Volume 13 Issue 2, September 2004

ANZSPM newsletter

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ANZSPM
Australian and New Zealand Society of Palliative Medicine

EDITORIAL

Welcome to this special edition of the ANZSPM Newsletter

This edition is being distributed to all registrants of the Joint 6th ANZSPM & 16th Hospice New Zealand Palliative Care Conference in Auckland, New Zealand. We thank Mundipharma for their support of our Newsletter and this edition in particular. The conference programme looks very stimulating and I hope that those attending find it not only a time to learn and to reflect on their current practice but also a time of renewal and refreshment. An opportunity to get away from hectic work schedules, to take stock, to develop new relationships with other like-minded palliative care practitioners and to provide and receive support.

I hope this edition will give those of our palliative care colleagues who are not medical practitioners or members of our Society an insight into our mission and function. Our website is open to the public. www.anzspm.org.au. I have published some of our Ethical Guidelines, provided information about a new Australian information database for palliative care and one of the recent submissions to our Bulletin Board from a member wishing to pressure politicians about the cost of some medications in the community. Much has already been achieved in this regard and those of you who have used or accessed the new Palliative Care section of the PBS must remember that this is the beginning of a long and difficult process. The current gains are large in terms of process and precedent.

In the next edition I anticipate having a more full report about the process of Palliative Care drugs and the PBS, a report about advances towards a multi-College badged Diploma of Palliative Medicine, with some outline of the possible requirements – training position time, examination requirements and arrangements for those of you who may already feel they might qualify. I hope that this Diploma will be something that might attract our colleagues working in Oncology, Radiation Oncology, Pain Medicine, General Practice and even Gerontology to consider as a worthwhile endeavour.

With best wishes
Greg Crawford
Adelaide, August 2004.

PRESIDENT'S SOAPBOX

This will be my last Soapbox as president of ANZSPM as I shall be stepping down from the presidency and the council in September. Not that my association with ANZSPM will cease, as I am honoured to have been elected to follow in Will Cairns' footsteps as chairman of the Australasian Chapter of Palliative Medicine of the RACP.

ANZSPM is in a strong position to continue to support all doctors in Australia and New Zealand who have an interest in Palliative Medicine – be it in a general practice or specialist role. ANZSPM is recognised as the special society for Palliative Medicine to the RACP and now has full representation on the Council of Palliative Care Australia. After several years of discussions, it is now exciting to see the preliminary steps being taken towards the establishment of a clinical Diploma of Palliative Medicine – much like the long-established joint collegiate diplomas in obstetrics and anaesthetics. We hope to have a further report for the next newsletter.

We presently have approximately 270 members. Approximately because there are always members whose contact details are out of date, or who do not renew their subscriptions. We are auditing our records and mounting a campaign to ensure that our membership list is up to date and accurate, so please let us know if you believe that our records may be out of date.

In this Newsletter there is an explanation of subscription dates. We apologise for the recent frequency of subscription requests due to the significant lateness in sending out the 2002/2003 subscription notices during the administrative transition.

The benefit of a formal secretariat is already very obvious to Council, and we hope that you the membership will also see the improvements to the running of the society that this is bringing. Kathie Thomas is sorting out our affairs and improving our support to members. Please do not hesitate to contact her if you have any concerns. Those of you who have accessed the website will see the new format. Our database and subscriptions system have been redeveloped and we are currently updating our records.

Now that the infrastructural issues have been addressed, we hope that the society will be able to turn its attention towards its core business of supporting and developing palliative medicine in the two countries. We hope that key areas such as therapeutics and professional ethics might once again be the focus of policy and development work by the society. There is

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now a golden opportunity to make a decisive contribution to RACP and PCA affairs. Another of the pressing challenges is to build and plan an adequate medical workforce for the future. To lobby for adequate resources to enhance the opportunities for training of future Palliative Medicine Specialists and to ensure that the role and training for generalist Palliative Medicine practitioners is not forgotten must be another of the goals of the incoming Council.

This edition of the Newsletter is timed to be available to all registrants of the combined ANZSPM/Hospice NZ Conference in Auckland. The plans for the Auckland meeting have resulted in an excellent program for what promises to be an informative and nourishing gathering. I wish to thank the organising committee and particularly the outgoing President of the NZ Branch of ANZSPM, Brian Ensor, for their endeavours.

