

## PFC Named National Program Office for Last Acts

by Renie Rutchick, MSSS

Partnership for Caring (PFC) has just received a major grant from The Robert Wood Johnson Foundation (RWJF) to provide management, leadership and vision for Last Acts, the nation's largest campaign to improve care and caring near the end of life.

Clearly, improvement is needed:

- Only 41 percent of terminally ill patients report talking to their physicians about their prognosis.
- 80 percent of the time physicians do not understand patients' preferences regarding cardiopulmonary resuscitation.
- 50 percent of patients don't receive the Do Not Resuscitate orders they want.
- 50 percent of patients are in pain in the last days of their life.

These appalling situations were reported in the 1995 findings of a \$28 million research study on end-of-life care funded by The Robert Wood Johnson Foundation. The study, known as SUPPORT, and the widespread media coverage it received, rocked the healthcare community and served as a wake-up call. For despite the study's rigorous interventions to improve end-of-life care, post-intervention results demonstrated no significant change in how dying people were treated.

The Robert Wood Johnson Foundation, among the first to identify this shameful public health crisis, was also among the first to respond. They created an ambitious and unique communications campaign, Last Acts, to raise awareness of the situation and engage both health professionals and the public in making necessary changes to insure that the end of people's lives is one of comfort, dignity and meaning.



*Vicki Weisfeld, Senior Communications Officer, Robert Wood Johnson Foundation, and Karen Orloff Kaplan, President, Partnership for Caring.*

For its first three years, The Robert Wood Johnson Foundation managed Last Acts. Now, the Foundation announced it will turn over the management reins of this extraordinary campaign to Partnership for Caring. "Last Acts has grown in size and complexity way beyond the Foundation's ability to help it achieve all it can," says Vicki Weisfeld, Senior Communications Officer and member of the End-of-Life Program Management Team for the Foundation.

"We feel very fortunate to have identified Partnership for Caring and its President, Karen Orloff Kaplan, to lead Last Acts," says Weisfeld. "Partnership for Caring has considerable substantive knowledge about the end-of-life field and, just as important, a history of collaboration and partnership. That's the essence of Last Acts — helping each organization find its special niche in a broad social change arena," she adds.

"This is a great honor for Partnership for Caring," says Kaplan. "Having our two programs

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## ONE VOICE

Karen Orloff Kaplan, ScD • President and CEO

Dear Friends,

Stretch one of your hands out, a little bit higher than shoulder level. Now stretch your other hand out, but lower, say, hip level. Slowly bring your hands together. Notice how each hand has to move only halfway to join clasped, at the level of your heart?

Hands clasped at our hearts is the way a colleague describes the wonderful marriage that will result as Partnership for Caring becomes the National Program Office for Last Acts, The Robert Wood Johnson Foundation's remarkable end-of-life communications campaign.

Under the extraordinary leadership of Vicki Weisfeld, Last Acts has done a terrific job reaching out to media, institutions and organizations about the important end-of-life issues you and I are working to resolve. The Last Acts' campaign has engaged professional associations, employers, consumer groups and religious bodies all around the country. Its goal is to get messages to those who effectively initiate change in this country. We all believe that the positive outcomes of these changes will trickle down and individuals will receive better care during life's last chapter.

At Partnership for Caring, and earlier, at Choice In Dying, we focused on reaching consumers directly with grass-roots efforts. As we develop our new "public engagement campaign," we will emphasize rallying the public to demand that their rights and needs be met when it comes to end-of-life care. Our goal is to create a groundswell for change that flows from the public.

Partnership for Caring and the Last Acts communications campaign — two arms coming together, each only having to cover half the distance.

When The Robert Wood Johnson Foundation decided that the Last Acts campaign needed to be managed externally for greater effectiveness, they looked to Partnership for Caring because of the natural complement we can lend to their efforts. We are honored to take on this commitment and look forward to our shared, dynamic future. You, our partners, will benefit by this alliance as it broadens our access to resources and adds strength to our voices.

