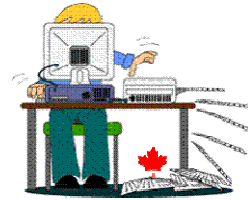


## Media Watch...

is distributed weekly to my colleagues who are active or have a special interest in **hospice, palliative care** and **end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to also inform discussion and to encourage further inquiry.

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Compilation of Media Watch 2008, 2009, 2010, 2011 ©

Compiled & Annotated by Barry R. Ashpole

**U.S. health care reform: 'Can the Democrats get ahead of the 'death panel' myth this time around?' (p.5), published in *New York Magazine*.**

## Canada

### Population trends

#### **Aging boomers will stretch health-care system**

ALBERTA | *Calgary Herald* – 2 January 2011 – It's not just the sheer number of baby boomers entering their elder years that will strain the Canadian health-care system. Experts say their attitudes will define how the country will cope. This month, the oldest of the baby boomer generation, born between 1946 and 1965, will turn 65 and officially begin retirement. Up to nine million Canadians fit into one of history's largest demographics, and health-care experts say their onslaught in old age will be something governments have to start planning and paying for now. [http://www.calgaryherald.com/health/Aging+boomers+will+stretch+health+care+system/4048976/story.html?cid=megadrop\\_story](http://www.calgaryherald.com/health/Aging+boomers+will+stretch+health+care+system/4048976/story.html?cid=megadrop_story)

#### **Paediatric palliative care**

MANITOBA | CTV News (Winnipeg) – 30 December 2010 – The weekly current affairs program, 'Small Wonders,' profiles the Paediatric Intensive Care Unit at the Winnipeg Children's Hospital. [http://winnipeg.ctv.ca/servlet/an/local/CTVNews/20080204/wpg\\_small\\_wonder\\_hub\\_082040/20080204/?hub=WinnipegHome](http://winnipeg.ctv.ca/servlet/an/local/CTVNews/20080204/wpg_small_wonder_hub_082040/20080204/?hub=WinnipegHome)

#### **Changing demographics sees more cremations**

ALBERTA | *Hanna Herald* – 28 December 2010 – Increases in life span, environmental awareness and concern about cost have encouraged more modern Canadians to return to dust as most natives, Hindus and Buddhists do, via cremation. In Canada, there were 213,004 cremations in 1998, or 42.4% of all deaths. Projected figures for 2010 will see 1,552,800 cremations, or 47.4% of all deaths. As our country becomes progressively more secular, it's expected that cremation will gain in favour, and become the normal method of disposing of bodies following death. <http://www.hannaherald.com/ArticleDisplay.aspx?e=2903397>

Cont.

From Media Watch dated 15 March 2010:

- *SCIENCE & RELIGION* | Online article – 12 March 2010 – **'Do green graves change the way we mourn?'** That question assumes that mourning takes the same form for everyone. Yet, we now know that there is no single way to mourn. Some funerals are deeply sad events that focus on the loss; others are joyous celebrations of the life of the departed. Research provides little support for the notion that there is a "right" or "wrong" way to respond to significant losses. There are only different ways. <http://www.scienceandreligiontoday.com/2010/03/12/do-green-graves-change-the-way-we-mourn-roxane-cohen-silver-answers/>

From Media Watch dated 8 March 2010:

- CTV NEWS | Online report – 1 March 2010 – **'The green final frontier: Eco-burial.'** Traditional funerals and burials are anything but environmentally friendly. A typical cemetery buries 4,500 litres of formaldehyde-based embalming fluid, 97 tonnes of steel, 2,000 tonnes of concrete and 56,000 board feet of tropical hardwood in every acre of space. If you think cremation reduces your carbon footprint, think again: it's estimated a single cremation uses 92 cubic metres of natural gas – enough to supply the average Canadian home for 12.5 days – and releases 0.8 to 5.9 grams of mercury. <http://www.ctv.ca/generic/generated/static/business/article1485643.html>

