

# newsletter

July – August 09



**Palliative  
Care  
Queensland**



## President's Report

Sometimes, life moves so quickly that we lose track of time, for instance, it's once again time for me to write another article for the newsletter.

Yesterday I read the State Coroner's report into the death of a patient who died in 2002 from a non-malignant illness. (non-malignancy). There were a number of issues in the case that are relevant to all who work with dying patients and their families, therefore I would like to raise a few comments, and also state that I am not criticising the actual care provided.



With regard to the case, the coroner found in favour of the medical and nursing care and made a specific statement about grief and loss:

"....family failed to arrange for the burial or cremation of her body six and a half years after her death; they continue to harbour anger toward those they wrongly hold responsible for the death..... and appear unwilling to accept the findings.....suggestive of a complex grief response which remains unresolved. They have rejected numerous offers from expert grief counsellors who may have assisted with their acceptance of their loss."

How easily this situation could be duplicated across the health care continuum to a lesser degree. We all recall families who do not do well before and after the death of a loved one.

Although I have no information to share about whether a palliative care service was directly or indirectly involved in the above woman's care, one cannot help but ask the question, would there have been a different outcome? According to the report, the care provided at end of life was appropriate.

Where there any clues available within the family during their mother's hospital care or either in the community, prior to their mother's admission and death e.g. from either community nurses or the GP that may have triggered a referral to a palliative care service? Clues that may have indicated the family and/or patient were not accepting of her deteriorating condition and palliative situation. Did the treating team discuss palliative care at any time prior to her last admission when it was clear that her illness progression gave her a limited prognosis? Would another team confirming the information have made a difference? Would a social worker or nurse trained in palliative care have supported the family differently?

Within our own halls we talk about the need for early referral. This lady had end stage respiratory disease, and a referral to a community based team might have allowed a relationship with the palliative care team who would then have assisted the treating team during her admission and provided family bereavement follow

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up. In reality the outcome may have been the same but we will never know.

This case demonstrates some of the issues that the End Of Life Alliance group may help to address. In its work in the future, both nationally and in the Queensland Alliance, the involvement of palliative care services to support end of life care in chronic disease patients, will be considered core work.

The legality around proxy decision making for end of life care was also commented upon. By law, the proxy decision maker must consent to withholding of life sustaining measures, in this case 'Not for resuscitation'. The importance of good communication with

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the patient if competent, or their decision maker, is so critical.

Palliative Care workers are aware that an inherent part of our role involves excellent history taking, listening, communication with provision of information, education and so on. We need to encourage continued self improvement in communication skills for ourselves and within our own professional craft groups. As a collective group, we need to continue to be an advocate, ensuring that communication skills training occurs in undergraduate and post-graduate training – locally, at state and national levels.

The sadness that overwhelmed me after reading the article related to a number of factors:

- *The ongoing suffering within the bereaved family*
- *The fact that this lady's last days were now a matter of public record, and*
- *The paucity of details about her as a person, her beliefs and wishes*

I accept that it is a coroner's report and thus the technical and legal details are the important data. It was just so sad that I gained no inkling of who this lady was as a person. Time to go home and reflect on the mysteries of life and death.

***Dr Louise Welch***  
***President***

## CEO's Report

Since my last report in May, much has transpired, both within our organisation and within the sector more broadly. Although the majority of activity has surrounded National Palliative Care Awareness Week (NPCAW), and our two very successful activities, the launch of the Understanding Palliative Care DVD and the inaugural meeting of the End of Life Alliance, it appears that as an organisation, we are making progress on a number of fronts.

In previous editions of this newsletter, I indicated that PCQ was working hard to advocate for additional funding to cash strapped non-government palliative services statewide, as they face the impact of the global economic crisis and

the fall in the charity dollar. After initial discussions with Queensland Health, it has become apparent that in the light of their shrinking health budget, they are now rethinking the way that they deliver and fund palliative care services statewide.

With the current duplication, overlap and lack of coordination that exists in the sector, this rethinking process comes at no surprise to PCQ. It also appears quite timely, given that many of the Queensland Health contracts for palliative care expire in June 2010. Feedback from members so far indicates that although many in the sector welcome any moves to revise the system, others have grave concerns over the process, especially if some are not re-funded. Given our discussions with Queensland Health to date, we agree that there is significant cause for both government and non-government services to be prepared for a changing palliative care landscape.



