

**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

**One of the striking observations ... was that clinicians mostly spoke of integration in relation to other physicians rather than to a diverse range of medical services, which is necessary to meet the psychological, social, and spiritual needs of patients.**

'Missing in action: Reports of interdisciplinary integration in Canadian palliative care' (p.5), in *Current Oncology*.

## Canada

### **As COVID-19 restrictions lift, grief literacy can help us support those around us**

*THE CONVERSATION* | Online – 19 July 2021 – COVID-19 has brought about many losses and many deaths. The number of deaths worldwide has reached almost four million, and 26,000 of those deaths are in Canada. The Canadian Grief Alliance's grief counter estimates that there are more than three million Canadians grieving. Canadians are also experiencing countless other losses that are not deaths or death-related. Understanding and normalizing grief can benefit everyone, from frontline healthcare workers to children and educators as well as those who have experienced a death during the pandemic. The grief literacy movement aims to increase everyone's ability to recognize grief and become more proficient in supporting ourselves and others. The authors of this article define grief literacy as the ability to understand loss and act upon that understanding. It is multi-dimensional in that it includes "knowledge to facilitate understanding and reflection, skills to enable action and values to inspire compassion and care." The knowledge, skills and values are specific to the social contexts that directly influence how we grieve. This definition includes attending to socio-cultural diversities, inequities and privileges that shape grief experiences. <https://bit.ly/3rnKuQQ>

### Specialist Publications

'Community implementation of the 3 Wishes Project: An observational study of a compassionate end-of-life care initiative for critically ill patients' (p.8), in *CMAJ Open*.

'Family caregivers' experience of medical assistance in dying: A qualitative study' (p.6), in *Journal of General Internal Medicine*.

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Noted in Media Watch 23 March 2020 (#658, p.7):

- **DEATH STUDIES** | Online – 19 March 2020 – ‘**Grief literacy: A call to action for compassionate communities.**’ The compassionate communities movement challenges the notion that death and dying should be housed within clinical and institutional contexts, and works to normalize conversations about death and dying by promoting death literacy and dialogue in public spaces. Community-based practices and conversations about grief remain marginal in this agenda. The authors theorize how grief could be better conceptualized and operationalized within the compassionate communities movement. They develop the concept of *Grief Literacy* and present vignettes to illustrate a grief literate society. Grief literacy augments the concept of death literacy... **Abstract:** <http://bit.ly/2vyvsIN>

## International

### **New study estimates there are 1.5 million bereaved children due to pandemic**

*FORBES* | Online – 20 July 2021 – An estimated 1.5 million children worldwide have experienced the death of a parent, custodial grandparent, or other relative who cared for them as a result of the COVID-19 pandemic, according to a new study.<sup>1</sup> This study ... offers the first global estimates of the number of bereaved children due to the pandemic. The figures are based on COVID-19 mortality data from March 2020 through April 2021. National fertility statistics for 21 countries were extrapolated to produce global estimates. Findings suggest more than a million children experienced the death of one or both parents during the first 14 months of the pandemic, and another half a million experienced the death of a grandparent caregiver living in their own home. “For every two COVID-19 deaths worldwide, one child is left behind to face the death of a parent or caregiver. By 30 April 2021, these 1.5 million children had become the tragic overlooked consequence of the 3 million COVID-19 deaths worldwide, and this number will only increase as the pandemic progresses,” said Susan Hillis of the U.S. Centers for Disease Control & Prevention, one of the lead authors on the study. “Our findings highlight the urgent need to prioritize these children and invest in evidence-based programs and services to protect and support them right now and to continue to support them for many years into the future – because orphanhood does not go away.” <https://bit.ly/2V5vpan>

#### Specialist Publications

‘**Bereavement and children’s mental health: Recognising the effects of early parental loss**’ (p.9), in *Nursing Children & Young People*

‘**The impact of parental bereavement on young people: A thematic analysis of using online web forums as a method of coping**’ (p.9), in *Omega – Journal of Death & Dying*.

‘**Parent’s with incurable cancer: “Nuts and bolts” of how professionals can support parents to communicate with their dependent children**’ (p.8), in *Patient Education & Counseling*.