### **Winnipeg Regional Health Authority report to review end-of-life conflicts**

MANITOBA | *Winnipeg Free Press* – 28 December 2010 – It's been more than two years since Samuel Golubchuk's controversial battle to live his final days on his own terms ignited debate over who gets to decide when someone dies. The 85-year-old died ... before a court could resolve whether the elderly man's Orthodox Jewish beliefs trump guidelines that give doctors the final say on withdrawing life-support. A long-awaited report, slated for release next year, may shed light on that question and put to rest how doctors and patients should resolve conflicts over end-of-life care. Officials [of the Winnipeg Regional Health Authority] launched the review after Golubchuk's eight-month fight to remain alive pitted a patient's right to continue treatment against Winnipeg physicians who argued continuing to care for the elderly man was "tantamount to torture." It's unclear whether the WRHA report will include new guidelines that supersede existing end-of-life guidelines that give doctors the final say. <http://www.winnipegfreepress.com/local/wrha-report-to-review-end-of-life-conflicts-112539789.html>

From Media Watch dated 29 March 2010:

- *NATIONAL POST* | Online report – 29 March 2010 – **'Crisis in the ICU.'** The doctor for a dying Jewish man at the heart of an emotional court battle has spoken out about the case for the first time, calling for a public inquiry to help clear up the growing debate over who should decide the care of gravely ill patients.<sup>1</sup> <http://www.nationalpost.com/news/canada/story.html?id=2738063>
1. *American Journal of Bioethics*, 2010;10(3):50-53 **'The case of Samuel Golubchuk and the right to live.'** <http://www.informaworld.com/smpp/content-content=a919856613~db=all>

From Media Watch dated 16 February 2009:

- MANITOBA | City of Steinbach website – 14 February 2009 – **'Withholding and withdrawing life-sustaining treatment: Conference report.'** Participants gathered ... in a day-long examination of a statement published ... by the College of Physicians & Surgeons of Manitoba.<sup>1</sup> Two aspects of the statement ... became the focus of the day's discussion. The first had to do with a portion that seeks to define the "minimum goal of life sustaining treatment," and the other had to do with conditions under which a physician could unilaterally make the decision to withhold or withdraw life-sustaining treatments. <http://www.mysteinbach.ca/blogs/chaplains-corner/357.html>
1. 'Withholding & Withdrawing Life-Sustaining Treatment,' College of Physicians & Surgeons of Manitoba, January 2008. <http://www.cpsm.mb.ca/statements/1602.pdf>

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- QUEBEC | Post Media News – 28 December 2010 – **'Year in Quebec marked by emotional debate on assisted suicide, euthanasia.'** Nicole Gladu doesn't know exactly how much longer she is going to tolerate watching herself slowly lose the ability to walk, talk and use her hands. But she finds comfort in the fact that when she's had enough she can opt out. If by then Quebec or Canadian laws don't let her put an end to her life by assisted suicide, she'll travel to a clinic in Switzerland...<http://www.canada.com/Year+Quebec+marked+emotional+debate+assisted+suicide+euthanasia/4032855/story.html>

### Specialist Publications

Of particular interest:

'**Euthanasia and assisted suicide in Canada**' (p.10), a (revised) background paper published by the Library of Parliament, and '**Assisted suicide: To the heart of the matter**' (p.10), published in the *University of Toronto Medical Journal*.

## U.S.A.

### Hospital helps dying patients return to homeland

ILLINOIS | *Chicago Tribune* – 2 January 2011 – Marina Claros' carry-on suitcase was packed. Her transportation from the airport after arrival was arranged. She was ready to go home. But Claros, 41, was no conventional airline passenger. Thin and wracked with pain, she was suffering from a terminal case of cervical cancer. And home was Honduras. Eight years after she left her five children behind to earn money in Chicago, she was seeking her final chance to see them and her parents before she died. She got that time courtesy of the palliative care team at Stroger Hospital, which has taken on a duty that goes beyond medical care: It arranges to send terminally ill foreign-born patients home to die. These are patients who fiercely, deeply want to go. Having learned the gravity of their illness, they are drawn to end their lives on native soil and to be buried in it. <http://www.chicagotribune.com/health/ct-met-home-to-die-0103-20110102,0,7219075.story>

### Laws governing kids' medical treatment to change

CALIFORNIA | *Daily News* (Los Angeles) – 1 January 2011 – Laws governing public health insurance force parents of dying children to make an excruciating choice: Either pursue treatment for a cure in hopes of saving the child's life, or receive treatment for comfort and pain management. That will soon change. Children on Medi-Cal [Medicare-California] will be able to receive palliative care – which includes pain and symptom management, spiritual guidance, counseling and other services – and still be able to pursue life-saving treatment under a pilot program making its way throughout the state. [http://www.dailynews.com/news/ci\\_16988358](http://www.dailynews.com/news/ci_16988358)



### Barry R. Ashpole

My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or 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 courses, and facilitating issue specific workshops, for frontline care providers.