We anticipate that the next year will be a challenging time for all of us, but particularly for those employed by non-government organisations and projects that are funded by Queensland Health. During this period of change and uncertainty, we remind all that the principle roles of PCQ will remain those of support and communication. Wherever possible, we will aim to support the needs of our members in whatever capacity, whilst seeking to foster open and honest discussions between Queensland Health and the sector. We will continue to communicate clear and accurate information about sector developments to our members and all of those employed within the palliative and end of life sector, however please feel free to contact PCQ if you require any additional information in

relation to sector developments.

### NPCAW 2009

NPCAW commenced for me with a four day visit to Far North Queensland, where I travelled from Mossman to Townsville, meeting PCQ members and clinicians from various settings along the way. I met with clinicians from generalist and speciality in-patient units, community nursing services, volunteer services and residential aged care facilities. During these discussions, it became obvious that the issues facing our northern colleagues are similar to those experienced statewide, including the need for greater health professional education in the generalist setting, workforce shortages and resource shortfalls. Unlike the South East Queensland corridor however, the issues of duplication or overlap are not as significant, most likely because the services in FNQ tend to work via a system of district tenders.

### DVD LAUNCH AND SALES

Next on the agenda for NPCAW was the launch of our new DVD, and although numbers at the launch were small, the DVD received a warm and enthusiastic response. Due largely to the media coverage generated for the event, we have since distributed over 1,500 DVDs, mostly to residential aged care facilities. Sales of the DVD have generated over \$1,500 dollars so far, enabling PCQ to further progress it's strategic objectives. Thank you again to all who participated in the project, PCQ would not have been able to develop the DVD without your support and guidance.

### END OF LIFE ALLIANCE

The inaugural End of Life Alliance meeting was our final and most significant initiative for NPCAW. Although the meeting and outcomes will be discussed at length further in this newsletter, it is important to convey to you all that the outcomes of the meeting have significant implications for our sector. It is also important that we encourage all who work in the palliative and end of life care sector, to actively support and embrace the initiatives of the alliance. This is our opportunity to provide input into the development of a

model of care, that will have significant impact upon our individual clinical practice, our respective organisations, and the sector as a whole in the years to follow.

### PCQ EMPLOYS A SENIOR PROJECT OFFICER

One important outcome from the inaugural EOLA meeting, was Queensland Health's commitment to fund PCQ to recruit a senior project officer to provide recommendations to Queensland health in relation to the development of a statewide model for service provision. The project officer will work closely with the alliance to generate a report that will ultimately lead to the recommendation of a statewide model of care, that will enable Queensland Health to map, plan and purchase services across Queensland.

I view this development not only as a reflection of Queensland Health's commitment to inviting sector participation, but as a real indication that our government has faith enough in our organisation to commit valuable project money. For all members of PCQ, I consider this to be a very proud moment and a very significant achievement. With the growth of our industry looming, there is potential once again for PCQ as the peak body to play a significant role in helping to shape the palliative care landscape in Queensland.

Following our first round of recruitment for the senior project officer position, it is my pleasure to announce the appointment of Carol Hope to this position. Carol has been seconded from her substantive position at St Vincent's Brisbane to accept this short-term contract role with PCQ and as a result of her employment with PCQ, Carol has resigned from her role as Vice-President. Patsy Yates has subsequently agreed to act in the role of Vice-President in her absence. We therefore welcome Carol to the staff of PCQ, and thank Patsy for generously accepting the role of Vice-President.

For more information about any aspect of PCQ operations, or to provide comments or feedback in relation to changes or developments within the palliative care or end of life care sector in Queensland, please contact PCQ

directly on (07) 3633 0096.

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**0408 924 767**

## The Queensland End of Life Alliance

In June 2008, Palliative Care Queensland (PCQ) hosted the 'A Matter of Life and Death' forum. This was one of a series of national forums sponsored by Palliative Care Australia (PCA) as part of National Palliative Care Awareness Week 2008. The aim of each forum was to provide an opportunity for both members of the general public and health professionals to discuss and debate current issues within the palliative care sector. The Queensland forum culminated with a clear mandate for PCQ to steer the creation and development of a palliative care 'summit', bringing together the most senior representatives from Queensland Health and non-government providers of palliative and end-of-life care services in Queensland.

