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Perfluoroethane. Gaseous reactions of fluorine atoms have been studied in the reactions of difluorotetrafluoromethane (CF_2F_2) with aluminum clusters, small alkali metal atoms (Li, Na, K), alkali metal dimers (Na_2 , K_2), and excess atomic hydrogen. Three-body reaction mechanisms are proposed that result in the addition of the fluorine atoms to one atom of the cluster, dimer, or free hydrogen to produce CF_3 , CF_2 , and $\text{F} + (\text{CH}_2\text{F})_2$, respectively. Rate constants for these reactions are measured and compared with

predictions based on recent computational studies. In addition, the HF + CF(2)F(2) reaction is studied and the surprising observation is made that the addition product CF(2)F(2) only contributes to the enhancement of the overall HF + CF(2)F(2) reaction rate. The reactions with Al clusters are found to have barriers of approximately 2000-2500 kcal mol⁻¹ and with the free atoms, barriers of approximately 1700-2200 kcal mol⁻¹.

Q: asp.net mvc 3 Identity User Login fails in production I'm working on a ASP.NET MVC3 project. In local

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systemic barriers to providing palliative care to pediatric patients with cancer: A focus group study of pediatric health care providers. The objective of this study was to identify systemic barriers that pediatric oncology health care providers (HCPs) encounter in providing palliative care (PC) to their pediatric cancer patients. We conducted eight focus groups with oncology HCPs (n=23). Only HCPs who had worked with at least one patient with cancer who died or was living with a life-limiting illness were eligible. Data were analyzed using inductive

thematic analysis. Four major themes emerged: systemic barriers to PC, opportunity to provide PC, hidden PC needs of patients, and ongoing communication about palliative care.

Participants reported systemic barriers to PC, including a lack of time, lack of training, lack of education, and patient preference for more aggressive treatments.

Participants described the paucity of opportunities to provide PC to patients and perceived that pediatric oncology patients and their families, in contrast to adult patients, are often anxious about disclosing symptoms

and fear further suffering.

Participants reported that patients and their families expect that oncology HCPs should administer treatments that prolong survival, and most participants identified patients' inadequate knowledge about PC as a major barrier. Participants concluded that an evolving definition of PC and a lack of training on PC may be barriers to PC. This study highlights systemic barriers to PC in pediatric oncology and identifies specific areas in which educational interventions are needed. Future research with clinical stakeholders may help to develop

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