EthxWeb Search Results

Search Detail:
Result=((((PALLIATIVE.T I.) NOT (EDITORIAL OR LETTER OR NEWS)) AND ((EM OR AN).SC.)) AND (@YD > "19999999")

Documents: 1 - 160 of 160

Document 1
Wiese, C H R; Duttge, G; Taghavi, M; Lassen, C L; Meyer, N; Andreesen, R; Graf, B M; Pfirstinger, J
Deutsche medizinische Wochenschrift (1946) 2011 Nov; 136(45): 2302-7
Abstract: General out-patient palliative care (GOPC) must be integrated into the care of patients with life-limiting diseases. Aim of the study was to evaluate experiences of general practitioners concerning advance directives and palliative emergency sheets.

Document 2
Buiting, Hilde M; Willems, Dick L; Pasman, H Roeline W; Rurup, Mette L; Onwuteaka-Philipsen, Bregje D
Palliative treatment alternatives and euthanasia consultations: a qualitative interview study.
Abstract: There is much debate about euthanasia within the context of palliative care. The six criteria of careful practice for lawful euthanasia in The Netherlands aim to safeguard the euthanasia practice against abuse and a disregard of palliative treatment alternatives. Those criteria need to be evaluated by the treating physician as well as an independent euthanasia consultant.

Document 3
Schildmann, Jan; Hoetzel, Julia; Baumann, Anne; Mueller-Busch, Christof; Vollmann, Jochen
Limitation of treatment at the end of life: an empirical-ethical analysis regarding the practices of physician members of the German Society for Palliative Medicine.
Abstract: To determine the frequencies and types of limitation of medical treatment performed by physician members of the German Society for Palliative Medicine and to analyse the findings with respect to clinical and ethical aspects of end-of-life practices.

Document 4
Schildmann, Jan; Hoetzel, Julia; Mueller-Busch, Christof; Vollmann, Jochen
End-of-life practices in palliative care: a cross sectional survey of physician members of the German Society for Palliative Medicine.
Palliative medicine 2010 Dec; 24(8): 820-7

**Abstract:** To elicit types and frequencies of end-of-life practices by physician members of the German Society for Palliative Medicine. To analyse associations between characteristics of physicians and patients and end-of-life practices with intended hastening of death.

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Document 5

Silvoniemi, M; Vasankari, T; Vahlberg, T; Clemens, Ke; Salminen, E

**Physicians’ attitudes towards euthanasia in Finland: would training in palliative care make a difference?**
Palliative medicine 2010 Oct; 24(7): 744-6

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Document 6

Böddeker, Andrea; Smeding, Ruthmarijke; Voltz, Raymond

**Stand by me: a volunteer’s reflection on working on an academic palliative care unit in Germany.**
Current opinion in supportive and palliative care 2010 Sep; 4(3): 174-7

**Abstract:** To relate personal experience and reflections on the tasks and role of a volunteer in an academic palliative care unit into the context of the English publications of 2009. We took a snapshot of the most recent publications as a way of placing the rather unique experiences of this German volunteer in an international context.

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Document 7

Stiel, Stephanie; Pestinger, Martina; Moser, Albine; Widdershoven, Guy; Lüke, Ulrich; Meyer, Guido; Voltz, Raymond; Nauck, Friedemann; Radbruch, Lukas

**The use of grounded theory in palliative care: methodological challenges and strategies.**

**Abstract:** BACKGROUND: The need for research methods that are suited to evaluate important issues and phenomena in palliative care has established different qualitative research approaches during the last years. This article describes the use and adaptation of a qualitative research methodology in a palliative care setting. RESEARCH PROCESS: The wish for hastened death of terminally ill patients is an important end-of-life issue. Proponents of palliative care have argued that good palliative care would prevent the wish for hastened death. However, this wish is stated by a few patients receiving palliative care, raising a challenging dilemma for patients, relatives and caregivers involved. In order to investigate the motivations of the patients asking for hastened death, we conducted a qualitative study using Grounded theory (GT). This article aims to illustrate the use of a flexible, less burdening qualitative research method and the adaptation of the research process of GT in a palliative care research setting. This is based on experiences and illustrated by examples from the qualitative study on the wish for hastened death in patients receiving palliative care. CONCLUSIONS: GT allowed a systematic understanding of patients' experiences and attitudes and careful in-depth exploration of this vulnerable population. Conducting a GT study needs high staff resources, a great catchment area for participant recruitment and realistic inclusion and exclusion criteria to allow for theoretical sampling. The use of GT should be facilitated by an experienced researcher familiar with this method because of high methodological requirements and rather complex analysis procedures.

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Document 8

Gardiner, Clare; Barnes, Sarah; Small, Neil; Gott, Merryn; Payne, Sheila; Seamark, David; Halpin, David

**Reconciling informed consent and ‘do no harm’: ethical challenges in palliative-care research and practice in chronic obstructive pulmonary disease.**
**Abstract:** The challenges associated with patient-based research in palliative care are well documented. This paper focuses on the ethical challenges and discusses them in the context of a pilot study to explore the palliative-care needs of patients with moderate and severe chronic obstructive pulmonary disease. The main ethical challenge encountered related to problems surrounding the use of terminology, specifically the terms 'palliative care' and 'chronic obstructive pulmonary disease'. The approving ethics committee specified that these terms be removed from all patient materials in order to protect patients from undue distress. The impact of this ethical advice on patients' ability to give fully informed consent is discussed. This paper highlights a requirement for appropriately resourced and well-managed studies in palliative care, and identifies a need for the development of appropriate strategies in order to ensure the informed participation of patients with non-cancer diagnoses in palliative-care research.

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**Abstract:** BACKGROUND: Refusal of appropriately indicated do-not-resuscitate (DNR) orders may cause harm and distress for patients, families, and the medical team. We conducted a retrospective study to determine the frequency and predictors of refusals of DNR in advanced cancer patients admitted to an acute palliative care unit. METHODS: A total of 2538 consecutive admissions were reviewed. Demographic and clinical characteristics from 200 consecutive patients with DNR orders and 100 consecutive patients who refused DNR were collected, and differences between the groups were determined by multivariate regression and recursive partitioning analysis. RESULTS: Of 2538 admissions, 2530 (99%) were appropriate for DNR discussion. Of the 2530 admissions, 2374 were unique patients, and 100 (4%) of 2374 refused DNR. Refusers had median (interquartile range, IQR) pain of 7 (4-9) versus 5 (3-8, P = .0005), nausea of 2 (0-7) versus 1 (0-4, P = .05), and dyspnea of 1 (0-5) versus 4 (0-7, P = .002) as compared with DNR nonrefusers, respectively. Patients with hematological malignancies and advance directives had a lower DNR refusal risk (odds ratio [OR], 0.38; P = .02, and OR, 0.36; P < .0001, respectively). Multivariate regression analysis revealed that patients with moderate-severe pain (OR, 3.19; P = .002) and with no advance directives (OR, 2.94; P < or =.001) had higher DNR refusal risk. There were more inpatient deaths among DNR nonrefusers (87 of 200 vs 1 of 100, P < .0001). Median (IQR) time from discharge to death was 18 (8-35) days for those with DNR orders and 85 (25-206) days for DNR refusers (P < or = .0001). CONCLUSIONS: DNR refusal in patients admitted to the acute palliative care unit is low, more frequent in patients with more pain and nausea and no advance directives, and associated with longer survival. This study demonstrates possible predictors of complicated DNR discussions.

