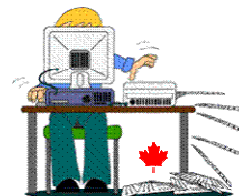


## Media Watch...

is intended as an advocacy and research 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.

17 June 2013 Edition | Issue #310



Compilation of Media Watch 2008, 2009, 2010, 2011, 2012, 2013 ©

Compiled & Annotated by Barry R. Ashpole

Trends: Scroll down to [Specialist Publications](#) and 'Factors that promote and hinder joint and integrated working between health and social care services: A review of research literature' (p.13), in *Health & Social Care in the Community*.

## Canada

### Few Canadians have the palliative support Layton did, says Olivia Chow

SASKATCHEWAN | *The Regina Leader-Post* – 14 June 2013 – "Just as the birth of a baby receives comprehensive care and support from the community and the government, so too should every death," [Federal MP Olivia] Chow told delegates attending the [recent] Saskatchewan Hospice Palliative Care Association [SHPCA] conference. Sandra Kary, secretary-treasurer on the SHPCA board, said one of the concerns raised ... was the scant palliative resources in rural areas and how health regions deal with that given the rural and urban split, even within a particular health region. Acknowledging the conference's theme – Out

of the shadows, extending the boundaries of hospice palliative care – Chow said too many families are left in the shadows. <http://www.leaderpost.com/health/Canadians+have+palliative+support+Layton+says+Olivia+Chow/8528655/story.html>

### [Specialist Publications](#)

'The magnitude, share and determinants of unpaid care costs for home-based palliative care service provision in Toronto, Canada' (p.13), in *Health & Social Care in the Community*.

**N.B.** Olivia Chow is the widow of the late Jack Layton, at the time of his death the leader of the federal New Democratic Party. The Canadian Hospice Palliative Care Association has most recently estimated that between 16-30% of Canadians living with a terminal illness have access to specialized end-of-life care. See sidebar ('Access to palliative care in Canada') next page.

Updated 17 June 2013

### [Media Watch Online](#)

Media Watch (or a link to the weekly report) is posted on several websites that serve the hospice and palliative care community-at-large. See a complete listing on p.16.

## Elder care

### **Ontario to double nursing home inspectors**

ONTARIO | CBC News – 10 June 2013 – Ontario's Liberal government is promising to double the number of long-term care home inspectors. Health Minister Deb Matthews is promising to hire enough inspectors to conduct a detailed surprise inspection of every Ontario nursing home by the end of 2014, and annually after that. New Democratic Party health critic France G  linas said annual inspections were supposed to start happening three years ago. "I feel like I'm having a bad case of *d  j   vu* all over again because the same minister made the same announcement in 2010." But since that time, only one in five long-term care homes in Ontario has received an in-depth inspection. <http://www.cbc.ca/news/health/story/2013/06/10/ontario-home-care-inspections.html>

Noted in Media Watch, 27 December 2010:

- ONTARIO | *The Toronto Star* – 22 December 2010 – '**Lives in nursing homes improving...**' Nursing homes that care for the province's 77,000 seniors are ... getting better, says Deb Matthews ... responding to a provincial Ombudsman's report.<sup>1</sup> <http://www.thestar.com/news/article/910576--lives-in-nursing-homes-improving-minister>

1. 'Ministry of Health & Long Term Care's Monitoring of Long-Term Care Homes,' Ombudsman Ontario, December 2010. <http://www.ombudsman.on.ca/Files/sitemedia/Images/Reports/LTC-summary-EN.pdf>

**N.B.** Ombudsman Andre Marin's investigation followed media reports that three-quarters Ontario's 600+ nursing homes consistently failed to meet the province's 450 standards of care. <http://www.cbc.ca/health/story/2010/12/21/ont-long-term-care-report.html>

### **Access to palliative care in Canada**

It is generally accepted that the percentage of people living with a terminal illness who have access to palliative care varies greatly across Canada. In 2000, a Senate sub-committee gave the figure 15%.<sup>1</sup> Five years later, Senator Sharon Carstairs observed "no more than 15% of Canadians" had access to palliative care.<sup>2</sup> In 2007, the Canadian Institute for Health Information (CIHI) estimated that people living with a terminal illness in British Columbia, Alberta, Saskatchewan and Manitoba were referred to palliative care programs and services 35-37% of the time, if they were dying of cancer and had been hospitalized.<sup>3</sup> This went to a low of 16% if it was not cancer and that they had never been hospitalized. In 2009, the Quality of End of Life Care Coalition of Canada stated "only a small portion of those who die receive palliative care."<sup>4</sup> The same year, researchers at the Universit   Laval, Qu  bec, estimated the number at 10%.<sup>5</sup> The CIHI report is the only statistically significant report, however, that covers multiple jurisdictions. Access to pediatric palliative care? One study indicates that only a small percentage (5-12%) of children who die in Canada receive specialized end-of-life care.<sup>7</sup>

1. *Quality End-of-Life Care: The Right of Every Canadian*, Subcommittee to update *Of Life & Death*, 2000. <http://www.parl.gc.ca/36/2/parlbus/commbus/senate/Com-e/upda-e/rep-e/repfinjun00-e.htm>
2. *Still Not There: Quality End of Life Care*, Senator Sharon Carstairs, June 2005. <http://sen.parl.gc.ca/scarstairs/PalliativeCare/Still%20Not%20There%20June%202005.pdf>
3. *Health Care Use at the End of Life in Western Canada*, Canadian Institute for Health Information, 2007. [http://secure.cihi.ca/cihiweb/products/end\\_of\\_life\\_report\\_aug07\\_e.pdf](http://secure.cihi.ca/cihiweb/products/end_of_life_report_aug07_e.pdf)
4. *10 Years Later: A Progress Report on the Blueprint for Action – 2000*, Quality End-of-Life Care Coalition of Canada, December 2009. [http://www.chpca.net/qelccc/information\\_and\\_resources/QELCCC\\_2010\\_Progress\\_Report\\_on\\_the\\_2000\\_Blueprint\\_for\\_Action.pdf](http://www.chpca.net/qelccc/information_and_resources/QELCCC_2010_Progress_Report_on_the_2000_Blueprint_for_Action.pdf)
5. 'Keeping end-of-life patients at home comes at a high cost to families,' Universit   Laval, Faculty of Social Sciences, February 2009. <http://www.newswire.ca/en/releases/archive/February2010/10/c8428.html>
6. 'Pediatric patients receiving palliative care in Canada,' *Archives of Pediatrics & Adolescent Medicine*, 2007;161(6):597-602. <http://archpedi.ama-assn.org/cgi/reprint/161/6/597>

