

# life & death matters

## Newsletter of Gippsland Region Palliative Care Consortium

NO.14 SUMMER 2010

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## GRPCC Clinical Practice Group

Since its inaugural meeting in November 2009 the GRPCC Clinical Practice Group has been meeting regularly over the past year.

The Clinical Practice Group has the overarching aims of:

- ensuring that decisions made by the Consortium are evidence based
- facilitating collective problem solving in the implementation of the Special Palliative Care Program at a clinical level
- developing resources that promote evidence based clinical practice.

The group, comprising representatives from across Gippsland include community and hospital-based clinical staff from each sub region; a Nurse Practitioner Candidate; a General Practitioner (GP) from each sub region; Division of General Practice representatives and a Specialist Palliative Care Medical Consultant.

Throughout 2010 the group has focused on specialist referral pathways, multi-disciplinary team meeting and development of specific clinical guidelines, identified by the representative group as a priority.

Endorsement of the Specialist service access and management pathway for GPs has been achieved and processes to roll out the information to GPs across Gippsland currently being finalised.

Clinical guidelines that are nearing endorsement include:

- opiod conversion guidelines
- syringe driver compatibility
- oxygen use in palliative care; and
- management of breathlessness

Once endorsed documented guidelines will be made available on the GRPCC website.

For more information about the Clinical Practice Group contact **Cheryl Bush** cheryl@glch.org.au



Cheryl Bush Chair of the GRPCC Clinical Practice Group

## Message from the Chair – Reflections on 2010

2010 has seen major achievements in delivering the integrated palliative care services first identified at the formation of the Consortium five years ago. Partnerships with patients, families and carers together with a team approach to patient care by health professionals has seen the rollout of Pathway for Improving the Care of the Dying (PICD) and the establishment of the Clinical Practice Group to implement common clinical practice procedures and policies across Gippsland. These are both major achievements in improving access to services for patients and their families in the region.

Visits from Southern Metropolitan Regional consultancy teams further strengthened regional palliative care services by supporting Gippsland general practitioners with training and education, consultancy advice and case conferencing services.

The appointment of Gippsland's first Nurse Practitioner Candidate, Jo Kelly from Bass Coast CHS and acceptance of a Nurse Practitioner proposal for East Gippsland also occurred in 2010. Linking this role with the specialist program will be a major focus for 2011.

The Consortium's education program continues to encourage informal and ongoing conversations recognising the diversity in patients needs, values and beliefs. Delivery of further education across the region will feature as a key objective in 2011. Our volunteers' enthusiasm, attendance and thirst for education is gratefully acknowledged and the Consortium has delivered more forums to accommodate demand.

I take this opportunity to thank the Consortium team for their enthusiasm and efforts this year and wish all a safe and joyous Christmas.

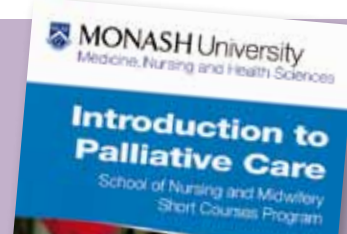
**Anne Curtin**, Chairperson GRPCC

### Office Hours:

8.30am - 4.30pm Tuesday  
8.30am - 4.30pm Thursday  
Phone Judy (03) 5623 0684

## Enrolments now open - filling fast

Registrations for the 2011 course close on 31 January 2011. See website for details



# Conversations With The Dying

Palliative care physician **Dr Michael Barbato OAM** opened his presentation with themes of communication including advice on attentive listening. Attendees learned that the best form of communication is one-on-one conversations and that what we communicate is 95% non-verbal. His practical advice included key points in providing to sick and dying people the help to:



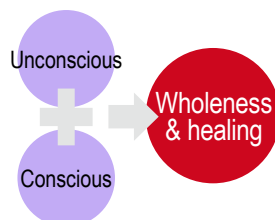
- overcome fear
- find peace of mind
- find hope
- find meaning in current situation
- uncover spiritual resources

Michael highlighted the differences between healing and curing as shown in the table below.

HEALING	CURING
is what a person does for him/herself	is done by others
usually but not always comes through 'being heard'	involves some form of outside intervention
involves the psychological/social/spiritual domains: grief	focuses almost solely on the physical domain
brings peace, equanimity, self-forgiveness and wholeness	brings relief
can occur in the face of death	cancelled by death

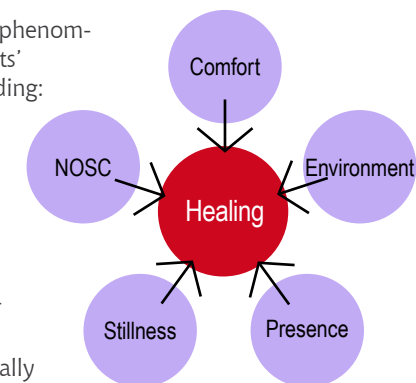
Supporting his thoughts on healing and curing Dr Barbato summarised the differences between Holistic and Biomedical models of care as shown in the table below.