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**Understanding palliative cancer chemotherapy: about shared decisions and shared trajectories.**

**Abstract:** Most models of patient-physician communication take decision-making as a central concept. However, we found that often the treatment course of metastatic cancer patients is not easy to describe in straightforward terms used in decision-making models but is instead frequently more erratic. Our aim was to analyse these processes as trajectories. We used a longitudinal case study of 13 patients with metastatic colorectal and pancreatic cancer for whom palliative chemotherapy was a treatment option, and analysed 65 semi-structured interviews. We analysed three characteristics of the treatment course that contributed to the 'erraticness' of the course: (1) The treatment (with or without chemotherapy) contained many options; (2) these options were not stable entities to be decided upon, but changed identity over the course of treatment, and (3) contrary to the closure (option X means no option Y, Z, etc.) a decision implies, the treatment course was a continuous process in which options instead remained open. When the treatment course is characterised by these many and changeable options that do not result in closure, the shared decision-making model should take these into account. More attention needs to be paid to the erratic...
character of the process in which the doctor has to provide continuous information that is related to the changing situation of the patient; also, flexibility in dealing with protocols is warranted, as is vigilance about the overall direction of the process.

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**Document 11**

Yancu, Cecile N; Farmer, Deborah F; Leahman, Dee

**Barriers to hospice use and palliative care services use by African American adults.**


**Abstract:** This study explored the reasons for low levels of hospice participation by African Americans. METHODS: Data about attitudes toward dying and death, advanced directives, and barriers to using hospice services were collected from 314 adults attending 11 diversely populated churches in North Carolina. RESULTS: Almost all participants indicated (91%) willingness to use hospice, particularly if the hospice team were diverse (77%). Most are without a living will (72%) or health care power of attorney (81%); approximately half (54%) have shared final care wishes. Discussion: Despite evidence of a willingness to use hospice, African Americans were unlikely to complete advanced directives or share final care wishes. However, many were more likely to use hospice if the care team were diverse suggesting the importance of culture.

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**Document 12**

Karlsson, Margareta; Roxberg, Asa; da Silva, António Barbosa; Berggren, Ingela

**Community nurses' experiences of ethical dilemmas in palliative care: a Swedish study.**

International journal of palliative nursing 2010 May; 16(5): 224-31

**Abstract:** AIM: The aim of this study was to highlight community nurses’ experiences of ethical dilemmas in palliative care. BACKGROUND: There are many studies on palliative care but research on how community nurses experience ethical dilemmas in palliative home care is lacking. The ethical dilemmas to which these nurses are exposed seriously challenge their ethical competence. METHOD: Seven community nurses described their experiences of ethical dilemmas in palliative home care. The data was analysed by means of qualitative content analysis. FINDINGS: The core themes that emerged were: powerlessness, frustration, and concern in relation to ethical dilemmas in palliative care. The nurses were motivated and felt responsibility for their patients' end of life, and their relatives, and took their duties seriously. They wanted to satisfy all parties; the patient, the relatives and other palliative care professionals. CONCLUSION: The study confirms the need for knowledge about how community nurses experience dilemmas in ethical decision-making. They have the freedom to act and the willingness to make decisions, but they lack competence and knowledge about how their colleagues' experience and deal with such issues.

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**Document 13**

McCloskey, Sharon; Taggart, Laurence

**How much compassion have I left? An exploration of occupational stress among children's palliative care nurses.**

International journal of palliative nursing 2010 May; 16(5): 233-40

**Abstract:** Nursing is a stressful occupation. While children's palliative care nurses encounter many of the stressors in common with other nurses, this unique context of care generates specific aspects of stress that warrant further examination. This qualitative study explores the experiences of stress in nurses providing children's palliative care in one region of the UK. In total, four focus groups took place with children's hospice nurses, community children's nurses and children's nurse specialists based in the regional children's hospital. The focus groups were taped, transcribed and analysed through the application of Newell and Bumard's thematic content analysis methodology. Four core themes emerged: work demands; relationships, maintaining control, and support and roles. Of particular note were stressors associated with the sub-themes of relationships, emotional demands and ethical conflicts.
Conclusions illustrating how individuals and organizations may reduce the impact of stress in nurses contributing to the palliative care of children and their families are made.

Document 14
Cassell, Eric J; Rich, Ben A
Intractable end-of-life suffering and the ethics of palliative sedation.
Pain medicine (Malden, Mass.) 2010 Mar; 11(3): 435-8
Abstract: Palliative sedation (sedation to unconsciousness) as an option of last resort for intractable end-of-life distress has been the subject of ongoing discussion and debate as well as policy formulation. A particularly contentious issue has been whether some dying patients experience a form of intractable suffering not marked by physical symptoms that can reasonably be characterized as "existential" in nature and therefore not an acceptable indication for palliative sedation. Such is the position recently taken by the American Medical Association. In this essay we argue that such a stance reflects a fundamental misunderstanding of the nature of human suffering, particularly at the end of life, and may deprive some dying patients of an effective means of relieving their intractable terminal distress.

Document 15
Jansen, Lynn A
Pain medicine (Malden, Mass.) 2010 Mar; 11(3): 440-1; discussion 442

Document 16
Duke, Sue; Bennett, Helen
Review: a narrative review of the published ethical debates in palliative care research and an assessment of their adequacy to inform research governance.
Palliative medicine 2010 Mar ; 24(2): 111-26
Abstract: The quality of research, and the resulting quality of evidence available to guide palliative care, is dependent on the ethical decisions underpinning its design, conduct and report. Whilst much has been published debating the ethics of palliative care research, an assessment of the quality and synthesis of the central debates is not available. Such a review is timely to inform research governance. The methodology of this study is based on the principles of systematic reviews. Fifty-seven papers were reviewed following a thorough search, and were critically appraised for their literary quality, the knowledge on which they drew and the research standards they addressed. The debates identified address vulnerability, moral appropriateness, consent, gate-keeping and inclusion and research culture. The quality of debate and the sources of knowledge varied. The debate was rich in quality and knowledge with respect to the protection of the dignity, rights and safety of research participants, but less developed in relation to those of researchers and other staff. There is also little debate about the ethics of reporting of research and the ethics underpinning research leadership. A framework is offered that reconciles the ethical issues raised with potential methodological strategies identified from the review.

Document 17
Jansen, Lynn A.
Disambiguating clinical intentions: the ethics of palliative sedation.
Abstract: It is often claimed that the intentions of physicians are multiple, ambiguous, and uncertain—at least with respect to end-of-life care. This claim provides support for the conclusion that the principle of double effect is of little or no value as a guide to end-of-life pain management. This paper critically discusses this claim. It argues that proponents of the claim fail to distinguish two different senses of "intention," and that, as a result, they are led to exaggerate the extent to which clinical intentions in end-of-life contexts are ambiguous and uncertain. It argues further that physicians, like others who make life and death decisions, have a duty to get clear on what their intentions are. Finally, it argues that even if the principle of double effect should be rejected, clinical intentions remain ethically significant because they condition the meaning of extraordinary clinical interventions, such as that of palliative sedation.

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http://jmp.oxfordjournals.org/content/vol35/issue1/ (link may be outdated)

* Document 18

Erichsen, Eva; Danielsson, Elisabeth Hadd; Friedrichsen, Maria
A phenomenological study of nurses' understanding of honesty in palliative care.
Nursing Ethics 2010 January; 17(1): 39-50

Abstract: Honesty is essential for the care of seriously ill and dying patients. The current study aimed to describe how nurses experience honesty in their work with patients receiving palliative care at home. The interviews in this phenomenological study were conducted with 16 nurses working with children and adults in palliative home-based care. Three categories emerged from analyses of the interviews: the meaning of honesty, the reason for being honest and, finally, moral conflict when dealing with honesty. The essence of these descriptions was that honesty is seen as a virtue, a good quality that a nurse should have. The nurses' ethical standpoint was shown in the moral character they show in their work and in their intention to do good. This study could help nurses to identify different ways of looking at honesty to promote more consciousness and openness in ethical discussions between colleagues and other staff members.