1. ‘Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: A modelling study,’ *The Lancet*, published online 20 July 2021. **Full text:** <https://bit.ly/36Qd5Vk>

### **Findings from the evaluation of the Special Rules for Terminal Illness process**

U.K. | U.K. Government – 20 July 2021 – The Special Rules for Terminal Illness allow the Department for Work & Pensions to provide fast-track support in five benefits; 1) Personal Independence Payment; 2) Disability Living Allowance; 3) Attendance Allowance; 4) Universal Credit; and, 5) Employment & Support Allowance, without the requirement for waiting periods or a face-to-face assessment, with awards usually at the highest rate of benefit. The Special Rules recognise that when people are faced with the end of their life, their focus should, as far as possible, be on the time they have remaining and have been in place in their current form without alteration by successive governments since 1990. Following the evaluation, the government announced the intention to move to a 12-month, end of life eligibility definition for the Special Rules. When implemented, those who are thought to be in their final year of life will be able to make fast-tracked claims to the benefits system. **Download at:** <https://bit.ly/3iwsIXD>

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Noted in Media Watch 12 July 2021 (#725, p.3):

- U.K. | *The Daily Mirror* (London) – 8 July 2021 – “**Six months to live” rule for dying people to claim benefits scrapped from next year.**’ Dying benefit claimants will no longer have to show they have six months to live as cruel rules are finally axed. Special Rules for Terminal Illness will be reformed in a victory for campaigners, ministers announced today – two years after saying they were not fit for purpose. But it’s thought the changes could take up to two years to be fully implemented. Ten people a day die while waiting for a decision on a Personal Independence Payment claim. The Special Rules allow terminally ill claimants to access fast-track benefits. But the current rules say claimants must get their GP to fill out a form confirming they can “reasonably be expected” to die within six months. <https://bit.ly/3e16FH8>

## Specialist Publications

### The role of race, ethnicity, and language in care transitions

*AMERICAN JOURNAL OF MANAGED CARE*, 2021;27(7):e221-e225. Diverse patients experience disparities in care transitions. A survey of 224 patients showed differences by race, ethnicity, and language in technology access and in patient worries post discharge. Overall, 1 in 4 patients were alone at discharge. More than half of patients with limited English proficiency (LEP) reported lack of access to medical interpreters and translated materials. The authors noted significant differences by race, ethnicity, and language in technology access and in patient-reported worries in the posthospital period. Hispanic or Latino patients and patients with LEP were less likely to report access to a computer and less likely to access the Patient Gateway portal. Black or African American patients were also less likely to use the Patient Gateway portal. Asian patients were more likely to be worried about getting home health services. The findings of this study highlight the enhanced difficulties that diverse patients may experience when transitioning from hospital to community-based settings. When considering how to best address the complex needs of diverse populations, interventions must be sensitive to the presence or absence of others, potential digital divides, and medical interpretation. **Full text:** <https://bit.ly/3BpXQRn>

#### Publishing Matters

‘**Characteristics of scholars who review for predatory and legitimate journals: Linkage study of Cabells Scholarly Analytics and Publons data**’ (p.9), in *BMJ Open*.

‘**Fear of the academic fake? Journal editorials and the amplification of the “predatory publishing” discourse**’ (p.10), in *Learned Publishing*.

Noted in Media Watch 22 February 2021 (#705, p.9):

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 20 February 2021 – ‘**What’s lost in translation: A dialogue-based intervention that improves interpreter confidence in palliative care conversations.**’ Although professional medical interpreters are often thought of as language conduits, they are also trained as clarifiers and mediators of cultural barriers between providers, patients and their families. Identifying interpreter challenges in palliative care (PC) conversations and brainstorming and rehearsing solutions could improve their confidence interpreting PC encounters and being cultural mediators. This intervention eliciting ongoing interpreter challenges significantly improved interpreter confidence in partnering with clinicians in PC conversations. **Abstract (w. references):** <https://bit.ly/3dwgiOp>

**N.B.** Additional articles on the role of interpreters in PC conversations noted in Media Watch 14 December 2020 (#696, p.6).