To this end, on 27th May 2009 PCQ organised and hosted the inaugural meeting of the Queensland End of Life Alliance (EOLA) at the Riverside Hotel in Hamilton. Representatives were invited from a broad range of stakeholder services and sectors (both Government and non Government) providing end of life care in Queensland. The meeting was facilitated by Sue Hanson, Director of Quality & Standards at PCA. The EOLA was also attended by a number of staff from the Policy, Planning and Development Department of Queensland Health, including Prof. Andrew Wilson, Deputy Director of Policy, Planning & Development.

The inaugural EOLA meeting was hugely successful. Each representative was given the opportunity to express their three most pressing issues for end of life care in Queensland and a consistent message was the lack

of coordination in service planning. Representatives agreed that the EOLA should take a broader focus than service provision or palliative care and that it is an opportunity to discuss, debate and contribute to policy and planning for end of life care in Queensland.

An important outcome of this meeting was the commitment from Queensland Health to fund a project which will provide recommendations for a model of end of life care delivery in Queensland. PCQ has since secured the funding for a Senior Project Officer. Carol Hope has been seconded from St Vincent's Brisbane (formally Mt Olivet Hospital) until 30th September 2009, when the first draft of the final project report is due.

The objectives of the project are:

- To review end of life care provision in Queensland.
- To determine and document current status of end of life care provision in Queensland following extensive consultation with stakeholders.
- To provide recommendations to Queensland Health with regard to a statewide model for end of life care provision.

These objectives will be met by the following activity:

### REVIEW END OF LIFE CARE PROVISION IN QUEENSLAND

The EOLA project runs concurrently with a mapping project managed by the Policy, Planning & Development Department of Queensland Health. The mapping project aims to map existing end of life care in Queensland and will complement the work of the EOLA project.

The EOLA project will review current and predicted demographic trends, as well as morbidity and mortality predications for Queensland. It is well documented that Queensland will continue to see a growth in population and a change in the demographic profile. It is essential for the recommendations of this project to be relevant for the future. Therefore, population growth, morbidity and mortality are all essential components for this project.

As part of the review phase, the project

will document sources and mechanisms of funding for end of life care services in Queensland. The purpose of this activity is to inform the recommendations with regard to reducing duplication of services, ensuring equity of access and effectively and efficiently utilising public funding for services.

The project will also review end of life care strategies in other states in Australia. This will demonstrate work going on in other states as well as ensure any recommendations are relevant in the Australian context. End of life Care provision will also be reviewed from the international perspective. The project will specifically look at the UK, New Zealand and Canada as these are widely accepted as progressive countries in terms of end of life care provision. The purpose of this is to ensure all recommendations in this report are consistent with current evidence / best practice.

### **DETERMINE AND DOCUMENT CURRENT STATUS OF END OF LIFE CARE PROVISION IN QUEENSLAND**

This project will seek to consult extensively across Queensland. Methodology for this will be three fold:

#### **1. END OF LIFE ALLIANCE (EOLA):**

The EOLA consists of members drawn from a broad range of service providers, organisations and sectors providing end of life care in Queensland. The role of the EOLA in this project is to provide information, advice and direction to the content. The contribution of the EOLA will be invaluable for this project.

#### **2. FOCUS GROUPS:**

There will be seven focus groups for service providers and staff working in services providing end of life care in Queensland. The locations for these have been chosen on the basis of projected population growth and the principal of equity. The locations are:

- *Townsville*
- *Gold Coast*
- *Brisbane Metro x 2*
- *Toowoomba*
- *Cairns*
- *Sunshine Coast*

The EOLA members will ensure

adequate representation at the focus groups. Participation will be by invitation only due to the time constraints and limited resources of the project. The following groups will be represented and they will be invited from both Government and non Government organisations:

- *Specialist palliative care providers (doctors & nurses)*
- *Primary care providers (GP's and Domiciliary Nursing Services)*
- *Residential Aged Care*
- *Paediatrics*
- *Allied Health*

In addition to the focus groups above, a meeting will be held in Brisbane for representatives of other medical specialties that provide end of life care. This will be hosted by Palliative Care Queensland (PCQ) and facilitated by Dr Louise Welch, President of PCQ. The specialties represented will be:

- *Cardiology*
- *Respiratory Disease*
- *Neurology*
- *Geriatrics*
- *Cancer*
- *Renal Disease*

Queensland has a rich and diverse cultural mix and it is essential that this project seeks to engage representatives from the various cultural communities. Deborah Prior is a member of the EOLA and has extensive experience of working with Aboriginal and Torres Strait Islander communities throughout Queensland. The project will engage Deborah to canvas the perspective of these communities. An additional focus group will be held in Brisbane for representatives of culturally and linguistically diverse communities. The purpose of this focus group will be specifically to establish current end of life care provision in Queensland from the perspective of diverse cultural groups and to determine areas for improvement.

#### **3. SURVEYS:**

The final strategy for consultation is to use surveys. There will be two online surveys that will be accessed through the Caresearch website. One survey will be targeted at the general Queensland public and the second will be specifically for health care professionals. These surveys will be voluntary and no identifying data will be collected. The information gained will be used for the purposes of this project only.

### **GENERAL QUEENSLAND PUBLIC SURVEY:**

The purpose of this survey is to engage with consumers and members of the Queensland public and to give them the opportunity to contribute to improving the quality of end of life care in Queensland. The survey will be advertised through newspaper public notices and local radio.

### **HEALTH CARE PROFESSIONAL SURVEY:**

The purpose of this survey is to provide an opportunity for as many health care professionals to contribute to this report and to add to the body of data gained from the focus groups.

### **PROVIDE RECOMMENDATIONS TO QUEENSLAND HEALTH WITH REGARD TO A STATEWIDE MODEL FOR END OF LIFE CARE.**

Following the review and consultation, the EOLA will use the data and information collated to determine recommendations for end of life care provision in Queensland. This will include a recommendation on the model of care across the State. It should be noted that this project is not specifically for palliative care service provision; it is the provision of care for all Queenslanders who are dying. The EOLA will seek to ensure equity of access to quality care at the end of life and the efficient and effective use of public funds to provide care at the end of life.

**Carol Hope**  
**Senior Project Officer**  
**Palliative Care Queensland**

***If you have any questions or queries regarding the EOLA project, please Carol, at [c.hope@palliativecareqld.org.au](mailto:c.hope@palliativecareqld.org.au)***

## **Queensland Research**

### **"CEBPAC" PROJECT**

The University of Queensland/ Blue Care Research and Practice Development Centre has been awarded \$1,393,918 by the Australian

Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care (EBPRAC) program. The project - Implementation of a comprehensive evidence based palliative approach in Residential Aged Care (CEBPAC) - led by Associate Professor Deborah Parker and Professor Desley Hegney is a collaborative project with Southern Adelaide Palliative Services, Cancer Palliative Care Network Department of Health – WA, Brisbane South Palliative Care Collaborative, Queensland Health, Blue Care, Padman Health Care, Boandik Lodge and Brightwater.

The aim of the project is to implement and evaluate an evidence based model of palliative care using existing evidence based guidelines and educational resources in addition to the development of two new resources. These include a DVD on conducting a palliative care case conference and a self directed learning module suitable for Registered Nurses. At the completion of the project a Toolkit outlining a step by step approach to implementation of the evidence based model of palliative care will be made available to all residential aged care facilities in Australia.

## Value Innovation: A Executive Leadership Master Class for Palliative Care Executives

Since becoming involved in the palliative care industry in Brisbane in 2003, and during the last six months as an employee of PCQ, it has become evident to me that many working within the industry feel that there are significant cultural and interpersonal issues that continue to have a negative impact on the sector. Many have sighted a lack of leadership or ineffective leadership as the major cause, and others suggest that it is the capacity of our existing palliative care leaders to consider a bigger picture that has caused many to remain reserved, isolationist and competitive.

Over the last six months however, the industry has ironically been shown

significant examples of true leadership, with many services considering options for adopting different models of care, organisations thinking more creatively and consideration at last being given to more sophisticated methods of interagency collaboration.

Could it be argued therefore that leadership training for our palliative care leaders could lead to a more cohesive and progressive industry? If leaders were trained to approach service delivery from the perspective of what is best for the entire sector, would we see more collaboration, less siloing, greater efficiency and better long term outcomes for all concerned?