## 53 positions, four palliative-care unit beds to be eliminated as Peterborough Regional Health Centre moves to balance budget

ONTARIO | *The Peterborough Examiner* – 29 May 2013 – Citing three consecutive years of funding freezes coupled with inflation, debt payments and rising staffing costs, the Peterborough Regional Health Centre announced it would be cutting 53 positions, mostly registered nurses. The announcement of staff cuts was made as part of the hospital's release of its \$250 million budget for 2013-2014. "When you are getting 0% increases and you have to absorb inflation and other cost increases plus pay off our debt, it's getting tougher every year," hospital board chairman Gary Lounsbury said during a press conference. The hospital will also close four palliative-care beds. <http://www.thepeterboroughexaminer.com/2013/05/29/balanced-budget-means-fewer-jobs-at-prhc>

Representative sample of recent articles on the loss of hospice and palliative care beds in Ontario noted in past issues of Media Watch:

- **'Palliative care: Toronto left with few residential hospice beds,'** *The Toronto Star*, 13 May 2013. Toronto has only two, 10-bed residential hospices now that Perram House has closed. [http://www.thestar.com/news/gta/2013/05/13/palliative\\_care\\_toronto\\_left\\_with\\_few\\_residential\\_hospice\\_beds.html](http://www.thestar.com/news/gta/2013/05/13/palliative_care_toronto_left_with_few_residential_hospice_beds.html)  
**N.B.** There are an estimated 193 palliative care beds in Toronto hospitals (Source: *The Toronto Star*). The population of the City is 2.79 million.
- **'Scarborough Hospital braces for more cuts,'** *The Toronto Star*, 7 May 2013. Cuts continue at Scarborough Hospital. Targets include palliative care beds and a diabetes education centre. [http://www.thestar.com/life/health\\_wellness/2013/05/07/scarborough\\_hospital\\_braces\\_for\\_more\\_cuts.html](http://www.thestar.com/life/health_wellness/2013/05/07/scarborough_hospital_braces_for_more_cuts.html)

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- BRITISH COLUMBIA | NEWS 1130 (Vancouver) – 16 June 2013 – **'Doctors say palliative care is being shortchanged.'** A new bill that will give people in Quebec the right to ask for medical help to die is concerning a group of medical specialists. Quebec's Bill 52 would be the first assisted suicide law in Canada. The Canadian Society of Palliative Care Physicians wound up a national convention in Vancouver by calling for better end-of-life care in the country. <http://www.news1130.com/2013/06/16/doctors-say-palliative-care-is-being-shortchanged/>
- QUÉBEC | CTV News (Montréal) – 12 June 2013 – **'Quebec government tables assisted suicide bill.'** The controversial Bill 52 outlines the conditions necessary for someone to get medical assistance to die and spells out the requirements necessary before a doctor can accept. Social Services Minister Véronique Hivon is forming a commission on end-of-life care that will be mandated to ensure the legislation is being applied correctly. The legislation follows a March 2012 report that suggested doctors be allowed in exceptional circumstances to help the terminally ill die if that is what the patients want.<sup>1</sup> A panel of Québec experts was convened and came to the conclusion in January that provinces have the legal jurisdiction to legislate in matters of health.<sup>2</sup> <http://montreal.ctvnews.ca/quebec-government-tables-assisted-suicide-bill-1.1322449>
  1. *La Commission spéciale sur la question de mourir dans la dignité dépose son rapport*, Select Committee of the Québec National Assembly, March 2012. [Noted in Media Watch, 26 March 2012]
  2. 'Rapport du comité Ménard sur la mise en oeuvre juridique des recommandations de la commission spéciale,' January 2013. [http://www.msss.gouv.qc.ca/documentation/salle-de-presse/medias/rapport\\_comite\\_juristes\\_experts.pdf](http://www.msss.gouv.qc.ca/documentation/salle-de-presse/medias/rapport_comite_juristes_experts.pdf)

Cont.

Of related interest:

- QUÉBEC | CTV News (Montréal) – 13 June 2013 – **'Québec euthanasia bill puts spotlight back on right-to-die debate.'** Québec is expected to hold public hearings this fall on its controversial right-to-die legislation. <http://www.ctvnews.ca/canada/quebec-euthanasia-bill-puts-spotlight-back-on-right-to-die-debate-1.1323851>
- QUÉBEC | The Canadian Press – 12 June 2013 – **'Federal government says it will review Quebec's right-to-die legislation.'** The federal government says it will review the legislation, setting the stage for a possible showdown between Ottawa and the province's sovereigntist government. <http://medicinehatnews.com/2013/06/news/national-news/federal-government-says-it-will-review-quebecs-righttodie-legislation/>

## [U.S.A.](#)

### [Dartmouth Atlas Project](#)

#### **Los Angeles leads U.S. in Medicare spending on end-of-life care**

CALIFORNIA | *The Los Angeles Times* – 13 June 2013 – Sixty percent more money was spent in the Los Angeles area on chronically ill patients in their final years than the national average, according to new data on Medicare patients. Spending in the last two years of life was about \$112,000 per patient in Los Angeles, compared to about \$70,000 on average across the country, the report by the Dartmouth Atlas Project showed.<sup>1</sup> From 2007 to 2010, Medicare spending on end-of-life care rose by 15% nationwide. The jump occurred despite more patients enrolling in hospice care, fewer patients dying at the hospital and patients spending fewer days in the hospital in the last six months of life. Lead researcher David Goodman said more hospitals are changing the way they treat dying patients by providing more palliative care and avoiding less intensive treatment. Still, more needs to be done to ensure that people get the type of care they want, he said. Most patients want their final days to be at home, without invasive procedures that aren't likely to increase the length or improve the quality of their lives. But that isn't always what they get, Goodman said. Hospitals need to "develop better ways of diagnosing patient preferences at the end of life," he said. More palliative care at the end of life can save money, improve patients' satisfaction and

actually lengthen their lives, according to... <http://www.latimes.com/local/lanow/la-me-ln-end-of-life-care-20130612,0,3404351.story>

#### **Extract from the report by the Dartmouth Atlas Project**

This report shows rapid improvement in many places, although patients in some hospitals continue to receive more aggressive and less palliative care than others. The reasons for the differences in the pace of change are not well understood. Still, tracking care helps inform health systems, patients, and policymakers about patterns of care that can be invisible "on the ground." Often the care that patients receive, both at the end of life and when less ill, is not the care that informed patients and families would choose.<sup>5</sup> Documenting patterns of care helps to keep the spotlight on health care systems that need to change, and those that are changing, but with varying degrees of speed and success. End-of-life care analyses also reveal important information about the relative efficiency of care.

