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Documents: 1 - 160 of 160

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Article Document 1

Wiese, C H R; Duttge, G; Taghavi, M; Lassen, C L; Meyer, N; Andreesen, R; Graf, B M; Pfirstinger, J  
**[Preventive crisis management in general outpatient palliative care - prospectively cross-sectional study of General Practitioners in Eastern Bavaria]. = Vorbeugendes Krisenmanagement in der allgemeinen ambulanten Palliativversorgung. Prospektive Querschnittstudie bei Hausärzten in Ostbayern.**

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.



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Article 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.**

Journal of pain and symptom management 2011 Jul; 42(1): 32-43

**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.



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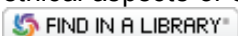
Article Document 3

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.**

Journal of medical ethics 2011 Jun; 37(6): 327-32

**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.



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Article 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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Article Document 5

Silvonieminen, 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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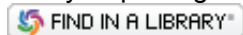
Article Document 6

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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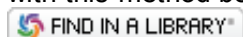
Article Document 7

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.**

Journal of palliative medicine 2010 Aug; 13(8): 997-1003

**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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Article Document 8

Gardiner, Clare; Barnes, Sarah; Small, Neil; Gott, Meryn; 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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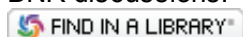
Article Document 9

Parsons, Henrique A; de la Cruz, Maxine J; Zhukovsky, Donna S; Hui, David; Delgado-Guay, Marvin O; Akitoye, Adenike E; El Osta, Badi; Palmer, Lynn; Palla, Shana L; Bruera, Eduardo

**Characteristics of patients who refuse do-not-resuscitate orders upon admission to an acute palliative care unit in a comprehensive cancer center.**

Cancer 2010 Jun 15; 116(12): 3061-70

**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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Article Document 10

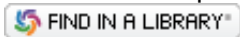
de Kort, Susanne J; Pols, Jeannette; Richel, Dick J; Koedoot, Nelleke; Willems, Dick L

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

Health care analysis : HCA : journal of health philosophy and policy 2010 Jun; 18(2): 164-74

**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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Article Document 11

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

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

The American journal of hospice & palliative care 2010 Jun; 27(4): 248-53

**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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Article 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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Article Document 13

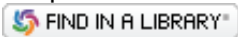
McCloskey, Sharon; Taggart, Laurence

**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 Burnard'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.



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**Article** 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.



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**Article** Document 15

Jansen, Lynn A

**Intractable end-of-life suffering and the ethics of palliative sedation: a commentary on Cassell and Rich.**

Pain medicine (Malden, Mass.) 2010 Mar; 11(3): 440-1; discussion 442



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**Article** 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.



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\*  **Article** Document 17

Jansen, Lynn A.

**Disambiguating clinical intentions: the ethics of palliative sedation.**

Journal of Medicine and Philosophy 2010 February; 35(1): 19-31

**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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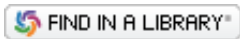
\*  Article Document 18

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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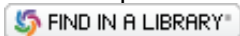
\*  Article Document 19

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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\*  Article 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



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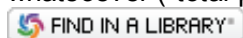
\*  Article Document 21

Barilan, Y. Michael

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

Medicine, Health Care, and Philosophy 2009 November; 12(4): 399-407

**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 not wish for euthanasia or terminal sedation is incompatible with motivational hedonism. Although irreversible vegetative state and death are equivalently pain-free, very many people loathe 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.



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Article Document 22

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

**Adverse events arising from a palliative care survey.**

Palliative medicine 2009 Oct ; 23(7): 665-9

**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.



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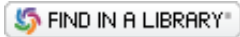
Koffman, Jonathan; Morgan, M.; Edmonds, P.; Speck, P.; Higginson, I.J.