Help us build such strong voices that change will become inevitable. You'll find a special form for partnership on page 5 of this issue. Sign up your friends, relatives, co-workers and neighbors. Know that each voice you bring to our chorus enhances the chance that someone you love will receive compassionate, skilled care at the end of life.

And know that the bond between Partnership and Last Acts — outstretched arms and clasped hands — strengthens and speeds our overall cause.

—Karen

## TAKE ACTION!

There are many ways you can "take action" on behalf of dying people and their loved ones. In this issue we offer suggestions for becoming involved in your community and taking effective personal action.

### Be a Voice in Your Community!

In many areas throughout the country, fewer than 25 percent of adults execute advance directives despite federal and state laws and regulations supporting them. Yet we know that advance directives are important ways to insure that end-of-life wishes are honored. Talking about advance care planning also can be an effective springboard for conversations that will engage people in broader efforts to improve care and caring for dying people and their loved ones. Here are some ways you can help bring awareness of the issues to your community. Contact Partnership for Caring to obtain planning guidance and handout materials for any of these suggestions.

- **Connect** with your local community center, senior citizens center, religious organization, nursing home or library to plan a program about advance directives and end-of-life issues. Use a video clip to start a discussion about end-of-life decision-making. *Help* people complete documents.
- **Staff** a booth about advance directives and end-of-life issues at citizens' awareness activities or health fairs in your community. *Call* your local hospital, mayor's office or city council to find out about these events.
- **Gather** a group of your friends and relatives. *Ask* them to invite several of their friends to a get-together to discuss advance care planning.

### Spread the Word about Last Acts

- **Educate** your healthcare providers about Last Acts and its website. *Ask* them to check out the site's many resources.

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America's Voices for the Dying<sup>SM</sup>

1035 30th Street, NW • Washington, DC 20007-3823  
1-800-989-9455

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# Public Engagement Through Education: The Last Acts Experience

by Vicki D. Weisfeld

*Because Last Acts has been so successful in getting end-of-life issues into the public domain, we asked Vicki Weisfeld, Senior Communications Officer at The Robert Wood Johnson Foundation, to share their strategy with us.*

A *New Yorker* cartoon taped to the file cabinet in my office shows a tombstone inscribed: “Why Me?” In the *New Yorker*’s typical understated style, the cartoonist has honed in precisely on Americans’ aversion to dealing with death. The September 2000 issue of *Modern Maturity* labels death “The Last Taboo.”

Not dealing with death hinders us both in the societal context and the family context, in which individual deaths play out. As members of American society, we don’t complain enough about our nation’s current approach to death-care. We don’t know *how* things could be better, or even that they *can* be better. And, we don’t necessarily recognize that much of our societal problem results from *systems* problems, not individual circumstances. Systems problems are ultimately fixable — although the fix may not be easy — while individual circumstances may not be.

## The Goals of Public Education

Americans need to be engaged in this critical dialogue. To do so, public education is essential in the end-of-life field to:

- Encourage individual planning.
- Create demand for high-quality end-of-life care.
- Support advocacy.

Last Acts has worked most in the latter two areas. One reason the partnership between Last Acts and Partnership for Caring will be so strong is because Partnership is very strong on the first area and its mission is to realize the second. On the other hand, Last Acts’ major strategy is working through organizations, rather than attempting to reach the public directly. One notable exception is Last Acts’ highly visible public education activity. This effort is composed of two major elements: Working with the media and promoting the “Vision for Better Care at the End of Life” statement.

## The Power of the Media

Over the years, we’ve seen a steady increase in reporters’ interest in end-of-life stories. Many newspapers and broadcasters, both radio and television, have produced major stories and multi-part series portraying end-of-life issues. Just last month, PBS aired *On Our Own Terms: Moyers on Dying*. Several foundations funded the production and outreach for this series. And, the series had unprecedented support from PBS and local stations alike to engage the public in these critical conversations.

