

Media Watch... is intended as an advocacy, research and teaching tool. The 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.

25 April 2022 Edition | Issue #757



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Compiled & Annotated by Barry R. Ashpole

Simply stated, it is well past time to move on from simplistic single-focus, pragmatic advance care planning interventions toward the multifaceted interventions that are needed to address the psychologically complex process of improving decision-making at the close of life.

'Promoting multifaceted interventions for care of the seriously ill and dying' (p.5), in *JAMA Health Forum*.

News Media: Lead Article

Advocates push to improve hospice and palliative care training to meet underserved patient needs

U.S. | *Insight into Diversity* – 18 April 2022 – By 2050, the number of people living in the U.S. who are age 65 and older will be 83.7 million... As the population ages, an increasing amount will be living with serious, complex, and chronic illness... Medical experts and public health advocates say these demographic changes will require better recruitment and training for the hospice and palliative medicine workforce. Although the number of palliative care (PC) programs has grown dramatically over the past decade, the physician workforce needed to provide appropriate PC, mentor, and teach the next generation of physicians in the core precepts of palliative medicine, and develop the knowledge base required to provide the best quality care for patients and their families, is inadequate. <https://bit.ly/3uUPf7U>

Specialist Publications

'Death, dying and suffering: The need for medical education reform' (p.7), in *in-Training*.

News Media (cont.)

Hospital can only accept “actively dying patients” as staff shortages hit palliative care

IRELAND | *Irish Examiner* (Dublin) – 23 April 2022 – A number of terminally ill patients cannot be admitted for end-of-life care at one of the country's main acute hospitals due to a “staffing crisis,” according to leaked correspondence. Staff at University Hospital Waterford (UHW) have been informed its palliative care team can accept referrals for “actively dying patients” only. The Health Services Executive confirmed there is a temporary shortage of specialist nursing staff within the care team which arose nine days ago and which it believes will be resolved within the next week. The original internal email sent to staff at UHW offered an apology for the sudden drop in the service. “Due to the staffing crisis in Waterford Community Palliative Care Service, we can only accept referrals for actively dying patients,” it said. <https://bit.ly/3MpzBHt>

More than 50,000 older Australians died while waiting for approved home care since 2017, data shows

AUSTRALIA | *The Guardian* (Victoria) – 21 April 2022 – More than 50,000 older Australians have died while on the waiting list for home care in recent years...¹ The federal government last year announced a major package to alleviate the pressure on home care and cut the number of people who have been approved for a home care package, but are still waiting to receive it. The time people spend on the waiting list, known as the National Priority System (NPS), is still significantly high despite substantial improvements in recent years. Those funded for the highest level of support are still waiting on average six to nine months for their approved package, down from 12 months or more in 2020. Despite the improvements, thousands of older Australians on the NPS are still dying before receiving their approved home care. <https://bit.ly/3vGqJqj>

1. 'Home Care Packages program: Data Report 2nd Quarter 2021-2022,' Department of Health, Australian Government, May 2022. <https://bit.ly/37wCVC4>

Compassion hard to come by in broken prison system

U.S. (Pennsylvania) | *Courier Express* (DuBois) – 21 April 2022 – Some people incarcerated in Pennsylvania state prisons are as far as one could imagine from being a threat to society. They can barely take care of themselves, let alone hurt others – and some are terminally ill. The need to care for these people is so great that last year, the Department of Corrections announced a new unit, a first of its kind, specifically to treat those who are imprisoned and suffer from dementia. The unit is in addition to existing long-term care (LTC) beds, which also provide hospice care. Pennsylvania's "compassionate release" law ...allows people who meet extremely strict criteria to be transferred from prison to a hospital, LTC facility, or hospice. <https://bit.ly/3L4qHiz>

N.B. End-of-life care in the prison system has been highlighted on a regular basis in Media Watch. A compilation of selected articles, reports, etc., noted in past issues of the report can be downloaded from the Palliative Care Network website: <http://bit.ly/2RdegnL>

Rural hospices, patients encounter higher needs, fewer options

U.S. | *Hospice News* – 11 April 2022 – Hospices that serve rural communities encounter unique challenges to bring care to a geographically dispersed population while contending with a smaller labor pool and higher costs for clinician travel. Demand for hospice and palliative care is rising in rural areas as the population ages with the rest of the country. But those patients often find themselves in greater need for services with fewer options than their counterparts in more densely populated communities. Studies show that, compared to urban residents, rural populations tend to be older, have higher mortality rates, are more likely to have a serious illness and often have fewer financial resources.¹ They may also lack caregiver support, with their adult children or other family living further away. <https://bit.ly/3xkhoH2>