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

Journal of Medical Ethics 2009 July; 35(7): 440-444

**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.



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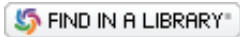


Article Document 24

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



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\*  Article 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



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\*  Article Document 26

Hasselaar, Jeroen G.J.; Verhagen, Stans C.A.H.H.V.M.; Wolff, André P.; Engels, Yvonne; Crul, 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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**Article** 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



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---

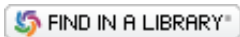


**Article** Document 28

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



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---

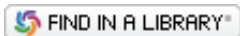


**Article** Document 29

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



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---



**Article** 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



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---

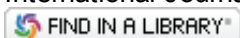


\*  **Article** Document 31

Venke Gran, Siv; Miller, Jean

**Norwegian nurses' thoughts and feelings regarding the ethics of palliative sedation.**

International Journal of Palliative Nursing 2008 November; 14(11): 532-538



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---



\*  Article 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.



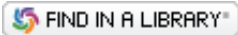
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---



Article 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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---



\*  Article 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 Aristotelean 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)

---



Article Document 35

Wiese, C.H.R.; Bartels, U.; Duttge, G.; Graf, B.M.; Hanekop, G.G.  
**Palliativpatienten im weit fortgeschrittenen Krankheitsstadium. Notärztliche Reanimation und Todesfeststellung [Palliative care patients in an advanced state of disease. Cardiopulmonary resuscitation**

**and determination of death]**

Der Anaesthetist 2008 September; 57(9): 873-881



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---



**Article** Document 36

Davies, Betty; Contro, Nancy; Larson, Judith

**Giving information to Latino and Chinese families in pediatric palliative care [abstract]**

Journal of Palliative Care 2008 Autumn; 24(3): 214



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---



**Article** Document 37

Vachon, Mélanie; Fillion, Lise; Achille, Marie

**A conceptual analysis of spiritual and existential issues in palliative care [abstract]**

Journal of Palliative Care 2008 Autumn; 24(3): 208



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---



**Article** Document 38

Janvier, Annie; Verhagen, Eduard A.A.; Leuthner, Steven; Meadow, William

**The use of palliative care medication in the NICU at the time of death: a cross-cultural study in the USA, Canada, and the Netherlands [abstract]**

Journal of Palliative Care 2008 Autumn; 24(3): 200



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---



\*  **Article** Document 39

Childers, Julie W.; Demme, Richard; Greenlaw, Jane; King, Deborah A.; Quill, Timothy

**A qualitative report of dual palliative care/ethics consultations: intersecting dilemmas and paradigmatic cases**

Journal of Clinical Ethics 2008 Fall; 19(3): 204-213



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---



\*  **Article** Document 40

Audrey, Suzanne; Abel, Julian; Blazeby, Jane M.; Falk, Stephen; Campbell, Rona

**What oncologists tell patients about survival benefits of palliative chemotherapy and implications for informed consent: qualitative study**

BMJ: British Medical Journal 2008 August 30; 337(7668): 492-496



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

---



\*  **Article** Document 41

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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---



\*  **Article** Document 42

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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---



\*  **Article** Document 43

Gysels, Marjolein; Shipman, Cathy; Higginson, Irene J.

**Is the qualitative research interview an acceptable medium for research with palliative care patients and carers?**

BMC Medical Ethics [electronic] 2008 April 24; 9:7. 6 p. Accessed: <http://www.biomedcentral.com/1472-6939/9/7> [2008 May 24]

**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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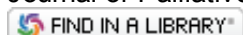


**Article** Document 44

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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---



**Article** Document 45

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



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---



\*  **Article** Document 46

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



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---



**Article** Document 47

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



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---



**Article** Document 48

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



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<http://jama.ama-assn.org> (link may be outdated)

---



**Article** Document 49

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



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---



**Article** Document 50

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



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---

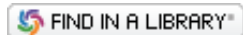


**Article** Document 51

Hasselaar, Jeroen G.J.; Reuzel, Rob P.B.; Verhagen, Stans C.A.H.H.V.M.; de Graeff, Alexander; Vissers, Kris C.P.; Crul, Ben J.P.