#### [Specialist Publications](#)

**'The correlates of nursing staff turnover in home and hospice agencies'** (p.16), in *Research on Aging*.

1. 'Tracking Improvement in the Care of Chronically Ill Patients: A Dartmouth Atlas Brief on Medicare Beneficiaries Near the End of Life,' The Dartmouth Institute, 12 June 2013. [http://www.dartmouthatlas.org/downloads/reports/EOL\\_brief\\_061213.pdf](http://www.dartmouthatlas.org/downloads/reports/EOL_brief_061213.pdf)

## Refocusing end-of-life care

### **A better way to die**

*THE ATLANTIC* | Online – 12 June 2013 – "Can I challenge you for a little bit?" he asked. "What do you really want?" It's the question that is slowly but steadily refocusing end-of-life care. As a member of the interdisciplinary palliative care team at one of New York's major teaching hospitals, Seigan [Glassing] is part of a growing push to make health care more holistic – treating the whole person rather than just focusing on the disease. Trained as a chaplain through the New York Zen Center for Contemplative Care, he works to champion patients' quality of life and help them prioritize their personal goals and values. "I encounter people at a vulnerable time, a time of crisis," Seigan explained. "I'm there to walk them through this journey in some way – not fix them so much as to listen, to offer or reflect back to them their strengths, fears, their own existential support systems and what gives them meaning in their life." The message the palliative care team is trying to convey to the world of aggressive medical intervention is a straightforward one: healing people doesn't necessarily mean saving lives. "More and more we are refusing to acknowledge important aspects of what it is to be human, including death," Seigan points out. "People want to talk, they want to be heard and understood. But a lot of the time what we see in health care is a breakdown of communication." <http://www.theatlantic.com/health/archive/2013/06/a-better-way-to-die/276724/>

### **OSHPD plans meetings on hospice building standards**

CALIFORNIA | *Sacramento Business Journal* – 11 June 2013 – The California Office of State-wide Health Planning & Development [OSHPD] will hold public meetings ... on development of new building standards for hospice facilities. The new rules stem from Senate Bill 125. The bill establishes a new health facility licensing category for hospice services and allows licensed hospice providers to offer inpatient care at a free-standing health facility or one adjacent or physically connected to a building that otherwise provides residential care. Movement to expand choice follows rapid growth in demand for hospice services and increased interest in providing palliative care... Currently, a patient who cannot remain safely in his or her own home is often moved to a skilled nursing or other facility even though symptoms do not warrant that level of care. <http://www.bizjournals.com/sacramento/news/2013/06/11/oshpd-meetings-hospice-building-standard.html>

### **Are you gambling with your family's medical care decisions?**

*FORBES* | Online – 11 June 2013 – Adult siblings may not agree as to the care of an aging parent. Doctor concerns about malpractice have escalated to new highs. While you may have connections and/or influence in the state in which you live, you may not know anyone in the state where your loved one is being hospitalized or needs decisions to be made, on his behalf. The confluence of all of these factors decrease the probability that a doctor will release information or even allow a purported loved one to make decisions about their patient, without the proper legal documentation supporting that. Should you have the right? Probably. Many states do make concessions. <http://www.forbes.com/sites/85broads/2013/06/11/are-you-gambling-with-your-familys-medical-care-decisions/>

Of related interest:

- MICHIGAN | *The Lansing State Journal* (OpEd) – 11 June 2013 – **'Guardianship bills must be changed.'** Several bills are pending in the Michigan Legislature that, if passed, will expand the role and the authority of Michigan guardianship laws. The bills, as written, will allow guardians to invoke a "do not resuscitate" order for a certain group of individuals with disabilities who can not communicate their wishes. This is a very dangerous first step that will allow individual and corporate guardians the authority to prohibit resuscitation of people with disabilities. [http://www.lansingstatejournal.com/article/20130611/OPINION02/306110043/Elmer-Cerano-Guardianship-bills-must-changed?nclick\\_check=1](http://www.lansingstatejournal.com/article/20130611/OPINION02/306110043/Elmer-Cerano-Guardianship-bills-must-changed?nclick_check=1)



## More elders with smaller families will drive demand for caregivers

OREGON | KVAL News (Eugene) – 10 June 2013 – By the year 2050, one in four Oregonians will be over age 65 – about double today's elder population, according to Oregon State University researchers. Professor Karen Hooker and Assistant Professor Carolyn Mendez-Luck with the college of Public Health & Human Sciences said demand for caregivers will continue to rise due to several factors. The baby boomer generation is not only caring for their parents but children as well. By the time they're ready to retire, they may have substantial health problems related to stress and poor health. "Think about the available caregivers and also think about many women today are in the workforce, so it just puts pressure on families because there's not a lot of people to share caregiving in families," Hooker said. Mendez-Luck said families are having an average of two children as opposed to the 5 to 10 children a century ago. Smaller family size and divorces will make it difficult for the baby boomer generation to have family caregiving. Hooker said 70-80% of caregiving today is done by family. <http://www.kval.com/news/local/More-elders-with-smaller-families-will-drive-demand-for-caregivers-210912021.html>

Of related interest:

- RHODE ISLAND | NBC News (Providence) – 16 June 2013 – **'Rhode Island considers paid leave for family caregivers.'** Workers would fund the program with a payroll deduction that, for most, would amount to less than \$1 a week. Once phased in, employees could take off up to eight weeks a year to care for a new child or a sick or disabled parent, spouse or child. <http://www.turnto10.com/story/22603528/ri-considers-paid-leave-for-family-caregivers>

## House of death

*THE NEW YORK TIMES* | Online Commentary (Extract) – 2 June 2013 – A big part of my job is helping families come to terms with a loved one's imminent demise. These conversations are some of the most meaningful parts of my work. I like setting up home hospice services for my end-stage patients because I know how the wise guidance and gentle touch of the nurses and aides can soothe and give solace. What I was avoiding was the inpatient hospice building itself: the shared physical space and sheer number of people dying in it at once. Inpatient hospice is for the truly terminally ill, those just a stone's throw from rigor mortis. The hospice doctors won't admit patients unless they have no more than a few days, or at most a few weeks. I wasn't used to this dismal calculation. In outpatient medicine, one or two of my patients might be dying at the same time; in a hospital setting, maybe a handful would be scattered among the merely sick. Even the hospice wing in the hospital was just a small portion of the place, not the whole godforsaken building. The inpatient hospice, on the other hand, was a house of death – or, more accurately, a former office building of death, albeit with a lovely view of the shore. The truth was that in all of my years of practicing medicine, I had never been inside an inpatient hospice. Several

years ago, my husband, also a doctor, filled in at the hospice for a weekend. What struck him was how many young people were dying of all kinds of horrible cancers, and the creepy term their caregivers used: transitioning. Transitioning referred to the time when the end grew nigh, with familiar signs like the death rattle – a telltale fluttering of secretions in the throat – and the more subtle harbingers of death that only hospice people seem to know about: the crease in the earlobes, the mottling of the skin on the feet. <http://opinionator.blogs.nytimes.com/2013/06/01/house-of-death/>

### Extract from *The New York Times* commentary

I pictured a large ward holding endless beds of transitioning or near-transitioning patients, a perpetual drone of sobs from the waiting room, every hour another body wheeled away, a steady line of hearses idling in the parking lot like taxis at a train station. I didn't want to see my old patient in that ward of misery. I didn't want to see him suffering. He was probably so near the end that he wouldn't know me anyway. And what if I found him surrounded by a dozen or so tear-streaked relatives, all expecting me to spew forth some end-of-life profundities?