1. 'Developing successful palliative care teams in rural communities: A facilitated process,' *Journal of Palliative Medicine*, published online 11 November 2021. [Noted in Media Watch 15 November 2021 (#743, p.8)] **Full text:** <https://bit.ly/3onU98X>

Noted in Media Watch 3 May 2021 (#715, p.6):

- 'Examining barriers and facilitators to palliative care access in rural areas: A scoping review,' *American Journal of Hospice & Palliative Medicine*, published online 28 April 2021. **Abstract (w. references):** <https://bit.ly/2R0dsIp>



Media Watch: Access Online

Media Watch (or a link to the report) is posted on a number of websites that serve the hospice and palliative care community-at-large. Complete listing p.13.

The COVID inquiry is an opportunity to improve palliative care

U.K. / *The Times* (London) – 8 April 2022 – Baroness Finlay, a Welsh doctor, professor of palliative medicine, and a Crossbench member of the House of Lords, points out that one of the most important things to get right in healthcare is how we care for the dying. Sadly, many people who died during the pandemic did not receive the care they deserved for a variety of reasons – a failure that impacts the individual, their family, friends, and the staff providing care. The U.K. COVID-19 Public Inquiry, an independent public inquiry to examine the COVID-19 pandemic in the U.K., should now reflect beyond how we responded to the viral infection itself. We must listen to, and learn from, people's experiences, and make changes so that everyone gets the care they need when they die. <https://bit.ly/3NZRTAQ>

Specialist Publications

'A first voice perspective of people experiencing homelessness on preferences for the end-of-life and end-of-life care during the COVID-19 pandemic' (p.10), in *BMC Research Notes*.

“It was brutal. It still is”: A qualitative analysis of the challenges of bereavement during the COVID-19 pandemic reported in two national surveys' (p.10), in *Palliative Care & Social Practice*.

'Identifying barriers and facilitators to palliative care integration in the management of hospitalized patients with COVID-19: A qualitative study' (p.10), in *Palliative Medicine*.

N.B. UK COVID-19 Inquiry website: <https://bit.ly/3Jsyuoy>

Related:

- 'Pandemic pushes death doula awareness, hospices seek strengthened ties,' *Hospice News*, published online 11 April 2022. <https://bit.ly/3jvO5ZW>

N.B. Search back issues of Media Watch for additional articles on death “doulas” at: <http://bit.ly/2ThijkC>

Government & Non-Government Organizations et al

High levels of “death illiteracy” in Northern Ireland could be causing harm, experts warn

U.K. (Northern Ireland) | Queens University (Belfast) – 8 April 2022 – A new Northern Ireland report published by Marie Curie and researchers at Queen's University Belfast, reveals that close to a third of people in Northern Ireland don't know where to find information to help them plan their end-of-life wishes and nearly a quarter wouldn't know where to find bereavement support if they needed it. Of particular concern, one in five people in Northern Ireland are unaware of the common terms that make up core parts of the care and support that people will need when living with terminal illnesses, such as “end of life,” “palliative” and “hospice care.” The stark findings come as experts predict a 30% increase in care needs among people with terminal and life-limiting conditions in Northern Ireland by 2040. <https://bit.ly/3DUfy0K>

N.B. Search Google for 'Creating a death literate society: The importance of boosting understanding and awareness of death, dying and bereavement in Northern Ireland' to access a pdf of the report.