## Beware the "silver tsunami" – the boomers turn 65 in 2011

ALABAMA | University of Alabama press release – 30 December 2010 – The number of people age 65 and older will double between 2010 and 2050, with the number of those 85 and older increasing four fold. Will the country be ready to meet the ... medical and social needs that the boomers will require? The answer, according to geriatric experts at the University of Alabama at Birmingham, is no. As time passes and the boomers continue to age, they will need specialized geriatric care from specialized health care professionals in specialized facilities. <http://main.uab.edu/Sites/MediaRelations/articles/82818/>

### Education on Palliative & End-of-Life Care for Veterans Project

#### Helping the brave fight their final battle

CALIFORNIA | *Los Angeles Times* – 28 December 2010 – [Dr. Scott] Shreve ... oversees palliative care at the ... [Lebanon VA (Veterans Affairs) Medical Center, Pennsylvania] ... and directs hospice and palliative care nationally for the VA. The initiative has gained momentum with the recent completion of a new training curriculum, the Education on Palliative & End-of-Life Care for Veterans Project, due to be rolled out to all 153 VA medical centers by the end of 2011. The goal is to educate VA doctors, nurses, chaplains, social workers and psychologists about the best practices for veterans who don't have long to live. A demographic imperative underlies the effort: This year, an estimated 670,000 former soldiers are expected to die of cancer, heart disease, strokes and other ailments. <http://www.latimes.com/health/sc-fam-1228-senior-health-veteran-20101228,0,7667701.story>

Of related interest:

- DELAWARE | *News Journal* – 1 January 2011 – **'Delaware VA center's hospice care a model.'** Facing a skin cancer that has spread to other parts of his body, Leonard G. Lewis Sr. does not have long to live. Lewis, who in recent years lived a few miles north of the Pennsylvania line in Broomall, is a veteran of the Vietnam War. His daughter, Amy Pardee of Wilmington, wants Lewis to spend his final days without pain. That's one reason why she had Lewis ... admitted to the Wilmington Veterans Affairs Medical Center's hospice unit. "I just want my dad to live comfortably and be in some kind of peace," she said. Another reason is that health care workers there are trained to deal specifically with terminally ill veterans. And across the nation, more terminally ill veterans may have the chance to take advantage of hospice

#### Houston museum offers a lively look at death

TEXAS | *Dallas Morning News* – 1 January 2011 – Cheerful wooden figures, loosely based on animals, a vegetable and some sea creatures, greet the eye. Each sweet, hand-carved figure, painted in pastels, stands larger than a person. Why so big? These works of art are current-day caskets from the African country of Ghana, home of the world's most colorful and imaginative burial boxes. The spacious building displaying them is Houston's National Museum of Funeral History. [http://www.dallasnews.com/sharedcontent/dws/fea/travel/thisweek/stories/DN-funemuse\\_0102tra.ART.State.Edition1.36bc636.html](http://www.dallasnews.com/sharedcontent/dws/fea/travel/thisweek/stories/DN-funemuse_0102tra.ART.State.Edition1.36bc636.html)

services because of the program developed by the center and Delaware Hospice. <http://www.delawareonline.com/article/20110101/NEWS02/101010329>

#### Honor Guard provides funeral services state-wide

NEW YORK | *Little Falls Times* – 31 December 2010 – The New York Army National Guard's 130 Honor Guard members helped more than 10,000 families bid a dignified farewell to their veterans at funerals in 2010. The ten New York Military Forces Honor Guard offices ... performed honors at an average of 900 funerals each month. <http://www.littlefallstimes.com/newsnow/x1599385960/NY-Honor-Guard-provides-funeral-services-statewide>

Cont.