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* Document 19

Blinderman, Craig
Palliative care, public health and justice: setting priorities in resource poor countries.
Developing World Bioethics 2009 December; 9(3): 105-110

Abstract: Many countries have not considered palliative care a public health problem. With limited resources, disease-oriented therapies and prevention measures take priority. In this paper, I intend to describe the moral framework for considering palliative care as a public health priority in resource-poor countries. A distributive theory of justice for health care should consider integrative palliative care as morally required as it contributes to improving normal functioning and preserving opportunities for the individual. For patients requiring terminal care, we are guided less by principles of justice and more by the duty to relieve suffering and society's commitment to protecting the professional's obligation to uphold principles of beneficence, compassion and non-abandonment. A fair deliberation process is necessary to allow these strong moral commitments to serve as reasons when setting priorities in resource poor countries.

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http://www3.interscience.wiley.com/journal/117981440/home (link may be outdated)

* Document 20

Broeckaert, Bert; Gielen, Joris; Van Iersel, Trudie; Van den Branden, Stef
The attitude of Flemish palliative care physicians to euthanasia and assisted suicide: an empirical study
Ethical Perspectives 2009 November; 16(3): 311-335
Document 21

Barilan, Y. Michael

Nozick's experience machine and palliative care: revisiting hedonism.

Abstract: In refutation of hedonism, Nozick offered a hypothetical thought experiment, known as the Experience Machine. This paper maintains that end-of-life-suffering of the kind that is resistant to state-of-the-art palliation provides a conceptually equal experiment which validates Nozick's observations and conclusions. The observation that very many terminal patients who suffer terribly do no wish for euthanasia or terminal sedation is incompatible with motivational hedonism. Although irreversible vegetative state and death are equivalently pain-free, very many people loath the former even at the price of the latter. This attitude cannot be accounted for by hedonism. Following these observations, the goals of palliative care are sketched along four circles. The first is mere removal or mitigation of noxious symptoms and suffering. The second targets sufferings that stymie patients' life-plans and do not allow them to be happy, the third targets sufferings that interfere with their pursuance of other goods (palliation as a primary good). The fourth is the control of sufferings that do not allow the person to benefit from any human good whatsoever ("total pain" or critical suffering). Only in the fourth circle are people hedonists.

Document 22

Braithwaite, M; Philip, J; Finlayson, F; Tranberg, H; Gold, M; Kotsimbos, T; Wilson, J

Adverse events arising from a palliative care survey.

Abstract: Development of evidence-based practice requires investigation of the attitudes and needs of patients, families and healthcare professionals, particularly for sensitive subject areas. Cystic fibrosis (CF) is a recessively inherited life-limiting disorder resulting in early death. Patients with this condition generally expect that lung transplantation will be an available treatment option; however, this is uncertain. A dual approach to care that involves both preparing patients for transplant assessment, while simultaneously exploring acceptable palliative care options is needed. A survey amongst patients with CF, their families and health carers was conducted to understand their attitudes and needs in relation to end-of-life care. The survey encompassed five separate domains, with a total of 60 questions requiring approximately 20 min to complete. Of the 200 surveys sent to patients, 82 (41%) completed responses were received. The Institutional Ethics Committee received six complaints from families of seven patients (3.5% of those surveyed). This article explores the nature of the adverse responses to the survey. The majority of complaints were received from family members rather than from patients. Complaints described dissatisfaction with the topic, little warning about the study and felt it to be inappropriate for their family member's level of health. Survey instruments used to determine attitudes and needs in relation to end-of-life patient care are likely to elicit adverse responses that should be reported in a similar way to other investigational studies. Also arising from adverse responses and the complaint process, is the impact of criticism on study researchers.

Document 23

Koffman, Jonathan; Morgan, M.; Edmonds, P.; Speck, P.; Higginson, I.J.

Vulnerability in palliative care research: findings from a qualitative study of black Caribbean and white British patients with advanced cancer

Abstract: Introduction: Vulnerability is a poorly understood concept in research ethics, often aligned to autonomy and consent. A recent addition to the literature represents a taxonomy of vulnerability developed by Kipnis, but this refers to the conduct of clinical trials rather than qualitative research, which may raise different issues. AIM: To examine issues of vulnerability in cancer and palliative care research obtained through qualitative interviews. Method: Secondary analysis of qualitative data from 26 black Caribbean and 19 white British patients with advanced
cancer. RESULTS: Four domains of vulnerability derived from Kipnis's taxonomy were identified and included: (i) communicative vulnerability, represented by participants impaired in their ability to communicate because of distressing symptoms; (ii) institutional vulnerability, which referred to participants who existed under the authority of others—for example, in hospital; (iii) deferential vulnerability, which included participants who were subject to the informal authority or the independent interests of others; (iv) medical vulnerability, which referred to participants with distressing medical conditions; and (v) social vulnerability, which included participants considered to belong to an undervalued social group. Participants from both ethnic groups populated all these domains, but those who were black Caribbean were more present among the socially vulnerable. CONCLUSIONS: Current classifications of vulnerability require reinterpretation when applied to qualitative research at the end of life. We recommend that researchers and research ethics committees reconceptualize vulnerability using the domains identified in this study and consider the research context and interviewers' skills.

http://jme.bmj.com (link may be outdated)

Document 24
Chau, Nicole G.; Zimmermann, Camilla; Ma, Clement; Taback, Nathan; Krzyzanowska, Monika K.
Bereavement practices of physicians in oncology and palliative care.
Archives of Internal Medicine 2009 May 25; 169(10): 963-971

http://archinte.ama-assn.org (link may be outdated)

Document 25
Okishiro, Nao; Miyashita, Mitsunori; Tsuneto, Satoru; Sato, Kazuki; Shima, Yasuo
The Japan Hospice and palliative care evaluation Study (J-HOPE Study): views about legalization of death with dignity and euthanasia among the bereaved whose family member died at palliative care units.
American Journal of Hospice and Palliative Care 2009 April-May; 26(2): 98-104

Document 26
Hasselaar, Jeroen G.J.; Verhagen, Stans C.A.H.H.V.M.; Wolff, André P.; Engels, Yvonne; Cru, Ben J.P.; Vissers, Kris C.P.
Changed patterns in Dutch palliative sedation practices after the introduction of a national guideline.
Archives of Internal Medicine 2009 March 9; 169(5): 430-437

Abstract: BACKGROUND: Continuous sedation, contrary to euthanasia, has been increasingly accepted among medical professionals worldwide. In the Netherlands, a national guideline for continuous palliative sedation has been developed to contribute to the quality of palliative sedation practice. The present follow-up study investigated whether the practice of continuous sedation has changed after the introduction of this guideline. METHODS: This study compared the practice of continuous sedation before and after the introduction of the guideline on December 7, 2005. A baseline measurement was performed between February 1, 2003, and May 1, 2005, with an enrollment of 492 physicians (medical specialists, general practitioners, and nursing home physicians). From January 1 to June 30, 2007, after the introduction of a national guideline for palliative sedation, a follow-up study was performed with the respondents of the baseline study. Physicians were asked to report on their last case of deep and continuous sedation in the past 12 months. RESULTS: This study reports the results of the follow-up study and compares them to the results of the baseline study. The response rate was 69.3% (n = 341). Of these physicians, 160 reported a last case of continuous sedation in both the baseline and the follow-up studies. Physicians reported a significant increase in patient involvement in decision making, from 72.3% to 82.2%. Pain remained the most often reported reason to start sedation, whereas exhaustion as a reason for sedation increased. The use of benzodiazepines increased from 69.9% to 90.4%. In the first and second measurements, symptom-directed treatment during sedation
was applied in 56% to 58% of the cases. In the second period, there was more often an explicit decision to not give artificial hydration during sedation (78.8% vs 56.3%). Of the physicians, 34.2% were convinced that sedation shortened the life of the patient because of dehydration. CONCLUSIONS: After the introduction of the guideline, physicians reported that changes in palliative sedation practice conform to the recommendations of this guideline. For example, benzodiazepines were used for sedation more frequently than before and patient involvement in the decision-making process improved. Possible effects of dehydration and the large variation in symptom-directed treatment during sedation deserve careful attention.