Last Acts also works with the entertainment media, which provides a powerful backdrop against which individuals — for better or worse — develop their attitudes and knowledge about end-of-life care. Last Acts has an active consultant in Hollywood, to encourage primetime and daytime television producers and writers to address end-of-life issues and to increase the accuracy of their portrayals of death and dying.

An important parallel effort is to keep Last Acts’ nearly 500 Partners aware of upcoming media programs, so that they can rally their members and their local media to continue the dialogue. Even when TV shows “get it wrong” (as they so often have) there’s an opportunity for Partners to contrast reality with the fictional portrayal. In fact, there’s almost an obligation to do so, because whether the depiction is right or wrong, it contributes to people’s perceptions of the kind of care that is “standard” and how people cope with a life-threatening condition.

Finally, Last Acts works with a wide variety of trade media. One of the services we provide to our organizational Partners is ready-to-use articles for their own newsletters and other publications. Our campaign is greatly aided in reaching broader audiences by these reprints and their adaptations by Partners.

## The Vision for Better Care

The “Vision” statement was based on the “Precepts of Palliative Care” created for health professionals by the Last Acts Palliative Care Task Force. It has been a powerful tool in explaining Last Acts’ beliefs about what good end-of-life care should be. It is a short, easy-to-read summary, written specifically for the public, and is available in both English and Spanish. Tens of thousands have been distributed.

The statement was featured at a news conference last year in Detroit just days before the start of the Kevorkian trial. Best of all, its theme — that there is a better way to care for most dying people — is starting to be reflected in news stories around the country.

The “Vision” statement and a series of brochures on grief and bereavement developed for the public are available on the Web site [www.lastacts.org](http://www.lastacts.org), and the public is often interested in the stories found in the site’s electronic newsletter and resources directory. (For more information about these products, you can call PFC at 1-800-989-9455.)

For years, everyone in this field has been challenged by the difficulty of “starting the conversation.” The experience with the Moyers series, in which more than 200 communities formed local coalitions around the series in order to take follow-up action, suggests that we may be making progress. I certainly hope so, since strong public advocacy and the loud voices of consumers will be essential to achieve lasting change.







## In the Legislature

All states provide standards for determining when a person is considered medically and legally dead. **Alabama**, consistent with 43 other states, recently adopted the standard of the "Uniform Determination of Death Act" (S.129). The definition of death now includes the situation in which a person has incurred irreversible cessation of all brain functions, including the brain stem.

Recent **Florida** legislation recognized the need for all healthcare professionals to increase their understanding of end-of-life and palliative health care. S.1890 encourages professional regulatory boards to adopt appropriate standards and guidelines regarding end-of-life care and pain management. It also encourages educational institutions that train healthcare professionals to implement curricula concerning end-of-life care, including pain management and other aspects of palliative care. Furthermore, the bill requires the Department of Elderly Affairs, the Agency for Health Care Administration, and the Department of Health to jointly create a campaign on end-of-life care, including "culturally sensitive" programs to improve understanding of end-of-life care issues in minority communities. Lastly, the bill requires attending or treating physicians to provide patients

information concerning pain management and other aspects of palliative care when discussing diagnosis, planned course of treatment, alternatives, risks and prognosis. Healthcare providers also must comply with requests for palliative care, when appropriate.

In **Maryland**, the Health Care Decisions Act treats oral advance directives (statements made by the patient while competent) the same as written advance directives. A recent amendment to the Act now requires physicians to document these statements as part of an individual's medical record. This is important to insure that patients' wishes are honored, even when they have not executed written documents.

In **New Jersey**, a series of bills relating to pain management and end-of-life care was signed into law. A.316 requires healthcare facilities to monitor patients' pain as a fifth vital sign (others include blood pressure, pulse, respiration and temperature). The healthcare facilities must routinely inquire whether a patient is in pain, maintain policies and procedures for asking patients to rate their degree of pain, and routinely record levels of pain intensity on patients' charts. The purpose of the bill is to promote greater awareness of patient pain among healthcare providers and to help patients learn

to communicate about their pain. A.317 amends the "Cancer Research Act" to require the New Jersey State Commission on Cancer Research to encourage cancer pain management and palliative care research. A.318 establishes a New Jersey Pain Management Policy Advisory Council to provide advice and recommendations about pain management policy to the Department of Health and Senior Services and other State regulatory agencies. Lastly, A.319 amends the "bill of rights" for hospital patients and nursing home residents to provide that every patient and resident has the right to expect and receive appropriate assessment, management and treatment of pain as an "integral component" of their care.