From Media Watch dated 22 November 2010:

- UNITED PRESS INTERNATIONAL | Online report – 19 November 2010 – **'Veterans: Traumas resurface at end-of-life.'** Education on Palliative & End-of-Life Care for Veterans Project ... addresses sexual trauma and substance abuse during service, how the particular war in which a veteran served affects both emotional and physical care, and other issues. [http://www.upi.com/Health\\_News/2010/11/19/Veterans-Traumas-resurface-at-end-of-life/UPI-56741290146176/](http://www.upi.com/Health_News/2010/11/19/Veterans-Traumas-resurface-at-end-of-life/UPI-56741290146176/)

### Can the Democrats get ahead of the 'death panel' myth this time around?

NEW YORK MAGAZINE | Online article – 27 December 2010 – "Lies can go viral if people use them for political purposes," said Oregon representative Earl Blumenauer in an e-mail recently. He was addressing fellow supporters of an end-of-life counseling rule the Obama administration would be adding to the health-care bill as it is inscribed into workable policy. "This regulation could be modified or reversed, especially if Republican leaders try to use this small provision to perpetuate the 'death panel' myth." The e-mail was included in an article in the *New York Times*<sup>1</sup> ... which revealed that the White House would allow Medicare to pay doctors who advise patients "on options for end-of-life care, which may include advance directives to forgo aggressive life-sustaining treatment." Doctors may be paid for visits as frequent as every year, under the new rule. "It will give people more control over the care they receive," Blumenauer told the *Times*. "It means that doctors and patients can have

these conversations in the normal course of business, as part of our health care routine, not as something put off until we are forced to do it." Now that the *Times* has blown the lid off of this subtle manoeuvre, which supportive Democrats were trying to keep quiet for fear of right-wing spin, how has the conservative media reacted?

[http://nymag.com/daily/intel/2010/12/can\\_the\\_democrats\\_get\\_ahead\\_of.html](http://nymag.com/daily/intel/2010/12/can_the_democrats_get_ahead_of.html)

#### Why end-of-life planning is smart, necessary

CNN | Online OpEd – 28 December 2010 – J. Donald Schumacher ... of the National Hospice & Palliative Care Organization ... says many fear talking about how they want end-of-life care handled; and, some politicians stoked fear with misinformation to try to derail health reform, he adds. Health care professionals agree Medicare should pay for this "sensible" planning.

<http://www.cnn.com/2010/OPINION/12/27/schumacher.end.of.life.planning/>

1. NEW YORK TIMES | Online report – 25 December 2010 – **'Obama returns to end-of-life plan that caused stir.'** Under the new policy, outlined in a Medicare regulation, the government will pay doctors who advise patients on options for end-of-life care, which may include advance directives to forgo aggressive life-sustaining treatment. Congressional supporters of the new policy, though pleased, have kept quiet. [http://www.nytimes.com/2010/12/26/us/politics/26death.html?\\_r=1](http://www.nytimes.com/2010/12/26/us/politics/26death.html?_r=1)

N.B. Noted in Media Watch dated 27 December 2010.

Of related interest:

- ABC NEWS | Online report – 27 December 2010 – **'End-of-life care at home can improve quality of life for patients and families.'** It's one of the most difficult conversations a doctor can have with a patient – deciding how and where the terminally ill should best spend their final days. "Physicians for a long time have believed these conversations would harm patients and they are difficult and upsetting," Dr. Alexi Wright, an oncologist at Boston's Dana-Farber Cancer Institute said. "Without any evidence that they improved care, I don't think there was a real push to have these conversations." Wright, who has studied the impact of end-of-life discussions on patients' treatment, has found that patients who have those conversations with their physicians had better outcomes. <http://abcnews.go.com/Health/physician-recommends-end-life-conversations-patients/story?id=12458914>

## What were the top 5 medical papers published this year?

WALL STREET JOURNAL | Online report – 27 December 2010 – We've written about quite a few medical papers this year, and those were only a tiny fraction of those that were published. Now the Faculty of 1000, a group of peer-nominated experts, has come up with their list of the five most important from the 2010 crop. It includes, at #5, a study that found advanced cancer patients who received early palliative care in conjunction with standard treatment lived a bit longer than patients who received only standard care.<sup>1</sup> <http://blogs.wsj.com/health/2010/12/27/what-were-the-top-5-medical-papers-published-this-year/>

1. NEW ENGLAND JOURNAL OF MEDICINE | Online article – 18 August 2010 – **'Early palliative care for patients with metastatic non-small-cell lung cancer.'** Early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life, but longer survival [see sidebar]. <http://www.nejm.org/doi/full/10.1056/NEJMoa1000678>

### End of an era of choice

JOURNAL OF PALLIATIVE MEDICINE, 2010;13(12):1402. When the *New England Journal of Medicine* published the results of a randomized, controlled trial showing that palliative care improved outcomes for patients with advanced lung cancer, an era ended. <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2010.9755>

N.B. Noted in Media Watch dated 23 August 2010.

