

Palliative Care Australia

E-Bulletin



No 10, October 2008

In this issue...

President's Report	1
PCA Patron Announcement	2
PCA Executive Board – Announcement of Office Bearers.....	2
NHMRC Grant Recipients	3
Policy and Advocacy News	4
Australian Health Care Agreements (AHCAs).....	5
News from PCA Programs	7
Diary	9
Contact PCA.....	10
Membership.....	11
Contributions	11
Acknowledgement	11

PRESIDENT'S REPORT



This edition of the PCA E-Bulletin provides an update on news and information across the palliative care sector for the busy months of September and October.

Earlier this month, I was pleased to chair the PCA Council and Annual General Meeting in Canberra. The AGM brought together the year's achievements and, in reviewing the activities and performance of PCA during the previous financial year, it is clear that the

results are high.

I commend the following documents to support your knowledge in influencing, fostering and promoting quality care at the end of life:

- PCA Annual Report 2007–2008. This report on the highlights and activities under our core and program strategies conducted during the past 12 months. [Click here to view](#)
- PCA Strategic Plan – 2008–2011. PCA's mission is to influence, foster and promote the delivery of quality care at the end of life for all through its work against the 3 program goals of:
 - fostering information and networks
 - promoting capacity building for specialist and generalist primary care providers and communities
 - influencing the development of policy and evidence. [Click here to view](#)
- PCA Glossary – definitions of key words that define our positioning as an organisation leading the realisation of quality care. [Click here to view](#)

In anticipation of the work ahead for the next two years, I welcome the new members of the PCA Executive Board and thank our two outgoing members: Dr Louise Welch – Executive member since 2004 and Mr Peter Cleasby – Executive member since 2008

Palliative Care Australia acknowledges its work is enabled through the extraordinary professional and personal commitment of the PCA volunteer office bearers, PCA member organisations and staff. Together we strive to realise our vision.

Palliative Care Australia acknowledges the financial support of the Australian Government Department of Health and Ageing.

Professor Margaret O'Connor AM
President

Palliative Care Australia is the peak national organisation representing the interests and aspirations of all who share the ideal of quality care at the end of life for all.

Specialist palliative care providers have specialist knowledge, skills and expertise in the care of patients, their families, carers and communities, who are living with a terminal condition and facing dying, death and loss.

Quality care at the end of life is realised when strong networks exist between specialist palliative care providers, other specialist, generalist and support care services and the community, working together to meet the needs of all people.

The PCA Member Network comprises the eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. The PCA Member Network comes together to foster, influence and promote local and national endeavours to realise the vision of quality care at the end of life for all.

PCA PATRON ANNOUNCEMENT



Palliative Care Australia is very pleased and excited to announce that the Governor-General, Her Excellency Ms Quentin Bryce AC has accepted our invitation to be our Patron.

Her Excellency has expressed a keen interest in palliative care as gained through her former role as Patron of Palliative Care Queensland and the Governor of Queensland.

Palliative Care Australia is most grateful for this opportunity to work with the Governor-General to foster community discussion on what Australians aspire to at their end of life and how together we can create the environment in which quality care occurs. [Click here to view media release](#)

PCA EXECUTIVE BOARD – ANNOUNCEMENT OF OFFICE BEARERS

The PCA Annual General Meeting was held on Thursday 9 October 2008 at PCA House, Canberra. At this meeting the election for office bearers for the new Executive Board members was conducted.

The following candidates are elected to positions to 2010:



Professor Margaret O'Connor AM – President



Dr Scott Blackwell – Vice President



Mr Mark Cockayne – Honorary Secretary



Mr Stephen Carmody – Honorary Treasurer



Professor Patsy Yates – General Member



Dr Margherita Nicoletti – General Member

Palliative Care Australia welcomes new Members and thanks all candidates for their commitment to the work of fostering, influencing and promoting quality care at the end of life for all Australians.

NHMRC GRANT RECIPIENTS

Round 3 grants

24 September 2008

The National Health and Medical Research Council and the Department of Health and Ageing have announced the awarding of 16 research grants funded under the Palliative Care Research Program.

The Program, which is one component of the National Palliative Care Program, aims to improve the quality of palliative care by undertaking research capacity building initiatives, including offering training awards and funding research into palliative care.