HOLISTIC MODEL	BIOMEDICAL MODEL
Focus on person and their suffering	Focus on disease and its treatment
Multi-dimensional	Uni-dimensional
Minimum of tests and procedures	Emphasis on tests and interventions
Goal is quality of life & a good death	Goal is cure or prolong life
Predominantly a healing environment	Predominantly a medical environment



The presentation raised phenomena related to dying patients' emotional awareness including:

- Intuition/subliminal contents
- Dreams
- Deathbed visions
- Out-of-body experience
- After-death communication
- Responding to a potentially healing experience
- Unconsciousness in the palliative care situation



Factors that contribute to healing

The closing section of Dr Barbato's presentation included useful and specific points including the challenge to conference participants to remove the barriers around talking about dying and change the paradigm by asking:

- what is it like for you?
- what do you fear most?
- what is your greatest hope?
- how has the illness changed your life?
- tell me about the things you enjoy.
- what do you miss?
- what helps you at these times?
- have you had any interesting dreams?

*As death draws closer, the dying seem to develop a unique sensitivity and awareness of persons, places and things around them (heightened intuition)*  
Mary Anne Sanders, Nearing Death Awareness

The full conference proceedings for "Conversations With the Dying" by Palliative care physician Michael Barbato OAM is available on the GRPCC website. Dr Barbato can be contacted via [www.caringforthedying.com.au](http://www.caringforthedying.com.au)

## For Your Diary

**Introduction to Palliative Care Short Course - Registrations close 31 Jan 2011**

The Introduction to Palliative Care Short Course is recommended for nurses from all fields of practice, personal care attendants, and allied health professionals.

Expressions of Interest can be made using the form on the website. 2011 course registrations close on 31 Jan 2011.

Course enquiries to **Mary Ross-Heazlewood**

**4th Annual Gippsland Palliative Care Conference 27-28 May 2011**

The 2011 conference commences on Friday 27th May with a dinner and keynote speaker (Oncology & Palliative Care). The GRPCC conference will involve GRICS and the Gippsland Divisions of General Practice.

Initial enquiries to **Judy Coombe** and see GRPCC website for details

**11th Australian Palliative Care Conference – Diversity 2011. Cairns, Queensland 30 Aug - 2 Sep 2011.**

The conference will provide opportunities to share knowledge, leadership, inspiration and information about palliative care with delegates from around the world. The abstract submission site is now open and will close on 18 Mar 2011.

Detailed information on the themes, presentation types available, abstract guidelines, and how to submit are available on the conference website [www.austpalliativecareconference.org.au](http://www.austpalliativecareconference.org.au)



Over 70 people attended the Consortium's 27th November forum. This event was offered to people who were unable to gain registration at the May 2010 conference and an early analysis of feedback indicates an overwhelmingly positive response from attendees. Achieving these high registration numbers so close to Christmas and on Victoria's State Election Day is remarkable.

Some of our speaker's main points are highlighted here.

**Deborah O'Connor**, Health Promotion Officer - La Trobe Palliative Care Unit, opened her session with the explanation that death education is about teaching people what it is they need to know about dying and death and includes the important topic areas of:

- Death and human experience
- Social legacy: the need to 'settle one's affairs'
- Life beyond death

We prepare for many things, that may never happen such as earthquakes and terrorist attacks (but) don't often prepare for something that is a "dead certainty". Thus, death education is important for all people to

- prepare for death
- help reduce some anxieties about death
- help people identify and take practical steps to get material affairs in order
- reduce ignorance about death regarding practical issues or religious or spiritual connections
- thus reducing ignorant and potential troublesome responses to death
- help facilitate a strong, renewed, and highly focused reflection and clarification of one's own views and values

# Death Education - Paranormal Experiences



In considering the key focus of her presentation – Paranormal Experiences – Deborah detailed research questions, influences and outcomes of a study that aimed to explore palliative care nurses' experience of paranormal phenomena. The study asked:

*"What influence does palliative care nurses' experiences of paranormal phenomena have on nursing practice, especially the care of dying patients and their families and friends?"*

The study also sought to:

- reflect on their influence on the care of the dying person and their loved ones
  - contribute to the limited nursing literature on the topic
- and did not attempt to prove or disprove the scientific possibility of the reported incidents of paranormal phenomena such as:
- Death bed visions
  - Near death experiences
  - Out of body experiences
  - After death communication

The study found that most paranormal experiences occurred in the terminal phase and that:

- family and friends were more anxious about paranormal experience than the patient (Barbato, 2000)
- every participant spoke about impact on the patient's loved ones
- participants informed carers that experiences occur and are usually comforting

- all who experienced paranormal occurrences exhibited quiet confidence in their accounts and
  - remained open minded
  - did not spend time on possible explanations
  - their concept of spirituality arose in every interview

In the closing remarks of her presentation Deborah encouraged staff to reflect on their feelings, ideas, biases and attitudes towards paranormal phenomena and concluded by quoting conclusions of the study:

*This study demonstrated that the palliative care nurses' comfort with paranormal phenomena assisted them to respond to patient reports and to communicate them positively to family and friends of the dying person, normalising the experience within the palliative care setting*

And provided conference participants with key Topics to ponder

- Considering your own death, have you thought about what you might wish to give to other people before you die or leave them after death?
- Have you considered material preparations for death, including:
  - will-making, funeral arrangements and the like?
- Helping others adjust for one's possible absence:
  - consideration of spouses and children
  - resolving long-standing family/friendship tensions and conflict
  - dealing with financial issues to reduce the impact of the possible absence in the future for children, spouse etc

*It was definitely some sort of energy there, you know, some sort of spiritual thing happening... and it probably changed the way I felt about people dying and what actually happens after death.*

The full conference proceedings for "Death Education – Paranormal Experiences" by Deborah O'Connor, Health Promotion Officer - La Trobe Palliative Care Unit is available on the GRPCC website.

## Palliative Care Education Events & Opportunities

### Alzheimer's Australia Training: Dementia Care Advanced

This new program in Dementia Care is a three day training program delivered on-site. Staff will work as a team to develop a support plan for a person with Dementia. Ideally this workshop is delivered to a team of staff consisting of managers, team leaders, Nursing staff, PCA's. All aged care workers are welcome. A minimum of 11 staff are required for this program. It is highly recommended that staff complete the Dementia

Care Essentials (DCE) program prior to attempting the DCE- Advanced program.

Successful completion of the DCE- Advanced program awards the participant with the unit of competency CHC416A- Facilitate support responsive to the specific nature of dementia. In addition the course attracts 18 CNE points.

There is no charge for this course. To book a workshop contact **Tanya Petrovich** ph 9815 7848 or [tpetrovich@alzvic.asn.au](mailto:tpetrovich@alzvic.asn.au)

### Aged Care Education and Training Incentive Program

The Australian Government is providing incentive payments to support aged care workers undertaking eligible certificate courses, EN courses and RN courses. Aged care workers must be employed with an eligible aged care service and commence training in an eligible course on or after 1 July 2010 and before 2014.

Further information visit [www.health.gov.au](http://www.health.gov.au) follow links to Working in Aged Care or call 1800 195 206



# GRPCC Collaboration with the Divisions of GP

GRPCC will coordinate, in liaison with the three Divisions of General Practice, the delivery of palliative care education for GPs in the Gippsland region. To facilitate this education Mary Ross-Heazlewood, the Consortium's Training & Education Officer will undertake training through RACGP to allocate Continuing Professional Development points for GPs participating in palliative care education. This project will also develop a calendar of palliative care education events for GPs in 2011 as well as effective implementation of events through publicity and coordination with the Divisions of General Practice.

For more information contact **Mary Ross-Heazlewood** GRPCC Clinical Practice & Education Project Worker

## Regional Palliative Care Consultancy Service Project

In the Spring edition of Life & Death Matters we introduced Sandy Scholes, Project Worker for Specialist Consultancy Teams. We are pleased to provide this update on the project's progress.

Central Gippsland Health Service will undertake credentialing on behalf of the Consortium for visiting Southern Metropolitan Region Palliative Medical Specialists. The credentialing meeting will held on the 27th January 2011. Credentialing will allow the specialists to augment their current secondary consultations by undertaking primary consultations for patients with complex needs. Consultations may occur at clinics, in the patient's home or at a Residential Aged Care Facility/other key service locations.

Consultation continues with key stakeholders including:

- Southern Metropolitan Region Palliative Medical Specialists
- The Gippsland Divisions of General Practice
- Palliative care services in the region, through the Operational Reference Group Meeting and Consortium Managers Meeting.
- Department of Health

Other rural Consortia have also been contacted to provide an overview of their palliative care specialist consultancy teams, in particular, how the region is serviced if the Palliative Medical Specialist is not resident in the area. Sandy is looking forward to continuing to engage with staff and other participants of GRPCC member health services during her road trips around Gippsland.