## 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)

---



### Article Document 52

Lau, Francis; Cloutier-Fisher, Denise; Kuziemsy, 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



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---

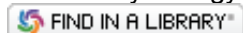


### \* Article Document 53

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



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---



### \* Article 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



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---



### Article 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



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---



### Article 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



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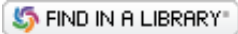
---



Article Document 57

Pierce, Bruce; Dougherty, Elizabeth; Panzarella, Tony; Le, Lisa W.; Rodin, Gary; Zimmermann, Camilla  
**Staff stress, work satisfaction, and death attitudes on an oncology palliative care unit, and on a medical and radiation oncology inpatient unit**

Journal of Palliative Care 2007 Spring; 23(1):32-39



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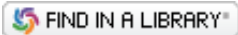
---



Article Document 58

Mongeau, Suzanne; Champagne, Manon; Liben, Stephen  
**Participatory research in pediatric palliative care: benefits and challenges**

Journal of Palliative Care 2007 Spring; 23(1): 5-13



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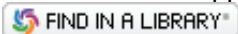
---



\*  Article Document 59

Jansen-van der Weide, Marijke C.; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit  
**Requests for euthanasia and physician-assisted suicide and the availability and application of palliative options**

Palliative and Supportive Care 2006 December; 4(4): 399-406



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---



\*  Article Document 60

Georges, Jean-Jacques; Onwuteaka-Philipsen, Bregje D.; van der Heide, Agnes; van der Wal, G.; van der Maas, P.J.

**Physicians' opinions on palliative care and euthanasia in the Netherlands**

Journal of Palliative Medicine 2006 October; 9(5): 1137-1144



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---



\*  Article Document 61

Marini, M.C.; Neuenschwander, H.; Stiefel, F.  
**Attitudes toward euthanasia and physician assisted suicide: a survey among medical students, oncology clinicians, and palliative care specialists**

Palliative and Supportive Care 2006 September; 4(3): 251-255



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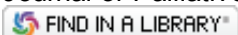
---



Article Document 62

Nekolaichuk, Cheryl  
**Measuring issues in palliative care: the challenges of merging two distinct cultures [abstract]**

Journal of Palliative Care 2006 Autumn; 22(3): 206



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---



Article 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



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---



Article 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



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Article Document 65

Smith, Trevor Frise; Partanen, Lorraine

**The interRAI palliative care minimum data set [abstract]**

Journal of Palliative Care 2006 Autumn; 22(3): 192



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---



Article 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



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---



Article Document 67

Johnston, Bridget; Smith, Lorraine N.

**Nurses' and patients' perceptions of expert palliative nursing care**

Journal of Advanced Nursing 2006 June; 54(6): 700-709



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---

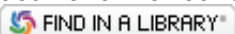


Article Document 68

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



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---





Article Document 69

Peters, Louise; Sellick, Ken

**Quality of life of cancer patients receiving inpatient and home-based palliative care**

Journal of Advanced Nursing 2006 March; 53(5): 524-533



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---

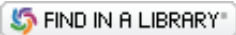


\*  Article Document 70

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



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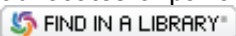
\*  Article Document 71

Hughes, Jonathan

**Palliative care and the QALY problem**

Health Care Analysis: An International Journal of Health Care Philosophy and Policy 2005 December; 13(4): 289-301

**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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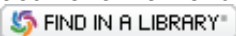


\*  Article Document 72

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



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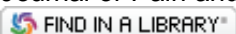


\*  Article Document 73

Morita, Tatsuya; Chinone, Yoshikazu; Ikenaga, Masayuki; Miyoshi, Makoto; Nakaho, Toshimichi; Nishitateno, Kenji; Sakonji, Mitsuaki; Shima, Yasuo; Suenaga, Kazuyuki; Takigawa, Chizuko; Kohara, Hiroyuki; Tani, Kazuyuki; Kawamura, Yasuo; Matsubara, Tatsuhiro; 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



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---



Article Document 74

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



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---



Article Document 75

Bartell, Abraham S.; Kissane, David W.

