

### Opportunities to participate in ANZSPM activities

ANZSPM is looking for a representative for the National Reference Group for Palliative Care Australia's National Standards Assessment Program project. If you are interested in quality improvement this project will be of interest to you. Information about the project is available on PCA's website [www.palliativecare.org.au](http://www.palliativecare.org.au). The time commitment is one face to face meeting and 2 teleconferences per year for 3 years. If you would like to be involved, please contact Karen [karen@anzspm.org.au](mailto:karen@anzspm.org.au).

As you will be aware, ANZSPM is preparing its submission to the National Health and Hospitals Reform Commission. We thank all members who have provided information in response to our initial email. Having analysed comments and spoken further to the Commission we would like to hear from members about any innovative models or initiatives they have implemented to promote seamless integrated care for patients across settings. Please email comment to [karen@anzspm.org.au](mailto:karen@anzspm.org.au).

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### ANZSPM 2008 conference update



ANZSPM  
 Australia & New Zealand  
 Society of Palliative Medicine  
 Darwin, Northern Territory  
 23 – 26 September 2008

#### Abstract submission date is fast approaching

Deadline is 1 July 2008

#### Registrations

Early bird registration for conference deadline – 21st July 2008

#### Trainee's day

The registrars' trainee day on Tuesday 23 September has limited places and you are encouraged to register early to avoid disappointment.

#### Arts program

Conference registration includes an exciting arts program enabling delegates to experience local and traditional art and performances.

Full information online:

[www.willorganise.com.au/anzspm08](http://www.willorganise.com.au/anzspm08)

### Cystic Fibrosis Standards of Care 2008

The Cystic Fibrosis Standards of Care is a newly released publication endorsed by Cystic Fibrosis Australia and the Cystic Fibrosis Special Interest Group of the Thoracic Society of Australia and New Zealand (TSANZ). There are 10 chapters in the Standards, one of which deals with end of life care. Each chapter contains a literature review, guidelines for care and the ideal situation for the management of people with cystic fibrosis in Australia. ANZSPM Council reviewed the chapter on end of life care before publication.

For a copy of the document:

TSANZ website: [www.thoracic.org.au](http://www.thoracic.org.au)

## Evidence-Practice Gaps Report Volume 1: A review of developments 2004-2007

The National Institute of Clinical Studies has just released its Evidence-Practice Gaps Report Volume 1: A review of developments 2004-2007. The publication includes a review of the evidence of the 11 topic areas in the original Gaps report published in 2004.

A key topic area is managing acute and cancer pain in hospitalised patients. The information includes a summary of barriers – clinician, patient, system - and reports that 25-33% of patients in institutional settings have pain. It also presents some initiatives that have had a positive impact on pain management in hospitals in Australia. The summary report states that 'we need clarity on what constitutes optimal pain management, and reliable data to measure current practice and improvements'.

For more information:

NHMRC website: [www.nhmrc.gov.au/nics](http://www.nhmrc.gov.au/nics)

Email: [nics@nhmrc.gov.au](mailto:nics@nhmrc.gov.au)

## Dose Administration Aid Service for veterans

A Dose Administration Aid Service is being offered to veterans by the Australian Government Department of Veterans' Affairs (DVA).

The Dose Administration Aid Service will enable veterans, war widows and other eligible DVA clients to have pillboxes filled regularly and ongoing coordinated care from their doctor and pharmacist. A Home Medicines Review will be used to identify suitable veterans who will be placed on a one-month trial with regular monitoring by their GP and pharmacist. After a successful trial, veterans will be able to take up the service for six months under the supervision of the GP and pharmacist. Their suitability will be reassessed after the six months.

For further information:

DVA's website: <http://www.dva.gov.au/health/DAA/index.htm>

## Interested in being on the editorial board of a new online journal?

An online publishing company (Libertas Academica) is starting a new, open access journal on palliative care, called *Palliative Care: Research and Treatment*. As it is open access, anyone can read the journal free of charge.

The company is seeking representatives from Australia to sit on the Honorary Editorial Board of the journal.

Relevant links:

Libertas Academica: [www.la-press.com](http://www.la-press.com)

The journal: [http://la-press.com/journal.php?journal\\_id=86](http://la-press.com/journal.php?journal_id=86).