Effective November 1, 2000, **Oklahoma** will provide a means for residents to indicate on an identification card or driver's license that they have executed an advance directive for health care and/or a non-hospital "Do Not Resuscitate" order.

Effective July 2000, **Rhode Island** amended the Health Care Power of Attorney to permit individuals to express their wishes regarding organ and tissue donation. Contact Partnership for Caring if you wish to obtain the new document containing these donation provisions.



## PLANNED GIFTS SUPPORT PARTNERSHIP FOR CARING

*... and may give you tax advantages*

**H**elp ensure that the work of Partnership for Caring will continue. Your planned gifts will support vital education and advocacy efforts today and in the future.

In many cases you can realize generous tax advantages today!

*For details on how to include Partnership for Caring in your long-range estate and financial plans, please fill out and return this form.*

### Yes, I'd like information on how I can

1. Name Partnership for Caring as a beneficiary in my will or Living Trust.
2. Make a gift of appreciated securities to Partnership for Caring.
3. Make a memorial gift in the name of a loved one.
4. Make a contribution to help support the work of Partnership for Caring

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Voice \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Mail to:** Carol Robbins, Vice President for Development  
Partnership for Caring  
1035 30th St., NW  
Washington D.C. 20007  
(202) 338-9790  
email: crobbs@partnershipforcaring.org

## Urbina Named Program Officer for Samuels Foundation Initiatives

Julio Urbina has joined the staff as the Program Officer for the Fan Fox and Leslie R. Samuels Foundation's healthcare agency and palliative care initiatives. The Foundation, which helps New Yorkers receive high-quality health care and exercise their consumer rights, recently named Partnership for Caring as the coordinating center for these two initiatives.



Mr. Urbina will assist PFC and the Foundation to identify projects that meet the goals of both organizations. He will oversee projects already underway, as well as new ones, and provide administrative and research assistance to project grantees.

"The Foundation has a strong commitment to funding initiatives that have a meaningful impact on people's lives. The dynamic relationship with Partnership for Caring's consumer focus will make a significant contribution to helping us all get the care and support we need and choose. I am honored to become part of this remarkable team," says Mr. Urbina.

Mr. Urbina believes one of the most important health issues is enabling and empowering all consumers to have and be a voice. And, he is interested in improving public policy. "We cannot provide adequate palliative care if we lack laws and regulations that allow access to appropriate medication or other aspects of palliative care," he says.

Mr. Urbina brings a wealth of clinical, administrative and academic experience to this position. Prior to joining Partnership for Caring, he was the Administrator for Perioperative Services at Memorial Sloan Kettering Cancer Center in New York City. Previously, he directed emergency medical services systems in New York City and in Connecticut. Mr. Urbina, a paramedic since 1982, continues to provide emergency care within the New York City Emergency Medical Services System at Lenox Hill Hospital.

Mr. Urbina earned a Bachelor of Science degree (summa cum laude) from the City University of New York and a Master of Public Health degree from the Yale University School of Medicine. He is a doctoral candidate in Health Policy at the Heller School at Brandeis University and expects to defend his dissertation this fall.



## WHO'S WHO IN PARTNERSHIP

### National Alliance for Caregiving

*Partnership for Caring is a collaborative organization that comprises individual partners (consumers and professionals) and collaborating organizations. In this issue we are pleased to feature the National Alliance for Caregiving, a strong, consumer-focused PFC collaborating organization.*

According to the 1997 national caregiver survey, 22.4 million US households — nearly one quarter of the population — contain someone caring for an older relative or friend. The value of family caregiving to society is estimated conservatively to represent nearly \$200 billion per year. Yet these caregivers often feel isolated and stressed. They struggle with balancing caregiving, work and other family responsibilities.