## Assisted (or facilitated) death

Representative sample of recent news media coverage:

- MONTANA | Associated Press – 12 June 2013 – **'Assisted-suicide dispute back in court.'** The dispute over physician-assisted suicide is back in court, as an organization seeks to have a state judge strike the Board of Medical Examiners' policy on the practice. At issue is a position paper issued by the board last year saying it would evaluate complaints against doctors in assisted-suicide cases on an individual basis as it would any other medical procedure or intervention. A 2009 state Supreme Court ruling found that nothing in state law explicitly prohibits physician-assisted suicide. The state Legislature this session failed to clarify whether the practice is legal or illegal. <http://www.sfgate.com/news/article/Assisted-suicide-dispute-back-in-court-4595964.php>

## International

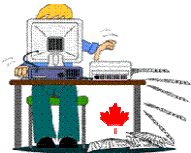
### Elder care in the U.K.

#### Care Quality Commission monitoring deaths in homes

U.K. (ENGLAND) | BBC News – 17 June 2013 – Death rates in care and nursing homes in England are to be monitored by the Care Quality Commission [CQC] to try to identify problems at an earlier stage. The regulator said it was piloting a system where a high number of deaths would trigger an investigation. Care homes are required to report to the CQC when a resident dies - but the BBC's Panorama found that some homes had not been doing this. The regulator has said it will consider sanctions for those that do not comply. <http://www.bbc.co.uk/news/uk-england-22932044>

Of related interest:

- U.K. (ENGLAND & WALES) | Localgov.com – 17 June 2013 – **'Figures show decline in council funded homecare services.'** The number of homecare contact hours funded by authorities decreased by 6% from 3.85 million to 3.62 million in 2011-2012 – the second year levels fell... <http://www.localgov.co.uk/index.cfm?method=news.detail&id=110129>
- U.K. (ENGLAND & WALES) | *The Daily Telegraph* – 13 June 2013 – **'Norman Lamb: Home-help for elderly is scandal waiting to happen.'** The elderly care system "incentivises neglect" and could lead to a new abuse scandal, Minister of State for Care & Support Norman Lamb warns as a review is launched into home-help services. Frail pensioners suffer from care organised "by the clock" ... <http://www.telegraph.co.uk/news/politics/10117088/Norman-Lamb-home-help-for-elderly-is-scandal-waiting-to-happen.html>
- U.K. (SCOTLAND) | BBC News – 12 June 2013 – **'Patients 'wrongly charged' for nursing home care.'** People in Scotland may be spending thousands of pounds on nursing home care when the National Health Service should be footing the bill. BBC Scotland has learned that the number of people being awarded funding for nursing care in Scotland is falling. The equivalent figure is rising in England. <http://www.bbc.co.uk/news/uk-scotland-22882646>



### 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. Biosketch on the International Palliative Care Resource Center website at: <http://www.ipcrc.net/barry-r-ashpole.php>

## Liverpool Care Pathway

### London hospitals fail to keep records on thousands of terminally ill patients

U.K. (ENGLAND) | *The Daily Express* – 16 June 2013 – Despite the controversy surrounding the [Liverpool Care] Pathway, research ... indicates many hospitals lack even the most basic information on how many patients are on it. It raises doubts about whether an independent inquiry ordered by Health Secretary Jeremy Hunt ... will be able to review the system properly. The report by the GLA [Greater London Authority] Conservatives, 'Unheard Voices: The Liverpool Care Pathway' [LCP], calls for standard reporting of all patients put on the Pathway to be publicly available. This should include the number of deaths on the Pathway by age, the length of time spent on LCP and the number of patients removed if their health improved. This would allow GP-led clinical commissioning groups and patient watchdog Healthwatch to monitor the system and spot early signs of poor practice. <http://www.express.co.uk/news/health/407914/London-hospitals-fail-to-keep-records-on-thousands-of-terminally-ill-patients>

**N.B.** See Media Watch, 10 June 2013 (pp11-12), for recent articles on the LCP. Referenced are other articles, reports, etc., noted in past issues of the weekly report.

## End-of-life care in Australia

### Health Minister's palliative promise

AUSTRALIA (NEW SOUTH WALES) | *The Maitland Mercury* – 15 June 2013 – Palliative care services in Maitland and the Hunter can breathe a sigh of relief after Health Minister Jillian Skinner confirmed that the state government would pick up the tab when federal government funding ceases on 30 June. Ms. Skinner said the state government would pay for the services that had been operating under the program from 1 July to ensure patients were not affected. The money will be announced in next week's state budget and complement a \$35 million investment over four years to improve ac-

cess to community-based palliative care. <http://www.maitlandmercury.com.au/story/1571047/health-ministers-palliative-promise/?cs=171>

#### Specialist Publications

'Helping to empower regional multidisciplinary health teams to provide holistic palliative care' (p.10), presented at Australia's recent 12<sup>th</sup> National Rural Health Conference.

Noted in Media Watch, 10 June 2013:

- AUSTRALIA (NEW SOUTH WALES) | *The Newcastle Herald* – 4 June 2013 – **"Impending crisis" for vital service.** Federal government seed funding for 55 specialist community health professionals statewide, including 14 in the Hunter [region], runs out on 30 June 2013. <http://www.theherald.com.au/story/1546920/impending-crisis-for-vital-service/?cs=2373>

Of related interest:

- AUSTRALIA (TASMANIA) | *The Examiner* (Launceston) – 11 June 2013 – **'Palliative care beds.'** [State] Health Minister Michelle O'Byrne ... claims that the advice from her clinicians was that the demand was not there for more than four public palliative care beds funded by the state government. If this is the case, the minister needs to immediately make public the updated figures. The most recent update of these figures was from the key findings from the 2004 report 'Palliative Care in Tasmania: Current situation and future direction.'<sup>1</sup> This report stated that Tasmania had 50% of the designated palliative care beds recommended in the Palliative Care Australian Guidelines [sic].<sup>2</sup> There are issues with how the existing beds are distributed throughout the state, and based on the best available data, the Tasmanian palliative care service was currently (i.e., in 2004) only servicing 52% of the estimated need. <http://www.examiner.com.au/story/1563914/palliative-care-beds/?cs=94>

Cont.