**Issues in pediatric palliative care: understanding families**

Journal of Palliative Care 2005 Autumn; 21(3): 165-172



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---



\*  Article Document 76

Catt, Susan; Blanchard, Martin; Addington-Hall, Julia; Zis, Maria; Blizard, Robert; King, Michael

**Older adults' attitudes to death, palliative treatment and hospice care**

Palliative Medicine 2005 July; 19(5): 402-410



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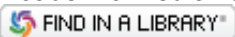


Article Document 77

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



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---



Article Document 78

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



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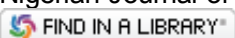


\*  Article Document 79

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**

Nigerian Journal of Clinical Practice 2005 June; 8(1): 19-22



Georgetown users check [Georgetown Journal Finder](#) for access to full text

---



Article Document 80

Dunne, Kathleen; Sullivan, Kate; Kernohan, George

**Palliative care for patients with cancer: district nurses' experiences**

Journal of Advanced Nursing 2005 May; 50(4): 372-380



Georgetown users check [Georgetown Journal Finder](#) for access to full text

---



\*  Article Document 81

Street, Annette F.; Love, Anthony

**Dimensions of privacy in palliative care: views of health professionals**

Social Science and Medicine 2005 April; 60(8): 1795-1804



Georgetown users check [Georgetown Journal Finder](#) for access to full text

---



\*  Article Document 82

Peretti-Watel, P.; Bendiane, M.K.; Moatti, J.P.

**Attitudes toward palliative care, conceptions of euthanasia and opinions about its legalization among French physicians**

Social Science and Medicine 2005 April; 60(8): 1781-1793



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---



Article Document 83

Blackstone, K.; Kheirbek, R.; Trelease, J.; Laramie, J.; Cobbs, E.

**Honoring preferences for care: the geriatrics/palliative care consult team [abstract]**

Journal of the American Geriatrics Society 2005 April; 53(4, Supplement): S64



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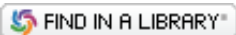


\*  Article Document 84

Hermesen, Maaïke; ten Have, Henk

**Decision-making in palliative care practice and the need for moral deliberation: a qualitative study**

Patient Education and Counseling 2005 March; 56(3): 268-275



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---

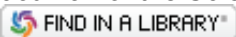


\*  Article Document 85

Burdette, Amy M.; Hill, Terrence D.; Moulton, Benjamin E.

**Religion and attitudes toward physician-assisted suicide and terminal palliative care**

Journal for the Scientific Study of Religion 2005 March; 44(1): 79-93



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---

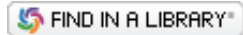


Article Document 86

Kaasa, Stein; Dale, Ola

**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



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---



**Article** Document 87

Higginson, Irene J.; Koffman, Jonathan

**Public health and palliative care**

Clinics in Geriatric Medicine 2005 February; 21(1): 45-55



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---



\*  **Article** Document 88

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



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---



\*  **Article** Document 89

Olthuis, Gert; Dekkers, Wim

**Quality of life considered as well-being: views from philosophy and palliative care practice**

Theoretical Medicine and Bioethics 2005; 26(4): 307-337

**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.



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\*  **Article** Document 90

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.



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---



**Article** 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



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---



**Article** 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



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---



**Article** 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



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---

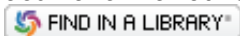


**Article** Document 94

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



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---



\*  **Article** Document 95

Verpoort, Charlotte; Gastmans, Chris; Dierckx de Casterle, Bernadette

**Palliative care nurses' views on euthanasia**

Journal of Advanced Nursing 2004 September; 47(6): 592-600



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---



\*  **Article** 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)

---



Article Document 97

Buss, Mary Kathleen; Arnold, Robert M.