## **Context and mechanisms that enable implementation of specialist palliative care Needs Rounds in care homes: Results from a qualitative interview study**

*BMC PALLIATIVE CARE* | Online – 22 July 2021 – The data in this paper were derived from a qualitative study embedded within a large randomised control trial of Palliative Care Needs Rounds with 1,700 residents, over the course of 17 months. The interview data describe the context, mechanisms of change, and outcomes which point to features which aid implementation of the Needs Rounds approach. The paper, therefore, compliments the quantitative outcomes of demonstrable improvements in hospitalisations and quality of death by reporting the features that enable implementation to be successful. The paper also offers a helpful contribution to the care home literature by identifying core factors affecting uptake of interventions, such as staff readiness for change, creating mechanisms to facilitate knowledge transfer and the role and process of facilitation. The paper offers a unique contribution to the literature in documenting and describing the context and ways in which this Needs Round intervention is successfully implemented. It offers the starting point for generating an overall programme theory of change, which future research can explore and expand. **Full text:** <https://bit.ly/3kRSOqL>

## **Before the 2020 Pandemic: An observational study exploring public knowledge, attitudes, plans, and preferences towards death and end-of-life care in Wales**

*BMC PALLIATIVE CARE* | Online – 20 July 2021 – The findings of this study resonate with and reinforce knowledge from before the pandemic: people are ready to talk about death and dying, and COVID-19 has acutely increased awareness of this topic. Participants advocate the adoption of a public health framework and acknowledge the need for a combination of top-down and bottom-up initiatives across levels and settings to increase awareness, knowledge, and service utilisation. This would encourage earlier discussions and preparation of advance care plans and support health professionals and people towards shared decisions which closely align with people's end-of-life wishes and preferences. **Full text:** <https://bit.ly/3iz16Rv>

### **Related:**

- *PATIENT EDUCATION & COUNSELING* | Online – 17 July 2021 – ‘Facing epistemic and complex uncertainty in serious illness: The role of mindfulness and shared mind.’ Epistemic uncertainty refers to situations in which available evidence is insufficient or unreliable, often accompanied by complexity due to novel contexts, multifactorial causation, and emerging options (the “unknowable unknown”). It stands in contrast to aleatory uncertainty where probabilities are known, and potential benefits and harms can be calculated and presented graphically (the “knowable unknown”). Epistemic uncertainty is common, and encompasses uncertainty about the nature of the illness, whom to entrust with one's care, and one's ability to adapt and cope. **Abstract:** <https://bit.ly/2Tj0EhL>

## **Spiritual dimension in palliative medicine: A qualitative study of learning tasks – medical students, teachers, educationalists**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 20 July 2021 – Palliative care (PC) is gaining importance within the physician's range of duties. In the undergraduate medical curriculum, education on the four dimensions of care is insufficient. The spiritual dimension is hardly addressed. Therefore, the authors developed a coherent set of learning tasks targeted at learning to communicate about the spiritual dimension. The learning tasks are based on educational principles of authentic learning, reflective learning and longitudinal integration in the curriculum. This article reports on the feasibility of using these learning tasks in the medical curricula. Teachers and educational scientists were interviewed and students were asked to evaluate the learning tasks in focus groups. The learning tasks encourage the students to reflect on the four dimensions of PC and their personal values. Learning was clearly organised around authentic learning tasks relevant to the later profession, using paper, video cases, as well as simulations and real patients. Participants suggest giving more attention to cultural diversity. All participants indicated that the program should start in the bachelor phase and most agreed that it should be integrated vertically and horizontally throughout the undergraduate program, although there is some debate about the optimal moment to start. **Full text:** <https://bit.ly/3iy6FzN>

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#### Related:

- *BMC PALLIATIVE CARE* | Online – 17 July 2021 – ‘**Learning to care for the spirit of dying patients: The impact of spiritual care training in a hospice setting.**’ Patients approaching the end of their life do not experience their existential and spiritual needs being sufficiently met by the healthcare professionals responsible for their care. Research suggests that this is partly due to a lack of insight about spiritual care (SC) among healthcare professionals. By developing, implementing, and evaluating a research-based educational course on SC targeting hospice staff, the authors explored the perceived barriers for providing SC within a hospice setting and to evaluate the post-course impact among staff members. This study provides insights into the barriers facing SC in a hospice setting. **Full text:** <https://bit.ly/3kzawiC>