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Document 27
De Jong, Jennifer D.; Clarke, Linda K.
*What is a good death? Stories from palliative care*
Journal of Palliative Care 2009 Spring; 25(1): 61-67

Document 28
Gourdji, Iris; McVey, Lynne; Purden, Margaret
*A quality end of life from a palliative care patient's perspective*
Journal of Palliative Care 2009 Spring; 25(1): 40-50

Document 29
Rosengarten, Ora S.; Lamed, Yonat; Zisling, Timna; Feigin, Ayelet; Jacobs, Jeremy M.
Palliative sedation at home
Journal of Palliative Care 2009 Spring; 25(1): 5-11

Document 30
Steele, Rose; Bosma, Harvey; Johnston, Meaghen Fletcher; Cadell, Susan; Davies, Betty; Siden, Hal; Straatman, Lynn
Research priorities in pediatric palliative care: a Delphi study
Journal of Palliative Care 2008 Winter; 24(4): 229-239

Document 31
Venke Gran, Siv; Miller, Jean
Norwegian nurses' thoughts and feelings regarding the ethics of palliative sedation.

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Document 32

Brzostek, Tomasz; Dekkers, Wim; Zalewski, Zbigniew; Januszewska, Anna; Górkiewicz, Maciej

Perception of palliative care and euthanasia among recently graduated and experienced nurses
Nursing Ethics 2008 November; 15(6): 761-776

Abstract: Palliative care and euthanasia have become the subject of ethical and political debate in Poland. However, the voice of nurses is rarely heard. The aim of this study is to explore the perception of palliative care and euthanasia among recent university bachelor degree graduates and experienced nurses in Poland. Specific objectives include: self-assessment of the understanding of these terms, recognition of clinical cases, potential acceptability of euthanasia, and an evaluation of attitudes towards palliative care and euthanasia. This is an exploratory study. A convenience sample of 206 recent graduates and 252 experienced nurse practitioners were interviewed. A structured questionnaire was used for collecting and interpreting data. Subjective perception of the terms 'palliative care' and 'euthanasia' was high and consistent with the recognition of clinical cases. The majority of the nurses excluded euthanasia from palliative care. They recognized personal philosophy of life as the most influential factor affecting attitudes towards euthanasia. The importance of the law was valued more highly by the experienced nurses.

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Document 33

Pautex, S.; Herrmann, F.R.; Zulian, G.B.

Role of advance directives in palliative care units: a prospective study
Palliative Medicine 2008 October; 22(7): 835-841

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Document 34

Keeley, P.W.

Improving the evidence base in palliative medicine: a moral imperative
Journal of Medical Ethics 2008 October; 34(10): 757-760

Abstract: The difficulties of undertaking good quality effectiveness research in palliative medicine are well documented. Much of the ethical literature in this area focuses on the vulnerability of the palliative care population. It is clear that a wider ethical approach will need to be used to justify research in the terminally ill. Some themes of ethical thought are underutilised in considering the ethics of palliative care research. Three arguments to justify the need for effectiveness research in palliative care should be highlighted: (1) there is evidence of an untapped altruism amongst the population of palliative care patients who would be keen to be involved in such research; (2) traditional Aristotelian and Thomistic virtue ethics would point to the need to gain knowledge in and of itself, but especially in palliative medicine for the benefit of PATIENTS: virtue also accrues in the acquisition of a stock of research experience which in turn makes further research feasible; (3) most compellingly, justice would dictate that palliative treatments are effective, that futile or useless treatments are avoided and that patients are not party to "n of 1" trials by default. The current state of the evidence base of effectiveness in palliative care leads us to the uncomfortable position where patients are in precisely the position of being unwitting participants in "n of 1" clinical trials by default, without their explicit consent.

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http://www.jmedethics.com (link may be outdated)

Document 35


Palliativpatienten im weit fortgeschrittenen Krankheitsstadium. Notärztliche Reanimation und Todesfeststellung [Palliative care patients in an advanced state of disease. Cardiopulmonary resuscitation
Reuzel, R.P.B.; Hasselaar, G.J.; Vissers, K.C.P.; van der Wilt, G.J.; Groenewoud, J.M.M.; Crul, B.J.P.  
**Inappropriateness of using opioids for end-stage palliative sedation: a Dutch study**  
Palliative Medicine 2008 July; 22(5): 641-646  
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Moyano, Jairo; Zambrano, Sofia; Ceballos, César; Santacruz, Carlos Miguel; Guerrero, Carlos  
**Palliative sedation in Latin America: survey on practices and attitudes.**  
Supportive Care in Cancer 2008 May; 16(5): 431-435  
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Gysels, Marjolein; Shipman, Cathy; Higginson, Irene J.  
**Is the qualitative research interview an acceptable medium for research with palliative care patients and carers?**  
**Abstract:** Background: Contradictory evidence exists about the emotional burden of participating in qualitative research for palliative care patients and carers and this raises questions about whether this type of research is ethically justified in a vulnerable population. This study aimed to investigate palliative care patients' and carers' perceptions of the benefits and problems associated with open interviews and to understand what causes distress and what is helpful about participation in a research interview. Methods: A descriptive qualitative study. The data were collected in the context of two studies exploring the experiences of care of palliative care patients and carers. The interviews ended with questions about patients' and carers' thoughts on participating in the studies and whether this had been a distressing or helpful event. We used a qualitative descriptive analysis strategy generated from the interviews and the observational and interactional data obtained in the course of the study. Results: The interviews were considered helpful: sharing problems was therapeutic and being able to contribute to research was empowering. However, thinking about the future was reported to be the most challenging. Consent forms were sometimes read with apprehension and being physically unable to sign was experienced as upsetting. Interviewing patients and carers separately was sometimes difficult and not always possible. Conclusion: The open interview enables the perspectives of patients and carers to be heard, unfettered from the structure of closed questions. It also enables those patients or carers to take part who would be unable to participate in other study designs. The context is at least as important as the format of the research interview taking into account the relational circumstances with carers and appropriate ways of obtaining informed consent. Retrospective consent could be a solution to enhancing participants control over the interview.  
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[http://www.biomedcentral.com/1472-6939/9/7](http://www.biomedcentral.com/1472-6939/9/7) (link may be outdated)

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Ens, Carla D.L.; Chochinov, Harvey M.; Bérard, Josette L.M.; Harlos, Mike S.; Stenekes, Simone J.; Wowchuk, Suzanne M.  
**Pediatric palliative care online: the views of health care professionals**  
Journal of Palliative Care 2008 Spring; 24(1): 41-48  
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Document 45