Details of successful Round 3 research grant applicants

Chief Investigator	Project Title	Administering Institution	Total Funding
Dr Meera Agar	Randomised control trial of risperidone versus haloperidol versus placebo with rescue haloperidol in delirium in palliative care.	Flinders University	\$50,000
Dr Meera Agar	Prospective study of medical-emergency team calls to define issues of end-life decision making, symptoms and transition in goals of care.	University of NSW	\$48,700
Dr Barbara Anderson	Identification of the palliative care needs of home-based people with end-stage dementia.	University of South Australia	\$50,000
Dr Sally Bennett	Evidence for psychological and educational interventions for cancer-related fatigue.	University of Queensland	\$28,283
Dr Mary Brooksbank	What are the unmet care needs of patients with end-stage chronic obstructive pulmonary disease and how can they be addressed?	University of Adelaide	\$49,425
Associate Professor Rosalind Bull	Supporting pathways to palliative care for people diagnosed with chronic kidney disease.	University of Tasmania	\$43,575
Dr Katherine Clark	Pilot randomised study of telemedicine consultation versus face-to-face consultation in palliative medicine.	Royal Prince Alfred Hospital	\$50,000
Dr Georgia Kathleen Brooke Halkett	Primary care: what is GPs' approach to patients with advanced cancer and those who require radiotherapy?	Curtin University of Technology	\$50,000
Professor Janet Hardy	An evaluation of the validity of measuring salivary Oxychodone concentrations for pharmacokinetic studies in palliative care patients.	Mater Medical Research Institute	\$49,134
Dr Susan Lee	An investigation of care-planning decisions in advanced pulmonary and cardiac illness in the Bayside Health Care region.	Monash University	\$47,726
Ms Rachael McMahon	Case conferencing, quality of life and palliative care for clients from remote communities in the Northern Territory.	Menzies School of Health Research	\$42,750
Dr Linda Mileshekin	An exploration of functional decline and the potential for rehabilitation in patients with advanced non-small-cell lung cancer.	University of Melbourne	\$50,000
Dr Jane Nikles	Comparing the effectiveness of paracetamol and placebos in advanced cancer patients on opioids.	University of Queensland	\$49,996
Ms Katrina Recoche	Informing development of national guidelines for palliative care in ambulance services by exploring current service provision.	Monash University	\$49,916
Dr Christine Sanderson	Subcutaneous ketamine in cancer pain.	Flinders University	\$50,000
Ms Jennifer Tieman	Identifying e-health literacy and readability issues for palliative-care consumers.	Flinders University	\$29,375

POLICY AND ADVOCACY NEWS

PBS "Cost Recovery" Measure

The Government's Bill to introduce "cost recovery" fees for applications to list medicines on the Pharmaceutical Benefits Schedule was defeated in the Senate.

This followed evidence to the Senate Community Affairs Committee from PCA and a small number of organisations about the detrimental effect of the measure on access to new medicines for small group populations such as palliative care patients, and criticism by the Senate Committee of the lack of consultation by the Government before (or, indeed, after) the introduction of the measure in the 2008 Budget.

Despite the defeat of the Bill, the Government has circulated its draft regulations. PCA met in September with officers from the Department of Health and Ageing to discuss the cost recovery arrangements, and agreed that some more specific wording should be included in regulation 15 which deals with the waiver of cost recovery fees for applications dealing with small patient populations. The Department has undertaken that it will ask the drafter to include words with the following meaning in that regulation as an indication of a type of application where fees could be waived:

'where the patient population is likely to be small and utilisation of the drug, medicinal preparation or vaccine is likely to be highly targeted'.

PCA is happy with this outcome, and discussed this at some length with members of the Senate Community Affairs Committee at a further meeting with them on 22 September 2008.

We regard this as a clear win for PCA in influencing the public policy agenda.

National Prescribing Service Consultation Report on Quality Use of Medicines in Palliative Care

As a result of PCA advocacy, the National Prescribing Service (NPS) is undertaking consultation to explore opportunities for improvement in the quality use of medicines in palliative care.

Each year, the NPS consults widely as part of the development of therapeutic topics. Palliative care is frequently raised in this process.

To date, the consultation process has highlighted the need to raise the profile and understanding of palliative care, including addressing equity of access to medicines.

