



WEEK OF AUGUST 14, 2007

AUTHORS SAY NEGATIVE REVIEWS OF GRIEF COUNSELING UNJUSTIFIED

Since 2000, scientific literature has "frequently" cited a report of that year that said grief counseling is not normally effective, and may even be harmful, for persons dealing with normal bereavement. The 2000 study said that 38% of clients in grief counseling, including 50% of those with "normal" grief, deteriorated as a result of that counseling. A recent American Psychological Association (APA) press release cites a new study, reported in the August issue of *Professional Psychology: Research and Practice*. The release says, "The data on which these figures are based have never been published and came from a student dissertation that was never peer-reviewed, using a statistical technique attributed to another student's master's thesis, also never peer-reviewed."

The new article, "What has Become of Grief Counseling? An Evaluation of the Empirical Foundations of the New Pessimism," is authored by Dale Larson, Santa Clara University, and William T. Hoyt, University of Wisconsin-Madison. The article says that the original study was based on "an unorthodox analysis of deterioration effects . in B. V. Fortner's (1999) dissertation, usually attributed to [R. A.] Niemeyer (2000)." The authors also write that the "misrepresentation of empirical findings has damaged the reputation of grief counseling in the field and in the popular media and offers lessons for both researchers and research consumers interested in the relationship between science and practice in psychology."

The APA press release also says, "The belief that conventional grief interventions are potentially harmful has become common wisdom among bereavement researchers in the seven years since the published report and has been featured in the national media. Larson and Hoyt reviewed published and unpublished meta-analyses of more than 50 outcome studies and solicited the assistance of the APA to conduct a peer review of the dissertation on which this claim was based. Reviewers were unanimous in their conclusion that the statistical analysis on which deterioration claims were based is fatally flawed."

The Association for Death Education and Counseling (ADEC) placed a statement on the new study on its website at www.adec.org. The statement says, "Many scientists who do research in the area of grief counseling have unfortunately accepted the assumption that grief counseling is ineffective or even potentially detrimental - an assumption that is primarily based on the results of one report. ADEC members, including many who provide grief counseling, want to be guided by well established research findings and need to follow this important research question."

Stanford University's Dr. Sean O'Riordan, a practicing grief counselor, agrees with those who think that misunderstandings of the value of grief counseling's needs correction. "I've been working with grieving clients for the past 20 years and they consistently report that our work together is

enormously beneficial. It would be a tragedy not to offer counseling to these people in their time of need," O'Riordan said.

The authors of the Professional Psychology article say, "The erroneous findings have had a major impact on both the theory and practice of grief counseling," including skepticism on the part of several agencies, including hospices and funding sources "of the value of grief counseling," and concern "about potential harm to clients." Several suggestions are made which could begin to "reverse the damage and minimize the future impact of these claims."

- * The journals which "propagated" the findings should print retractions from those who drew the "unfounded conclusions."

- * Since "it is likely that the TIDE [treatment-induced deterioration effects] claims would not have attained credibility without laxness on the part of authors and editors in standards for critically evaluating and referencing cited work," the whole issue "provides an opportunity to reflect on scientific standards in psychology."

- * The misinformation about the earlier study, published in the popular media, needs to be counteracted and, "It is important to find mechanisms to educate the general public about the problematic nature of these claims."

The ADEC site has links to both the APA press release and the Professional Psychology article. (Professional Psychology: Research and Practice, 2007;38(4):347-355; Association for Death Education and Counseling Website; American Psychological Association Press Release, 7/29)

ARTICLE REVIEWS BEST PRACTICES IN VENTILATOR REMOVAL OF ICU PATIENTS

The current issue of Supportive Voice, at www.supportivecarecoalition.org, features an article on best practices used by palliative care teams when removing mechanical ventilation from ICU patients. The authors say that many ICU physicians and nurses are reluctant to remove ventilators, given the ICU's focus on using aggressive measures. EOL ventilator removal attitudes and practices vary, as does information in journal articles that give the best ways to address the issue.

The authors are a group of palliative care advanced practice nurses (APNs), from several hospitals in the Kansas City area, who initially held monthly meetings to support each other in their work. After they shared their own practices and identified similarities in different settings, they set a goal to analyze the best practices for ventilator removal at four area hospitals. Other objectives of the project included "identifying roadblocks and successes in providing palliative care in the ICU, identifying commonalities/differences in practices, as well as identifying areas in palliative care for future research." Each of the participating hospitals had palliative care teams (PCTs) in place, and each of the teams acted as an advocate "for the patient/family's goals of care."

The researchers identified three major factors which influenced a decision to withdraw ventilation:

- * Previously expressed wishes by the patient, either verbal or written;
- * A poor prognosis, in the judgment of the medical team; and
- * "Determination that the current quality of life would be unacceptable to the patient."

In most cases, the PCTs were active and present when ventilation was removed, unless it was scheduled at a time when the team was not available.

"The ICU staff was actively involved in the plan of care," and this "provided significant support for both the families and the staff."

Roadblocks to an "easy" removal process were: 1) Conflicts between the physician and family about goals of care; 2) "Last breath" referrals, which gave the palliative care teams no time to develop a relationship with the family, and 3) Patients who had no family advocates.

The best practices identified by the researchers that all the teams consistently applied were:

- * Skillful communication;
- * Respect for patient and family "goals, preferences, and choices";
- * Acknowledgement of the needs of families in making end-of-life decisions;
- * Giving comprehensive care;
- * Using the strengths of the members of the interdisciplinary teams; and
- * "Providing ongoing palliative care education in the acute care setting."