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* Document 42
* Document 43
St-Laurent-Gagnon, Thérèse; Carnevale, Franco A.; Duval, Michel
Pediatric palliative care: a qualitative study of physicians' perspectives in a tertiary care university hospital
Journal of Palliative Care 2008 Spring; 24(1): 26-30

Rietjens, Judith A.; Hauser, Joshua; van der Heide, Agnes; Emanuel, Linda
Having a difficult time leaving: experiences and attitudes of nurses with palliative sedation
Palliative Medicine 2007 October; 21(7): 643-649

Dickinson, George E.
End-of-life and palliative care issues in medical and nursing schools in the United States
Death Studies 2007 September; 31(8): 713-726

Holloway, Robert G.; Quill, Timothy E.
Mortality as a measure of quality: implications for palliative and end-of-life care
JAMA: The Journal of the American Medical Association 2007 August 15; 298(7): 802-804

Buxton, Francis
Spiritual distress and integrity in palliative and non-palliative patients
British Journal of Nursing 2007 August 9 - September 12; 16(15): 920-924

Oudshoorn, Abram; Ward-Griffin, Catherine; McWilliam, Carol
Client–nurse relationships in home-based palliative care: a critical analysis of power relations
Journal of Clinical Nursing August 2007; 16(8):1435-1443
Improving prescription in palliative sedation: compliance with Dutch guidelines
Archives of Internal Medicine 2007 June 11; 167(11): 1166-1171
Georgetown users check Georgetown Journal Finder for access to full text

http://archinte.ama-assn.org (link may be outdated)

Document 52
Lau, Francis; Cloutier-Fisher, Denise; Kuziemsky, Craig; Black, Fraser; Downing, Michael; Borychi, Elizabeth; Ho, Francis
A systematic review of prognostic tools for estimating survival time in palliative care
Journal of Palliative Care 2007 Summer; 23(2):93-112
Georgetown users check Georgetown Journal Finder for access to full text

Document 53
Wilson, Keith G.; Chochinov, Harvey Max; McPherson, Christine J.; Skirko, Merika Graham; Allard, Pierre; Chary, Srin; Gagnon, Pierre R.; Macmillan, Karen; De Luca, Marina; O'Shea, Fiona; Kuhl, David; Fainsinger, Robin L.; Karam, Andrea M.; Clinch, Jennifer J.
Desire for euthanasia or physician-assisted suicide in palliative cancer care.
Health Psychology 2007 May; 26(3): 314-323
Georgetown users check Georgetown Journal Finder for access to full text

Document 54
Seymour, Jane E.; Janssens, Rien; Broeckaert, Bert
Relieving suffering at the end of life: practitioners' perspectives on palliative sedation from three European countries.
Social Science and Medicine 2007 April; 64(8): 1679-1691
Georgetown users check Georgetown Journal Finder for access to full text

Document 55
Dumitrescu, Luminita; Van Den Heuvel, Wim;
Evaluation of palliative care at home: the families' perspective
Journal of Palliative Care 2007 Spring; 23(1):54-58
Georgetown users check Georgetown Journal Finder for access to full text

Document 56
Swinney, Ryan; Yin, Lu; Lee, Andrew; Rubin, David; Anderson, Clarke
The role of support staff in pediatric palliative care: their perceptions, training, and available resources
Journal of Palliative Care 2007 Spring; 23(1): 44-50
Georgetown users check Georgetown Journal Finder for access to full text
Document 63
Sinclair, Shane; Pereira, Jose
The epiphany of spirituality research within palliative care: where did we come from and where are we going? [abstract]
Journal of Palliative Care 2006 Autumn; 22(3): 204-205
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 64
Kazanjian, Arminee; Barroetavena, Maria Cristina; Fyles, Gillian; Leis, Anne; Johnston, Grace
Understanding culture, measuring equity in palliative and end-of-life care [abstract]
Journal of Palliative Care 2006 Autumn; 22(3): 204
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 65
Smith, Trevor Frise; Partanen, Lorraine
The interRAI palliative care minimum data set [abstract]
Journal of Palliative Care 2006 Autumn; 22(3): 192
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 66
Zimmermann, Camilla; Wennberg, Richard
Integrating palliative care: a postmodern perspective.
American Journal of Hospice and Palliative care 2006 August-September; 23(4): 255-258
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 67
Johnston, Bridget; Smith, Lorraine N.
Nurses' and patients' perceptions of expert palliative nursing care
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 68
Löfmark, Rurik; Mortier, Freddy; Nilstun, Tore; Bosshard, Georg; Cartwright, Colleen; Van Der Heide, Agnes; Norup, Michael; Simonato, Lorenzo; Onwuteaka-Philipsen, Bregje
Palliative care training: a survey of physicians in Australia and Europe
Journal of Palliative Care 2006 Summer; 22(2): 105-110
Georgetown users check [Georgetown Journal Finder] for access to full text
Document 69

Peters, Louise; Sellick, Ken
Quality of life of cancer patients receiving inpatient and home-based palliative care

Georgetown users check Georgetown Journal Finder for access to full text

Document 70

Comby, M.C.; Filbet, M.
The demand for euthanasia in palliative care units: a prospective study in seven units of the 'Rhône-Alpes' region
Palliative Medicine 2005 December; 19(8): 587-593

Georgetown users check Georgetown Journal Finder for access to full text

Document 71

Hughes, Jonathan
Palliative care and the QALY problem

Abstract: Practitioners of palliative care often argue for more resources to be provided by the state in order to lessen its reliance on charitable funding and to enable the services currently provided to some of those with terminal illnesses to be provided to all who would benefit from it. However, this is hard to justify on grounds of cost-effectiveness, since it is in the nature of palliative care that the benefits it brings to its patients are of short duration. In particular, palliative care fares badly under a policy of QALY-maximisation, since procedures which prevent premature death (provided the life is of reasonable quality) or improve quality of life for those with longer life expectancy will produce more QALYs. This paper examines various responses to this problem and argues that in order to justify increased resources for palliative care its advocates must reject the 'atomistic' view of the value of life implicit in the QALY approach in favour of a 'holistic' or 'narrative' account. This, however, has implications which advocates of palliative care may be reluctant to embrace.

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Document 72

Brown, Margaret; Fisher, John W.; Brumley, David J.; Ashby, Michael A.; Milliken, Jan
Advance directives in action in a regional palliative care service: "road testing" the provisions of the Medical Treatment Act 1988 (VIC)
Journal of Law and Medicine 2005 November; 13(2): 186-190

Georgetown users check Georgetown Journal Finder for access to full text

Document 73

Morita, Tatsuya; Chinode, Yoshikazu; Ikenaga, Masayuki; Miyoshi, Makoto; Nakano, Toshimichi; Nishitateno, Kenji; Sakonji, Mitsuki; Shima, Yasuo; Suenaga, Kazuyuki; Takigawa, Chizuko; Kohara, Hiro; Tani, Kazuyuki; Kawamura, Yasuo; Matsumura, Tatsuhito; Watanabe, Akihiko; Yagi, Yasuo; Sasaki, Toru; Higuchi, Akiko; Kimura, Hideyuki; Abo, Hirofumi; Ozawa, Taketoshi; Kizawa, Yoshiyuki; Uchitomi, Yosuke
Ethical validity of palliative sedation therapy: a multicenter, prospective, observational study conducted on specialized palliative care units in Japan
Journal of Pain and Symptom Management 2005 October; 30(4): 308-319
St. Laurent-Gagnon, Therese; Knoppers, Bartha; Carnevale, Franco; Duval, Michel
Clinical research in pediatric palliative care: the dilemma of being both a clinician and a researcher [abstract]
Journal of Palliative Care 2005 Autumn; 21(3): 196-197

