due to evolving culture change within PO and limited availability of the PPO clinic. Continued improvements to these outcome measures would be expected with expansion of the PPO clinic, developing triggers for consultation, and continued PO provider education. Cancer centers and pediatric healthcare systems should consider an outpatient PPO model to deliver patient-centered care that helps meet the standards of care outlined in the Psychosocial Standard for Palliative Care in Pediatric Oncology. Such a model has potential to improve symptom management and quality of life while decreasing healthcare cost at end-of-life. **Full text:** <https://bit.ly/3fUZcrh>

Assisted (or facilitated) death

Representative sample of recent journal articles:

- *PALLIATIVE CARE & SOCIAL PRACTICE* | Online – 13 August 2020 – ‘**Physician snapshot: The forming landscape of medical assistance in dying in northwestern Ontario.**’ Options available to Canadians at the end of life (EoL) increased with the legalization of medical assistance in dying (MAiD). Bill C-14 modified the Canadian Criminal Code allowing individuals who meet very specific criteria to receive a medical intervention to hasten their death. June 2019 marked 3 years since the legislation has changed and while met with favour from most Canadians who believe it will provide enhanced options for quality of life at the EoL, there remains much debate over both its moral implications and practical components. Little is known regarding the Canadian healthcare provider experience with MAiD, in particular in rural and remote parts of the country, such as northwestern Ontario. Four distinct but interconnected themes emerged from thematic analysis of the transcripts of focus group and interviews: physician perception of patient awareness, appreciation and understanding of MAiD; challenges providing true choice at EoL; burgeoning relationships between palliative care and MAiD; and, physician recommendations. **Full text:** <https://bit.ly/2DJrI28>

Publishing Matters

Journal editors’ perspectives on the communication practices in biomedical journals: A qualitative study

BMJ OPEN | Online – 14 August 2020 – Interviews with 56 journal editors from general medicine and specialty biomedical journals ... generated four themes: 1) Providing minimal guidance to peer reviewers – two subthemes described the way journal editors rationalised their behaviour: a) peer reviewers should know without guidelines how to review, and b) detailed guidance and structure might have a negative effect; 2) Communication strategies of engagement with peer reviewers – two opposing strategies that journal editors employed to handle peer reviewers: a) use of direct and personal communication to motivate peer reviewers, and (b) use of indirect communication to avoid conflict; 3) Concerns about impact of review model on communication – maintenance of anonymity as a means of facilitating critical and unburdened communication and minimising biases; and, 4) Different practices in the moderation of communication between authors and peer reviewers – some journal editors actively interjected themselves into the communication chain to guide authors through peer reviewers’ comments, others remained at a distance, leaving it to the authors to work through peer reviewers’ comments. These journal editors’ descriptions reveal several communication practices that might have a significant impact on the peer-review process. Editorial strategies to manage miscommunication are discussed. Further research on these proposed strategies and on communication practices from the point of view of authors and peer reviewers is warranted. **Full text:** <https://bit.ly/2DVEfPM>

How to write a good abstract for a biomedical paper

MEDICAL SCIENCE PULSE | Online – Accessed 10 August 2020 – Although a relatively short text, the abstract of a paper summarizes the most important issues raised in the main text. The abstract is, at least initially, the key text on which journal editors, reviewers and eventually readers form their initial judgement on the overall quality of the full manuscript. Therefore, it is essential to execute this step of the writing process well. In this article, the authors discuss the purpose of an abstract, why it is important, and how to write a good abstract. Increasingly, journal abstracts are structured to follow the IMRAD format (Introduction, Methods, Results, and Discussion). The authors provide examples of well written and badly written abstracts, with explanatory notes, to help readers understand the key points that need to be addressed and mistakes that should be avoided. Since international abstracts are generally written in English, preparing an abstract can be especially challenging for researchers who are not native speakers of English. The authors offer general linguistic advice, paying particular attention to key terms and word choice than can meaningfully express an author’s intention in a concise way. **Abstract:** <https://bit.ly/2XIELHM>

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, research and teaching tool.

Distribution

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6. 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: Access on Online

International



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE: <https://bit.ly/31q4XrN>

[Scroll down to 'Media Watch: Compassionate Communities']

INTERNATIONAL PALLIATIVE CARE RESOURCE CENTER: <http://bit.ly/2ThijkC>

PALLIATIVE CARE NETWORK: <http://bit.ly/2Ujdk2S>

PALLIMED: <http://bit.ly/2ResswM>

[Scroll down to 'Media Watch by Barry Ashpole'; also 'Media Watch: Behind the Scenes' at: <http://bit.ly/2MwRRAU>]

Asia



Asia Pacific
Hospice Palliative
Care Network

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK: <http://bit.ly/2SWdYWP>

[Scroll down to 'Media Watch']

Australia

PALLIATIVE CARE RESEARCH NETWORK: <http://bit.ly/2E1e6LX>

[Click on e-News (November 2019); scroll down to 'Useful Resources in Palliative Care Research']

Cont.

Canada



CANADIAN SOCIETY OF PALLIATIVE CARE PHYSICIANS: <http://bit.ly/2Dz9du3>

[Scroll down to 'Are you aware of Media Watch?']

ONTARIO | HPC Consultation Services (Waterloo Region, Wellington County): <http://bit.ly/2TboKFX>

Europe



EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (BLOG): <https://bit.ly/3iZKiXr>

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>



Palliative Care Network

Palliative Care for Everyone, Everywhere

Closing the Gap Between
Knowledge & Technology

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

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