**Challenges in palliative care research: one experience**

Journal of Palliative Medicine 2004 June; 7(3): 405-407



Georgetown users check [Georgetown Journal Finder](#) for access to full text

---



Article Document 98

Claxton-Oldfield, Stephen; Claxton-Oldfield, Jane; Rishchynski, Giselle

**Understanding of the term "palliative care": a Canadian survey**

American Journal of Hospice and Palliative Care 2004 March-April; 21(2): 105-110



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---

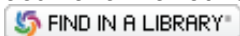


\*  Article Document 99

Flannelly, Kevin J.; Weaver, Andrew J.; Costa, Karen G.

**A systematic review of religion and spirituality in three palliative care journals, 1990-1999**

Journal of Palliative Care 2004 Spring; 20(1): 50-56



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---



Article Document 100

Oneschuk, Doreen; Moloughney, Brent; Jones-McLean, Elaine; Challis, Andrea

**The status of undergraduate palliative medicine education in Canada: a 2001 survey**

Journal of Palliative Care 2004 Spring; 20(1): 32-37



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---



**Article** Document 101

Bostrom, Barbro; Sandh, Marie; Lundberg, Dag; Fridlund, Bengt

**Cancer-related pain in palliative care: patient's perceptions of pain management**

Journal of Advanced Nursing 2004 February; 45(4): 410-419



Georgetown users check [Georgetown Journal Finder](#) for access to full text

---



**Article** 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



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---

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

---



**Article** 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

---



**Article** 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

---



\*  **Book** Document 105

Quill, Timothy E. and Battin, Margaret P., eds.

**PHYSICIAN-ASSISTED DYING: THE CASE FOR PALLIATIVE CARE AND PATIENT CHOICE**

Baltimore, MD: Johns Hopkins University Press, 2004. 342 p.

Call number: [R726 .P485 2004](#)

---



\*  **Chapter** 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.**

In: Tannsjö, Torbjörn, ed. Terminal Sedation: Euthanasia in Disguise? Boston: Kluwer Academic Publishers; 2004: 1-14.

Call number: [R726 .T45 2004](#)

---



**Article** Document 107

Piggott, M.; McGee, H.; Feuer, D.

**Has CONSORT improved the reporting of randomized controlled trials in the palliative care literature? A systematic review**

Palliative Medicine 2004; 18(1): 32-38



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---



\*  **Article** Document 108

Muller-Busch, H.C.; Oduncu, F.S.; Woskanjan, S.; Klaschik, E.

**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

**Abstract:** BACKGROUND: Due to recent legislation on euthanasia and its current practice in the Netherlands and Belgium, issues of end-of-life medicine have become very vital in many European countries. In 2002, the Ethics Working Group of the German Association for Palliative Medicine (DGP) has conducted a survey among its physician members in order to evaluate their attitudes towards different end-of-life medical practices, such as euthanasia (EUT), physician-assisted suicide (PAS), and terminal sedation (TS). METHODS: An anonymous questionnaire was sent to the 411 DGP physicians, consisting of 14 multiple choice questions on positions that might be adopted in different hypothetical scenarios on situations of "intolerable suffering" in end-of-life care. For the sake of clarification, several definitions and legal judgements of different terms used in the German debate on premature termination of life were included. For statistical analysis t-tests and Pearson-correlations were used. RESULTS: The response rate was 61% (n = 251). The proportions of the respondents who were opposed to legalizing different forms of premature termination of life were: 90% opposed to EUT, 75% to PAS, 94% to PAS for psychiatric patients. Terminal sedation was accepted by 94% of the members. The main decisional bases drawn on for the answers were personal ethical values, professional experience with palliative care, knowledge of alternative approaches, knowledge of ethical guidelines and of the national legal frame. CONCLUSIONS: In sharp contrast to similar surveys conducted in other countries, only a minority of 9.6% of the DGP physicians supported the legalization of EUT. The misuse of medical knowledge for inhumane killing in the Nazi period did not play a relevant role for the respondents' negative attitude towards EUT. Palliative care needs to be stronger established and promoted within the German health care system in order to improve the quality of end-of-life situations which subsequently is expected to lead to decreasing requests for EUT by terminally ill patients.