Bartell, Abraham S.; Kissane, David W.
Issues in pediatric palliative care: understanding families
Journal of Palliative Care 2005 Autumn; 21(3): 165-172

Catt, Susan; Blanchard, Martin; Addington-Hall, Julia; Zis, Maria; Blizard, Robert; King, Michael
Older adults' attitudes to death, palliative treatment and hospice care

Han, Paul K.J.; Keranen, Lisa B.; Lescisin, Dianne A.; Arnold, Robert M.
The palliative care clinical evaluation exercise (CEX): an experience-based intervention for teaching end-of-life communication skills
Academic Medicine 2005 July; 80(7): 669-676

Sullivan, Amy M.; Lakoma, Matthew D.; Billings, J. Andrew; Peters, Antoinette S.; Block, Susan D.
Teaching and learning end-of-life care: evaluation of a faculty development program in palliative care
Academic Medicine 2005 July; 80(7): 657-668

Adenipekun, A.; Onibokun, A.; Elumelu, T.N.; Soyannwo, O.A.
Knowledge and attitudes of terminally ill patients and their family to palliative care and hospice services in Nigeria
Building up research in palliative care: an historical perspective and a case for the future
Clinics in Geriatric Medicine 2005 February; 21(1): 81-92

Georgetown users check Georgetown Journal Finder for access to full text

Higginson, Irene J.; Koffman, Jonathan
Public health and palliative care
Clinics in Geriatric Medicine 2005 February; 21(1): 45-55

Georgetown users check Georgetown Journal Finder for access to full text

Fins, Joseph J.
Clinical pragmatism and the care of brain damaged patients: toward a palliative neuroethics for disorders of consciousness
Progress in Brain Research 2005; 150: 565-582

Georgetown users check Georgetown Journal Finder for access to full text

Olthuis, Gert; Dekkers, Wim
Quality of life considered as well-being: views from philosophy and palliative care practice

Abstract: The main measure of quality of life is well-being. The aim of this article is to compare insights about well-being from contemporary philosophy with the practice-related opinions of palliative care professionals. In the first part of the paper two philosophical theories on well-being are introduced: Sumner's theory of authentic happiness and Griffin's theory of prudential perfectionism. The second part presents opinions derived from interviews with 19 professional palliative caregivers. Both the well-being of patients and the well-being of the carers themselves are considered in this empirical exploration. In the third part the attention shifts from the description of "well-being" to prescriptions for the promotion of well-being. Our interview data are analysed in light of the theories of Sumner and Griffin for clues to the promotion of "well-being." The analysis (1) underscores the subject-relativity of well-being, (2) points out that values that are considered important in every life still seem to be relevant (at least in palliative care practice), and (3) shows the importance of living a certain sort of life when aiming to enhance dying patients' well-being.

Georgetown users check Georgetown Journal Finder for access to full text

Woods, Simon
Respect for persons, autonomy and palliative care
Medicine, Health Care and Philosophy: A European Journal 2005; 8(2): 243-253

Abstract: This paper explores some of the values that underpin health care and how these relate more specifically to the values and ethics of palliative care. The paper focuses on the concept of autonomy because autonomy has emerged as a foundational concept in contemporary health care ethics and because this is an opportunity to scratch the surface of this concept in order to reveal something of its complexity, a necessary precaution when applying the concept to the context of palliative care. The paper begins with a theoretical discussion of autonomy exploring an aspect of its contemporary meaning and relevance to health care. The second part of the paper focuses more closely on how the principle of respect for autonomy can be applied in the context of palliative care. In this section an ethical framework is employed to explore a practical application of this principle within a broader context of...
respect for persons.

Georgetown users check Georgetown Journal Finder for access to full text

Document 91
Kelley, Mary Lou; Habjan, Sonja; Aegard, Joanna
Building capacity to provide palliative care in rural and remote communities: does education make a difference?
Journal of Palliative Care 2004 Winter; 20(4): 308-315
Georgetown users check Georgetown Journal Finder for access to full text

Document 92
Connor, Stephen R.; Tecca, Martha; LundPerson, Judi; Teno, Joan
Measuring hospice care: the National Hospice and Palliative Care Organization national hospice data set
Journal of Pain and Symptom Management 2004 October; 28(4): 316-328
Georgetown users check Georgetown Journal Finder for access to full text

Document 93
Porta, Emanuela; Cattaneo, Daniela; Rizzi, Barbara Maria Rosa
QOL in palliative home care: which instruments? [abstract]
Journal of Palliative Care 2004 Autumn; 20(3): 255
Georgetown users check Georgetown Journal Finder for access to full text

Document 94
Wilson, Keith
Euthanasia and physician-assisted suicide: lessons from the Canadian National Palliative Care Survey [abstract]
Journal of Palliative Care 2004 Autumn; 20(3): 232
Georgetown users check Georgetown Journal Finder for access to full text

Document 95
Verpoort, Charlotte; Gastmans, Chris; Dierckx de Casterle, Bernadette
Palliative care nurses' views on euthanasia
Georgetown users check Georgetown Journal Finder for access to full text

Document 96
Kirk, Peter; Kirk, Ingrid; Kristjanson, Linda J.
What do patients receiving palliative care for cancer and their families want to be told? A Canadian and Australian qualitative study
BMJ: British Medical Journal 2004 June 5; 328(7452): 1343-1347
**Abstract:** OBJECTIVE: To obtain feedback from patients receiving palliative care and their relatives from various ethnic backgrounds about their experiences of the disclosure process and their satisfaction with information sharing during the illness. DESIGN: A qualitative study with semistructured single interviews. SETTING: Perth, Western Australia, and Winnipeg, Manitoba, Canada. PARTICIPANTS: 72 participants registered with palliative care: 21 patient-family dyads in Perth and 14 dyads and 2 patients in Winnipeg. RESULTS: Participants described their experiences in great detail. The analysis indicates that in information sharing the process is as important as the content. The timing, management, and delivery of information and perceived attitude of practitioners were critical to the process. This applied to information interactions at all stages of the illness. Main content areas mentioned related to prognosis and hope. Hope can be conveyed in different ways. Secondary information from various sources is accessed and synthesised with the primary information. All patients, regardless of origin, wanted information about their illness and wanted it fully shared with relatives. Almost all patients requested prognostic information, and all family members respected their wishes. Information was perceived as important for patient-family communication. Information needs of patient and family changed and diverged as illness progressed, and communication between them became less verbally explicit. CONCLUSIONS: Information delivery for patients needs to be individualised with particular attention to process at all stages of illness. Patients and families use secondary sources of information to complement and verify information given by health carers.