#### **Missing in action: Reports of interdisciplinary integration in Canadian palliative care**

*CURRENT ONCOLOGY* | Online – 19 July 2021 – Palliative care (PC) has an interdisciplinary tradition and Canada is a leader in its research and practice. Yet even in Canada, a full interdisciplinary complement is often lacking, with psychosocial presence ranging from 0-67.4% depending on the discipline and region. The authors sought to examine the most notable gaps in care from the perspective of Canadian palliative professionals. Canadian directors of PC programs were surveyed with respect to interdisciplinary integration. Similar to previous reports, the authors found that psychology was under-represented yet highly valued, and despite social work’s relative high presence in care, participants in this study reported a higher need for more. Reasons for these gaps might include lack of funding, distribution of funding, or the prioritization of physical symptoms over emotional symptoms. It is possible that teams are filling the gaps with other clinicians, which may meet some patient needs. However, clinicians are still reporting a need for specialized psychosocial professionals, especially psychologists and social workers, in this study. Future research should investigate the barriers in hiring psychosocial professionals in PC. This may help us understand how Canadians can promote and advocate for these services. **Full text:** <https://bit.ly/3kFH8HL>

#### **Machine yearning: How advances in computational methods lead to new insights about reactions to loss**

*CURRENT OPINION IN PSYCHOLOGY* | Online – 11 July 2021 – The loss of a loved one is a potentially traumatic event that can result in disparate outcomes and symptom patterns. Machine learning methods offer computational tools to probe this heterogeneity and understand grief psychopathology in its complexity. In this article, the authors examine the latest contributions to the scientific study of bereavement reactions garnered through the use of computational methods. They focus on findings originating from trajectory modeling studies, as well as the recent insights originating from the network analysis of prolonged grief symptoms. The authors also discuss applications of artificial intelligence for the accurate identification of major depression and post-traumatic stress, as examples for their potential applications to the study of loss reactions. **Abstract:** <https://bit.ly/3kAtANB>

**N.B.** This review comes from a themed issue (in progress) on separation, social isolation, and loss in *Current Opinion in Psychology*: <https://bit.ly/3eC8nPE>

#### **A decision aid to support family carers of people living with dementia towards the end-of-life: Coproduction process, outcome and reflections**

*HEALTH EXPECTATIONS* | Online – 19 July 2021 – This article presents a novel decision aid to support family carers of people living with dementia towards the end-of-life (EoL). This is the first decision aid to cover multiple decisions that family carers may face when a person living with dementia is approaching the EoL, filling an important gap identified in the decision-making literature. This is one of the first papers to provide a detailed description of a systematic approach to coproducing a decision aid, grounded in theory, evidence and lived experience. There is increasing recognition of the importance of high-quality reporting of coproduction methods and the development process of decision aids. Few decision aids developed in

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dementia care report their development clearly. The authors provide clarity on how data from multiple sources including theory can be synthesized and presented to end users and meaningfully contribute to coproduction. This transparent method will be helpful to researchers developing complex interventions through coproduction. Importantly, this study is one of the first to include people living with dementia in coproduction, and the authors provide key learning points. **Full text:** <https://bit.ly/3kK10Jv>

**Related:**

- *PATIENT EDUCATION & COUNSELING* | Online – 23 July 2021 – ‘**Developing country-specific questions about end-of-life care for nursing home residents with advanced dementia using the nominal group technique with family caregivers.**’ Given divergent preferences for sample questions, engaging end-users such as family caregivers (FCGs) of persons with advanced dementia in the development of materials is vital, especially when these materials aim to increase family caregiver engagement. Cultural differences may influence the information needs of FCGs and should therefore be considered. The FCGs in this study expressed a general need to be informed about palliative care in dementia, and about the process of shared decision-making. **Full text:** <https://bit.ly/3eOHhVs>

**N.B.** Search back issues of Media Watch for additional articles on “dementia” in the context of EoL care at: <http://bit.ly/2ThijkC>

**“A race to the end”**

**Family caregivers’ experience of medical assistance in dying: A qualitative study**

*JOURNAL OF GENERAL INTERNAL MEDICINE* | Online – 21 July 2021 – The June 2016 legalization of medical assistance in dying (MAiD) provided an added layer of choice to end-of-life (EoL) care in Canada. Family caregivers play an important role in patient EoL decision-making. They may experience unique psychological burden or distress associated with their role. However, little is known about the caregiver experience associated with patient MAiD requests and the nature of psychosocial supports caregivers require before, during, and following MAiD intervention. Twenty-two caregivers of patients who had requested MAiD were interviewed. The caregiver experience of MAiD within the legal framework was found to be understood as a “race to the end,” with the ultimate goal of creating an ideal dying experience for the patient while balancing a threat to capacity that would undermine their access to MAiD. Caregivers can be described within the overarching framework as either co-runners or onlookers. Sources of caregiver distress were linked to these roles. The “race to the end” theoretical model contributes new knowledge and understanding that can inform the development of tailored support services for caregivers, the impact of legislative changes on this population, and future research examining decision-making near EoL and the caregiver experience. **Abstract (w. references):** <https://bit.ly/3iz6Rih>