Each year, the NPS consults widely as part of the development of therapeutic topics. Palliative care comes up frequently in this analysis. As a result of this and PCA advocacy, the NPS is now undertaking a consultation to explore opportunities for improvement in the quality use of medicines (QUM) in palliative care. In summary, the key findings of the first draft include:

- need to raise the profile and understanding of palliative care
- clinicians are practising with a grey evidence base
- need to get new and emerging evidence into practice
- there are continuity issues with multiple providers across multiple settings
- there's a huge diversity of workforce knowledge, skills and attitudes
- we need to target those who "don't know what they don't know"
- there are network and relationship opportunities
- we need to address equity of access to medications
- there is poor awareness of PBS PC schedule
- need to increase awareness and utilisation of existing resources.

This first draft has been discussed at a formal consultation between PCA, ANZSPM and NPS. It was mutually agreed that:

- the draft report would be discussed at length at the next meeting of the Joint Therapeutics Committee, and that the NPS would be invited to participate in this discussion – this will be scheduled soon;
- iterations of the report will be circulated in October/November and will aim to be finalised by December 2008;
- the penultimate draft will be presented to the PCA Executive for endorsement;
- the final report should reflect contemporary thinking on policy in palliative care. The term "end of life care" can be used across multiple settings and can encompass QUM;
- a further consultation phase will then take place (to conclude in Feb 09) which will identify other key

stakeholders who can influence the area (e.g. AGPN, State groups, safety and quality work, clinical practice guidelines);

- NPS will scope the work plan and agreed actions in March/April 09, with hopefully NPS 4 year funding being announced in May 2009. Staffing/implementation of the work plan would begin in July 2009.

AUSTRALIAN HEALTH CARE AGREEMENTS (AHCAS)

Background

In the past, the AHCAs have been bilateral five-year agreements between the Australian Government and each state and territory, through which the Australian Government provides funding to assist the states and territories to provide free public hospital services to eligible public patients.

In recent years, palliative care has been one of a small number of additional items included within the AHCA framework. For the period 2003-08, \$188 million was provided to the states and territories for palliative care services as part of the AHCAs. This should have been increased by 20% (plus a factor for indexation) for the additional 12 months to allow time for consideration of a new style of AHCAs under the new federal government.

Two major things will change with the next AHCA agreements to commence from 1 July 2009:

1. They are intended to cover most aspects of health and aged care service provision in Australia.
2. This will be covered by probably 1 Special Purpose Payment (SPP) from the Commonwealth to the States and Territories, instead of the 13 health-related SPPs at the moment.

What this means is that there will not be a specific "palliative care SPP".

While we recognise that this may be concerning to some, we need to embrace it, and to regard it as a challenge, not a threat, to ensure that the needs of palliative care patients are included in the mix.

The health reform process

The National Health & Hospitals Reform Commission (NHHRC) was established by the Rudd Government, with a mandate of some 18 months, to advise on fundamental reforms to improve the Australian health system across the board (i.e. including across the Commonwealth-State-Territory divides, across the acute-sub, acute-hospice-aged care-community divides, across the many provider and professional divides).

Before the period for public submissions had even finished, the NHHRC produced their first report to the new Government (called *Beyond the Blame Game*), which was on the direction that the new Australian Health Care Agreements should take.

The first NHHRC report identifies "care for and respect of the needs of people at the end of life" as one of 12 key challenges confronting the healthcare system.

Conclusions

- PCA has been involved in the Commission's consultation process.
- We well and truly have our foot in the door.

The Intergovernmental process leading to the next AHCAs

The AHCAs are negotiated through the Australian Health Ministers Conference (AHMC), which is part of the Council of Australian Governments (COAG) arrangements. AHMC has endorsed significant changes to the nature of the next AHCAs, including:

- Specific purpose payments will be consolidated through a single national agreement on health.
- A comprehensive set of performance measures that measure performance across the broad healthcare system linked to funding agreements through the AHCAs.
- A focus on taking pressure off hospitals by bringing together the various aspects of the system to ensure better coordination of services to deliver effective and efficient health care.

Taken together, these provide the palliative care sector with a significant opportunity to ensure that our services are properly recognised as an integral – and appropriately resourced – part of the whole of health system.

To this end, PCA has been engaging with politicians and officials at the federal level, and supporting our member organisations with briefing material to assist their engagement with politicians and officials at the state and territory level.

PCA noted these initiatives in our meeting on 2 September 2008 with the new Assistant Secretary responsible for palliative care in the federal Department of Health and Ageing, who endorsed this as a sensible approach.