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\*  **Article** Document 109

Towers, Anna; MacDonald, Neil; Wallace, Ellen

**Ethical issues in palliative care: views of patients, families, and nonphysician staff**

Canadian Family Physician 2003 December; 49: 1626-1631



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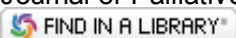


\*  **Article** Document 110

Peretti-Watel, Patrick; Bendiane, Marc K.; Galinier, Anne; Favre, Roger; Lapiana, Jean-Marc; Pegliasco, Herve; Moatti, Jean- Paul

**French physicians' attitudes toward legalisation of euthanasia and the ambiguous relationship between euthanasia and palliative care**

Journal of Palliative Care 2003 Winter; 19(4): 271-277



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---





Article Document 111

Schulman-Green, Dena

**How do physicians learn to provide palliative care?**

Journal of Palliative Care 2003 Winter; 19(4): 246-252



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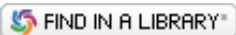


\*  Article Document 112

Lynch, Maureen

**Palliative sedation**

Clinical Journal of Oncology Nursing 2003 November-December; 7(6): 653-657, 667



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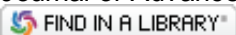


Article Document 113

Seymour, Jane; Ingleton, Christine; Payne, Sheila; Beddow, Vikki

**Specialist palliative care: patients' experiences**

Journal of Advanced Nursing 2003 October; 44(1): 24-33



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---

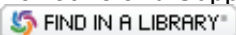


\*  Article Document 114

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



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---



Article 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**

Journal of Palliative Care 2003 Autumn; 19(3): 209-213



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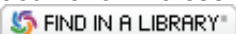


Article Document 116

Mallory, Judy L.

**The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students**

Journal of Professional Nursing 2003 September-October; 19(5): 305-312



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---



Article Document 117

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

**Is asking patients in palliative care, "Are you depressed?" appropriate? Prospective study**

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



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

---



\*  Article Document 118

Peppin, John F.

**Intractable symptoms and palliative sedation at the end of life**

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



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---



Article Document 119

Kikule, Ekiria

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

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



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

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\*  Article Document 120

Houtepen, Rob; Hendrikx, David

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

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.



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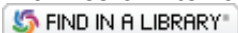


Article Document 121

Pantilat, Steven Z.; Billings, Andrew

**Prevalence and structure of palliative care services in California hospitals**

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



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Article 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



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---



Article 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



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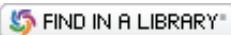


\*  Article Document 124

Enes, Sylvia Patricia Duarte

**An exploration of dignity in palliative care**

Palliative Medicine 2003 April; 17(3): 263-269



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---



Article Document 125

Stajduhar, Kelli I.

**Examining the perspectives of family members involved in the delivery of palliative care at home**

Journal of Palliative Care 2003 Spring; 19(1): 27-35



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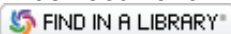


Article Document 126

Davies, Ruth

**Establishing need for palliative care services for children/young people**

British Journal of Nursing 2003 February 27-March 12; 12(4): 224-230, 232



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---



\*  Book 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**

Ann Arbor, MI: ProQuest Information and Learning/UMI, 2003. 240 p.

Call number: [R726 .Z54 2003a](#)

---



\*  Article Document 128

Materstvedt, Lars Johan

**Palliative care on the 'slippery slope' towards euthanasia?**

Palliative Medicine 2003; 17(5): 387-392



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---



Article 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



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---



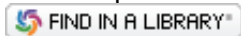
\*  Article Document 130

Hermesen, Maaik 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.



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Article 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**

Journal of Palliative Care 2002 Winter; 18(4): 262-269



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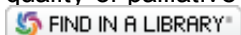
\*  Article Document 132

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.