I am conscious that palliative medicine has to find its place and make its contribution in a busy, complex and often disconnected world. It is hard sometimes when you sit in policy meetings, or deal with management issues, to see the connection with the everyday lived experience of working in this field. This morning I read of what is now known as the 'slow' movement. People now write books and hold meetings not just about slow food preparation, but slowing everything down. Maybe we need to start a 'slow medicine' movement. Our intern has just told us at our weekly team reflection how he spent his last night in our emergency department trying unsuccessfully to resuscitate a young student who had collapsed in our local shopping strip. He finished there after 1am, went home alone, and came straight to start at McCulloch House the next morning. He had also attended the deaths of two babies in the last two weeks prior to that. As it says in the Anglican prayer book, "in the midst of life we are in death".

We all need space, peace and food for the journey, and that is what a society should provide. We are ultimately challenged to work in the world as we find it, not as we wish it to be, but everyday we hope that we all make our small contributions to the journeys of those who come to us for help towards the end of life, and those who work with us. Without wishing to sound arrogant, we cannot afford to get irretrievably caught up in the noise of the world. So yes to evidence, accreditation, quality, policy and management, but these are the means of the journey, not ends in themselves. In the final analysis, like the common law, it is the particular case that matters!

I wish the Society and the incoming Council all the best for the future. I hope to see many of you in Auckland. Thank you for the chance to serve as your president.

With best wishes,
Michael Ashby
Melbourne, August 2004.

PATIENT LETTERS TO AUSTRALIAN POLITICIANS RE COST OF MEDICATIONS

In the next Newsletter there will be a report on the extensive endeavours of the Joint ANZSPM/COSA/PCA Therapeutics Committee and the Palliative Care Medications Working Party and the extensive work so far to develop the Palliative Care section of the PBS Yellow Book.

There is still a need for this issue to remain in the attention of our politicians. If your patients wish to bring to the attention of federal and state politicians the significant difficulty they experience paying for medication there are proforma letters on the ANZSPM Announcements.

There is contact information for:

Senator the Hon Tony Abbott, MP
Federal Minister for Health & Ageing

The Hon Morris Iemma MP
NSW Minister for Health

The Hon Bronwyn Pike MLA
Victoria Deputy Premier and Minister for Health

The Hon Wendy Edmond MLA
Queensland Minister for Health

The Hon Lea Stevens MP
SA Minister for Health

The Hon Jim McGinty MLA
WA Minister for Health

The Hon David Llewellyn MHA
Tasmania Minister for Health & Human Services

The Hon Jane Aagaard MLA
NT Minister for Health and Community Services

Mr Brendan Smyth MLA
ACT Minister for Health and Community Care

Dear Minister
I am writing to express my concern at the cost of frequently used medications in Palliative Care. Today, I have had to purchase medications for my care while facing a terminal illness. These are commonly used medications that are not available as subsidised by the Pharmaceutical Benefits Scheme.

It seems very unfair that these everyday medications cannot be subsidised for the care of the terminally ill.

I look forward to you addressing this very major concern.

With kind regards
Yours sincerely,

Log on to the ANZSPM website at www.anzspm.org.au and click the Announcements link to download the proforma letter and the contact information for your local and the federal Minister of Health.

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WHAT IS ANZSPM?

Founded in 1993, the Australian and New Zealand Society of Palliative Medicine is a society whose members come from many different medical backgrounds but who are united by their intense interest in the medical challenges of caring for patients and their carers referred for Palliative Care.

Our society embraces the definition of Palliative Medicine adopted in Great Britain in 1987. This is quoted in the opening pages in Doyle's Oxford Textbook of Palliative Medicine - "Palliative Medicine is the study and management of patients with active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life".

The society's aims are to provide professional support and fellowship for medical practitioners working in Palliative Care. We acknowledge our multidisciplinary team colleagues who come from the nursing and allied health professions, as well as our volunteer colleagues. The Society meets biennially for a scientific conference and has a quarterly newsletter.

We hope this society and its website is a useful centre for information exchange among members as well as being an information resource.

Our Objectives are:

- To provide a forum for Medical Practitioners engaged in the practice of Palliative Medicine or related disciplines to facilitate their professional development and mutual support.
- To advance the discipline of Palliative Medicine.
- To provide a voice on policies relating to Palliative Medicine
- To promote undergraduate and postgraduate education and training in Palliative Medicine
- To promote research in and evaluation of medical and related issues in Palliative Care
- To liaise with other relevant bodies

Australian and New Zealand Society of Palliative Medicine (ANZSPM)

Secretary
Send any queries about our Society to:

Dr David Brumley (secretary@anzspm.org.au)

Web Site Editor
Send any queries or suggestions about content in this Newsletter or Web site to

Dr Greg Crawford (editor@anzspm.org.au)

Editorial Policy
Major articles prepared by ANZSPM members have been edited and refereed and are marked as such. Other material on this site may not have been evaluated by the ANZSPM council and does not necessarily represent the views of the ANZSPM. Material may be used from this site on the understanding that the ANZSPM is not liable for any damages or claims by third parties arising from this material.