In her speech *The Case for Change* to the National Press Club on 13 August 2008, the federal Minister for Health and Ageing Nicola Roxon MP laid down some of her thoughts on the health reform process:

“Meanwhile, through COAG we are negotiating a new Australian Health Care Agreement, to be signed at the end of this year and to take effect mid-2009. With all these moving pieces, I want to explain how the jigsaw pieces fit together. The new Health Care Agreement is the first step in our long-term program for health reform. It will be finalised at COAG later this year as one of the Specific Purpose Payments that the Treasurer has flagged. It will likely reduce the number of Specific Purpose Payments in health from 13 to just one. Reform will be delivered through recognition of the ways in which primary care and acute care interact; introduction of activity-based funding across the country; the creation of clear lines of accountability; and strict performance measures. These reforms are ends in themselves; but each of them is also a means to deliver further reform. In the agreement signed this year, the issue of how to treat the factors that drive growth, and how to create a stable funding base, will be nussed out. This base, as for all our new SPPs, will be ongoing – not set for an arbitrary period of five years, during which other reforms remain static, as has been the case with past Health Care Agreements. Alongside the SPPs there will be National Partnerships, which will be focused on driving key areas of economic and social reform. As the Treasurer has explained, National Partnership payments will reward states which deliver the best services and outcomes to their citizens. ... This is the shape of things to come in the new Commonwealth-State financial framework – additional funding will be provided but it will be clearly tied to performance which delivers quantifiably better outcomes for the community.”

The road ahead to ensure quality care at the end of life

All of this raises the question: how can people who are dying – and their families – be assured that access to services providing quality end of life care will be continued, with no reduction in quality of care?

PCA is generally supportive of the likely new arrangements for the next round of AHCA's. However, they need to build on the provision of quality end of life care.

If the insight shown by the NHHRC in identifying “caring for and respecting the needs of people at the end of life” as one of 12 key challenges needing to be addressed if the Australian health system is to work effectively, end of life care needs to be an integral aspect of the new AHCA's.

We need to stress to the politicians and officials, at both federal and state/territory levels, that:

- Increasing demand necessitates increased resources. However, good strategic planning around the management of the end of life promises both better care and a more effective and efficient use of services. This is achievable through needs-based service planning for end of life care that supports care in non-hospital settings where this is appropriate and desired.
- The type and level of care required by patients differs for each individual and for each person over time. To provide quality care for those at the end of life, service delivery must meet each person's level of need.
- In practical terms, we propose that all people at the end of life be conceptualised as falling within three broad sub-groups – those whose care needs can be categorised as either:
 - complex and requiring specialist palliative care (the smallest sub-group); or
 - intermediate and addressed through primary care services with consultative support of palliative care specialists; or
 - appropriately addressed through their own resources with the support of primary care services (the largest sub-group).

PCA urges organisations to continue to devote priority to influencing the health reform agenda to ensure that palliative care is properly included in the funding mix.

For its part, PCA will continue to do that at the national level.

NEWS FROM PCA PROGRAMS

National Standards Assessment Program (NSAP) Update



The **NSAP Pilot Project** began with the first National NSAP Pilot site meeting held in Sydney on the 4 September 2008. This workshop provided an overview of the program, explained what was involved and included presentations from experts in the field of quality assurance and palliative care. About 90 NSAP Liaison Officers and Executive Sponsors from the Pilot sites attended the workshop. It was a good opportunity for Pilot services to meet each other and take the first steps to develop the community of practice that will contribute to the final development and refinement of the NSAP.

Following the National Meeting four NSAP regional workshops have been undertaken in WA, VIC, QLD and NSW. Pilot sites have been grouped into four regions based on geographical location and PCOC zone boundaries. These workshops provided a further opportunity for services to meet with others from within their region and develop a network of supports to help ensure all services successfully complete the Pilot. Services received further information and training in the tools and processes associated with NSAP and had a first opportunity to discuss strategies to support local implementation.

Final numbers for the Pilot have been confirmed with 32 services participating. These services represent almost all jurisdictions and service types and will allow us to user test the NSAP processes and tools across a wide variety of clinical environments. It is important that the NSAP is accessible to all specialist palliative care services. A small group of Acute Care Consultative Services has been established following suggestions from services. The role of the group will be to examine the needs of this type of palliative care service and make recommendations regarding any modifications to NSAP that will improve their capacity to participate in the NSAP.