Noted in Media Watch 28 June 2021 (#723, p.6):

- 'Developing a death literacy index,' *Death Studies*, published online 21 June 2021. **Abstract:** <https://bit.ly/3vOsNu8>

N.B. See 'Death Literacy Index: A Report on its Development & Implementation,' Western Sydney University, Australia, 2020. **Download at:** <https://bit.ly/3Jkik0l>

Report: U.S. nursing home care is ineffective, inefficient, inequitable, fragmented, and unsustainable

U.S. | National Academies of Sciences, Engineering, & Medicine – 6 April 2022 – A 17-member committee report concludes that the way the U.S. finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, inequitable, fragmented, and unsustainable.¹ To create a more rational approach to nursing home care, the committee made recommendations across seven key themes. The big question is whether the country has the will to do anything about it. If so, implementation of the committee's integrated set of recommendations will ... "move the nation closer to making high-quality, person-centered, and equitable care a reality for all nursing home residents, their chosen families, and the nursing home staff who provide care and support them in achieving their goals." <https://bit.ly/3u9pb0>

1. 'The National Imperative to Improve Nursing Home Quality,' National Academies of Sciences, Engineering & Medicine, April 2022. **Download report at:** <https://bit.ly/3uUD5dO>

Extract: Palliative and end-of-life care

There is great variability between programs and no assurances that the care provided by a particular nursing home meets commonly accepted palliative care (PC) standards. Moreover, there are no nationally recognized and agreed-upon standards and quality measures for nursing home-based PC services, although some efforts have been made to identify such guidelines.

N.B. See pp.190-197 of report.

The 'Special Rules': How the benefit system supports people nearing the end of life

U.K. | Department of Work & Pensions (DWP) – 4 April 2022 – An increasing number of people are living with chronic illness and co-morbidities and need more support at an earlier stage approaching end of life (EoL). The DWP is changing the current 'Special Rules' criteria to a model which considers whether an individual is likely to be in their final year of life, that is with a 12-month time-frame. The intent is to align with the current National Health Service/General Medical Council definition of EoL – "patients are approaching the EoL when they are likely to die within the next 12 months." One of the aims of this alignment is to bring conversations about financial support into mind when taking a holistic approach to supporting patients with advanced progressive illness, poor prognoses or terminal conditions. <https://bit.ly/37iW5uo>

Noted in Media Watch 15 November 2021 (#743, p.2):

- 'Number of people dying at home is highest in 20 years,' *The Telegraph*, 10 November 2021. <https://bit.ly/2YFbllS>

Noted in Media Watch 14 June 2021 (#721, p.2):

- 'Benefits claimants suffering under end-of-life Department for Work & Pensions rule,' *The Guardian*, 9 June 2021. <https://bit.ly/351sjWT>



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>

Specialist Publications

Making room for life and death at the same time: A qualitative study of health and social care professionals' understanding and use of the concept of paediatric palliative care

BMC PALLIATIVE CARE | Online – 11 April 2022
– There is still some work to do before pediatric PC is understood and accepted by all those involved. Data analysis of the concept of pediatric palliative care (PC) resulted in two themes. The first: “A frightening concept that evokes negative emotions,” contains categories to explore the meaning, named “An unfamiliar and not meaningful concept,” “A concept still associated with death and dying” and “Healthcare professionals’ responsibility for introducing and using the concept and, to obtain a common meaning.” The second theme was named “A broad and complementary concept,” containing the categories “Total care for the child and the family,” “Making room for life and death at the same time” and “The meaning of alleviation and PC.” **Full text:** <https://bit.ly/3LZ6xqf>

Related:

- ‘Ethical principles in digital palliative care for children: The MyPal Project and experiences made in designing a trustworthy approach,’ *Frontiers in Digital Health*, published online 18 March 2022. **Full text:** <https://bit.ly/3DDeEFS>

The convergence of pediatric palliative care and child maltreatment: A narrative review, and a focus on communication

CHILD ABUSE & NEGLECT, 2022;125(6). Child maltreatment and end-of-life care (EoLC) independently represent two of the most emotion-laden and uncomfortable aspects of pediatric patient care. This review explores ethical and legal principles in such cases and provides practical advice for clinicians. It focuses on three archetypal scenarios of overlap: life-limiting illness in a child for whom parental rights have been terminated; life-threatening injury under Child Protection Services (CPS) investigation; and, complex EoLC which may warrant CPS involvement. While each scenario presents unique challenges, one consistent theme is the centrality of effective communication. This includes empathic communication with families and thoughtful communication with providers and community stakeholders. **Abstract:** <https://bit.ly/3NOK6Wc>

N.B. Noted in Media Watch 23 November 2020 (#693, p.11): ‘Children at the intersection of pediatric palliative care and child maltreatment: A vulnerable and understudied population,’ *Journal of Pain & Symptom Management*, published online 13 November 2020. **Abstract (w. list of references):** <https://bit.ly/2UBINj2>