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- PENNSYLVANIA | *Pittsburgh Post-Gazette* – 29 December 2010 – **'Billboard's aim: Enliven controversial debate.'** A new billboard ... says simply, 'Die with Dignity – the Final Human Right.' Nothing much to argue with about that. But Final Exit Network, the national organization that paid for the billboard and offers its contact information on it, hopes there is plenty of debate in the next month over the right-to-die issues the sign raises. <http://www.post-gazette.com/pg/10363/1114055-53.stm>
- MONTANA | *Missoulian* (Missoula) – 28 December 2010 – **'Assisted suicide: Too much potential for elder abuse.'** The heart of legalized assisted suicide comes down to being able to coerce our disabled and elderly citizens to "do the right thing" and commit suicide for the good of society. In a sick, weakened condition, it is easy to get grandma or grandpa to stop being a burden. This elder abuse is especially troubling in the case of a greedy heir/guardian or a tired caregiver. [http://missoulian.com/news/opinion/mailbag/article\\_fa361bd2-1292-11e0-9f20-001cc4c03286.html](http://missoulian.com/news/opinion/mailbag/article_fa361bd2-1292-11e0-9f20-001cc4c03286.html)
- MONTANA | *Tribune* (Great Falls) – 28 December 2010 – **'Dueling bills to face off over physicians helping patients die.'** Almost exactly one year ago, the Montana Supreme Court ruled that terminally ill patients have the right to choose aid in dying under state law. Now aid in dying, also known as physician-assisted suicide, is shaping up to be one of the most hotly debated issues of the 2011 legislative session. Lawmakers will consider two competing bills – one aiming to legalize physician-assisted suicide and the other seeking to ban it – when the Legislature convenes. <http://www.greatfallstribune.com/article/20101228/NEWS01/12280301>

### [Media Watch posted on Palliative Care Network-e Website](#)

Palliative Care Network-e (PCN-e) promotes education amongst health care providers in places around the world where the knowledge gap may be wider than the technology gap ... to foster teaching and interaction, and the exchange of ideas, information and materials. <http://www.pcn-e.com/community/>

## International

### **Plea to honour death wishes**

AUSTRALIAN CAPITAL TERRITORY | *Canberra Times* – 3 January 2011 – Australians aren't being allowed to die naturally as hospitals put too much focus on prolonging life, according to one intensive care expert. Professor Ken Hillman is urging the Federal Government to create a national living will program as part of an Australia-wide conversation about end-of-life care. Living wills are voluntary but legally binding statements outlining the medical care, including the right to refuse treatment or resuscitation, a person wishes to receive. Professor Hillman said most hospitals had a policy of resuscitating every patient, even when the outcome of the treatment was prolonging death. He said Australia spent about 1% of gross domestic product, or \$10 billion, on intensive care. <http://www.canberratimes.com.au/news/local/news/general/plea-to-honour-death-wishes/2038177.aspx>

Of related interest:

- AUSTRALIA | *The Age* – 2 January 2011 – **'End-of-life treatment plans cut stress for families.'** Dying hospital patients who have provided clear instructions about end-of-life medical treatment leave behind loved ones who are less stressed, anxious and depressed, research from the Austin Hospital – recently cited by the Obama administration [in the U.S.] – has shown. The administration last week used the ground-breaking Melbourne study<sup>1</sup> ... to justify a new regulation that gets around the political storm over "death panels," which almost destroyed President Barack Obama's attempts to overhaul the American health system. The Austin study was the first to measure the value of end-of-life plans in hospitals. <http://www.theage.com.au/victoria/endoflife-treatment-plans-cut-stress-for-families-20110101-19cm2.html>
- 1. **'The impact of advance care planning on end of life care in elderly patients: Randomised controlled trial,'** *British Medical Journal*, published 23 March 2010. <http://www.bmj.com/content/340/bmj.c1345>

N.B. Noted in Media Watch dated 29 March 2010.