A very big thanks to all those services that have nominated to be part of the Pilot – we are looking forward to working with you over the next 4 months to refine and improve the NSAP to ensure that it meets its dual objectives of meaningfulness and achievability. Over the upcoming months, the NSAP team will be providing case studies from the Pilot sites (look for the first ones in the next edition of *The Standards Newsletter*) to ensure that those services who have been unable to participate in the pilot can keep track of the progress of the project.

National Quality and Standards Director, Sue Hanson is, as always, busy promoting the ideals of NSAP and increasing awareness of the importance of quality improvement initiatives. Sue attended the Palliative Care Nurses Australia (PCNA) conference in Adelaide in September where she presented a paper on the NSAP. Sue also presented a poster at the ANZSPM conference in Darwin later that month. She is looking forward to the opportunity to meet palliative care staff and explain the goals and objectives of the NSAP project, and had the opportunity to visit the Southern Regional Palliative Care Network meeting in Brisbane to discuss NSAP with members of the Network.

The Pilot project extends over a 17 week period. Services have been in the pre-pilot preparation phase and dealing with the challenging aspects of ethics approval and resourcing. The Pilot formally commenced on 13 October and most services are ready to hit the road running – plus or minus some bits. The focus during the first four week is on the formation of the multidisciplinary team and the identification and collation of audit and other evidence. The Pilot is due for completion at the end of January 2009.

The 3rd edition of *The Standards Newsletter* is scheduled for publication at the end of the month and will provide a more detailed overview of the project so far. A full report on the National Quality Forums which concluded in July 2008 will be provided with this edition. The 3rd Edition also introduces the new NSAP Project Officer – Leah Parker. Welcome Leah!

Further information is available by contacting nsap@palliativecare.org.au, the NSAP team on 02 6232 4433 or by registering to receive *The Standards Newsletter* at PCA Connect. Back copies of *The Standards Newsletter* can be accessed on the PCA website www.palliativecare.org.au

RACPAN newsletter

The September 2008 issue of the Residential Aged Care Network (RACPAN) newsletter is now available. To view the newsletter [click here](#).

If you would like to receive the RACPAN newsletter electronically [click here](#) and follow the prompts. Copies of the newsletter are also available on PCA's [website](#).



Palliative and End of Life Care Workforce Development

The Pharmacy Guild of Australia with the support of Palliative Care Australia has retained a team led by Curtin University of Technology to strengthen the role that community pharmacists can play in the palliative care of patients with terminal conditions.

This study aims to raise awareness of community pharmacists and their team about the clinical and social needs of people living with a terminal condition, their families and carers. It will promote and strengthen collaboration between community pharmacists and specialist palliative care service providers regarding patient care. The research project forms part of the Fourth Community Pharmacy Agreement Research and Development Program, which is managed by the Guild with funding from the Australian Government Department of Health and Ageing.

For more information contact Andreas Molt at Palliative Care Australia on (02) 6232 4433.

Industry Skills Council Community Services Training Package Review

The Industry Skills Council has completed its review of its Community Services Training Package and will soon make its recommendations to Government. This package includes the following qualifications of relevance to palliative and end of life care: Certificate III and IV in Aged Care, Certificate III and IV in Home and Community Care, and Certificate III and IV in Disability.

PCA understands that its lobbying to include the palliative care unit 'deliver care services using a palliative approach' as a compulsory unit for the Certificate III course in Aged Care has been successful. The unit is now also a pre-requisite for the Certificate IV in Aged Care. The unit 'Plan for and provide care services using a palliative approach' has been included an elective for special consideration in the Certificate IV qualification in Aged Care. This is also a success for PCA.

PCA was further successful in ensuring that the palliative care units are available as electives in Home and Community Care and Disability after they had been dropped in earlier drafts of the review. Teaching resources for these units can be purchased from PCA.