The following article provides an overview of the Palliative Care Victoria leadership program 'Value Innovation'. Perhaps this type of program may be instrumental in growing future leaders for our industry in Queensland as well. (J.Kristensen, CEO, PCQ)

Over the period 2008/2009, Palliative Care Victoria initiated a Leadership development program for its CEOs and Senior Managers. This Executive Leadership Program evolved from a two phase project by Palliative Care Victoria (PCV) and the Department of Human Services (DHS).

PCV initiated a Leadership Program "Leading the Field" for all of the senior managers in the palliative care sector in Victoria, designed to build a strong coalition of leaders in Victoria; articulate leadership requirements; and identify and demonstrate 21st century leadership capabilities. The program used a monthly three hour session series using external "Inspirators" and peer self directed learning and networking.

The Department of Human Services (DHS) at the same time undertook a study, working with seven managers of community palliative care services, to identify the 10 role capabilities that a high performing manager should possess.

As a result of this study, DHS decided to fund PCV to develop a targeted Master Class for community service executive directors. A motivating factor in this was the fact that community palliative care services in Victoria are facing an annual increase of demand of approximately 4.6%. and that an important component in being able to meet the community's expectations, is a high performing

manager who has the skills, confidence and experience to competently organise and manage a diverse workforce.

Based on these facts, the program was designed by Associate Professor Patrick Foley of Melbourne University (Pat has been a consultant in the areas of strategic leadership, innovation and change evaluation too many of Australia's leading organisations in the government, private and not-for-profit sectors) and Kevin Larkins CEO of PCV in consultation with DHS.

The Value Innovation Executive Leadership Program (the product of these consultations) was designed to enhance the value creation processes within community palliative care services. This was done through enhancing executive level skills in executive leadership, Change leadership and performance leadership so as to enhance not only continuous improvement, but also innovation in services, processes, products and business models.

Action learning was used to address both continuous improvement and value innovation questions. Value Innovation identifies real value for stakeholders by asking two fundamental questions. What value offering needs to be introduced or increased to meet stakeholder's needs? What value offerings can be reduced or eliminated, because they do not constitute real value for stakeholders? A range of self, organizational and stakeholder assessment tools were used to enable the action learning. The course also used peer learning and an integrated program of executive coaching. The self and organizational assessment tools were used to evaluate changes in participant's executive leadership capability and value created for organizations and stakeholders by the program.

**Kevin Larkins**  
**CEO**  
**Palliative Care Victoria**

Kevin Larkins will provide an overview of the 'Value Innovation Executive Leadership Program' at PCQ's State Conference in Ipswich during National Palliative Care Awareness Week 2010. For more information about PCQ's 2010 conference, please visit

[www.palliativecareqld.org.au](http://www.palliativecareqld.org.au).

## The Importance of Carer Respite

Towards the end of life, carers play a large role in supporting the total needs of patients living at home. Home based hospice services and domiciliary nursing services can often support families in terms of nursing care, consultancy support, emotional and spiritual support and even domestic assistance, however in most cases, this support still equates to only a few hours per day.

The role of the carer in most cases is a 24 hour, 7 day per week position, and as a result, carers can suffer significantly from stress, fatigue and burnout. For this reason, the Commonwealth Cares and Carelink Respite Service is available to support carers free of charge, providing emergency in home carer respite wherever possible.

The Commonwealth Carers Respite & Carelink - Brisbane South (CCRC-BS) provides emergency and short-term respite for carers of people who are frail aged, have mental illness, physical or intellectual disabilities or chronic illness.

Our focus is on the carer's needs, being able to give them a break, and supporting them in being able to continue in their caring role. We can coordinate and provide funding assistance for in-home or residential respite for emergency and short-term planned respite to assist carers who live within the Brisbane South area.

CCRC-BS can provide respite for carers of people with palliative needs either overnight or during the day, to give them a break or allow them to attend to business/home requirements. CCRC-BS will also work with the families chosen service provider to ensure that the needs of the family are met according to their wishes.

There are nine Commonwealth Carer Respite Centres throughout Queensland. Each CCRC will assess individual requests for assistance from carers who live within their area. CCRC's can often assist with funding as well as being able to provide information or referrals to various service providers within the area for any ongoing assistance.

