



CHAPTER 6

BIBLIOGRAPHY

Annas, G. (1994). Death by prescription. New England Journal of Medicine, 33 (8), 1240-1243.

A paper which explains about the law in the US concerning initiative of voting for 'dying with dignity'. An overview of opinions in different states is given. In some places physician-assisted death has been allowed on certain conditions.

Benrubi, G. (1992). Euthanasia: The need for procedural safeguards. New England Journal of Medicine, 326(3), 197-199.

The author explains that discussions about euthanasia concern the ethical principle that suffering has to be alleviated and the decision to be taken by the patient or the physician to terminate life, or to hasten the end. He stresses the need for procedural safeguards.

Benton, T. F. (1988). Medical undergraduates. Palliative Medicine, 2, 139-142.

The teaching of palliative medicine is explained: when, where, by whom, what and how. The importance is stressed to integrate palliative care in the normal patient care. (UK)

Billings, J. A. (1993). Medical education for hospice care: A selected bibliography with brief annotations. The Hospice Journal, 9(1), 69-83.

A choice of articles with emphasis on educational efforts that focus on fundamental attitudes rather than simply conveying knowledge. The section on communication skills receives special attention.

Browne, M. (1994). Mary T. reflects on the other side. New York: Ballantine.

The author is a psychic and a spiritual healer who had her first paranormal visions when she was still a child. She tells about her experiences with people who are dead and people who had a near-death-experience.

Calman, K. C. (1988). Medical training in the early postgraduate years. Palliative Medicine, 2, 143-146.

Structural changes in the pattern of education and training in the UK are recommended, palliative medicine must be viewed against this background. The skills, attitudes and knowledge required to practice palliative medicine are seen as core skills for all doctors in all specialties.

Chambers, M., & Haughey, A. (1993). Preparing under-graduate nurses to care for dying patients. Senior Nurse, 13(6), 23-25.

Description of an attempt to prepare undergraduate nursing students (UK) in dealing with dying patients and their relatives: teaching plan, student assessment and emerging issues are described.

Cohen, J., Fihn, S., Boyko, E., Jonsen, A. and Wood, R. (1994). Attitude towards assisted suicide and euthanasia among physicians in Washington State. New England Journal of Medicine, 331(2), 89-94.

Report of a study done in Washington state regarding the attitudes of physicians toward physician-assisted suicide and euthanasia. Most of the physicians would be unwilling to participate in the practices themselves, only few were in favor of legalization.

Copp, G. (1994). Palliative care nursing education: A review of research findings. Journal of Advanced Nursing, 19, 552-557.

Analysis of some of the key education research undertaken in the UK, focusing on studies related to death education. Potential areas for further research are pointed out.

Daley, A. G., & Lennard, R. F. (1991). Training for palliative medicine: A survey of professional opinion. Palliative Medicine, 5, 295-302.

This is a questionnaire survey for all senior palliative physicians in the UK to define the best ways of training. Recommendations are made based on the results.

Daley, A. G., & Lennard, R. F. (1991). Training for palliative medicine: How should palliative physicians be trained? An observational study of the clinical skills needed by senior palliative physicians. Palliative Medicine, 5, 303-306.

This study is an observation of five senior palliative physicians in their clinical work to define the nature of the clinical problems and

hence about where emphasis in training should lie. Seven areas to be covered by higher training are recommended.

Degner, L. and Gow, C. (1988). Preparing nurses for care of the dying. A longitudinal study. Cancer Nursing, 11 (3), 160-169. Canada.

Two alternative approaches to preparing nurses for the care of the dying are evaluated at different stages. Findings provide implications for designing curricula in undergraduate nursing programmes.

Doyle, D. (1994). Education and training in palliative medicine in European Community member states. European Journal of Palliative Care, 1 (1), 52-53.

The writer states that palliative medicine should be included in the syllabus of every medical school. Only in the UK is palliative care recognized as a specialty.

Doyle, D., Hanks, G. & MacDonald, N. (Eds.) (1993). Oxford Textbook of Palliative Medicine. New York: Oxford University.