Physician emotional experience of communication and decision making with end-of-life patients: Qualitative studies systematic review

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 20 April 2022 – Medical training is only a small factor in how well a person copes with end-of-life care (EoLC) and may sometimes feed negative appraisals. Lack of support from senior colleagues, fear of criticism and a sense of perceived failure were linked to lower self-efficacy in EoLC. Beyond learning practical skills, physicians benefit from understanding the psychological factors impacting their experience and in building self-efficacy, and observing senior colleagues effectively process strong and difficult emotions. Promoting personal reflection and sharing of the experiences encountered in EoLC, especially modelled from senior colleagues, may contribute to improvements in competence and reduce the impact of heroism, feelings of failure and avoidance in practice. **Abstract:** <https://bit.ly/3rHQ1mx>

Cont.

Promoting multifaceted interventions for care of the seriously ill and dying

JAMA HEALTH FORUM | Online – 7 April 2022 – For the past four decades, research, payment policy, and quality measurement have focused on advance directives – and later, on single-focus interventions such as educational videos on advance care planning – as neat, plausible, and easy solutions to improve decision-making about EoL care and address potentially “wasteful” spending at the EoL. Four commentaries by the author of this article have tried to make three points about this issue. First, multifaceted interventions are needed to address the psychologically complex process of improving decision-making at the EoL. Second, the specificity of the content of those efforts should be targeted based on an individual’s disease trajectory. Third, preferences for decisions or outcomes that can be anticipated should be linked to a care plan to achieve a person’s goals-of-care... **Full text:** <https://bit.ly/3LVKINB>

Related:

- 'Use, usability, and impact of a card-based conversation tool to support communication about end-of-life preferences in residential elder care: A qualitative study of staff experiences,' *BMC Geriatrics*, published online 2 April 2022. **Full text:** <https://bit.ly/3LzuRi2>
- 'Slam bam, thank you, Ma'am: The challenges of advance care planning engagement in long-term care,' *Canadian Journal of Aging*, published online 18 April 2022. **Abstract (w. references):** <https://bit.ly/3Oj4wqR>
- 'Patient identification for serious illness conversations: A scoping review,' *International Journal of Environmental Research & Public Health*, published online 31 March 2022. **Full text:** <https://bit.ly/3LPpw6u>
- 'Empathetic communication in speciality palliative care encounters: An analysis of opportunities and responses,' *Journal of Palliative Medicine*, published online 14 April 2022. **Abstract:** <https://bit.ly/38XRsa1>
- 'Introducing and implementing a universally accepted, readily accessible, and actionable end-of-life planning tool for patients with advanced serious illness or frailty in Southern New Zealand,' *Journal of Palliative Medicine*, published online 5 April 2022. **Abstract:** <https://bit.ly/3ujvXcc>
- 'Intersectoral communication amongst healthcare providers regarding care plans: A scoping review,' *Palliative Care in Social Practice*, published online 21 April 2022. **Full text:** <https://bit.ly/3vxTyoO>
- 'Toward a basic science of communication in serious illness,' *Patient Education & Counseling*, published online 8 April 2022. **Abstract:** <https://bit.ly/367RQ4S>
- 'Barriers and facilitators for an effective palliative care communication with older people: A systematic review,' *Patient Education & Counseling*, published online 7 April 2022. **Abstract:** <https://bit.ly/3DRvBwi>

Prognostication of the last days of life: Review article

CANCER RESEARCH & TREATMENT | Online – 30 March 2022 – International guidelines state that clinicians should identify patients with impending death, communicate the prognosis with patients and families, help them with their end-of-life decision-making, and provide sufficient symptom palliation. Over the past decade, several national and international studies have been conducted that systematically investigated signs and symptoms of impending death as well as how to communicate such a prognosis effectively with patients and families. In this article, the authors summarize the current evidence on prognostication and communication regarding the last days of life of patients with cancer, and future directions of clinical research. **Full text (click on pdf icon):** <https://bit.ly/3NQLZSi>

Related:

- 'Prognostic decision-making about imminent death within multidisciplinary teams: A scoping review,' *BMJ Open*, published online 5 April 2022. **Full text:** <https://bit.ly/3Ji4Gel>
- 'How a prognosis can precipitate an existential crisis,' *Psychology Today*, published online 20 April 2022. **Full text:** <https://bit.ly/3OE8LgS>