For more information about emergency

respite services in your area, or to be connected to your closest CCRC, please call 1800 059 059.

## Member Update

### MEMBERSHIPS RENEWALS

Renewal notices were sent to all PCQ members during the month of June. Although PCQ had planned to introduce a web based system of payment renewals for this renewal campaign, IT problems have so far prevented the introduction of this system. Despite this, the response from members has been overwhelming to date, with over 50% of membership renewals being processed in the first few weeks. There has also been a significant increase in the number of organisational members joining PCQ over the last months. We look forward to providing an update on member numbers in the next newsletter.

### CHANGE OF POLICY REGARDING THE SUPPLY OF PCQ RESOURCES

As mentioned in previous correspondence, PCQ commenced charging a small fee for bulk orders of it's resource materials on July 1st 2009. Prices have been kept as close to cost as possible, with only a few invoices being issued so far. Wherever possible, we would encourage all palliative care organisations to become an organisational member of PCQ, enabling your organisation to receive up to \$200 of PCQ resources material at no charge.

### PCQ OFFICE HOURS

PCQ office hours have recently changed, and the office will now be staffed between 10.00am and 4.00pm, Monday, Tuesday, Thursday and Friday. If you need to speak with a staff member of PCQ, please call during these times.

## Sunshine Coast Branch Update

The Sunshine Coast Branch of Palliative Care Queensland meets second monthly

at The Sunshine Coast Private Hospital, Syd Lingard Drive, Buderim.

Our meetings start with drinks and nibbles at 5.30 pm, and invited presenters commencing their presentations from 6.00pm. Our next meeting will be held on June 1st.

Our membership numbers are increasing and we cater to approximately 40 attendees at each meeting, with some members travelling from as far as Kilcoy and Redcliffe.

Our focus at Branch level is to increase the awareness of palliative care and end-of-life care on the Sunshine Coast by providing education, support and assistance to all personnel working in this specialized area.

All interested persons or health professionals are invited to attend our branch meetings, with membership applications available at the door for interested persons. This is a great networking opportunity.

For more information, please contact Denise Simmons, Sunshine Coast Branch Coordinator on 0400 646 027 or [d.simmons@palliativecareqld.org.au](mailto:d.simmons@palliativecareqld.org.au).

## Member Profile

**Helen Jarman**  
**Clinical Nurse**  
**St Vincent's Brisbane**



**My interest in palliative care originated from my time as a Community Nurse with RDNS in Adelaide. I moved to Brisbane in 1992 with my husband and**

daughters and was keen to continue working in the community. I initially started with Blue Care in the Brisbane South region and then moved to my current role at St Vincent's Brisbane (formerly Mt Olivet Hospital) with the Palliative Home Care Team.

Community nursing in the palliative care setting is both challenging and inspiring. I am passionate about supporting patients and families at home through the palliative phase of their illness. The autonomous role of a community nurse facilitates this whilst also having the support of a general team approach. I value the variety of education sessions offered by PCQ over the years which have covered a broad spectrum of topics and themes. The networking with other clinicians at these events is invaluable.

As current Chairperson of the PCQ Education Committee and PCQ State Councillor, I look forward to participating and helping to build PCQ's role, as palliative care delivery evolves to meet new challenges in our community - namely our aging population and work force.

The group meet for breakfast bimonthly for networking and to share information about clinical and other relevant issues. Clinical focus, all welcome.

7.15am Wednesday September 16th, Coffee Club, Brunswick Street Fortitude Valley

## EDUCATIONAL EVENTS

### Hopewell Hospice

Living Well, Dying Well – Spiritual Care at the End of Life... and Before

Saturday-Sunday, 1-2 August 2009, 9.30 a.m. to 4.30 p.m., costs \$100.00.

Led by Deirdre Hanna, Patrick Lynch and Cath Maddox, the two-day experiential workshop, prepares students to work with those who are dying - at the Hospice, at home, in Nursing Homes, Hospitals or for their own loved ones. It provides information, skills and spiritual practices to live more fully in the present moment so that when the end of life comes, whether for a person diagnosed with a terminal illness or your own inevitable end of life, there can be a sense of completion and peace.