1. 'Palliative Care in Tasmania: Current situation and future direction,' Centre for Health Service Development, University of Wollongong, New South Wales, 2004. <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1012&context=chsd>
2. 'Standards for Providing Quality Palliative Care for all Australians,' Palliative Care Australia. <http://www.palliativecare.org.au/Portals/46/Standards%20for%20providing%20quality%20palliative%20care%20for%20all%20Australians.pdf>

Noted in Media Watch, 27 May 2013:

- AUSTRALIA (TASMANIA) | ABC News – 22 May 2013 – **'Big cash injection for palliative care.'** The Federal Government has announced what it says is the biggest ever injection of money into Tasmania's palliative care sector. <http://www.abc.net.au/news/2013-05-22/big-cash-injection-for-palliative-care/4706108>

### End-of-life care in the U.K.

#### Delivery plan for critical care

U.K. (WALES) | Wales News – 12 June 2013 – Plans to ensure people in Wales who are critically ill receive the right care, in the right place, and at the right time have been published.<sup>1</sup> Critical care is a speciality which provides support for patients with acute life-threatening injuries and illnesses. Around 9,000 people require such care each year in Wales. Currently, critical care beds are not always used appropriately. For example, not all patients in critical care beds require that level of care but are awaiting discharge to wards. The knock-on effect of this can be cancelled operations or transfers to other hospitals due to critical care beds being unavailable. The configuration of critical care

beds is also not at optimum levels – currently, Wales's critical care beds are spread over 17 sites, rather than concentrated in fewer sites where specialist clinical expertise can be better delivered. The plan sets out what is required of Local Health Boards... <http://www.newswales.co.uk/index.cfm?section=Health&F=1&id=25851>

#### Specialist Publications

**'We need an alternative to The Liverpool Care Pathway for patients who might recover'** (p.12), in *British Medical Journal*.

1. 'Delivery Plan for the Critically Ill,' Health & Social Care, Welsh Government, 11 June 2013. <http://wales.gov.uk/newsroom/healthandsocialcare/2013/130611criticalcare/?lang=en>

Noted in Media Watch, 22 April 2013:

- U.K. (WALES) | BBC News – 18 April 2013 – **'Welsh government urges people to plan for end of life.'** Patients with incurable illnesses should have access to round the clock support and the best possible care leading up to their deaths. That is one of the commitments of a new plan by the Welsh government to offer better care to people at the end of their lives.<sup>1</sup> <http://www.bbc.co.uk/news/uk-wales-22196744>
1. 'Together for Health – Delivering End of Life Care: A Delivery Plan up to 2016 for National Health Service Wales and its Partners. The highest standard of care for everyone at the end of life,' April 2013. <http://wales.gov.uk/docs/dhss/publications/130416careen.pdf>



<http://www.worldday.org/>

12 October 2013

## Deathiquette

### **Silence enshrouds the concept of loss, doing us more harm than good**

AUSTRALIA (NEW SOUTH WALES) | *The Sidney Morning Herald* – 10 June 2013 – A study published last month ... found mourning rituals after the death of loved ones reduced grief and benefited people who believed in rituals as well as those who did not.<sup>1</sup> Although the specific rituals differed widely according to culture and religion, the study found there was a common psychological mechanism underlying their effectiveness: regained feelings of control. But funerals in Western cultures are often less ritualistic and have shifted from being solemn affairs of mourning to focusing on celebrating life, [Robyn] O'Connell [a grief counsellor] says. Wearing black had been shunned for brighter colours, and "death" in funeral readings had been replaced with words such as "loss" and "passing." "Half of funerals are now done by celebrants because the pendulum has swung from mourning death to celebrating that person's life," she says. "I have started to see people feeling guilty about mourning someone who had a long and wonderful life." <http://www.smh.com.au/lifestyle/life/deathiquette-20130607-2ntlk.html>

1. 'Rituals alleviate grieving for loved ones, lovers...' *Journal of Experimental Psychology: General*, 11 February 2013. <http://psycnet.apa.org/index.cfm?fa=search.searchResults>

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

### End-of-life care in Australia

#### **Helping to empower regional multidisciplinary health teams to provide holistic palliative care**

AUSTRALIA | 12th National Rural Health Conference paper – Accessed 11 June 2013 – A two-year project funded by an Australian Government Department of Health & Ageing grant aimed to: investigate the experience and perceptions of health professionals involved in providing palliative care in regional areas; identify continuing educational needs; and, develop resources to enhance the skills of multidisciplinary palliative care teams, focusing on areas of pastoral care, counselling and support, which health professionals were often less confident to provide. This paper reports on development ... a resource manual, which can be a basis for multidisciplinary team professional development discussions, creating greater awareness of the emotional and spiritual needs of palliative care clients and caregivers, and presenting a range of responses to those needs. [http://nrha.org.au/12nrhc/wp-content/uploads/2013/06/Ellis-Bronwyn\\_Penman-Joy\\_ppr.pdf](http://nrha.org.au/12nrhc/wp-content/uploads/2013/06/Ellis-Bronwyn_Penman-Joy_ppr.pdf)

Of related interest:

- *JOURNAL OF SOCIAL WORK EDUCATION*, 2013;49(3):387-396. **'Developing interdisciplinary skills and professional confidence in palliative care social work students.'** This study is a qualitative evaluation of those elements contributing to competence and confidence in interdisciplinary practice skills of ... Master of Social Work students. Analysis of student narratives yielded two prominent themes: 1) social work students' relationships to members of other disciplines, which included understanding of other professions' knowledge and scope of practice as well as respect for and from professionals of other disciplines; and, 2) the social work students' self-representation as members of the profession and identities as team members. <http://www.tandfonline.com/doi/abs/10.1080/10437797.2013.796851#.UbcadudwomY>

### Quotable Quotes

*If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.* **Nelson Mandela**

## Bringing compassion back into caring: An equation of reciprocation

*BRITISH JOURNAL OF COMMUNITY NURSING*, 2013;18(6):299. The idea of having compassion in caring sounds almost *fait accompli* among healthcare professionals and community nurses in particular when delivering end-of-life care. The report from Robert Francis ... highlighted a lack of compassion as one of the fundamental failures of nurses caring for patients at Mid Staffs hospital.<sup>1</sup> In the U.K., the phone hacking scandal suggests a lack of compassion by the perpetrators of these crimes; from the journalist who obtained the stories to the top management executives in the newspaper industry authorising printing of the stories. [http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99042;article=BJCN\\_18\\_6\\_299](http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99042;article=BJCN_18_6_299)