The National Alliance for Caregiving (NAC) was created to support family caregivers of the elderly and the professionals who serve them. The coalition embraces 23 national organizations or corporations including the American Society on Aging, the American Association of Retired Persons (AARP), Children of Aging Parents, the National Association of Social Workers, the American Association of Geriatric Psychiatry, the Assisted Living Federation of America, GlaxoWellcome, AT&T, Bell Atlantic, MetLife, and Pfizer.

### Tangible Support

The Alliance conducts research on caregiving, develops national projects for caregivers and professionals, and increases public awareness of the issues of family caregiving. It also provides valuable resources for family caregivers. For example, the Alliance has developed a number of publications for consumers, including "Caring Today, Planning for Tomorrow," and "Planning for Your Retirement and Long term Care." Its website lists tips for caregivers, including advice on ways to work with healthcare providers and how to prevent caregiver burnout.

An exciting new consumer project of the Alliance is a web-based "Family Resource Clearing House." The project involves assessing and rating books, videos, newsletters, web sites, training programs and magazines of both publishing houses and nonprofit organizations. Abstracts and reviews with ratings will be posted on the site so consumers can preview what they might consider ordering (some materials are free). Resource reviews cover topics such as financial planning for long-term care, how to hire a caregiver, and training on stress management for caregivers.

### PFC Collaboration: A Natural Tie-In

Gail Hunt, Executive Director of National Alliance for Caregiving, looks forward to collaborating with Partnership for Caring. "Caregivers' concerns tie in with issues at the end of life," Hunt says. "Most people do not die suddenly; they die following a period of life-threatening chronic or progressive disease that usually involves active caregiving by family members. In order to make changes in how society responds to both caregivers and the people they care for, it is essential to provide ways for caregivers to move beyond self-advocacy to advocate on behalf of all caregivers," she adds.

For more information, visit the NAC web site [www.caregiving.org](http://www.caregiving.org), or write the National Alliance for Caregiving, 4720 Montgomery Lane, Suite 642, Bethesda, MD 20814. If you know of resources the organization should review on its web site, please submit them to Kate Panepinto at (415) 974-9614.



work side-by-side will foster an even greater momentum for change and provide more benefits to all our partners and collaborators.”

## More About RWJF

The Robert Wood Johnson Foundation, based in Princeton, NJ, is the nation's largest philanthropy devoted exclusively to health and health care. It became a national institution in 1972 with receipt of a bequest from the industrialist whose name it bears, and has since made more than \$2.75 billion in grants.

The foundation concentrates its grant-making on three goals:

1. Assuring that all Americans have access to basic health care at reasonable cost.
2. Improving the way services are organized and provided to people with chronic health conditions.
3. Reducing the personal, social and economic harm caused by substance abuse — tobacco, alcohol and illicit drugs.

## In the Beginning

Last Acts has become a leader in the end-of-life field, identifying and giving visibility to issues and initiatives, inspiring others to action, and providing the resources and tools for those actions to be effective. Since its inception, Last Acts has believed that making improvements in end-of-life care depends on progress in three broad areas:

1. Improving provider-patient communication.
2. Changing the culture of the medical care system, so that it is more attentive to the needs of dying patients.
3. Changing the American culture, which is so death-denying that progress is difficult.

To accomplish these ambitious goals, Last Acts developed a unique structure

that enables work to proceed through collaborative efforts of many diverse groups. The primary structural components of the campaign include:

### Communications Team

Three communications firms carry out the day-to-day work for Last Acts. The firms are responsible for public policy, professional and consumer issues. In their respective areas, they track developments in the field, prepare articles and summaries for distribution to professionals and the public, network with leaders in the field and campaign partners, and facilitate the work of Last Acts committees.