Biography of the Editor in Chief, Dr Parag Bharadwaj: [http://la-press.com/journal.php?pa=editor\\_in\\_chief&journal\\_id=86](http://la-press.com/journal.php?pa=editor_in_chief&journal_id=86)

If you are interested contact:

Clara Bakker: [clara.bakker@la-press.com](mailto:clara.bakker@la-press.com)

## Results of National Open Disclosure Pilot

The Australian Open Disclosure Standard was published in 2003 following endorsement by the Australian Health Ministers' Conference.

A pilot implementation of the Standard was undertaken and the results have been published in the Medical Journal of Australia.

The article in MJA concludes: 'despite some uncertainties the national evaluation of the pilot program indicates strong support for open disclosure from both health care staff and consumers as well as the need to resource this new practice'.

The MJA article is available on the Australian Commission on Safety and Quality in Health Care website: [http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-02\\_PilotNODstd](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-02_PilotNODstd)

## Journal article review

### **Emotional disclosure through patient narrative may improve pain and well-being: results of a randomized controlled trial in patients with cancer pain**

#### **Study objective**

To determine whether incorporating a structured narrative approach in patients with advanced cancer decreases pain intensity and improves patients' global assessment of their well-being.

#### **Study design**

Randomised, single-blind controlled eight week trial.

*Follow-up:* All patients were seen weekly for the first three weeks in the pain clinic or palliative care service, telephoned weekly for the following four weeks, and then returned to clinic in the eighth week.

*Blinding:* Research nurse who collected information for the study was unaware of the patient allocation.

#### **Study questions**

*Population:* 234 adult patients with any type of cancer who reported average pain intensity levels of at least 5/10 on a 0–10 scale, were able to read and write, and scored 50% or higher on the Karnofsky scale. Patients were recruited from the oncology, radiotherapy and pain management services of an Oncology Centre and National Institute of Cancer in Colombia and were outpatients.

*Intervention:* Narrative: patients were asked to write for at least 20 minutes once a week for three weeks, a story about how cancer affected their lives calling upon their deepest thoughts, feelings and fears if present.

*Control:* There were two control groups. A writing control group via questionnaire: patients were asked to complete, while at home, the McGill Pain Questionnaire. A non writing standard control - these patients were asked simply to attend weekly medical follow-up visits (i.e., the same clinic schedule as the other two groups) to receive usual customary care.

*Outcomes:* Average pain intensity, sense of well-being, emotional disclosure of patient narrative.

#### **Main results**

Average pain intensity was similar for all groups, as was sense of well being. The only significant finding was that between 5 patients whose emotional disclosure was "very much" and 20 patients whose who had no emotional disclosure. The average difference in pain intensity between these two groups was 2.5 units. Patients who had high emotional disclosure also had higher well being scores (no statistics given on this).

This review has been written by Dr Phillip Good, MBBS FRACP FACHPM, Staff Specialist in Palliative Care at Calvary Mater Newcastle.

#### **Limitations**

Only 50 % of patients in the narrative group actually performed the intervention of writing three narratives, and out of those, 50% provided no emotional disclosure. This left only very small numbers for comparison. As well there was no comparison with those that had emotional disclosure and the control groups.

#### **Conclusions**

Further study is needed to determine whether narrative medicine improved pain scores and sense of well being in this group of patients.

#### **Comments**

I chose this study as it demonstrates an attempt at high quality methodology in researching areas of spirituality in palliative medicine. This has proven to be very difficult, and there is a lack of high quality research in this area. The authors attempted to look at a relatively simple intervention (write for at least 20 minutes once a week for three weeks), and its impact on pain and sense of well-being. The results were limited by those patients that actually performed the intervention. What this shows is the value of performing a pilot study or interim analysis to ensure that the intervention is occurring as planned. In terms of the results, this study shows that narrative medicine (in the form of writing), may have some benefit (in those patients that are able to write with emotional disclosure), but will obviously not be a prescription for everyone.

#### **Reference**

Cepeda MS, Chapman CR, Miranda N, Sanchez R, Rodriguez CH, Restrepo AE, et al. Emotional Disclosure Through Patient Narrative May Improve Pain and Well-Being: Results of a Randomized Controlled Trial in Patients with Cancer Pain. *Journal of pain and symptom management*. 2008;35(6):623-631

#### **Other articles of interest**

*European Journal of Cancer. Palliative medicine - the art and the science*. 2008;44(8):1069-1071

Excellent review article on different areas of palliative medicine.

