The Quality of Dying and Death

Understanding perspectives on the nature of “good” death may aid the provision of better end-of-life care for patients and their families. After reviewing the empirical health care literature in this area, Hales et al found that the quality of dying and death construct is both multidimensional and subjectively determined. It covers 7 broad domains (physical experience, psychological experience, social experience, spiritual or existential experience, the nature of health care, life closure and death preparation, and the circumstances of death), and numerous factors influence its judgment, including culture, type and stage of disease, and social and professional role in the dying experience. The authors argue that the quality of dying and death is broader in scope than either quality of life at the end of life or quality of care at the end of life, although there is overlap among these constructs. Challenges that remain for clinicians, researchers, and policy makers interested in this growing and important area of health care are also outlined.

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The Relationship Between Fatigue and Cardiac Functioning

This study examined the relationship between self-reported fatigue and hemodynamic functioning at rest and in response to a public speaking stressor in 142 healthy individuals. At rest, fatigue was not associated with blood pressure or heart rate but was significantly associated with decreased cardiac index and stroke index. High-fatigue individuals had lower stroke index and cardiac index levels than moderate- and low-fatigue individuals both at rest and in response to the stressor. Fatigue complaints may have hemodynamic correlates even in ostensibly healthy individuals.

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Racial Differences in Diurnal Blood Pressure and Heart Rate Patterns

Jehn et al used data from the Dietary Attempts to Stop Hypertension trial to examine racial differences in diurnal blood pressure patterns. Participants had similar baseline blood pressure and were consuming the same diet. In a sample of 187 black and 146 nonblack participants, black participants were significantly more likely to have systolic nondipping, diastolic nondipping, and heart rate nondipping patterns. These differences persisted even after controlling for traditional factors that influence blood pressure levels.

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Counseling for Home-Based Walking and Strength Exercise in Older Primary Care Patients

This study evaluated counseling linked to primary care visits to increase home-based walking and strength exercise for aging men with physical function impairments. Male veterans aged 60 to 85 years were randomized to either 3 visits of exercise counseling or health education on a variety of topics selected by the participants. At 5- and 10-month follow-up visits, both groups reported increased time and frequency of walking for exercise, with greater increases in the exercise counseling patients. Strength exercise time and frequency increased only in exercise counseling patients. At 10 months, more exercise counseling patients accumulated at least 30 minutes of moderate or greater intensity physical activity during 3 days of wearing accelerometers. Participants who engaged in strength training showed more improvement in physical performance measures and perceived quality of life.

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Tuberculosis in South Asians Living in the United States, 1993-2004

After reviewing all tuberculosis (TB) cases reported to the US National Tuberculosis Surveillance System from 1993 to 2004, Asghar et al found that South Asians were more likely than other foreign-born patients with TB in the United States to have extrapulmonary tuberculosis (adjusted odds ratio, 1.7). South Asians also were less likely to have a human immunodeficiency virus (HIV) test offered to them and more likely to reject an HIV test when offered. The authors concluded that new TB control strategies are needed to inform physicians about the high incidence of extrapulmonary TB among South Asians in the absence of common risk factors.

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