### Partners

From the outset, Last Acts attracted a wide variety of organizations to its tent, under the premise that everyone has a part to play in this change effort. The *Partners* (500 organizations to date) have several roles. They are the “eyes and ears” of the campaign at both the community and national level, bringing forward information about new developments and timely issues. They are a major resource for disseminating ideas and material from Last Acts to hundreds of their own members. And, they network with one another, creating momentum through the exchange of ideas and building on the successes of others.

### Committees

At the first Last Acts national leadership conference, executives from 140 varied organizations discussed what they believed were the most important issues in end-of-life care and the opportunities for action. Out of these discussions, Last Acts formed 11 committees to develop products (guidelines, conferences, reports tools, etc.) that would move the field forward. The committee topics are Diversity, Spirituality, Family, Workplace, Professional Education, Institutional Innovations, Palliative Care, Financing, Communications & Policy, Standards & Guidelines, and Evaluation & Outcomes.

## Impressive Results

By using an array of communication strategies, Last Acts is now the best recognized and most respected national campaign to promote improvements in care for dying people. The campaign is also credited with generating a collegial and collaborative atmosphere in the end-of-life field, forming much more powerful networking and synergy than typically occurs.

During the last three years, Last Acts developed a number of tangible products that have yielded impressive results. Some examples are:

- Seven policy briefs mailed to more than 10,000 policy makers.
- Consumer information advertising tied to a specific broadcast of TV's popular *ER*, which highlighted end-of-life themes.
- “Hollywood Initiative” activities that resulted in four prime time end-of-life story lines in 1999 and exposed numerous entertainment writers and producers to Last Acts messages.
- Medical and nursing textbook reviews that resulted in commitment from publishers to improve and expand end-of-life information.
- An on-line journal, *Innovations in End-of-Life Care*, currently read by more than 3,000 professionals.
- An award-winning web site that receives almost 5,000 visits weekly.

## A Shared Future

As the National Program Office for Last Acts, PFC will provide management, leadership and vision to the campaign, both expanding and consolidating its program. Also, Last Acts will establish a National Advisory Committee and an Honorary Leadership Committee, chaired by former First Lady Rosalynn Carter, to guide and spearhead its efforts.

### Program Expansion

There are a number of plans for the PFC-led structure of Last Acts. Examples include:



- Testing the effectiveness of a special issue or theme each year. This year, the theme will be “caregivers,” and what we can do for and with family caregivers. All other activities will continue, but where appropriate, they will incorporate caregiver issues and messages.
- “Affinity Conference Calls” will be designed around topics of special interest. These ongoing, live calls will enable partners to share ideas about important issues such as hospice reimbursement, medical school curricula or clergy involvement in the care of patients.
- A national meeting is also in the works to receive and respond to the first annual “state of the nation for end-of-life-care and caring.”
- Special events will be planned, such as a reception and dinner held on Capital Hill to introduce policy makers and

national leaders to the Bill Moyers PBS series, “On Our Own Terms.”

### PFC Partner Benefits

The next three years will bring additional benefits to PFC partners as well. We will have:

- Access to more resources.
- The expertise of a major national foundation that is heavily involved in this arena.
- More consumer tools.
- Opportunities to get involved in grass roots coalitions around the country.
- More and louder voices.

Together, Last Acts and Partnership for Caring seeks nothing less than to change the face of end-of-life care and caring in this country!

### TAKE ACTION

*Continued from page 2*

- Engage healthcare, professional or consumer organizations who are (or should be) interested in end-of-life issues: *Tell* them about the Last Acts website [www.lastacts.org](http://www.lastacts.org). *Suggest* they check out “Why Become a Partner” to learn about the many Partner benefits.
- Visit the website yourself and learn what others are doing to take action.

### Any More Ideas?

Please *let us know* your ideas or experiences about ways consumers can contribute to efforts to improve care and caring near the end of life. Call us at 1-800-989-9455, email ([pfc@partnershipforcaring.org](mailto:pfc@partnershipforcaring.org)), or write Partnership for Caring, 1035 30th Street, NW, Washington DC 20007.