### **Taiwan's Legislature mulls National Health Insurance card living will bill**

*TAIWAN TODAY* | Online report – 31 December 2010 – Taiwan's National Health Insurance [NHI] cards may soon be legally recognized as living wills if amendments to the Hospice Palliative Care Act are passed by the Legislature. Under the proposed changes, physicians will legally be able to follow advance health-care directives, such as do-not-resuscitate orders noted on NHI cards. At present, this is impossible without the original signed document. "The new law will help reduce physical and psychological harm to patients and family members, as well as resolve legal and ethical dilemmas," said Shih Chung-liang, director of the DOH [Department of Health] Bureau of Medical Affairs. Shih said more than 60,000 Taiwanese have living wills, but only 34,000 have this noted on their NHI cards. <http://www.taiwantoday.tw/ct.asp?xItem=140881&ctNode=445>

#### **Journey through the afterlife**

*LANCET*, 2011;377(9759):20. A dead man's heart is weighed in a balance against a feather that represents truth, while he affirms that, in life, he had not committed any one of 42 sins, which include murder, theft, blasphemy, or stealing the gods' food from the temples. His innocence, as judged by the gods, will mean that the deceased either attains eternal life or his body will be eaten by the Devourer. This judgment was one of the important stages in the ancient Egyptians' journey from death to eternal life and is one of the scenes depicted in the British Museum's major exhibition *Ancient Egyptian Book of the Dead*. <http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610623252.pdf>

## **I'm still here: Terminal illness in Morocco and The Netherlands**

RADIO NETHERLANDS WORLDWIDE | Online report – 28 December 2010 – "I'm dying. I can feel it. But please tell me what's wrong with me," says my uncle on the telephone. He's almost pleading. No one in Morocco will tell him that he's dying of lung cancer. Even his doctor won't break the bad news. Everyone comes to say goodbye to him without acknowledging that this is goodbye. They inquire of my uncle innocently "What's the matter with you?" He replies: "The doctor doesn't know." "Of course the doctor doesn't know. Only Allah knows and only Allah can heal you," they say, knowing full well that my uncle has only a few weeks or perhaps a few months to

live. <http://www.rnw.nl/english/article/i/%E2%80%99m-still-here-terminal-illness-morocco-and-netherlands>

### **Terminal illness**

'I'm still here' (Ik ben er nog) is the title of a media campaign started in 2010 and designed to encourage the Dutch to keep in touch with terminally ill friends. One in four Dutch people turn their back on a friend or acquaintance who is dying, research has shown. It's often a response born of fear or awkwardness, because people don't know how to act around someone who doesn't have long to live.

## **How South African doctors make life-and-death choices**

SOUTH AFRICA | BBC News – 27 December 2010 – In South Africa, increasing demands and limited resources mean treatment in the public health service for patients suffering from kidney failure is rationed. As Dr. Sheri Fink, of American Public Radio International's programme The World, reports from Cape Town, this means medical professionals have to make life-and-death decisions about who gets help. <http://www.bbc.co.uk/news/world-africa-12045132>

## **Assisted (or facilitated) death**

Representative sample of recent news media coverage:

- *MEDICAL DECISION MAKING* | Online article – 29 December 2010 – '**Trends in medical end-of-life decision making in Flanders, Belgium 1998-2001-2007.**' In 2002, Belgium saw the enactment of three laws concerning euthanasia, palliative care, and patient rights that are likely to affect end-of-life decision making. This report examines trends in the occurrence and decision-making process of end-of-life practices in different patient groups since these legal changes. A large-scale retrospective survey in Flanders, Belgium, previously conducted in 1998 and 2001, was repeated in 2007. Over the years, involvement of the patient in decision making was consistently more likely among younger patients, cancer patients, and those dying at home. Physicians consulted their colleagues more often than in previous years for euthanasia and non-treatment decisions. <http://mdm.sagepub.com/content/early/2010/12/24/0272989X10392379.abstract>

## **[Specialist Publications \(e.g., in-print and online journal articles, reports, etc.\)](#)**

### **Cross-cultural communication and use of the family meeting in palliative care**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online article – 28 December 2010 – Terminally-ill patients and their families often report poor communication and limited understanding of the patient's diagnosis, prognosis, and treatment plan; these deficits can be exacerbated by cross-cultural issues. Although family meetings are frequently recommended to facilitate provider-family communication, a more structured, evidence-based approach to their use may improve outcomes. Drawing on research and guidelines from critical care, palliative care, and cross-cultural communication, the authors propose a framework for conducting family meetings. <http://ajh.sagepub.com/content/early/2010/12/27/1049909110394158.abstract>