Noted in Media Watch 21 March 2022 (#755, p.6):

- 'Discussing prognosis and what matters most for people with serious illness,' *British Medical Journal*, published online 28 February 2022. **Abstract:** <https://bit.ly/3hY9gD9>



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Difficult dialogues about death: Applying risk orders theory to analyse chaplains' provision of end-of-life care

HEALTH, RISK & SOCIETY | Online – 31 March 2022 – Existing work argues that Americans' reticence to discuss end of life (EoL) can be considered a public health issue, due to high financial and relational costs, lack of education about treatment options, and avoidance of EoL discussions until decisions must be made during health crises. This study applied risk orders theory in analysing chaplains' experiences of EoL care in the U.S., where medical practice is dominated by biomedical health models. Analysis of chaplain qualitative interviews and focus groups, totaling 48 participants across the U.S., suggest chaplains possess the potential to reframe cultural discourses about death and reinvigorate cultural imagination surrounding EoL care. **Abstract:** <https://bit.ly/3r4laR3>

N.B. Search back issues of Media Watch for additional articles on the role of "chaplains" in palliative and EoL care at: <http://bit.ly/2ThijkC>

Death, dying and suffering: The need for medical education reform

in-TRAINING | Online – 4 April 2022 – Regardless of their chosen medical specialty, physicians will inevitably confront death, dying and suffering during their education, training and career. However, due to the curricular gaps in current medical education, future physicians are under-prepared to hold such conversations with their patients. Indeed, one survey of medical students at two prominent medical schools reported that students received "little or no explicit educational attention to the suffering of patients and their families" or for the clinical management of suffering.¹ Instead, the students learned these clinical skills primarily by *ad hoc* observation of role models. While *ad hoc* observation can be a powerful learning method, it could be much more effective when used in tandem with more formal instruction. **Full text:** <https://bit.ly/3K9D3FF>

1. 'Medical student perceptions of their education about suffering,' *Family Medicine*, 2017;49(6):423-429. **Full text:** <https://bit.ly/36VUFpR>

Related:

- 'Depression and quality of life among caregivers of pediatric cancer patients,' *Cureus*, published online 17 April 2022. **Full text:** <https://bit.ly/3uYfeLz>
- 'Healthcare professionals who provide palliative care require support to reduce symptoms of burnout,' *Evidence-Based Nursing*, published online 7 April 2022. **Abstract:** <https://bit.ly/3Jmxx17>
- "'Holding back my own emotions": Evaluation of an online education module in pediatric end-of-life care,' *Journal of Child Health*, published online 5 April 2022. **Abstract (w. references):** <https://bit.ly/3724KBQ>
- 'Development and preliminary validation of a scale to assess physicians' emotional distress intolerance in end-of-life care communication,' *Palliative & Supportive Care*, published online 4 April 2022. **Abstract (w. references):** <https://bit.ly/3x8Kx83>

Primary palliative care recommendations for critical care clinicians

JOURNAL OF INTENSIVE CARE | Online – 15 April 2022 – Palliative care (PC) is an interdisciplinary care to optimize physical, psychosocial, and spiritual symptoms of patients and their families whose quality of life is impaired by serious, life-limiting illness. In 2021, the importance of providing PC in the intensive care unit (ICU) is well recognized by various studies to alleviate physical symptoms due to invasive treatments, to set patient-centered goals of care, and to provide end-of-life care. The authors summarize the evidence known to date on primary PC delivered in the ICU settings. They discuss the potential benefits and harms of primary PC so that critical care clinicians are better equipped to decide what services might best improve the PC needs in their ICUs. **Full text:** <https://bit.ly/3K0AsNn>

Cont.

Related:

- 'Compassionate end-of-life care in the intensive care unit involves early establishment of treatment goals,' *Journal of Patient Experience*, published online 30 March 2022. **Full text:** <https://bit.ly/3NTYEUL>

Roundtable

Accountable and transparent palliative quality measures will improve care

JOURNAL OF PALLIATIVE MEDICINE, 2022;25(4):542-548. How do we build on the proven successes of hospice and palliative care (PC) and build clinical programs to serve those who need it in the context of real-world healthcare? This area of investigation is rich in opportunity. Much research is needed to advance the craft of hospice and PC if the field is to move forward at scale in a timely manner. We need to democratize research and engage both "small r" and a "big R" researchers in the manner of other sub-specialties such as oncology and cardiology. Future research should focus on building innovative systems and models of care to uncover needs of seriously ill patients and their caregivers and effectively cater to those needs. **Full text:** <https://bit.ly/3DHESRd>