1. 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry,' February 2013. [Noted in Media Watch, 11 February 2013] <http://www.midstaffspublicinquiry.com/report>

Of related interest:

- *PULSE* (U.K.) | Online – 12 June 2013 – '**GPs to be interviewed to measure their compassion.**' Care Quality Commission inspectors will measure how caring and compassionate practices are by speaking to GPs, as well as staff and patients, to "get a sense of the practice's values" under plans being formulated by the regulator. <http://www.pulsetoday.co.uk/your-practice/practice-topics/regulation/gps-to-be-interviewed-to-measure-their-compassion-says-cqc-lead/20003254.article>

Noted in Media Watch, 24 December 2012:

- *NURSING IN PRACTICE* | Online – 18 December 2012 – '**National Health Service to implement Chief Nursing Officer vision of compassionate care.**' The National Health Service (NHS) will drive forward a culture of compassionate care as set out by the NHS's Commissioning Board's chief nursing officer.<sup>1</sup> <http://www.nursinginpractice.com/article/nhs-implement-cno-vision-compassionate-care>

1. 'Everybody counts: Planning for patients 2013/14,' National Health Service Commissioning Board, December 2012. <http://www.commissioningboard.nhs.uk/everyonecounts/>

## **"No decision about me without me"**

### **Shared decision-making: Nurses must respect autonomy over paternalism**

*BRITISH JOURNAL OF COMMUNITY NURSING*, 2013;18(6):303-306. Shared decision-making lies at the heart of the Government's reforms of the National Health Service in England. The slogan, "No decision about me without me," underpins shared decision-making that sees patients as active participants in their treatment decisions. The authors argue that for "no decision about me, without me" to be a reality, district nurses must guard against paternalistic decision-making that excludes the views and wishes of their patients. [http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99043;article=BJCN\\_18\\_6\\_303\\_306](http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99043;article=BJCN_18_6_303_306)

## **Suffering at end of life: A systematic review of the literature**

*JOURNAL OF HOSPICE & PALLIATIVE NURSING*, 2013;15(5):286-297. Suffering, one of the most clinically debilitating conditions faced at end of life, is often neglected by healthcare providers. Themes [from the studies reviewed] included the body becoming an alerting device, the devastating impact of isolation, the sufferers having great concern for others, and moments of relief within suffering. Congruent with theoretical definitions of suffering, the sufferers described changes in their identities. Disturbingly, the sufferers often felt they became inanimate objects in the eyes of family members and healthcare providers. [http://journals.lww.com/jhpn/Abstract/2013/07000/Suffering\\_at\\_End\\_of\\_Life\\_A\\_Systematic\\_Review\\_of.8.aspx](http://journals.lww.com/jhpn/Abstract/2013/07000/Suffering_at_End_of_Life_A_Systematic_Review_of.8.aspx)

Cont.

Of related interest:

- *JOURNAL OF PALLIATIVE MEDICINE* | Online – 6 June 2013 – **'Multiple locations of advance care planning documentation in an electronic health record: Are they easy to find?'** The ambulatory care setting is a new frontier for advance care planning (ACP). While electronic health records (EHR) have been expected to make ACP documentation more retrievable, the literature is silent on the locations of ACP documentation in EHRs and how readily they can be found. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0472>
- *JOURNAL OF PALLIATIVE MEDICINE* | Online – 14 June 2013 – **'Involvement of the Dutch general population in advance care planning...'** Although the majority of the Dutch population seems open to discussions about end-of-life care, this study revealed that discussions with physicians are exceedingly rare. <http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0555>

### **We need an alternative to The Liverpool Care Pathway for patients who might recover**

*BRITISH MEDICAL JOURNAL* | Online – 11 June 2013 – Having a pathway for all situations is an obsession of today's medicine. Sometimes this has led to a pathway that was designed for one situation being adapted or used in another – and not always to good effect. This seems to be what has happened with The Liverpool Care Pathway. It was designed to help those providing care for terminally ill patients who are in their last days of life. The pathway is now being used for patients who may be in their last days or weeks of life but for whom there remains a chance of recovery. Is this appropriate? <http://www.bmj.com/content/346/bmj.f3702>

**N.B.** A representative sample of recent articles on The Liverpool Care Pathway noted in Media Watch are listed in the 10 June 2013 issue of the weekly report.

#### [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 and research 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. Links are checked and confirmed as active before each edition of Media Watch is distributed.
2. Links often remain active, however, for only a limited period of time.
3. Access to a complete article, in some cases, may require a subscription or one-time charge.
4. 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.
5. 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.

## **The magnitude, share and determinants of unpaid care costs for home-based palliative care service provision in Toronto, Canada**

*HEALTH & SOCIAL CARE IN THE COMMUNITY* | Online – 12 June 2013 – Information regarding palliative care resource utilisation and costs, time devoted to care-giving and socio-demographic and clinical characteristics was collected between July 2005 and September 2007. Over the last 12 months of life, the average monthly cost was \$14,924 (2011 CDN\$) per patient. Unpaid care-giving costs were the largest component – \$11,334, accounting for 77% of total palliative care expenses, followed by public costs (\$3,211; 21%) and out-of-pocket expenditures (\$379; 2%). In all cost categories, monthly costs increased exponentially with proximity to death. Results suggest that overwhelming the proportion of palliative care costs is unpaid care-giving. <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12058/abstract>

## **Factors that promote and hinder joint and integrated working between health and social care services: A review of research literature**

*HEALTH & SOCIAL CARE IN THE COMMUNITY* | Online – 11 June 2013 – The findings of the review suggest that there is some indication that recent developments, in particular the drive to greater integration of services, may have positive benefits for organisations as well as for users and carers of services. However, the evidence consistently reports a lack of understanding about the aims and objectives of integration, suggesting that more work needs to be done if the full potential of the renewed policy agenda on integration is to be realised. Additionally, while the review acknowledges that greater emphasis has been placed on evaluating the outcome of joint working, studies largely report small-scale evaluations of local initiatives and few are comparative in design and therefore differences between "usual care" and integrated care are not assessed. This makes it difficult to draw firm conclusions about the effectiveness of U.K.-based integrated health and social care services. <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12057/abstract>

Noted in Media Watch, 25 March 2013:

- U.K. (ENGLAND) | Joint Parliamentary Committee on the Draft Care & Support Bill – 19 March 2013 – **'Greater focus on prevention and integration essential to improve Care & Support Bill, warn Peers and MPs.'** A cross party group of MPs and Peers warns that the Government has not fully thought through the implications of its social care reforms and may leave local authorities open to a deluge of disputes and legal challenges. In a unanimous report, MPs and Peers also warn that without greater integration with health and housing, and a focus on prevention and early intervention, the care and support system will be unsustainable. <http://www.parliament.uk/business/committees/committees-a-z/joint-select/draft-care-and-support-bill/news/report-publication/>

## **Exploring cultural values that underpin the ethical and legal framework of end-of-life care: A focus group study of South Asians**

*JOURNAL OF MEDICAL LAW & ETHICS*, 2013;1(1):63-74. The central tenets of the legal and ethical framework that govern end-of-life care are dignity, equality, freedom of religion and respect for self-determined choice. These are variously protected by common law, statute and the European Convention of Human Rights. The interpretation and implementation of policies that govern end-of-life care depend upon the values that are attributed to these four principles. The findings [of this study] revealed that the values attributed to dignity and equality were fundamental and humanitarian. Faith-based beliefs reflected values of expression and freedom of religion, legal protection of the same and culture-based spirituality. Traditional autonomous decision-making was considered to be less important than involvement of the family and the communitarian ethic. The social impact of values such as these will be directly significant when implementing policies and processes intended to ensure that minority ethnic groups enjoy equality in end-of-life care. <http://www.ingentaconnect.com/content/plp/jmle/2013/00000001/00000001/art00005>

Cont.



Of related interest:

- *BRITISH JOURNAL OF COMMUNITY NURSING*, 2013;18(6):296-298. **'Developing cultural competence in palliative care.'** Cultural competence is an evolving process that depends on self-awareness, knowledge and skills. It begins with an acceptance of differences, each of which is applicable to the organisation as a whole and to the individuals who work within it. [http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99041;article=BJCN\\_18\\_6\\_296\\_298](http://www.bjcn.co.uk/cgi-bin/go.pl/library/article.html?uid=99041;article=BJCN_18_6_296_298)

### **What the experience of illness teaches**

*NARRATIVE INQUIRY IN BIOETHICS*, 2013;3(1):45-49. U.S. bioethics was slow to appreciate the importance of recognizing and responding to human vulnerability. These essays describe its central importance for those suffering illness and make educating a more empathic and responsive generation of caregivers a priority. Each teaches the importance of the life lessons human experience can teach if we value reflection and seek to experience, understand and learn... [http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative\\_inquiry\\_in\\_bioethics/v003/3.1.taylor.pdf](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative_inquiry_in_bioethics/v003/3.1.taylor.pdf)

Of related interest:

- *NARRATIVE INQUIRY IN BIOETHICS*, 2013;3(1):E2-E4 & E5-E7. **'A good death' & 'The end of a life.'** Authors in this narrative symposium explore themes of vulnerability, suffering, communication, voluntariness, cultural barriers, and flaws in local healthcare systems through stories about their own illnesses or about caring for children, partners, parents and grandparents. [http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative\\_inquiry\\_in\\_bioethics/v003/3.1.kirkwood.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative_inquiry_in_bioethics/v003/3.1.kirkwood.html)

### **Should we tell Annie?: Preparing for death at the intersection of parental authority and adolescent autonomy**

*NARRATIVE INQUIRY IN BIOETHICS*, 2013;3(1):81-88. This case analysis examines the pediatric clinical ethics issues of adolescent autonomy and parental authority in medical decision-making. The case involves a dying adolescent whose parents request the medical team withhold diagnosis and prognosis information from the patient. The analysis engages two related ethical questions: Should Annie be given information about her medical condition? And, who is the proper decision-maker in Annie's case? Ultimately, four practical recommendations are offered. [http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative\\_inquiry\\_in\\_bioethics/v003/3.1.salter.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative_inquiry_in_bioethics/v003/3.1.salter.html)

Representative sample of recent articles on adolescence and end-of-life care noted in past issues of Media Watch:

- *JOURNAL OF MEDICINE & PHILOSOPHY*, 2013;38(3):249-255. **'The decisional capacity of the adolescent: An introduction to a critical reconsideration of the doctrine of the mature minor.'** <http://jmp.oxfordjournals.org/content/38/3/249.extract>
- *PEDIATRIC BLOOD & CANCER*, 2013;60(5):715-718. **'When silence is not golden: Engaging adolescents and young adults in discussions around end-of-life care choices.'** <http://onlinelibrary.wiley.com/doi/10.1002/pbc.24490/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false>
- U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES | National Institute of Mental Health – 7 January 2013 – **'Guide offers a blueprint for end-of-life conversation with youth.'** <http://www.nimh.nih.gov/science-news/2013/guide-offers-a-blueprint-for-end-of-life-conversation-with-youth.shtml>

## **The experiences, coping mechanisms and impact of death and dying on palliative medicine specialists**

*PALLIATIVE & SUPPORTIVE CARE* | Online – 11 June 2013 – Most research focuses on the multidisciplinary team or on nurses who work with the dying. Fewer studies consider medical professionals trained in palliative medicine. This study further contributes to the understanding of the impact of death and dying on professionals who care for dying patients and their families. Despite the stressors and the potential for burnout and compassion fatigue, these participants employed strategies that enhanced meaning-making and emphasized the rewards of their work. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8936522&fulltextType=RA&fileId=S1478951513000138>

Noted in Media Watch, 22 April 2013:

- *CANADIAN FAMILY PHYSICIAN*, 2013;59(3):265-268. **'Compassion fatigue.'** Physicians do experience reactions to the deaths of their patients, although it is not a topic often talked about or researched. <http://171.66.125.180/content/59/3/265.short>

## **Differences in characteristics of dying children who receive and do not receive palliative care**

*PEDIATRICS* | Online – 11 June 2013 – Most pediatric patients who died in a hospital did not have documented receipt of PC. Children receiving PC are different from those who do not in many ways, including receipt of fewer procedures. Receipt of PC has increased over time; however, it remains low, particularly among neonates and those with circulatory diseases. This study evaluated 24,342 children. Overall, 4% had coding for PC [palliative care] services. This increased from 1% to 8% over the study years. Increasing age was associated with greater receipt of PC. Children with the PC code had fewer median days in the hospital (17 vs. 21), received fewer invasive interventions, and fewer died in the ICU (60% vs. 80%). Receipt of PC also varied by major diagnostic codes, with the highest proportion found among children with neurologic disease. <http://pediatrics.aappublications.org/content/early/2013/06/05/peds.2013-0470.abstract>