## Experience from The Netherlands

### **What to do when a competent ICU patient does not want to live anymore but is dependent on life-sustaining treatment?**

*INTENSIVE CARE MEDICINE*, 2010;36(12): 2145-2148. If patients on the intensive care unit (ICU) are awake and life-sustaining treatment is suspended because of the patients' request, because of recovering from the disease, or because independence from organ function supportive or replacement therapy outside the ICU can no longer be achieved, these patients can suffer before they inevitably die. In The Netherlands, two scenarios are possible for these patients: 1) deep palliative (terminal) sedation through ongoing administration of barbiturates or benzodiazepines before withdrawal of treatment; or, 2) deliberate termination of life (euthanasia) before termination of treatment. In this article, the authors describe two awake patients who asked for withdrawal of life-sustaining measures, but who were dependent on mechanical ventilation. They discuss the doctrine of double effect in relation to palliative sedation on the ICU.  
<http://www.springerlink.com/content/j30357462w814434/>

Of related interest:

- *PAIN MANAGEMENT*, 2011;1(1):31-40. **'When there are no good choices: Illuminating the borderland between proportionate palliative sedation and palliative sedation to unconsciousness.'** Although relatively rare, PSU [palliative sedation to unconsciousness] and more aggressive end-of-the-spectrum proportionate palliative sedation represent responses to some of the most challenging cases faced by palliative care clinicians. These complex cases clearly require open communication and collaboration among caregivers, patients and family.  
<http://www.futuremedicine.com/doi/abs/10.2217/pmt.10.1?journalCode=pmt>

## Media Watch Online

The weekly report can be accessed at several websites, among them:

### **Canada**

Ontario | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network:  
<http://www.hnhbhpc.net/Resources/UsefulLinks/MediaWatch/tabid/97/Default.aspx>

Ontario | HPC Consultation Services:  
<http://www.hpcconnection.ca/newsletter/inthenews.html>

Ontario | Mississauga Halton Palliative Care Network:  
<http://www.mhpcn.ca/Physicians/resources.htm>  
(Scroll down to 'Newsletters/Media Updates')

### **U.S.A.**

*Prison Terminal*:  
<http://www.prisonterminal.com/news%20media%20watch.html>

### **International**

Global | Palliative Care Network Community:  
<http://www.pcn-e.com/community/search/?tag=Media+Watch>

U.K. | Omega, the National Association for End of Life Care: <http://www.omega.uk.net/news.htm>

From Media Watch dated 4 October 2010:

- *MAYO CLINIC PROCEEDINGS*, 2010;85(10):949-954. **'Ethical decision making with end-of-life care: Palliative sedation and withholding or withdrawing life-sustaining treatments.'**  
<http://www.mayoclinicproceedings.com/content/85/10/949>

From Media Watch dated 20 September:

- *BMC PALLIATIVE CARE* | Online article – 13 September 2010 – **'European Association for Palliative (EAPC) Care framework for palliative sedation: An ethical discussion.'**  
<http://www.biomedcentral.com/content/pdf/1472-684x-9-20.pdf>

From Media Watch dated 9 August 2010:

- *DER SCHMERZ* | Online article – 28 July 2010 – **'Sedation in palliative medicine: Guidelines for the use of sedation in palliative care.'**  
<http://www.ncbi.nlm.nih.gov/pubmed/20661593>

Cont.

From Media Watch dated 17 May 2010:

- [U.S.] NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION | Online posting – 11 May 2010 – **'Statement and commentary on palliative sedation therapy to promote greater understanding.'** <http://www.nhpco.org/i4a/pages/index.cfm?pageid=5847>
- *THE HASTINGS REPORT*, 2010;40(3):32-38. **'Rethinking guidelines for the use of palliative sedation.'** <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=4661>

### **An approach to diabetes mellitus in hospice and palliative medicine**

*JOURNAL OF PALLIATIVE MEDICINE* | Online article – 31 December 2010 – This article identifies three distinct classifications of patients with diabetes approaching the ends of their lives due to advanced illnesses. The authors propose a specific framework to guide management in patients with diabetes and advanced disease who are relatively stable, experiencing impending death or organ failure, or actively dying. They provide comprehensive information on commonly used diabetic medications, with necessary considerations and dose adjustments for these populations. <http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0191>