**[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/2RPy9b>



**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 p.11.

## Differences between for-profit and non-profit hospice agencies in the U.S. Medicare population

*JOURNAL OF GENERAL INTERNAL MEDICINE* | Online – 18 July 2021 – The authors data show most Medicare beneficiaries are enrolled in for-profit vs non-profit hospice agencies, which cost Medicare 34% more per beneficiary. Higher total costs of care directly relate to longer lengths of stay in for-profit agencies, even when accounting for lower reimbursement rates for days 61 and greater. This difference could be explained by for-profit agencies enrolling more patients with dementia, who live longer in hospice than cancer patients, who have greater acuity yet shorter survival in hospice. Cost of care was higher in for-profit agencies even though they provided higher proportion of routine home care days. While previous studies have evaluated association of hospice ownership status with setting and timing of hospice care, and there have been investigative and federal criminal inquiries into enrollment of low-acuity patients by for-profit hospice agencies, this is the largest and most representative study

to date. Given that for-profit hospices enroll a greater relative proportion of patients who are racial and ethnic minorities, likely because of their growth in urban areas, understanding the differences in care they provide is particularly important from a racial equity perspective as well. **Full text:** <https://bit.ly/3wKspxu>

### Extract from *Journal of General Internal Medicine* article:

This study highlights the need to carefully monitor for-profit hospices to ensure that the patient-centered mission of hospice is retained, and patients receive high quality care to the very end. Hospice is an essentially moral program and care needs to be taken to retain its original vision. Hospice payment reform tying reimbursement to clinical quality outcomes should be considered.

**N.B.** Search back issues of Media Watch for additional articles on “for-profit” and “non-profit” hospices in the U.S. in the context of quality end-of-life care at: <http://bit.ly/2ThijkC>

## Top ten tips palliative care clinicians should know about prognostication in critical illness and heart, kidney, and liver diseases

*JOURNAL OF PALLIATIVE MEDICINE* | Online – 20 July 2021 – Specialty palliative care (PC) clinicians are frequently asked to discuss prognosis with patients and their families. When conveying information about prognosis, PC clinicians need also to discuss the likelihood of prolonged hospitalization, cognitive and functional disabilities, and death. As PC moves further and further upstream, it is crucial that PC providers have a broad understanding of curative and palliative treatments for serious diseases and can collaborate in prognostication with specialists. In this article, the authors present ten tips for PC clinicians to consider when caring and discussing prognosis for the seriously ill patients along with their caregivers and care teams. **Abstract:** <https://bit.ly/3kCeXcA>

## Shared decision-making in practice and the perspectives of healthcare professionals on video-recorded consultations with patients with low health literacy in the palliative phase of their disease

*MDM POLICY & PRACTICE* | Online – 2 July 2021 – An important goal of palliative care (PC) is improving the quality of life of patients and their partners/families. To attain this goal, requirements and preferences of patients need to be discussed, preferably through shared decision-making (SDM). This enhances patient autonomy and patient-centeredness, requiring active participation by patients. This is demanding for palliative patients, and even more so for patients with limited health literacy (LHL). This study aimed to examine SDM in practice and assess healthcare professionals' perspectives on their own SDM. The average SDM score in practice was moderate, varying greatly between professionals, as shown by the multilevel analysis and by varying degrees of perceived patient involvement in SDM mentioned in the interviews. To improve this, professionals recommended: 1) Continuously discussing all options with patients; 2) Allowing time for

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patients to talk; and, 3) Using strategic timing for involving patients in SDM. The implementation of SDM for people with LHL in PC varies in quality and needs improvement. SDM needs to be enhanced in this care domain because decisions are complex and demanding for LHL patients. Future research is needed that focuses on supporting strategies for comprehensible SDM, best practices, and organizational adaptations. **Full text:** <https://bit.ly/3wUcQTL>