### Palliative Care Training Program

Three Saturdays, 17, 24, 31 October 2009, 9.30 a.m. to 4.30 p.m. and two Wednesday evenings, 21 and 28 October, 7.00 to 9.30 p.m. Cost: \$200.00. Led by Rev. Dr Ian Mavor and staff of Hopewell Hospice.

Based on a nationally recognised course, the program is open to health care professionals, social workers, graduate or undergraduate nurses; enrolled nurses; nursing home or hostel personnel; carers, or for those who would like to volunteer for Hopewell Hospice Services. The 26-hour course provides understanding, awareness and skills related to living and dying, and how to provide support, encouragement and care to someone who is dying or is bereaved, as well as to those caring for loved ones at home.

For further information, contact: Ian Mavor at Hopewell, on 5563 2930 [Extension 233]

## Cancer Council Queensland

Oncology Nurses Group 32nd Annual Conference – Above and Beyond

Thurs 8th and Fri 9th October, Hilton Hotel Brisbane

For more information, to download a conference program or to register and pay online, visit [www.cancerqld.org.au/ONG](http://www.cancerqld.org.au/ONG).

### 2009 Cancer Care Course for Aboriginal and Torres Strait Islander health workers in Central and Southern Queensland

Mon Oct 26th to Fri Oct 30th

The cancer care course for Aboriginal and Torres Strait Islander health workers is a service provided and developed by Cancer Council Queensland. The program consists of a five-day short course in cancer care, and includes clinical visits, lectures and workshops from presenters with experience and qualifications in cancer care as well as the prevention and early detection of cancer. Networks are established with other Indigenous health workers and health professionals for ongoing support. For more information, contact Judith Whitehead, Administration Support, Health Professional Education Team, (07) 3258 2267 or [healthpros@cancerqld.org.au](mailto:healthpros@cancerqld.org.au).

### Centre for Palliative Care Research and Education (CPCRE)

The Centre for Palliative Care Research & Education will hold another of its popular Clinical Skills Updates on Friday 14th August. For more information, see the 'What's New?' page on the CPCRE website: [http://www.health.qld.gov.au/cpcrc/whats\\_new.asp](http://www.health.qld.gov.au/cpcrc/whats_new.asp)

## Events

### MEETINGS

#### Brisbane North Palliative Care Forum

Information and networking meeting for individuals working in palliative care and end-of-life care. No set agenda. Afternoon tea provided. All welcome.

2.30pm Monday September 7th, Karuna Hospice Service, Cartwright Street Windsor

#### Palliative Care Network Meeting

An informal meeting of clinicians and others who work in the area of palliative care and end-of-life care in Brisbane.



# Together! 2009 Cultural Connections for Quality Care at the End of Life

September 24 – 27 Perth Convention and Exhibition Centre

## EXCITING NEWS FOR DELEGATES, SPONSORS AND EXHIBITORS

Planning for Together! 2009 Cultural Connections for Quality Care at the End of Life is moving along quickly. This conference is the primary event in 2009 for all who share an interest in quality care at the end of life. Representatives of all sectors of palliative care will be present in Perth in September.

### PROGRAM

The interest in the conference is huge – over 630 abstracts were received, at least half of which were from international delegates. Abstracts are now being reviewed and the program finalised.

All guest speakers have been confirmed. The speaker list is:

- **Professor Rod MacLeod**  
*Auckland University NZ*
- **Professor Sheila Payne**  
*Lancaster University UK*
- **Dr Bernadette Tobin**  
*Plunkett Centre for Ethics AUS*
- **Dr Bee Wee**  
*Oxford University UK*
- **Dr Elizabeth Gwyther**  
*Hospice Palliative Care Association of South Africa SAF*
- **Dr Stephen Connor**  
*Worldwide Palliative Care Alliance USA*
- **Dr Reena George**  
*Christian Medical College, Vellore IND*
- **Dr M R Rajagopal**  
*Pallium India IND*
- **Ms Liese Groot Alberts**  
*Grief and spirituality expert NZ*

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For conference enquiries:

### CONFERENCE LOGISTICS

[www.conlog.com.au/palliativecare2009](http://www.conlog.com.au/palliativecare2009)

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For sponsorship or exhibition bookings, contact Gretchen Irvine or Donna Daniell on 02 6232 4433.



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