### **Putting palliative care into perspective**

*MEDPAGE TODAY* (U.S.) | Video report – 31 December 2010 – Earlier this month, Elizabeth Edwards, wife of former presidential candidate John Edwards, died, six years after diagnosis of invasive breast cancer. Shortly before her death, Ms. Edwards announced that she intended to forgo additional cancer therapy in favor of treatment aimed at addressing her comfort and quality of life in the time she had remaining. Two oncologists [Paul Haluska, Mayo Clinic, Rochester, Minnesota, and Julie Nangra, Baylor College of Medicine, Houston, Texas] discuss when, what, and how to address end-of-life treatment and palliative care with patients and their families. <http://www.medpagetoday.com/PainManagement/PainManagement/24117>

### **Assisted (or facilitated) death**

Representative sample of recent articles, etc:

- *BRITISH MEDICAL JOURNAL* | OpEd – 22 December 2010 – **'Half truths and one and a half truths about assisted dying.'** Sixteen months ago I argued that the debate on assisted dying had been hijacked by disabled people who wanted to live and that it should be reclaimed for terminally ill people who wanted to die. Since then the debate in Britain has moved on. The director of public prosecutions for England & Wales ... clarified his criteria for prosecuting those who help others to commit suicide. Healthcare Professionals for Change ... was set up, with the explicit aim of challenging the current law. Two fervent opponents of any change in the law launched Living & Dying Well, a public policy think tank to promote "rational, evidence-based and measured debate" on the subject. Scottish MPs threw out the End of Life Assistance (Scotland) Bill. And an independent Commission on Assisted Dying began considering the evidence for changing the current law. <http://www.bmj.com/content/341/bmj.c7282.extract>
- LIBRARY OF PARLIAMENT (CANADA) | Background paper – Revised 3 December 2010 – **'Euthanasia and assisted suicide in Canada.'** The desire to achieve greater control over decisions relating to life and death has been fuelled by a number of factors, including: the desire to be spared from prolonged suffering; the increased incidence of seriously debilitating diseases such as AIDS and Alzheimer's disease; and, a better understanding of how medical technology can prolong life and affect the dying process. These factors have fostered an interest in euthanasia and assisted suicide. <http://www2.parl.gc.ca/Content/LOP/ResearchPublications/2010-68-e.pdf>
- *UNIVERSITY OF TORONTO MEDICAL JOURNAL*, 2010;88(1):41-43. **'Assisted suicide: To the heart of the matter.'** Debate about the moral status of assisted suicide may inform debate about the act's legal status. Therefore, the purpose of this paper is to explore questions about the moral status of assisted suicide by comparing the views of Richard Doerflinger with those of Tom Beauchamp and James Childress. <http://utmj.org/ojs/index.php/UTMJ/article/viewFile/1299/1161>

## Worth Repeating

### On our own terms: Moyers on dying

#### **This is the end**

U.S. | *NEW YORK TIMES* – 11 September 2000 – About death, the poetry is better than the policy. An hour or so into 'On our own terms: Moyers on dying,' someone will paraphrase Rainer Maria Rilke [1875-1926]: "Love and death are the two great gifts that we pass on, and usually they are passed on unopened." By then we've already met Thomas Lynch, a poet who happens also to be an undertaker. His Milford, Michigan, funeral home is a family business. He buried his own father and wrote about it. He speaks knowledgeably of an "intimate contract," with its own language, rituals, symbols, and ceremonies. And suggests that "when someone you love dies, it feels like an emergency" ... and believes that mature acceptance of the natural process involves an almost Zen-like stoicism: "We are, there is, they were." But in Kansas City, Dr. Bill Bartholome wants to know: "How do you get dead?" He is a pediatrician and a medical-school professor. In his very own hospital, he will be operated on for cancer of the esophagus and complain about the indifference of the staff to his pain. Having seen too many patients perish as much from the treatment as the disease, he is actually relieved to be told that chemotherapy won't save him. Even under a six-month sentence of death, he chooses to remarry, to smoke a peace pipe with old friends on a prairie camp-out, and to think about what's happening to him. Outliving his prognosis, he discovers that "if you don't expect to see spring when fall comes and then you are around and get to see spring, you don't experience it as spring; you experience it as a miracle."  
<http://nymag.com/nymetro/arts/tv/reviews/3759/>

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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.

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