This is the first textbook on palliative medicine, for which Dame Cicely Saunders wrote the foreword. It gives an answer to many questions regarding palliative care: it addresses interdisciplinary team approach, as well as communication skills, it contains extensive chapters on symptom management, but it also explains about ethical, cultural and spiritual issues. The chapters on palliation research, pain management and symptom control are extensive and excellent. The many authors review the most common complications which are

faced by dying patients. Throughout the book the patient is seen as a person who is part of a family with its own concerns and needs. Educational aspects are also considered and the final chapter gives a global perspective.

du Boulay, S. (1993). Cicely Saunders, the founder of the modern hospice movement. London: Hodder & Stoughton.

This is the biography of Dame Cicely Saunders; it describes the philosophy of modern hospice care clearly. Dr. Saunders had a long way to go, but she realized the establishment of the St. Christopher Hospice, which became an example for hospice care worldwide.

Duffy, T. (1992). When to let go. New England Journal of Medicine, 326 (14), 933-935

A case study about a patient who has leukemia and who is to receive a bone-marrow transplant. Complications occurred and the patient had stated that he was not willing to undergo resuscitation, only palliative treatment was given. The discussion focuses on the rights of the patient.

Faulkner, A., Peace, G. & O'Keeffe, C. (1995). When a child has cancer . London: Chapman & Hall.

The authors describe a project where children over seven and close family members were interviewed. It gives a clear idea about children's' frankness about their condition, insights in problems encountered by parents and close family members.

Faulkner, A. (1992). The evaluation of training programmes for communication skills in palliative care. Journal of Cancer Care, 1, 75-78.

Results of a workshop organized to examine the skills of doctors in interacting with cancer patients, and identifying their areas of concern. The findings show a significant correlation between disclosure of psychological problems and the use of open and directive questions, clarification of cues and negotiating style.

Field, D. (1993). Education for terminal care in the undergraduate medical curriculum. Critical Public Health, 4(3), 11-19.

The aims of terminal care education in the UK are clearly explained; its contents are also mentioned. The author concludes that terminal care education will remain ineffective as long as it is not more accepted and supported by students during their study time and later in their working practices.

Field, D. and Kitson, C. (1986). Formal teaching about death and dying in UK nursing schools. Nurse Education Today, 6, 270-276.

Findings of a short questionnaire conducted in May 1984. The main reservations expressed related to the differences between 'in school' and ward experiences.

Finlay, I. (1994). Regulating physician-assisted death. New England Journal of Medicine, 331(24), 1656-1658.

Reaction on a paper which was published earlier. It is a strong plea against euthanasia, in favor of palliative care.

Ford, G. (1988). Specialist medical training in the UK. Palliative Medicine, 2, 147-152.

The need to establish palliative medicine training has been recognized. The reasons and methods for training are outlined.

Fremantle, F., & Trungpa, C. (1975). The Tibetan book of the death. Boston: Shambhala.

The Tibetan book of the death is a Tibetan Buddhist scripture of the old tradition. It concerns the nature of the mind and its projections. It describes the different stages (*bardos*) as they appear after death. This scripture was traditionally read aloud to the dying to help them to attain liberation. The commentary is the most interesting part.

Hobbs, R. (1993). The role of stories in palliative care education (Canada). Journal of Palliative Care, 9(2), 41-46.

The author explains about his experience in palliative care: he used stories to contact people, to explain feelings or experiences. He concludes that the story has a power in a way that factual knowledge does not. He illustrates this with examples.

Hope, J., & Van Loon, B. (1994). Buddha for beginners. Cambridge: Icon.

The life and the teachings of Buddha are described, as well as the explanation of meditation practices, Taoism and Zen. The influence of Buddhism on Western thought is also briefly touched. It is a book full of icons which makes reading easy.

Irvine, B. (1993). Teaching palliative nursing to students (UK). Nursing Standard, 7(50), 37-39.

The article explores why students need to learn about death and dying, and examines why students may be ill-prepared to deal with dying patients. The author concludes that the primary aim of student preparation is to allay any fears of death and dying.

Komin, S. (1991). Psychology of the Thai people: Values and behavioral patterns. Bangkok: Magenta.

This book is the result of an extensive study about values and behavioral patterns of Thai people. The chapter about the national character in the Thai nine value clusters is specially interesting in helping to understand Thai people and their culture.

