“Refugee Health Care Services Limited: 500,000 in Canada don’t have access to health-care coverage,” CBC News, September 10, 2015

http://nyti.ms/1UDJlfq

http://nyti.ms/1M7FB6i

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AND

http://www.thehastingscenter.org/Bioethicsforum/Post.aspx?id=7564&blogid=140

http://nyti.ms/1hPo1a6

http://nyti.ms/1UC2i1U

HHS Announces Proposed CHANGES TO THE COMMON RULE

For those tracking the progress of the Advanced Notice for Proposed Rule Making (ANPRM) for the Federal Policy for the Protection of Human Subjects, simply known as the "Common Rule," the Department of Health
and Human Services has announced today, September 2, 2015, that a Notice for Proposed Rule Making (NPRM) was put on public display and will be published in the Federal Register on September 8, 2015 for public comment.

The NPRM can be accessed via this link: https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-21756.pdf

http://nyti.ms/1UOo9TD

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“Global Warming to Pick Up in 2015, 2016 Experts Say: Man-made global warming is set to produce exceptionally high average temperatures this year and next,” Yahoo News, September 14, 2015

“Canadians kept in the dark about prescription medication; Go Public uncovers problems at foreign labs that make drug ingredients for Canadian companies, Rosa Marchitelli, Rosa Marchitelli, CBC News, September 14, 2015

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[http://nyti.ms/1MayKcf](http://nyti.ms/1MayKcf)

[http://nyti.ms/1ULiuDk](http://nyti.ms/1ULiuDk)

[http://nyti.ms/1UQTQMh](http://nyti.ms/1UQTQMh)

[http://nyti.ms/1hX5Ejm](http://nyti.ms/1hX5Ejm)

[http://nyti.ms/1i0gGEx](http://nyti.ms/1i0gGEx)

[http://nyti.ms/1i6PfsJ](http://nyti.ms/1i6PfsJ)


[http://nyti.ms/1UKVbJC](http://nyti.ms/1UKVbJC)

Norman Farberow dies at 97: Psychologist was pioneer in suicide prevention, Thomas Curwen, *The Los Angeles Times*, September 14, 2015
“Death Panels”: Moving Beyond the Rhetoric,” *Medscape Family Medicine*


“Have We Overlooked Palliative Care as an Answer to a Patient’s Suffering?” *Medscape Business of Medicine*, September 25, 2014

“The Efficacy of Empathy Training: A Meta-Analysis of Randomized Controlled Trials,” Emily Teding van Berkhout, John M. Malouff, *Journal of Counseling Psychology* (scheduled for a future issue)

**Here's an excerpt from the Introduction:** Over the past century, a variety of disciplines from the arts to neuroscience have shown interest in the topic of empathy (Tudor, 2011). Studies have demonstrated that psychotherapist empathy is an important feature of successful treatment by psychologists (Watson, Steckley, & McMullen, 2014), social workers (Gerdes & Segal, 2009), and substance abuse counselors (Moyers & Miller, 2013). Studies have also found that empathy is associated with better patient outcomes for physicians (Hojat et al., 2011) and increased patient adherence to treatments (Vermeire, Hearnshaw, Van Royen, & Denekens, 2001). In nonprofessionals, research results have indicated that high levels of empathy are associated with enhanced personal relationships (Long, Angera, Carter, Nakamoto, & Kalso, 1999) and prosocial behavior (Telle & Pfister, 2012).
Conversely, studies have shown that a lack of empathy is associated with negative outcomes, including aggressive behavior such as bullying and sexual offending (Ang & Goh, 2010; Jolliffe & Farrington, 2006; Salmon, 2003). Additionally, research findings have suggested that disorders such as autism may be associated with neurological impairments in the empathy systems (Shamay-Tsoory, 2011), and that deficits in empathy are linked to psychopathy (Ali, Amorim, & Chamorro-Premuzic, 2009; Blair, 2008).

Here's the abstract: "High levels of empathy are associated with healthy relationships and prosocial behavior; in health professionals, high levels of empathy are associated with better therapeutic outcomes. To determine whether empathy can be taught, researchers have evaluated empathy training programs. After excluding 1 outlier study that showed a very large effect with few participants, the meta-analysis included 18 randomized controlled trials of empathy training with a total of 1,018 participants. The findings suggest that empathy training programs are effective overall, with a medium effect (g = 0.63), adjusted to 0.51 after trim-and-fill evaluation for estimated publication bias. Moderator analyses indicated that 4 factors were statistically significantly associated with higher effect sizes: (a) training health professionals and university students rather than other types of individuals, (b) compensating trainees for their participation, (c) using empathy measures that focus exclusively on assessing understanding the emotions of others, feeling those emotions, or commenting accurately on the emotions, and (d) using objective measures rather than self-report measures. Number of hours of training and time between pre-intervention assessment and post-intervention assessment were not statistically significantly associated with effect size, with 6 months the
longest time period for assessment. The findings indicate that (a) empathy training tends to be effective and (b) experimental research is warranted on the impact of different types of trainees, training conditions, and types of assessment."

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The article is online at:<https://urldefense.proofpoint.com/v2/url?u=http-3A__bit.ly_KenPopeEmpathyEfficacyMetaAnalysis&d=AwIFAg&c=-dg2m7zWuuDZ0MUcV7Sdqw&r=ilr9yRq05BE0lknXXToR0bu60thZm25aK9E7YMCr0mo&m=vFFYJ6M5fKuNzpJRFrJrstD8HprcA8VmuRqf39Y_bBc&s=FvfqfexxcoQRf0rgosUK_YSEYsVgwI3VAnnH_a3cLR4&e=>

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http://nyti.ms/1URDoRb

“As a GP, I felt the lure of assisted dying. That’s why I oppose it,” Trevor Stammers, The Spectator, September 12, 2015
http://www.spectator.co.uk/features/9627342/as-a-gp-i-felt-the-lure-of-assisted-dying-thats-why-i-oppose-it/
http://nyti.ms/1iyg2z4