The authors conclude by saying, "The original intention of this group of palliative care APNs - to champion one another in our work and to provide support, professionally and emotionally - has in itself been a valued outcome." The complete article is available online at

<http://www.supportivecarecoalition.org/NR/rdonlyres/2FCDA1E6-DC40-4F5D-ABFE-EE78900C278B/0/SVSummer07FINALWEB.pdf>. (Supportive Voice, Summer/07)

IT'S NOT JUST OSCAR

After an article was published in the NEJM about Oscar, the cat who could identify patients dying in the nursing home where he lived (see HNN, 7/31), other stories appeared about other such animals. Yoda the cat lives at Evergreen Court in Molalla, Oregon, and seemingly can identify the patients admitted for hospice care, spending more time with them. One staff member says, "If he can get in their room, in the last four hours of life he's in bed with them." Smokey (a dog), who lives in San Antonio, curls up under the bed of patients who are dying, coming out shortly after their deaths.

Marty Becker, a veterinarian who wrote 'The Healing Power of Pets:

Harnessing the Ability of Pets to Make and Keep People Happy and Healthy, says some animals can sense impending heart attacks, seizures or diabetic comas. He thinks a similar phenomenon is at work in animals who identify dying patients, probably associated with the odor of chemical markers that accompany death. (Newshouse News Service, 8/8)

GRIEF NOTES

* "Grieving in the NICU: Mending Broken Hearts When a Baby Dies" is reviewed in the current Supportive Voice. The reviewer calls it "an authentic, genuine, realistic DVD presentation for both families and professional caregivers. The presentation is divided into five sections:

1) "Shock and Intense Grief," 2) "Picking up the Pieces," 3) "Siblings' Grief," 4) "Grandparents' Grief," and 5) "The Role of the Chaplains."
(Supportive Voice, Summer/07)

* "Grief: When Does It Begin and When Does It End," in the current Supportive Voice, describes the stages of grief, but says, "We now know grief is not time-limited. However, the intensity of grief subsides over time, although brief surges of intense grief - some of them predictable, such as the anniversary of the death - may occur many years later. Other instances of sudden, unexpected grief surges may be triggered by a beautiful sunset or a sentimental song." Supportive Voice is available at www.supportivecarecoalition.org.
(Supportive Voice, Summer/07)

PALLIATIVE CARE NOTES

* Ohio State University has developed "a daylong educational workshop on pediatric palliative care for oncology fellows." The researchers concluded that the pilot study of the workshop "showed efficacy in improving knowledge, but additional research is needed to evaluate larger educational initiatives and their long-term impact on clinical services and family satisfaction." The study was published in Pediatric Blood & Cancer.
(Oncology Business Week, 8/12; Pediatric Blood & Cancer, 2007;49(2):154-9)

* "Implementing palliative care studies," in the current Journal of Pain & Symptom Management, focuses on "issues related to implementation of randomized clinical trials in palliative care studies. Topics discussed included what kinds of clinical sites and patient populations were suitable, what types of clinical investigators (clinical specialty) should be involved in or lead the studies, what multisite mechanisms could be used to conduct the trials, and what funding issues were related to these studies." (Drug Week, 8/17; Journal of Pain and Symptom Management, 2007;34(1 Suppl):S40-8)

* "Measuring outcomes in randomized prospective trials in palliative care," in the current Journal of Pain & Symptom Management, summarizes the "discussions and recommendations of an Outcomes Working Group convened to advance the palliative care research agenda, particularly in the context of randomized controlled trials. These recommendations address the conceptualization of palliative care outcomes, sources of outcomes data, application of outcome measures in clinical trials, and the methodological challenges to outcome measurement in palliative care populations."
(Healthcare Finance, Tax & Law Weekly, 8/15; Journal of Pain & Symptom Management, 2007;34(1-Suppl):S7-S19)

OTHER NOTES

* The Center for Compassionate Care of Nathan Adelson Hospice, in southern Nevada, offers "Yes You Can" sessions to train caregivers. The day-long classes are offered monthly and cover such topics as drug administration and moving patients into and out of chairs. (Las Vegas Review Journal, 8/5)

* After an auto accident, 80-year-old Bob Rebeck and his 78-year-old wife, Marie, wound up in different hospitals. They wanted to see each other again, but neither could make the journey to the other hospital. So the information technology staffs at the hospitals set up laptops with webcams and the two were able to visit with each other for about 40 minutes. It was their last visit - Bob died the next day. (Chicago Daily Herald, 8/6)

* The Los Angeles Times says that the failure of California's physician-assisted suicide bill to clear the legislature is due in part to "a constituency associated with advancing personal choice and civil rights - namely, the disability rights movement." Paul Longmore is a San Francisco State history professor and pioneer in studying the history of disability and is confined to an iron lung after a childhood bout with polio. Longmore says, "HMOs are denying access to healthcare and hastening people's deaths already. Our concern is not just how this will affect us. Given the way the U.S. healthcare system is getting increasingly unjust and even savage, I don't think this system could be trusted to implement such a system equitably, or confine it to people who are immediately terminally ill." (Los Angeles Times, 8/6)

* In a second article on hospice, the Cherry Hill (New Jersey) Courier-Post discussed the services covered by the Medicare Hospice Benefit, including terminal care for diseases such as "Alzheimer's disease or dementia; cancer; cirrhosis and other liver diseases; COPD and other lung diseases; heart disease; infant congenital disorders; multiple sclerosis; renal (kidney) disease; stroke or coma." (Courier-Post, 7/31)

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