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http://www.bmj.com (link may be outdated)
Document 101
Bostrom, Barbro; Sandh, Marie; Lundberg, Dag; Fridlund, Bengt
Cancer-related pain in palliative care: patient's perceptions of pain management
Georgetown users check Georgetown Journal Finder for access to full text

Document 102
Rabow, Michael W.; Dibble, Suzanne L.; Pantilat, Steven Z.; McPhee, Stephen J.
The comprehensive care team: a controlled trial of outpatient palliative medicine consultation
Archives of Internal Medicine 2004 January 12; 164(1): 83-91
Georgetown users check Georgetown Journal Finder for access to full text
http://archinte.ama-assn.org (link may be outdated)

Document 103
Lloyd-Williams, M.; Dogra, N.
Attitudes of preclinical medical students towards caring for chronically ill and dying patients: does palliative care teaching make a difference?
Postgraduate Medical Journal 2004 January 1; 80(939): 31-34
Georgetown users check Georgetown Journal Finder for access to full text

Document 104
Paice, Judith A.; Muir, J. Cameron; Shott, Susan
Palliative care at the end of life: comparing quality in diverse settings
American Journal of Hospice and Palliative Care 2004 January-February; 21(1): 19-27
Georgetown users check Georgetown Journal Finder for access to full text

Document 105
Quill, Timothy E. and Battin, Margaret P., eds.
PHYSICIAN-ASSISTED DYING: THE CASE FOR PALLIATIVE CARE AND PATIENT CHOICE
Call number: R726 .P485 2004

Document 106
Quill, Timothy E.; Lo, Bernard; Brock, Dan W.
Palliative options of last resort: a comparison of voluntary stopping eating and drinking, terminal sedation, physician-assisted suicide, and voluntary active euthanasia.
Call number: R726 .T45 2004
Has CONSORT improved the reporting of randomized controlled trials in the palliative care literature? A systematic review

Attitudes on euthanasia, physician-assisted suicide and terminal sedation -- a survey of the members of the German Association for Palliative Medicine
Medicine, Health Care and Philosophy: A European Journal 2004; 7(3): 333-339

Ethical issues in palliative care: views of patients, families, and nonphysician staff
Canadian Family Physician 2003 December; 49: 1626-1631

French physicians' attitudes toward legalisation of euthanasia and the ambiguous relationship between euthanasia and palliative care
Document 111
Schulman-Green, Dena
How do physicians learn to provide palliative care?
Georgetown users check Georgetown Journal Finder for access to full text

* Document 112
Lynch, Maureen
Palliative sedation
Georgetown users check Georgetown Journal Finder for access to full text

Document 113
Seymour, Jane; Ingleton, Christine; Payne, Sheila; Beddow, Vikki
Specialist palliative care: patients' experiences
Georgetown users check Georgetown Journal Finder for access to full text

* Document 114
Goy, Elizabeth R.; Jackson, Ann; Harvath, Theresa A.; Miller, Lois L.; Delorit, Molly A.; Ganzini, Linda
Oregon hospice nurses and social workers' assessment of physician progress in palliative care over the past 5 years
Palliative and Supportive Care 2003 September; 1(3): 215-219
Georgetown users check Georgetown Journal Finder for access to full text

Document 115
Sebag-Lanoe, Renee; Lefebvre-Chapiro, Sylvie; Feteanu, Dorin; Trivalle, Christophe
Palliative care in a long-term care setting: a 25-year French experience
Georgetown users check Georgetown Journal Finder for access to full text

Document 116
Mallory, Judy L.
The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students
Georgetown users check Georgetown Journal Finder for access to full text
Is asking patients in palliative care, "Are you depressed?" appropriate? Prospective study

Lloyd-Williams, Mari; Dennis, Mick; Taylor, Fiona; Baker, Idris

BMJ: British Medical Journal 2003 August 16; 327(7411): 372-373

http://www.bmj.com (link may be outdated)

Intractable symptoms and palliative sedation at the end of life

Peppin, John F.

Christian Bioethics 2003 August-December; 9(2-3): 343-355

A good death in Uganda: survey of needs for palliative care for terminally ill people in urban areas

Kikule, Ekiria

BMJ: British Medical Journal 2003 July 26; 327(7408): 192-194

Nurses and the virtues of dealing with existential questions in terminal palliative care

Houtepen, Rob; Hendrikx, David

Nursing Ethics 2003 July; 10(4): 377-387

Abstract: We have conducted a small qualitative empirical study into the problems that nurses encounter in delivering existential support in their care of dying patients. We found that nurses are confronted with four types of problem: determining whether the patient actually has put a genuine question for existential support on the agenda; assessing what the import of such a question is; devising an adequate procedure for offering existential support; and organizing adequate support for themselves. Our analysis shows that it takes a 'fine-tuned antenna' from nurses to determine these existential questions, which are often put indirectly and in a variety of forms. We have attempted to show that the subtleties of the communicative dimension of palliative terminal care require an intricate set of virtues on the part of the nurse. We have analysed these virtues in a bottom-up approach, inferring them directly from the material obtained from interviews. The framework utilized is the Aristotelian one of striking the right balance between the poles of a morally relevant dimension.

Prevalence and structure of palliative care services in California hospitals

Pantilat, Steven Z.; Billings, Andrew

Archives of Internal Medicine 2003 May 12; 163(9): 1084-1088

Georgetown users check Georgetown Journal Finder for access to full text
Document 122
Dowling, Stephanie; Broomfield, Darice
Undergraduate teaching in palliative care in Irish medical schools: a questionnaire survey
Medical Education 2003 May; 37(5): 455-457
Georgetown users check Georgetown Journal Finder for access to full text

Document 123
Aspinal, Fiona; Addington-Hall, Julia; Hughes, Rhidian; Higginson, Irene J.
Using satisfaction to measure the quality of palliative care: a review of the literature
Journal of Advanced Nursing 2003 May; 42(4): 324-339
Georgetown users check Georgetown Journal Finder for access to full text

Document 124
Enes, Sylvia Patricia Duarte
An exploration of dignity in palliative care
Palliative Medicine 2003 April; 17(3): 263-269
Georgetown users check Georgetown Journal Finder for access to full text

Document 125
Stajduhar, Kelli I.
Examining the perspectives of family members involved in the delivery of palliative care at home
Georgetown users check Georgetown Journal Finder for access to full text

Document 126
Davies, Ruth
Establishing need for palliative care services for children/young people
Georgetown users check Georgetown Journal Finder for access to full text

Document 127
Ziegler, Stephen Joseph
PROSECUTORS, PALLIATIVE MEDICINE, AND PHYSICIAN-ASSISTED DEATH: AN EMPIRICAL ASSESSMENT OF THE LIKELIHOOD OF PROSECUTION STEMMING FROM OPIOID AND NON-OPIOID ADMINISTRATIONS
Call number: R726.Z54 2003a
Document 128
Materstvedt, Lars Johan
Palliative care on the 'slippery slope' towards euthanasia?
Palliative Medicine 2003; 17(5): 387-392
Georgetown users check Georgetown Journal Finder for access to full text

Document 129
Ringdal, Gerd Inger; Jordhoy; Marit S.; Kaasa, Stein
Measuring quality of palliative care: psychometric properties of the FAMCARE scale
Quality of Life Research 2003; 12: 167-176
Georgetown users check Georgetown Journal Finder for access to full text

Document 130
Hermsen, Maaike A.; ten Have, Henk A.M.J.
Moral problems in palliative care practice: a qualitative study
Medicine, Health Care and Philosophy: A European Journal 2003; 6(3): 263-272
Abstract: Clarifying and analysing moral problems arising in the practice of palliative care was the objective of participatory observations in five palliative care settings. The results of these observations will be described in this contribution. The moral problems palliative caregivers have to deal with in their daily routines will be explained by comparison with the findings of a previously performed literature study. The specific differences in the manifestation of moral problems in the different palliative care settings will be highlighted as well.
Georgetown users check Georgetown Journal Finder for access to full text

Document 131
Gaudette, Leslie A.; Shi, Fan; Lipskie, Tammy; Allard, Pierre; Fainsinger, Robin L.; Maxwell, David; Harlos, Mike
Developing palliative care surveillance in Canada: results of a pilot study
Georgetown users check Georgetown Journal Finder for access to full text