Related:

- 'The challenge: Equal availability to palliative care according to individual need regardless of age, diagnosis, geographical location, and care level,' *International Journal of Environmental Research & Public Health*, published online 1 April 2022. **Full text:** <https://bit.ly/3DR3lo6>
- 'A longevity society requires integrated palliative care models for historically excluded older people,' *The Lancet: Health Longevity*, 2022;3(4):227-228. **Full text:** <https://bit.ly/378Kyy2>
- 'Definitions of palliative care: Narrative review and new proposal,' *Medycyna Paliatywna*, published online 30 March 2022. **Full text:** <https://bit.ly/3x1b5YX>

N.B. Polish language article.

- 'A multi-stage process to develop quality indicators for community-based palliative care using interRAI data,' *Plos One*, published online 7 April 2022. **Full text:** <https://bit.ly/3JsCWni>

Closing the global pain divide: Balancing access and excess

THE LANCET: PUBLIC HEALTH, 2022;7(4):295-296. Access to pain relief medication is one of the most heinous, hidden inequities in global health. *The Lancet* Commission on global access to palliative care and pain relief called on health systems and their leaders, including academics, to address the so-called 10-90 pain divide – i.e., that the richest 10% of countries possess 90% of distributed morphine-equivalent opioids.¹ Chengsheng Ju and colleagues contribute evidence that supports the Commission's findings: between 2015 and 2019, disparities in opioid analgesic distribution persisted, despite small increases in regional and global opioid distribution, reflecting the inadequate access to opioid analgesics in countries with a low consumption.² **Full text:** <https://bit.ly/3Khtlva>

1. 'Alleviating the access abyss in palliative care and pain relief: An imperative of universal health coverage,' *The Lancet*, published online 12 October 2017. [Noted in Media Watch 16 October 2017 (#534, p.3)] **Full text:** <https://bit.ly/37ayrjE>
2. 'Global, regional, and national trends in opioid analgesic consumption from 2015 to 2019: A longitudinal study,' *The Lancet: Public Health*, 2022;7(4):335-346. **Full text:** <https://bit.ly/3iY3yI9>

Related:

- 'Does ethnicity affect pain management for people with advanced disease? A mixed methods cross-national systematic review of "very high" Human Development Index English-speaking countries,' *BMC Palliative Care*, published online 6 April 2022. **Full text:** <https://bit.ly/3NOWvt>

Cont.

N.B. Selected articles on opioids in pain management, from the perspective of hospice and palliative care, noted in Media Watch 23 August 2021 (#731, pp.5-6).

An integrative review of interprofessional teamwork and required competence in specialized palliative care

OMEGA – JOURNAL OF DEATH & DYING | Online – 19 April 2022 – This review provides a description of how collaboration among health and social care professionals with different educational backgrounds can be achieved in specialized palliative care (PC). The nature of the provided care and the fact that the care relationship inevitably ends in the patients' death also has an impact on interprofessional teamwork. More attention should be paid to supervision practices, but also working methods and the quality of collaborative practices, when taking care of PC patients with a life-limiting health condition. The findings of this review can be used as a framework when developing interventions to promote clinical and educational practices regarding interprofessional teamwork in PC. **Full text:** <https://bit.ly/3L6298H>

Related:

- 'Teams and continuity of end-of-life care in hospitals: Managing differences of opinion,' *BMJ Open Quality*, published online 20 April 2022. **Full text:** <https://bit.ly/3uZZEil>

An operational definition of end-of-life healthcare: A complex and subjective construct

OMEGA – JOURNAL OF DEATH & DYING | Online – 13 April 2022 – Comprehensively defining end-of-life (EoL) healthcare is a challenge due to the diverse areas of healthcare involved, the various stakeholders, and the range of patient options. Through this research an operational definition of EoL healthcare, encompassing five concepts, was developed: a diagnosis, a timeframe, type of care, location of care, and planning for the future. When considered together, they are the embodiment of what EoL healthcare encompasses. Not in a one-fits-all definition, but individually tailored. An understanding of what EoL healthcare denotes is essential to maintaining open communication, high quality standards of care, and the protection of patient autonomy. **Abstract (w. references):** <https://bit.ly/3OAOqocG>