For more information on the Regional Palliative Care Consultancy Service Project contact **Sandy Scholes** GRPCC Specialist Consultancy Teams Project

## Take Control - A kit for making powers of attorney & guardianship

This comprehensive publication produced by the Office of the Public Advocate in partnership with Victoria Legal Aid provides valuable information on how to choose a person to act on your behalf to make decisions. The difference between making a Will and appointing a power of attorney allows decisions to be made that take into account your wishes if you were faced with an illness and were unable to make decisions for yourself.

Key sections in the "Take Control" kit include:

- Explanation of the process for appointing an Enduring power of attorney (medical treatment), (financial) and Guardians
- Choosing the right power for you
- Choosing the best person to appoint
- Why do I need to make a power of attorney or guardianship?
- Can I appoint more than one decision-maker?
- How to change or cancel your powers
- How to protect your best interests
- Forms for appointing an Enduring power of attorney; and statement of acceptance for attorneys

The kit also contains a section on where to get help such as interpreters and services for hearing or speech impaired community members; and useful contact details for other services including Legal Aid, Guardianship List of VCAT and State Trustees.

Information supplied by the Office of the Public Advocate. Access to the full "Take Control" kit and other resource material are available from the Office of the Public Advocate

GPO Box 13175, Law Courts, VIC 8010  
email: publicadvocate@justice.vic.gov.au  
Website: www.publicadvocate.vic.gov.au

## Year in Review 2010

A snapshot of GRPCC activities and achievements

Among the 2010 highlights in the development of integrated palliative care services to Gippsland are:

- Extended palliative care specialist arrangements in partnership with Southern Metropolitan Region specialist services
- Establishment of the Clinical Practice Group, to develop common clinical policies and procedures in the Gippsland region
- Lively and well-attended Gippsland Palliative Care Volunteer Training programs
- Overwhelming response to Motor Neurone Disease (MND) forums for health professionals
- New policy direction framework for the palliative care sector published by the Department of Health
- Highly successful 3rd Annual Gippsland Palliative Care Conference themed "Life and Death Matters – it's the care that counts" attracting 160 attendees
- Attendance by over 70 people at a second forum in November, titled "Conversations about Dying" arranged for those who missed an opportunity to attend the May 2010 conference
- Consortium agreement for full implementation of an end of life care pathway following the successful PICD pilot project
- Further funding for GP Divisions and GRPCC partnerships received from the federal Government's Rural Palliative Care Project
- More than 20 registrations for Introduction to Palliative Care short course through Monash University
- Appointment of Jo Kelly, the first Gippsland Nurse Practitioner Candidate (NPC) in palliative care; and progress towards employment of NPC at Latrobe Community Health Service and Gippsland Lakes Community Health
- Completion of a service mapping study for East Gippsland/Wellington and successful application for the development of a Nurse Practitioner position to be based at Gippsland Lakes CH and servicing East Gippsland

Thanks go to all staff employed by the consortium and its member health services.

The Gippsland Region Palliative Care Consortium (GRPCC) newsletter "Life and Death Matters" aims to establish a framework for promoting and delivering high quality palliative health care services in partnership with clients, carers, families and the community into the next decade and beyond for the people in Gippsland Region.

The opinions expressed in "Life and Death Matters" are those of contributors and not necessarily shared by the GRPCC or its individual member health services. The Department of Health provides GRPCC

with core operational funding. "Life and Death Matters" is produced quarterly and distributed free of charge. To subscribe, email your contact details to [grpcc@gha.net.au](mailto:grpcc@gha.net.au)

The "Life and Death Matters" editorial group is Anthony Hooper (Manager, GRPCC), Steve Kirkbright (Design & Production), Karen Hansen (Editor); and regular contributors Anny Byrne, Maggie Goss, Mary Ross-Heazlewood, Toine Bovill, Sandy Scholes, member health services and friends of GRPCC. **Letters to the editor are**

**welcome.** Please email these to: [grpcc@gha.net.au](mailto:grpcc@gha.net.au) or send to: The Editor "Life and Death Matters" c/- West Gippsland Healthcare Group 41 Landsborough St Warragul 3820 Victoria Australia. Phone (03) 5623 0684

"Life and Death Matters" articles are identified against the relevant GRPCC priority area. For more details please refer to the GRPCC Regional Plan available on the website or contact the Consortium Manager Anthony Hooper.

priority area