**Related:**

- *CMAJ OPEN*, 2021;9(3):e757-e764. ‘**Community implementation of the 3 Wishes Project: An observational study of a compassionate end-of-life care initiative for critically ill patients.**’ The authors documented successful implementation of the 3 Wishes Project in the ICU of a community hospital. The program helped to realize 99% of 483 terminal wishes in 101 dying, critically ill patients. Their findings illustrate how interprofessional clinicians can work synergistically to provide compassionate, individualized care for dying patients, including those who may have difficulty advocating for themselves. The lack of strict protocolization and personalized design of this intervention underscores its inherent flexibility... **Full text:** <https://bit.ly/2UGcfrP>

**Why people think they might hasten their death when faced with irremediable health conditions compared to why they actually do so**

*OMEGA – JOURNAL OF DEATH & DYING* | Online – 23 July 2021 – This study surveys the differences of relatively healthy proponents of end-of-life choices and people with irremediable health conditions having already made the decision to hasten their deaths on what each group considers important in influencing a desire to hasten death. Psychosocial factors were more important than physical ones for both groups; but those contemplating what might influence them to hasten their deaths in the future thought pain and feeling ill would be much bigger factors than they turned out to be for those deciding to do so. Those having decided to hasten their deaths cited the lack of any further viable medical treatments and having to live in a nursing home as bigger factors. Identifying these psychosocial factors influencing a desire for a hastened death suggests that caregivers and medical providers may want to review what compassionate understanding and

support looks like for people wanting to hasten their death. **Full text:** <https://bit.ly/3rthc3j>

**Extract from *Omega – Journal of Death & Dying* article**

Only 32% of those who had decided to hasten their death cited uncontrolled pain as a big problem while 77% of those predicting what might cause them to choose a hastened death thought this would be of high significance. This difference may be partially related to the fact that palliative care (PC) has become much more effective and aggressive about treating pain – even if only at the very end of life – making uncontrolled pain less a problem than people fear it will be when there are no further curative options. And increasingly doctors are not seeing a patient’s request to hasten their death as a failure of pain control or of PC.

**Parent’s with incurable cancer: “Nuts and bolts” of how professionals can support parents to communicate with their dependent children**

*PATIENT EDUCATION & COUNSELING* | Online – 16 July 2021 – With adequate knowledge and skills, health and social care professionals (HSCPs) have a vital role in offering necessary care to parents to help them guide and support their children through the end of life (EoL) period. There is a need for HSCPs to encourage parents to start the difficult conversation soon after receiving the poor prognosis, to avoid crisis management when the ill-parent is actively dying or throughout the immediate bereavement. The ‘Talking, Telling & Sharing’ EoL framework is an evidence-based, theory-driven communication framework. This provides a mechanism for HSCPs to proactively and directly engage with patients to address their parent-child communication concerns. It is important that HSCPs support patients with their parent-child communication concerns, as parents struggle with the amount of information, timing, and language they should use to explain their incurable cancer, and impending death. **Abstract:** <https://bit.ly/3er1kJp>

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## Related:

- *NURSING CHILDREN & YOUNG PEOPLE* | Online – 19 July 2021 – ‘**Bereavement and children’s mental health: Recognising the effects of early parental loss.**’ This article details an extended literature review undertaken to explore the effects of early parental death on bereaved children’s mental health and identifies implications for healthcare practice. Four themes were identified from the literature: 1) Child’s age at parental death; 2) Cause of parental death; 3) Type of parental death; and, 4) Cascading circumstances. Increased exposure to other adverse circumstances after a parent’s death can also predispose an individual to psychopathology in adulthood, so such circumstances can serve as indicators of the potential effects on children’s future mental health outcomes. **Abstract:** <https://bit.ly/3hMNEdE>
- *OMEGA – JOURNAL OF DEATH & DYING* | Online – 18 July 2021 – ‘**The impact of parental bereavement on young people: A thematic analysis of using online web forums as a method of coping.**’ Ten online web forums written by young people who have personally experienced the death of a parent formed the data of this study. Previous research suggests forum users do not receive the supportive reactions from face-to-face interactions that they desire. Thematic analysis found that forums created an environment where young people can process the bereavement of a parent. Forums allowed young people to use their experience of bereavement to positively support others with similar experiences. **Abstract (w. references):** <https://bit.ly/3eylGiL>

**N.B.** See literature review at ‘The Crossroads of Grief: Understanding Grief & Diversity,’ published by the Children & Youth Grief Network, Ontario Canada.’ In particular, ‘Children’s Understanding of Death & Dying’ (p.5), ‘Parental Illness, Dying & Death’ (p.13), and ‘Death of a Parent (p.30) at: <http://bit.ly/2OB4Y6C>