Document 132
Jubb, A.M.
Palliative care research: trading ethics for an evidence base
Journal of Medical Ethics 2002 December; 28(6): 342-346
Abstract: Good medical practice requires evidence of effectiveness to address deficits in care, strive for further improvements, and justly apportion finite resources. Nevertheless, the potential of palliative care is still held back by a paucity of good evidence. These circumstances are largely attributable to perceived ethical challenges that allegedly distinguish dying patients as a special client class. In addition, practical limitations compromise the quality of evidence that can be obtained from empirical research on terminally ill subjects. This critique aims to appraise the need for focused research, in order to develop clinical and policy decisions that will guide health care professionals in their care of dying patients. Weighted against this need are tenets that value the practical and ethical challenges of palliative care research as unique and insurmountable. The review concludes that, provided investigators compassionately apply ethical principles to their work, there is no justification for not endeavouring to improve the quality of palliative care through research.
Georgetown users check Georgetown Journal Finder for access to full text
Hanratty, Barbara; Hibbert, Derek; Mair, Frances; May, Carl; Ward, Christopher; Capewell, Simon; Litva, Andrea; Corcoran, Ged

**Doctors' perceptions of palliative care for heart failure: focus group study**

BMJ: British Medical Journal 2002 September 14; 325(7364): 581-585

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Bamabe, Cheryl; Kirk, Peter

**A needs assessment for southern Manitoba physicians for palliative care education [questionnaire]**

Journal of Palliative Care 2002 Autumn; 18(3): 175-184

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Carter, Helen; Mckinlay, Eileen; Scott, Ian; Wise, Deborah; Macleod, Rod

**Impact of a hospital palliative care service: perspective of the hospital staff**

Journal of Palliative Care 2002 Autumn; 18(3): 160-167

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Cohen-Almagor, Raphael

**Dutch perspectives on palliative care in the Netherlands**

Issues in Law and Medicine 2002 Fall; 18(2): 111-126

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Ury, Wayne A.; Rahn, Maike; Tolentino, Victorio; Pignotti, Monica G.; Yoon, Janet; McKegney, Patrick; Sulmasy, Daniel P.

**Can a pain management and palliative care curriculum improve the opioid prescribing practices of medical residents?**

JGIM: Journal of General Internal Medicine 2002 August; 17(8): 625-631

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text
Field, David; Wee, Bee
Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001
Medical Education 2002 June; 36(6): 561-567
Georgetown users check [Georgetown Journal Finder] for access to full text

*  
Document 139
Hermsen, Maaike A.; ten Have, Henk A.M.J.
Euthanasia in palliative care journals
Journal of Pain and Symptom Management 2002 June; 23(6): 517-525
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 140
Selwyn, Peter A.; Rivard, Mimi; Kappell, Deborah; Goeren, Bill; LaFosse, Hector; Schwartz, Charles; Caraballo, Rosa; Luciano, Delma; Post, Linda Farber
Palliative care for AIDS at a large urban teaching hospital: program description and preliminary outcomes
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 141
Morita, T.; Chihara, S.; Kashiwagi, T.
Family satisfaction with inpatient palliative care in Japan
Palliative Medicine 2002 May; 16(3): 185-193
Georgetown users check [Georgetown Journal Finder] for access to full text

*  
Document 142
Bittel, N.; Neuenschwander, H.; Stiefel, F.
"Euthanasia": a survey by the Swiss Association for Palliative Care
Supportive Care in Cancer 2002 May; 10(4): 265-271
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 143
Wood, Emily B.; Meekin, Sharon Abele; Fins, Joseph J.; Fleischman, Alan R.
Enhancing palliative care education in medical school curricula: implementation of the palliative education assessment tool
Georgetown users check [Georgetown Journal Finder] for access to full text
Document 144
Mcgrath, Pam
End-of-life care for hematological malignancies: the ‘technological imperative' and palliative care
Georgetown users check Georgetown Journal Finder for access to full text

Document 145
Ferrell, Betty; Virani, Rose; Grant, Marcia; Juarez, Gloria
Analysis of palliative care content in nursing textbooks
Journal of Palliative Care 2002 Spring; 16(1): 39-47
Georgetown users check Georgetown Journal Finder for access to full text

Document 146
The, Anne-Mei
PALLIATIVE CARE AND COMMUNICATION: EXPERIENCES IN THE CLINIC
Call number: RC280 .L8 T48 2002

Document 147
Broeckaert, Bert; Janssens, Rien
Palliative care and euthanasia
Ethical Perspectives 2002; 9(2-3): 156-175
Georgetown users check Georgetown Journal Finder for access to full text

Document 148
Samant, Rajiv
Palliative care educational needs of family physicians
Journal of Palliative Care 2001 Winter; 17(4): 277-280
Georgetown users check Georgetown Journal Finder for access to full text

Document 149
Burge, Frederick; McIntyre, Paul; Twohig, Peter; Cummings, Ina; Kaufman, David; Frager, Gerry; Pollett, Ann
Palliative care by family physicians in the 1990s -- resilience amidst reform [English and French abstracts]
Georgetown users check Georgetown Journal Finder for access to full text

Document 150
Dukeshire, Steven; Burge, Frederick; Canning, Krista; Rowswell, Corinne
Should palliative care patients be asked to participate in research [abstract]
Document 151

Dharmasena, Helen P.; Forbes, Karen

Palliative care for patients with non-malignant disease: will hospital physicians refer? [includes French abstract]
Palliative Medicine 2001 September; 15(5): 413-418

Georgetown users check Georgetown Journal Finder for access to full text

Document 152

Pierucci, Robin L.; Kirby, Russell S.; Leuthner, Steven R.

End-of-life care for neonates and infants: the experience and effects of a palliative care consultation service
Pediatrics 2001 September; 108(3): 653-660

Georgetown users check Georgetown Journal Finder for access to full text

Document 153

Keeley, Paul

Death at one's elbow [review of THE DYING PROCESS: PATIENTS' EXPERIENCES OF PALLIATIVE CARE by Julia Lawton]
Lancet 2001 May 26; 357(9269): 1716

Georgetown users check Georgetown Journal Finder for access to full text

Document 154

Field, David; Davis, Carol; Corner, Jessica; and Clark, David, eds.

RESEARCHING PALLIATIVE CARE

Call number: R726 .R465 2001

Document 155

Belasco, Jean Bello; Danz, Patricia; Drill, Antoinette; Schmid, Windy; Burkey, Edith

Supportive care: palliative care in children, adolescents, and young adults – model of care, interventions, and cost of care: a retrospective review

Georgetown users check Georgetown Journal Finder for access to full text

Document 156

Meekin, Sharon Abele; Klein, Jason E.; Fleischman, Alan R.; Fins, Joseph J.

Development of a palliative education assessment tool for medical student education [PEAT]
Academic Medicine 2000 October; 75(10): 986-992
**Document 157**
Verhaak, C.M.; Kraaimaat, F.W.; Staps, A.C.J.; van Daal, W.A.J.
*Informed consent in palliative radiotherapy: participation of patients and proxies in treatment decisions*
Patient Education and Counseling 2000 August; 41(1): 63-71

**Document 158**
Francke, Anneke L.; Kerkstra, Ada
*Palliative care services in The Netherlands: a descriptive study*

**Document 159**
Osse, Bart H.P.; Vernooij-Dassen, Myrra J.F.J.; de Vree, Brenda P.W.; Schadé, Egbert; Grol, Richard P.T.M.
*Assessment of the need for palliative care as perceived by individual cancer patients and their families: a review of instruments for improving patient participation in palliative care*
Cancer 2000 February 15; 88(4): 900-911

**Document 160**
Webb, Pat, ed.
*ETHICAL ISSUES IN PALLIATIVE CARE: REFLECTIONS AND CONSIDERATIONS*
Call number: **R726 .E774 2000**