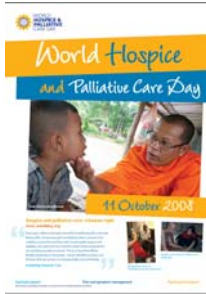
The Rural Palliative Care Project

The Rural Palliative Care Project, co-ordinated nationally by AGPN, has now enabled 38 Divisions of General Practice in rural and remote regions, to commence implementing local palliative care projects. These projects focus on enhancing partnerships and creating linkages between services co-ordinating this most important care. The RPC Project will ensure rural and remote Australians living with a terminal condition and their families have access to timely and quality palliative care services in the environment of their choice. The RPC Project provides a way forward in addressing access and quality palliative care for rural and remote Australians. For further information about the Rural Palliative Care Project, please contact Kylie Watkins at AGPN on kwatkins@agpn.com.au

Palliative Care Funding Breakthrough For Residential Aged Care

In March this year the Australian Government introduced the Aged Care Funding Instrument (ACFI) as the means of allocating Australian Government subsidy to residential aged care providers. Palliative Care Australia believes that the ACFI has benefits for people with palliative care needs. [Click here for more information \(RACPAN Newsletter, page 2\)](#).

World Hospice & Palliative Care Day – Saturday 11 October 2008



Palliative Care Australia joined the members of the world community in support of promoting palliative care as a human right.

"Palliative care, which provides relief of avoidable pain at the end of life is a human right for all", said Professor Margaret O'Connor, President of Palliative Care Australia.

"People are dying in pain. Eighty-five per cent of the people who die each year are from developing countries. A premise of palliative care is the prevention of avoidable pain. Yet, developing countries only have access to six per cent of the world's morphine, which indicates a huge disparity in access to pain treatment."

"In those Asia Pacific countries with severely challenged health services, enabling people with a terminal condition to access quality care at the end of their lives would be a cost-effective initiative. This will also help make overall health systems work more effectively and efficiently, and will make a positive contribution to turning around overall health outcomes", said Professor O'Connor.

[Click here for further information](#) on World Hospice and Palliative Care Day.

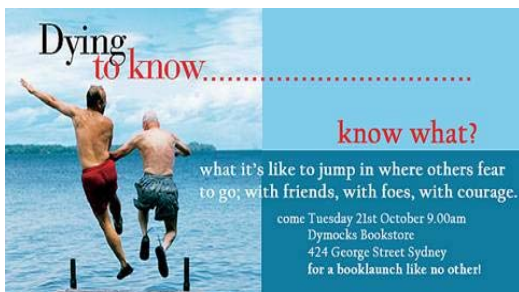
Palliative Care Australia is working to strengthen the links between Australia and countries within the Asia Pacific region. A special report on this work will be delivered in the November edition of the E-Bulletin.

Global Day Against Pain



This week marks the launch of the Global Year Against Cancer Pain event which runs from the 20 to 26 October 2008. Palliative Care Australia is pleased to partner with the International Association for the Study of Pain and the Australian Pain Society and believes that this work will make a strong contribution to equitable access to medicines for effective pain management.

New Edition – Dying to know



The book *Dying to know* has proven to be a very valuable tool in promoting awareness and discussion about death, dying, loss and grief.

Palliative Care Australia is very pleased to support Pilotlight, the not-for-profit organisation and innovator in social change that is behind this inspirational book.

A new 2nd edition of the book is being launched on Tuesday 21 October by Dymocks bookstore in Sydney. Copies are available at your local bookstore.

DIARY

Palliative Care Victoria's 6th Biennial State Conference

Theme: *Palliative Care – Beyond the Boundaries*: a focus on the principles of palliative care that should apply to all people living with a terminal illness regardless of their underlying disease or care setting

Date: 23 – 24 October 2008

Venue: Melbourne, VIC

Information: [click here](#) or email info@pallcarevic.asn.au

2008 Australian General Practice Network Forum

Theme: Real Health Solutions. Stream 1 of the Forum will focus on real health solutions in aged care and palliative care
Date: 29 October – 1 November 2008
Venue: Darwin, NT
Information: [click here](#)

Palliative Care NSW State Conference

Theme: *Palliative Care: A Sea Change* embraces a 'fresh approach' to the future direction of palliative care incorporating aged care, mental health and wellness
Date: 12 – 14 November 2008
Venue: Coffs Harbour, NSW
Information: [click here](#)

Palliative Care: Psychosocial Issues for Clients and Carers

Theme: Psychosocial issues faced by clients and carers affected by life limiting illness
Target audience: Registered Nurses, Community Care Aides and Personal Care Attendants or equivalent
Date: 19 November 2008
Venue: Melbourne, VIC
Information: 03 9536 5241 or getinfo@rdns.com.au

6th Annual Paediatric Palliative Care Symposium 2009

Target audience: for Medical, Nursing and Allied Health Professionals
Date: Friday 6 March 2009
Venue: Lorimer Dods Lecture Theatre, the Children's Hospital at Westmead
International Guest Speakers: Dr Danai Papadatou, Dr Barbara L Jones & Ms Chris Brown
 Three workshops will be held on Thursday 5 March 2009, prior to the Symposium.
Information: <http://www.chw.edu.au/prof/education/> or contact the Education Centre on (02) 9845 2091

2009 National Palliative Care Week

National Palliative Care Week will be held from the 24 – 30 May 2009. Please check PCA's website for updates or log on to PCA Connect to receive updates through PCA E-Bulletin.