Kubler-Ross, E. (1969). On death and dying. New York: Macmillan.

In this remarkable book interviews with dying patients are recorded and the different stages of dying are recounted. It is an excellent work about managing terminally ill patients. The author describes the five stages through which patients go before they die: denial, anger, bargaining, depression and acceptance. This book is a pioneer in the area of palliative care.

Kubler-Ross, E. (1974). Death, the final stage of growth. New York: Simon & Schuster.

Death and dying are described in the western society, other cultures and religions. Dr. Ross provides opinions from different professionals and she also explains about the experience of death in her own life.

Kubler-Ross, E. (1981). Living with death and dying. New York: Macmillian.

Dr. Ross explains how dying children can be helped to accept death. Few children talk about their own death, many use symbols by making drawings. These drawings can be analyzed and can be a help in communicating with the dying child.

Kubler-Ross, E. (1985). Over de dood en het leven daarna. (About death and life after death.) Schoten, Belgium: Westland.

This is a collection of three readings of Dr. Ross in which she describes life after death as a new situation of consciousness.

Lavery, M. (1993). Death and dying, oh no! Senior nurse, 13(6). 32-35.

A student nurse discusses that studying death and dying can lead to a greater appreciation of life. She does it by using the five stages of coping with death described by Kubler-Ross in her book: "On death and dying."

Leontine, Z. (1992). Menswaardig sterven. (Dying in a dignified way.)

Leuven, Belgium: Davidsfonds.

Sister Leontine is physician and was for twenty-five years the director of a hospital. She describes in this book how she felt the need for palliative care and the way she managed to open the palliative care unit in the hospital. It is a book written from her own experience with touching examples.

Leontine, Z. (1995). Waarom nog euthanasie? (Why still euthanasia?)

Leuven, Belgium: Davidsfonds.

Sister Leontine writes about the sensitive problem of euthanasia: the Belgian law, the Dutch opinion and several pressure groups. It is a plea for tender solidarity: to live is to be responsible for each other.

MacLeod, R. (1993). Teaching hospice medicine to medical students, house staff, and other care givers in the UK. The Hospice Journal, 9(1), 55-67.

The paper gives a review of teaching palliative medicine in a training center in Bath (UK) between 1989 and 1992. It explains about the different workshops which were organized. The one for family practice physicians is particularly interesting since it is related to community care.

MacLeod, R. & James, C. (1994). Teaching palliative care: Issues and implications. London: Patten Press.

This booklet outlines thoughts and discussions held at a seminar in Bath (UK) in 1993. It contains an interesting structural overview on

teaching palliative care, as well as different viewpoints and problems encountered by people involved in teaching.

Nash, A. & Hoy, A. (1993). Terminal care in the community: An evaluation of residential workshops for general practitioner/district nurse teams.

Palliative Medicine, 7, 5-17.

This paper describes the development and content of palliative care residential workshops for general practitioner/district nurse pairs from the same practice in the UK. The outcome showed high levels of perceived improvement in the understanding of others' roles in the practice of palliative care.

Lofland, J. & Lofland, L. (1984). Analyzing social settings. Belmont, California: Wadsworth.

An instruction book on gathering data, focusing them, analyzing the data and guiding the consequences.

Nuland, S. (1993). How we die. New York: Vintage.

The author is a surgeon and he explains with clarity how most of us die and what exactly happens. It is a realistic and vital revelation, it also insists that the terminal condition of patients have something to teach us. Nuland even dispels the myth of the dignified death in hospitals today, but his intense human compassion makes this book extra valuable and worthwhile to read.

Oliver, D. (1989). Training in and knowledge of terminal care in medical students and junior doctors. Palliative Medicine, 3, 293-297.

A survey of medical students and junior doctors in the UK shows a lack of training and knowledge in the care of dying patients and symptom control. The need for an increased emphasis on this training is identified.

Quill, T. (1993). The Ambiguity in Clinical Intentions. The New England Journal of Medicine, 329(14), 1039-1045.

A paper about the two sides of medical intentions and the consequences: allowing patients to die or causing their deaths. The author points out problems concerning the law, but also the personal problems and responsibilities of physicians.