## Publishing Matters

### **Characteristics of scholars who review for predatory and legitimate journals: Linkage study of Cabells Scholarly Analytics and Publons data**

*BMJ OPEN* | Online – 21 July 2021 – The profiles of scholars reviewing for predatory journals (PJ) resemble the scholars who publish in these outlets: they tend to be young and inexperienced researchers and affiliated with institutions in lower income countries. PJ have gained relevance for scholars for publishing their own work and for reviewing the work of others. A holistic approach to combating deceptive journals is, therefore, needed, taking into account the entire research workflow. Most initiatives addressing the problem of PJ focus on reducing the submissions of manuscripts by warning authors not to publish their work in these outlets. To prevent scholars from reviewing for PJs, research institutions, funders and publishers ought to invest in the training of reviewers. Such training should enable them to make informed decisions on what journals they review for. Reviewers should be educated on concepts of quality and legitimacy in scholarly publishing and the characteristics of PJ to help them avoid reviewing for the latter. Funders and universities should monitor for which journals their grantees and faculty members review and warn against committing time to review for PJ. When evaluating applications for funding or promotion, they might check peer review records for predatory titles. Services that help researchers get credit for their reviewing activities should have a clear policy for PJ. Providers of lists of PJ could check peer-reviewing activities and assess the contents of submitted reviews for quality and rigour. Research institutions, funders and publishers should boost their efforts to discourage scholars from reviewing for these outlets. Finally, more research is needed to investigate the quality of peer review across different journals, including legitimate and potentially PJ. **Full text:** <https://bit.ly/3BusqZP>

**N.B.** Publons is a commercial website that provides a free service for academics to track, verify, and showcase their peer review and editorial contributions for academic journals.



**Palliative Care Network**

*Palliative Care for Everyone, Everywhere*

Closing the Gap Between  
Knowledge & Technology  
<http://bit.ly/2DANDFB>

## Fear of the academic fake? Journal editorials and the amplification of the “predatory publishing” discourse

*LEARNED PUBLISHING*, 2021;34(3):396-406. This analysis of 229 editorials and opinion pieces published in science and medical journals explores the affective discourses used to characterise so-called predatory publishing. Most ... deploy one or more of three related categories of metaphorical and figurative language (fear, fakery and exploitation) to strengthen their rhetorical case. The authors of this article examined the deployment, co-occurrence and amplification of this language across the science publishing system, focusing particularly on the role of major science journals in adopting and normalising this emotive discourse. The analysis shows how few editorials offer alternative perspectives on these developments, and their relative invisibility in scholarly debates. **Full text:** <https://bit.ly/2UFPfSW>

### Key points:

The discourse about so-called predatory publishing in science and medical journal editorials regularly deploys affective language, such as metaphors of fear, fakery and exploitation.

The predator/prey metaphor is often elaborated and extended with affective imagery.

Beall's conception of “predatory publishing” and its association with open access continues to shape editorial discourse.

Very few science editorials offer alternative perspectives or critique dominant narratives: those that do tend to be published in low impact journals.

### 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

MEDIA WATCH IS DISTRIBUTED AT NO COST to colleagues active or with a special interest in hospice, palliative care and end of life issues. Recipients are encouraged to share the weekly report with *their* colleagues. The distribution list is a proprietary one, used exclusively for the distribution of the weekly report and occasional supplements. It is not used or made available for any other purpose whatsoever – to protect the privacy of recipients and also to avoid generating undue e-mail traffic.

### Links to Sources

1. Short URLs are used in Media Watch. Links to pdf documents, however, cannot always be shortened.
2. Links are checked and confirmed as active before each edition of the weekly report is distributed.
3. Links often remain active, however, for only a limited period of time.
4. Access to a complete article, in some cases, may require a subscription or one-time charge.
5. If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
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/3xFdLsN>

[Scroll down to 'Media Watch: At-home Care']

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']

### Canada



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

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

ONTARIO | Acclaim Health: <https://bit.ly/3g82uuS>

[Scroll down to 'General Resources' and 'Media Watch']

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

ONTARIO | Mississauga Halton Palliative Care Network: <https://bit.ly/3tby3b3>

### Europe



EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (BLOG): <HTTPS://BIT.LY/3WVL5RW>

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

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>

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