Of related interest:

- *ISSUES IN COMPREHENSIVE PEDIATRIC NURSING* | Online – 12 June 2013 – **""You've only got one chance to get it right"": Children's cancer nurses' experiences of providing palliative care in the acute hospital setting.** Five themes emerged [in this study]: "lack of a plan," "managing the symptoms," "family," and "experience." The findings suggest nurses need specific palliative care education not only at pre-registration but also continuing professional development. <http://informahealthcare.com/doi/abs/10.3109/01460862.2013.797520>
- *SUPPORTIVE CARE IN CANCER* | Online – 13 June 2013 – **'Day One Talk: Parent preferences when learning that their child has cancer.'** Sixty-two parents of children with newly diagnosed cancer participated [in this cross-sectional study]. Ninety-seven percent believed that the Day One Talk is extremely important. Ninety percent believed that the word "cancer" should be used during the Day One Talk. Seventy-seven percent believed that the pediatric oncologist should provide specific numbers regarding cure rates for the patient's diagnosis. Eighty-four percent of parents do not believe that children younger than 14 should be present. <http://link.springer.com/article/10.1007/s00520-013-1874-8>

**N.B.** U.K.'s Together for Short Lives recently published a new edition of 'A Core Care Pathway for Children with Life-limiting and Life-threatening Conditions. A free copy can be downloaded at: [http://www.togetherforshortlives.org.uk/assets/0000/4121/TfSL\\_A\\_Core\\_Care\\_Pathway\\_ONLINE.pdf](http://www.togetherforshortlives.org.uk/assets/0000/4121/TfSL_A_Core_Care_Pathway_ONLINE.pdf)

## The correlates of nursing staff turnover in home and hospice agencies

*RESEARCH ON AGING*, 2013;35(4):375-392. Results show that the three-month turnover rates of registered nurses (RNs), licensed practice nurses (LPNs), home health aides (HHAs), and certified nursing assistants (CNAs) in 2007 were 10.2%, 14.3%, 12.5%, and 12.9%, respectively. A higher nurse staffing level reduced the odds of RN and HHA turnover; the availability of communication aids reduced the odds of LPN turnover. Moreover, among benefit programs, the provision of partial insurance for family reduced the odds of HHA turnover; dental or vision health insurance reduced the odds of RN turnover; mileage reimbursement or agency car reduced the odds of LPN turnover. The provision of a 401k [pension] plan and a paid-time-off program increased the odds of RN turnover. The study results suggest that high staffing levels and benefit programs may reduce the odds of experiencing nursing staff turnover. Initiatives to minimize nursing staff turnover should consider these factors. <http://roa.sagepub.com/content/35/4/375.abstract>

### Media Watch Online

#### Asia

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK: [HTTP://APHN.ORG/?S=MEDIA+WATCH](http://APHN.ORG/?S=MEDIA+WATCH)

SINGAPORE | Centre for Biomedical Ethics (CENTRES): <http://centres.sg/> (Scroll down to 'Palliative Care Network: Media Watch')

#### Australia

WESTERN AUSTRALIA | Palliative Care WA Inc: <http://palliativecarewa.asn.au/site/helpful-resources/> (Scroll down to 'International Websites' to 'Palliative Care Network' to access the weekly report)

#### Canada

ONTARIO | Hamilton Niagara Haldimand Brant Hospice Palliative Care Network: <http://www.hnhbhpc.net/CurrentNewsandEvents/tabid/88/Default.aspx> (Click on 'Current Issue' under 'Media Watch')

ONTARIO | HPC Consultation Services (Waterloo Region/Wellington County): <http://www.hpcconnection.ca/newsletter/inthenews.html>

ONTARIO | Mississauga Halton Palliative Care Network: <http://www.mhpcn.ca/Physicians/resources.htm?mediawatch=1>

ONTARIO | Palliative Care Consultation Program (Oakville): <http://www.palliativecareconsultation.ca/?q=mediawatch>

ONTARIO | Toronto Central Hospice Palliative Care Network: <http://www.tcpcn.ca/uncategorized/media-watch-309-june-10-2013>

#### Europe

HUNGARY | Hungarian Hospice Foundation: <http://www.hospicehaz.hu/en/training/> (Scroll down to 'Media Watch')

U.K. | Omega, the National Association for End of Life Care: <http://www.omega.uk.net/media-watch-hospice-palliative-care-and-end-of-life-news-n-470.htm?PHPSESSID=b623758904ba11300ff6522fd7fb9f0c>

#### International

INTERNATIONAL PALLIATIVE CARE RESOURCE CENTER: <http://www.ipcrc.net/archive-global-palliative-care-news.php>

PALLIATIVE CARE NETWORK COMMUNITY: <http://www.pcn-e.com/community/pg/file/owner/MediaWatch>

PALLIMED (Hospice & Palliative Medicine Blog): <http://www.pallimed.org/2013/01/the-best-free-hospice-and-palliative.html> (Scroll down to 'Aggregators' and Barry Ashpole and Media Watch)

New

New

## Assisted (or facilitated) death

Representative sample of recent articles, etc:

- *JONA'S HEALTHCARE LAW, ETHICS & REGULATION*, 2013;15(2):89-90. '**Advance practice registered nurse intended actions toward patient-directed dying.**' Advanced practice registered nurses (APRNs) [i.e., survey participants] reported increased intent to discuss than actively participate through means of prescriptive authority under PDD [patient directed dying] legislation. Depiction of pain and suffering may have an impact on intention to act in cases of PDD. Increased awareness and education surrounding professional codes are needed. [http://journals.lww.com/jonalaw/Citation/2013/04000/Advance\\_Practice\\_Registered\\_Nurse\\_Intended\\_Actions.4.aspx](http://journals.lww.com/jonalaw/Citation/2013/04000/Advance_Practice_Registered_Nurse_Intended_Actions.4.aspx)
- *MÉDECINE PALLIATIVE* | Online – 11 June 2013 - '**Care practices and decriminalizing euthanasia.**' In the current political and social context, is it not imperative that practitioners of palliative care consider the sociological, anthropological and philosophical implications of their work if euthanasia becomes legal? As doctors working in public institutions, we have created a working group to develop, not answers, but ways to think about this complex question. In the course of this project, we have identified four main points, which could serve as guidelines for future discussions if the legislature takes the initiative to decriminalize euthanasia. <http://www.sciencedirect.com/science/article/pii/S1636652213000573>

---

Barry R. Ashpole  
Beamsville, Ontario CANADA

'phone: 905.563.0044  
e-mail: [baryashpole@bell.net](mailto:baryashpole@bell.net)