Together! 2009



International Conference on Cultural Connections for Quality Care at the End of Life
 Perth - Western Australia 24 - 28 September 2009.
[Click here for more information](#)

CONTACT PCA

Palliative Care Australia, PO Box 24, Deakin West ACT 2600 (Suite 4, 37 Geils Court, Deakin ACT 2600)
 Phone: +61 2 6232 4433 Fax: +61 2 6232 4434 Email: pcainc@palliativecare.org.au Web: www.palliativecare.org.au

PCA Member Organisations:

Palliative Care NSW, PO Box M48 Missenden Road NSW 2050
 Phone/fax: +61 2 9206 2094 Email: info@palliativecarensw.org.au Web: www.palliativecarensw.org.au

Palliative Care Queensland, 117 Copperfield Street, Geebung QLD 4034
 Phone: +61 7 3633 0096 Fax: +61 7 3633 0086 Email: help@pallcareqld.com Web: www.pallcareqld.com

Palliative Care Victoria, Suite 3C, Level 2, 182 Victoria Parade, East Melbourne VIC 3002
 Phone: +61 3 9662 9644 Fax: +61 3 9662 9722 Email: info@pallcarevic.asn.au Web: www.pallcarevic.asn.au

Palliative Care WA, 46 Ventnor Avenue, West Perth WA 6005
 Phone/fax: +61 8 9212 4330 Email: pcwainc@palliativecarewa.asn.au Web: www.palliativecarewa.asn.au

Palliative Care Council of South Australia, 202 Greenhill Road, Eastwood SA 5063
 Phone: +61 8 8291 4137 Fax: +61 8 8291 4268 Email: pallcare@pallcare.asn.au Web: www.pallcare.asn.au

Tasmanian Association for Hospice and Palliative Care, c/- Association Offices, GPO Box 448 Hobart TAS 7001
 Phone: +61 3 6234 7577 Fax: +61 3 6234 7566 Email: natasha@associationoffices.com.au
 Web: www.tas.palliativecare.org.au

ACT Palliative Care Society, PO Box 88, Civic Square ACT 2608
 Phone: +61 2 6273 9606 Fax: +61 2 6273 9590 Email: office@pallcareact.org.au Web: www.pallcareact.org.au

Palliative Care Northern Territory, PO Box 42255, CASUARINA NT 0811
 Phone: +61 8 8922 6769 pager #181 Email: pcnt@palliativecare.org.au Web: www.nt.palliativecare.org.au

Australian & New Zealand Society of Palliative Medicine, PO Box 238 BRAIDWOOD NSW 2622
 Phone: +61 458 203 229 Fax: +61 3 8677 7619 Email: karen@anzspm.org.au Web: www.anzspm.org.au

MEMBERSHIP

Please contact member organisations for information about joining the PCA member organisation in your state or territory.

Receive Palliative Care Australia news through PCA Connect



Palliative Care Australia has designed a new web-based subscription program so that everyone interested in news from the palliative care sector can receive updates in their own e-mail boxes.

PCA Connect offers regular e-mail alerts related to national conferences and events, media releases, publications, resources, and more.

Through PCA Connect you can also subscribe to the E-Bulletin, RACPAN Newsletter (for people wishing to know more about a palliative approach in residential aged care), and The Standard (the newsletter of the National Standards Assessment Program Project). To receive these newsletters or join a PCA Special Interest Group you simply need to tick these boxes on your profile

page at http://pallcare.gky.com.au/c/pc_new?a=apps&ap=pd&sc.

CONTRIBUTIONS

PCA invites contributions from readers seeking to promote their activities in the palliative care sector. If you have information and ideas you would like to share, please email pcainc@palliativecare.org.au

ACKNOWLEDGEMENT

The work of Palliative Care Australia is supported by funding from the Australian Government Department of Health and Ageing.