Quill, T., Cassel, C. and Meier, D. (1992). Care of the hopelessly ill: Proposed clinical criteria for physician-assisted suicide. The New England Journal of Medicine, 327(19), 1380-1384.

A proposal of clinical criteria for hopelessly ill patients: it concerns exceptional cases. The author stresses the danger for vulnerable patients as well as the integrity of the profession: euthanasia is an act which is usually conducted in isolation.

Rajadhon, P. H. (1968). Essays on Thai folklore. Bangkok: Editions Duang Kamol.

A collection of essays written by the famous Thai scholar Rajadhon in an easy reading style: Thai culture, religion, language, rituals and folk tales are described.

Rapin, C. and Weber, A. (1991). Palliative care: Training needs, developments, difficulties and perspectives. Palliative Medicine, 5, 222-232.

A study about palliative care by which 3600 questionnaires were sent out in Switzerland towards the end of 1989 to medical doctors, nurses and some other related professionals. The conclusions were that additional training was requested on pain control, communication and relationships. The holistic approach was stressed.

Ratanakul, P. (1986). Bio-ethics: An introduction to the ethics of medicine and life sciences. Bangkok: Thammasat University.

This book gives an overview of contemporary issues in bio-ethics discussed in Thailand, mostly based on Western ethical theories. The author also describes the Buddhist concept of life, suffering and death and their meaning for health policy.

Rinpoche, S. (1992). The Tibetan book of living and dying. London: Rider.

A magnificent book which clarifies the vision of life and death that underlies the Tibetan tradition. It contains an introduction to the practice of meditation. The author explains how to look after the

dying with love and compassion and he also explains the 'bardos', the states of consciousness after death. Questions about death and dying are answered. The book is a gem of wisdom.

Ritchie, G. (1978). Return from tomorrow. US, Michigan: Chosen.

The report of a psychiatrist about his experiences at 'the other side'. It describes the near-death-experience of the author, which he had in 1943.

Robbins, J. & Moscrop, J. (Eds.). (1995). Caring for the dying patient and the family. 3rd ed. London: Chapman & Hall.

This book presents a current view on palliative care, recognizing the value of the interdisciplinary team and medical technology. It gives also a comprehensive view on symptom control. The chapter on communication is also very useful.

Roscoe, G. (1994). The triple gem: An introduction to Buddhism. Chiang Mai: Silkworm.

In this book, the three gems of Buddhism are explained in a comprehensive way: the teachings of Buddha, the life and the monastic order founded by him.

Seamark, D. (1994). The teaching of palliative cancer care. Education for general practice, 5, 107-111.

GPs are regularly involved in the care of terminal cancer patients. They need additional training. The article examines what is available on training for them in the UK.

Smith, A. M. (1994). Palliative medicine education for medical students: a survey of British medical schools, 1992. Medical Education, 28, 197-199.

Questionnaires were sent to all medical schools, colleges and faculties. Replies were received from all and analyzed. In most of the schools palliative care was taught but the time devoted to the subject in the curricula varied considerably.

Thorpe, G. (1991). Teaching palliative care to UK medical students. Palliative Medicine, 5, 6-11.

The author is a consultant in palliative medicine. He conducted a study about the progress of teaching in palliative care by hospices in the UK. He concludes that the standard of palliative care in the UK has been raised dramatically by the establishment of over 150 hospices. Some are used as teaching centers.

Tiffany, R. (1990). A core curriculum for a postbasic course in palliative nursing care. Palliative Medicine, 4, 261-270.

A core curriculum is presented: it is broad in scope and is intended to provide a framework for courses in varied settings and with diverse facilities and resources. It is ideal basic material and it has been

approved by the Cancer and Palliative Care Unit of the WHO and the International Council of Nurses. It was prepared by The International Society of Nurses in Cancer Care.

Wakefield, M., Beilby, J., & Ashby, M. (1993). General practitioners and palliative care. Palliative Medicine, 7, 117-126.

A randomly selected sample of 158 South Australian general practitioners was sent a questionnaire which assessed opinions and management practices related to palliative care. Difficulties were reported in pain and other symptom control, dealing with relatives' emotional stress, and attending to patients' psychological needs.