Supporting childhood bereavement through school-based grief group

OMEGA – JOURNAL OF DEATH & DYING | Online – 31 March 2022 – This study sought to evaluate the effectiveness of an 8-week, school-based grief group treatment program in reducing symptoms of grief, dysregulation, and improving social support. 296 children and youth (age 11-18) participated in the grief programming provided by a local hospice agency. With a retention rate of 76%, the researchers identified a significant reduction in grief symptomology, frequency of emotion dysregulation, and a significant increase in perceived social support from pre- to post- 8-week school-based grief programming. A reduction in intensity of dysregulation was not significant. Implications for school personnel and parental support of children and youth experiencing loss are discussed. **Abstract (w. references):** <https://bit.ly/37dxfwc>



N.B. Selected articles on bereavement training for teachers noted in Media Watch 10 January 2022 (#750, p.3 & p.13). In the Children & Youth Grief Network literature review, see 'Children's Understanding of Death & Dying' (p.5) and 'In the Classroom' (p.37). **Download at:** <http://bit.ly/2OB4Y6C>



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Health and social care services for people with dementia at home at the end of life: A qualitative study of bereaved informal caregivers' experiences

PALLIATIVE MEDICINE | Online – 23 April 2022 – While more people are dying at home with dementia, this increase has not been matched by an increase in resource, infrastructure, staff and capacity. Specialist palliative care for people with dementia is rare and mostly managed by GPs and domiciliary care workers. However, caregivers question their expertise in dementia and end-of-life care (EoLC). Although other professional groups are involved through the illness trajectory, continuity of care was poor. Consequently, in times of crisis, caregivers often did not know who to contact for help, which could jeopardise death at home. Policymakers should recognise the critical role of domiciliary care services in EoLC and ensure that they are adequately qualified and trained. **Full text:** <https://bit.ly/3Lb3JpU>

N.B. See European Association for Palliative Care (EAPC) series on the evolving specialty of neuropalliative care at: <https://bit.ly/3rge50A>. The series includes a representative sample of journal articles, etc., including several on dementia (posted on the EAPC blog 15 November 2021), noted in past issues of Media Watch at: <https://bit.ly/3cdwyIS>

Identifying barriers and facilitators to palliative care integration in the management of hospitalized patients with COVID-19: A qualitative study

PALLIATIVE MEDICINE | Online – 20 April 2022 – This study highlights that improving the integration of palliative care (PC) during COVID-19 will require interventions at multiple levels, including for patients, families, primary care providers, PC consultants and institutional leadership. To better facilitate PC integration into the care for patients and families facing COVID-19, palliative teams need to be accessible and adaptable. Leaders in the field will need to ensure their presence at pandemic planning tables that establish clinical models to meet the needs of people experiencing COVID-19. Despite efforts to educate healthcare providers that PC is not just for patients at end of life, many barriers to palliative integration in COVID-19 care continue to relate to this misconception. **Full text:** <https://bit.ly/3K0YwiQ>

A first voice perspective of people experiencing homelessness on preferences for the end-of-life and end-of-life care during the COVID-19 pandemic

BMC RESEARCH NOTES | Online – 15 April 2022 – The results of this study are important in that it is among one of a small number to explore preferences for end of life (EoL) and EoL care from the perspective of people experiencing homelessness and living with progressive illness(es). In addition, as the interviews were conducted during the COVID-19 pandemic, the results provide insights into the unique challenges experienced by people experiencing homelessness during this difficult time. A key finding focused on existential struggle experienced by the participants in that they did not care if they lived or died. Their struggle was related to their thoughts about dying and the dying process, as well as the perceived lack of meaning or purpose in their lives. **Full text:** <https://bit.ly/3Ooc1wA>

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

Related:

- “It was brutal. It still is”: A qualitative analysis of the challenges of bereavement during the COVID-19 pandemic reported in two national surveys,’ *Palliative Care & Social Practice*, published online 19 April 2022. **Full text:** <https://bit.ly/3xX4Aa7>



European Association for Palliative Care Blog

‘Abstract Watch’ highlights selected articles, noted in past issues of Media Watch, on a wide range of issues specific to palliative and end-of-life care. Past postings, for example, focus on the hospice and palliative care workforce, palliative and end-of-life care for patients living with intellectual and developmental disabilities, paediatric palliative care and transition to adult care, advance care planning and advance directives, and neuropalliative care. <https://bit.ly/3wvL5RW>