## SPONSORSHIP FORM

**H**elp strengthen the demand for better end-of-life care and caring by asking family, friends and colleagues to add their voice to the call for change. You can help bring new Partners to this growing movement by distributing this enrollment form.

As our way of saying thank you, we will send you a package of valuable end-of-life resource materials. Simply complete the Sponsoring Partner information on the form below and we will acknowledge your help in making our voices heard.

***Be a Voice for better end-of-life care. Become a Partner in Partnership for Caring.***

I support Partnership for Caring's efforts to ensure comfort, care and dignity at the end of life. Please enroll me as one of America's Voices for the Dying.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 e-mail address \_\_\_\_\_

☐ Enclosed is my tax-deductible contribution of \$35

☐ Check enclosed

Please charge my: ☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover

Account # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Partners receive our quarterly newsletter, **VOICES**, which provides cutting-edge information about the movement to improve end-of-life care and ways people can raise their voices on their own behalf as well as to benefit others. Partners also receive “alerts” regarding changes in their state laws that could affect advance directive documents. Most important, Partners further the fight to improve end-of-life care and caring throughout our nation.

### SPONSORING PARTNER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

## ON THE SHELVES

### Forgoing Life-Sustaining Therapy: How to Care for the Patient Who is Near Death

Margaret L. Campbell, RN, MSN

AACN Critical Care Publication, 1998

Paperback, \$30. ISBN 0-945812-77-9

Every professional who deals with dying patients should have this book at hand. It gives explicit information about how to care for the dying patient, how to stop treatments, how to manage pain and symptoms during withdrawal, how to convey information accurately to family members, and ways to deliver bad news. The book delivers information clearly and succinctly and even provides specific language for communicating with lay people.

### Grief Education for Caregivers of the Elderly

Junietta Baker McCall, DMin

Haworth Press, Binghamton, NY, 1999

Hardcover, \$59.95. ISBN 0-7890-0498-4

This is an excellent resource for professionals who work in any institutional setting that provides care to the elderly. It offers accessible information about grief and grieving among the elderly and the people who provide care to them. A guide for creating caregiver workshops for grief education is included along with specific model designs, which can be adapted to fit different settings.

### Healing Children's Grief: Surviving a Parent's Death from Cancer

Grace Hyslop Christ

Oxford University Press, NY, 2000

Paperback, \$24.95. ISBN 0-19-510591-5

This book reports on a qualitative study of families who participated in a parent-guidance intervention through the terminal illness and death of a parent from cancer. An extremely important and useful guide for those seeking to help children deal with grief and loss.

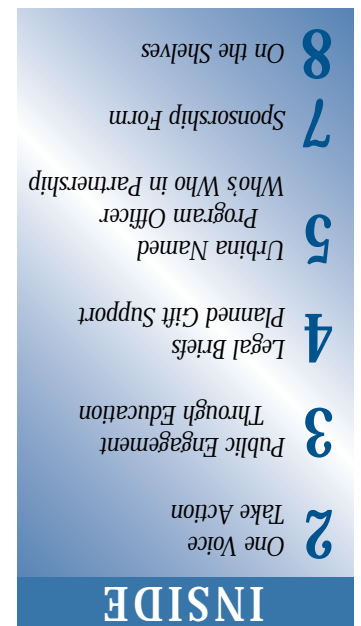
### The Definition of Death: Contemporary Controversies

Edited by: Stuart J. Younger, MD, Robert M. Arnold, MD,  
Renie Schapiro, MPH

The Johns Hopkins University Press, 1999

Hardcover, \$54.00. ISBN 0-8018-5985-9

When does death occur? That question has profound consequences—psychologically, metaphysically, legally and medically. Modern-day concerns about when medical treatments should be stopped and the need to make more organs available for transplant raise difficult questions about how well our definitions of death serve medical and societal goals. This book presents a fascinating array of views on defining death and how our society's conclusions will seriously affect who will live and who will die.



Address Correction Requested

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America's Voices for the Dying<sup>SM</sup>  
Partnership  
for Caring<sup>INC.</sup>

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PAID  
Stevensville, MD  
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