## ComPAC guidelines available for review

A draft of the *Guidelines for a Palliative Approach in Aged Care in the Community Setting* is now available for public comment as required by the National Health and Medical Research Council. The development of the Guidelines has been supported by the Australian Government Department of Health and Ageing. The goal of this project is to develop evidence based guidelines for a palliative approach for aged care in the community. These guidelines will form a companion document to the existing *Guidelines for a Palliative Approach in Residential Aged Care* released in 2005.

Closing date for submission is 16 June 2008.

For further information, a copy of the document and comment submission form:

<http://www.caresearch.com.au/caresearch/WhatisPalliativeCare/NationalPalliativeCareProgram/ComPAC/tabid/93/Default.aspx>

## Additional MBS audits and financial penalties

The Australian Government has announced that it is boosting its Medicare Compliance program.

Under the '*Increasing MBS Compliance*' initiative the Government will increase audits on MBS services by an additional 2000 each financial year. When requested through an audit, providers will be required to produce evidence supporting their claims and billing. In the information provided to ANZSPM, Medicare Australia claims that it does not expect that responding to an audit will be an onerous task for practitioners who keep adequate records.

In addition to increased audits, the Australian Government has announced its intention to introduce financial penalties for practitioners who have caused the Government to pay Medicare benefits incorrectly. Actual penalty amounts will be set in consultation with key stakeholders.

For more information:

The Department of Health and Ageing's website: '*Increasing MBS Compliance*' [www.health.gov.au](http://www.health.gov.au)

Luke Twyford on 02 6124 7376

## MABEL survey to be sent to every doctor in Australia

Are you happy working in medicine and with your work life balance? Are you happy but worried about future changes in health care that may impact on the way you practice medicine and on the quality of care you provide?

MABEL (Medicine in Australia: Balancing Employment and Life) is a major new national longitudinal survey that aims to make a difference. Funded by the NHMRC and conducted by researchers at the University of Melbourne and Monash University, invitations to participate are being sent to all doctors in Australia during May and June.

The ANZSPM Council has endorsed this survey and believes it will be a major resource that can be used to improve the working lives of doctors in Australia. We will be kept informed of results from the MABEL survey and in turn will keep you informed.

For further information:

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

## Review of the gynaecological cancers workforce in Australia

In February 2007 the Australian Government announced seed funding of \$1 million for the establishment and initial operation of the National Centre for Gynaecological Cancers being developed under the auspices of Cancer Australia.

As a major interest of the Centre is development of a strong and sustainable health workforce to support women with gynaecological cancers, the National Institute of Labour Studies has been commissioned to conduct a review of the gynaecological cancers workforce.

The review will be used by to identify examples of workforce innovation and practices and analyse likely future directions and needs for the gynaecological cancers workforce. In the longer term, information will be used to inform future policy and assist in modeling future workforce needs.

For further information:

Debra King (NLS) [deb.king@flinders.edu.au](mailto:deb.king@flinders.edu.au)

## PCC4U – resources for teaching undergraduate medical students

The Palliative Care Curriculum for Undergraduates project has produced learning resources that can be used in undergraduate education of health care professionals. The project team is now working to promote the uptake of the resources in all medical, nursing and allied health programs. Strategies are being developed for the ongoing sustainability of the PCC4U project.

The Project is led by Queensland University of Technology in collaboration with the Centre for Palliative Care Research and Education, Flinders University, and Charles Darwin University. The project is funded by the Australian Government Department of Health and Ageing.

For further information:

<http://www.caresearch.com.au/Caresearch/Default.aspx?alias=www.caresearch.com.au/Caresearch/pcc4u>

## ANZSPM conference 2010



World Congress of Internal Medicine  
**WCIM 2010**  
In conjunction with  
**PHYSICIANS WEEK**  
**20 - 25 MARCH 2010**  
MELBOURNE, AUSTRALIA

In 2010 there is a unique opportunity for the ANZSPM conference to be held concurrently with the World Congress of Internal Medicine at the new Melbourne Convention Centre.

Palliative care will be one stream within the conference and ANZSPM members will have the opportunity to participate in other streams. It will be an opportunity to reach a wider audience with information about palliative medicine.

Put it in your diary as it is sure to be an exciting event with 2500-3000 participants expected.