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

---



Article Document 133

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



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

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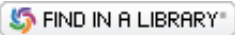


Article Document 134

Barnabe, 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



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---



Article Document 135

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



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---



\*  Article Document 136

Cohen-Almagor, Raphael

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

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



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---

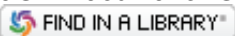


Article Document 137

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



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<http://www.pubmedcentral.nih.gov> (link may be outdated)

---



Article Document 138

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



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---



\*  **Article** Document 139

Hermesen, Maaïke A.; ten Have, Henk A.M.J.

**Euthanasia in palliative care journals**

Journal of Pain and Symptom Management 2002 June; 23(6): 517- 525



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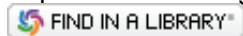
**Article** Document 140

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**

Innovations in End-of-Life Care [electronic] 2002 May-June; 4(3): 16p. Available:

<http://www2.edc.org/lastacts/archives/archivesMay02/featureinn.asp> [23 January 2003]



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<http://www.edc.org/lastacts/> (link may be outdated)

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**Article** Document 141

Morita, T.; Chihara, S.; Kashiwagi, T.

**Family satisfaction with inpatient palliative care in Japan**

Palliative Medicine 2002 May; 16(3): 185-193



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---

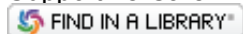


\*  **Article** Document 142

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



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---



**Article** 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**

Academic Medicine 2002 April; 77(4): 285-291



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---



**Article** Document 144

Mcgrath, Pam

**End-of-life care for hematological malignancies: the 'technological imperative' and palliative care**

Journal of Palliative Care 2002 Spring; 18(1): 39-47



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---



**Article** 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



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---



**Book** Document 146

The, Anne-Mei

**PALLIATIVE CARE AND COMMUNICATION: EXPERIENCES IN THE CLINIC**

Buckingham/Philadelphia: Open University Press, 2002. 254 p.

Call number: [RC280 .L8 T48 2002](#)

---



\*  **Article** Document 147

Broeckeaert, Bert; Janssens, Rien

**Palliative care and euthanasia**

Ethical Perspectives 2002; 9(2-3): 156-175



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---



**Article** Document 148

Samant, Rajiv

**Palliative care educational needs of family physicians**

Journal of Palliative Care 2001 Winter; 17(4): 277-280



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---

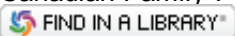


**Article** Document 149

Burge, Frederick; McIntyre, Paul; Twohig, Peter; Cummings, Ina; Kaufman, David; Frager, Gerry; Pollett, Ann

**Palliative care by family physicians in the 1990s -- resilience amid reform [English and French abstracts]**

Canadian Family Physician 2001 October; 47: 1989-1995



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---



**Article** Document 150

Dukeshire, Steven; Burge, Frederick; Canning, Krista; Rowswell, Corinne

**Should palliative care patients be asked to participate in research [abstract]**



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---



\*  **Article** 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



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---



\*  **Article** 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



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---



**Article** 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



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---



**Book** Document 154

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

**RESEARCHING PALLIATIVE CARE**

Buckingham/Philadelphia: Open University Press, 2001. 198 p.

Call number: [R726.8 .R465 2001](#)

---



**Article** 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**

Journal of Palliative care 2000 Winter; 16(4): 39-46



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---

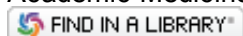


**Article** Document 156

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





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---



\*  **Article** 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



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---



**Article** Document 158

Francke, Anneke L.; Kerkstra, Ada

**Palliative care services in The Netherlands: a descriptive study**

Patient Education and Counseling 2000 August; 41(1): 23-33



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---



**Article** 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



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---



\*  **Book** Document 160

Webb, Pat, ed.

**ETHICAL ISSUES IN PALLIATIVE CARE: REFLECTIONS AND CONSIDERATIONS**

Manchester: Hochland & Hochland, 2000. 138 p.

Call number: [R726 .E774 2000](#)

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