Palliative care: Walking through the primary school gate

PROGRESS IN PALLIATIVE CARE | Online – 10 April 2022 – The recent literature highlights the need to improve access and extend the reach of palliative care (PC) beyond the confines of traditional clinical settings. As part of reimagining PC, there is an opportunity to make death, compassion and partnership “part of life” in school communities – for the benefit of students, teachers and families alike.¹ Ultimately, a partnership between PC services and school communities could have a positive flow on effect upon wider communities, locally, nationally and internationally. In this way, fulfilling objectives like Palliative Care Australia set down in 2015,² appears not only to be reasonable but achievable, just by walking through the primary school gate. **Full text:** <https://bit.ly/3rby7Ze>

1. ‘Making death, compassion and partnership “part of life” in school communities,’ *Pastoral Care in Education*, published online 28 March 2017. [Noted in Media Watch 10 April 2017 (#507, p.16)] **Abstract:** <https://bit.ly/3xgFHFH>
2. ‘National Palliative Care Consensus Statement & Call to Action,’ Palliative Care Australia, 2015. <https://bit.ly/3EcyckH>

N.B. Selected articles on “death education” in public schools noted in Media Watch 21 March 2022 (#755, p.6)]

Research Matters

Mapping the future for research in emergency medicine palliative care: A research roadmap

ACADEMIC EMERGENCY MEDICINE | Online – 3 April 2022 – The intersection of emergency medicine (EM) and palliative care (PC) has been recognized as an essential area of focus... This has resulted in increased research in EM PC. No current framework exists to help guide investigation and innovation. Gaps in the literature were identified and informed the four key areas for future research. Consensus was reached on these domains and the associated research questions in each domain to help guide future study. The key domains included work focused on the value imperative for PC in the Emergency setting, models of care delivery, disparities, and measurement of impact and efficacy. The group identified key methodological considerations for doing work at the intersection of EM and PC. **Abstract:** <https://bit.ly/3JmA4Z0>

Related:

- ‘Palliative care interventions for adults in the emergency department: A review of components, delivery models, and outcomes,’ *Academic Emergency Medicine*, published online 18 April 2022. **Abstract:** <https://bit.ly/3Mg9djh>
- ‘End-of-Life communication in the emergency department: The emergency physicians’ perspectives,’ *Journal of Emergencies, Trauma & Shock*, 2022;15(1):29-34. **Full text:** <https://bit.ly/3jRVVNT>

Noted in Media Watch 4 April 2022 (#756, p.6):

- ‘Screening tools to identify patients with unmet palliative care needs in the emergency department: A systematic review,’ *Academic Emergency Medicine*, published online 28 March 2022. **Abstract:** <https://bit.ly/3NMo1l6>

Publishing Matters

Combatting Predatory Academic Journals & Conferences

SCIENCE HEALTH POLICY | Online – Accessed 20 April 2022 – The InterAcademy Partnership is a global network of over 140 science, engineering and medical academies that work together to support the role of science in seeking solutions to the world's most challenging problems. In 2020, IAP launched a two-year study on combatting predatory academic journals and conferences ... and governed by an international working group supported by a professional secretariat. The primary objective of the study was to identify practicable and effective interventions that can curb and help combat the concerning rise in predatory journals and conferences, and provide recommendations to key stakeholder communities to this effect. **Download full report at:** <https://bit.ly/3pYIW1g>



N.B. Summaries of the report in seven languages are also available at this website.

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 biweekly report is issue-oriented and offered as a potential advocacy, research and teaching tool.

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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.

[Search Back Issues of Media Watch @ http://bit.ly/2ThijkC](http://bit.ly/2ThijkC)

Media Watch: Access on Online

International



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE: <https://bit.ly/3LRwAQ8>

[Scroll down to 'Media Watch: Advice on Conducting Research']

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>]

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



BRITISH COLUMBIA HOSPICE PALLIATIVE CARE ASSOCIATION <https://bit.ly/3two4xX>

[Grief & Bereavement & Mental Health Summit 2021 'Resource Page.' Scroll down to 'Links: International Palliative Care Resource Center']



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/2RgTvYr>

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