Webmaster
Send any technical problems with this Web site to: Kathie Thomas, webmaster@anzspm.org.au

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COSA 31ST ANNUAL SCIENTIFIC MEETING

The Clinical Oncological Society of Australia invites you to attend the 31st Annual Scientific Meeting to be held at the National Convention Centre, Canberra from 24 to 26 November 2004.

This year the theme of the conference is Cancer Care: An Integrated Approach. The conference offers a wide range of multi-disciplinary plenary sessions and symposia as well as group specific sessions for proffered papers, workshops and breakfast meetings. The conference is held jointly with the Australasian Association of Cancer Registries, Surgical Oncology Group of the RACS, ANZ Gynaecological Group, the Australian Lung Foundation Lung Cancer Consultative Group and the Australian Lung Trials Group. Sessions will be conducted by all special interest groups, including Palliative Care. This year the Neuro-oncology interest group has formed and will be presenting for the first time. There will be skin cancer workshop for general practitioners and several interactive communication skills workshops available.

COSA is strongly represented by all disciplines and this is reflected in the multi-disciplinary theme of the conference. As well as a strong medical stream, psychosocial support and consumer groups are well supported, making the conference valuable for all team members.

Invited overseas speakers for the conference include Professor Nicholas Christakis, Professor Martin Gore, Dr Pierre Hainaut, Dr Peter Harper, Dr Howard Ozer, Dr Sheila Rankin, Professor James Zabora and Dr Meirion Thomas. A wide range of invited Australian speakers, both local and from interstate, will present with palliative care and psychosocial areas well represented.

An excellent social program, including Canberra regional wine tastings and the Conference Dinner in the Great Hall of New Parliament House, will be offered to support the conference. The conference finishes on the Friday allowing time to enjoy further the sights and attractions Canberra has to offer. Spring sees Canberra at its best and is well worth the time to see while you are here.

Further information on the conference and registration details are available on the website www.cosa.org.au

The organisers of the conference hope to see you in Canberra in November for what should be an excellent and stimulating conference.

AUSTRALIAN SUBSCRIPTIONS

Due to late request for the 2002/2003 subscriptions (i.e. at the end of that financial year) we have delayed and staggered requests for subscriptions for the two following financial years.

We hope this will not cause members too much confusion or problems.

You will have received notice of the past year (2003/2004) subscriptions in May/June 2004 and the request for the current year (2004/2005) will be sent in October 2004.

After that we should be back on track to send requests for subscriptions just prior to the approaching financial year to allow members to choose in which financial year they wish to claim the subscription.

We apologise if this has caused any of you financial uncertainty or confusion. Expect your 2005/2006 subscription request in May 2005.

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CARESEARCH
www.caresearch.com.au

CareSearch (www.caresearch.com.au) is an evidence-based resource for those involved in providing palliative care. It has tried to capture Australia's missing palliative care literature and make it available to practitioners, educators and researchers.

This missing literature is housed in four databases:

1. Conference abstracts: Organisers for major palliative and associated conferences held since 1980 have been approached for conference proceedings and for permission to post abstracts on the website. The proceedings were reviewed and relevant abstracts identified. These were then included on the website. As time and resources allow conference abstracts are being evaluated against design and research criteria.
2. Journal articles: This involved the comparison of the indexes of articles for 12 palliative care journals against the electronic bibliographic indexes of Ovid Medline, CINAHL, Embase and PsycINFO. Articles that were not found on these four bibliographic indexes have citation details included on the CareSearch website. Where permissions were granted, the abstract was also included.
3. Theses and treatises: Australian universities were asked to identify theses and treatises completed within their institution dealing with palliative care. Details of these academic investigations have been included.
4. Grey Literature: State and National departments responsible for palliative care and major palliative organisations were asked to provide reports and documents pertaining to palliative care. Details of these reports were included on the website.

To complement the literature resource held on CareSearch, we have also developed a series of search approaches to help busy clinicians and researchers find relevant articles and evidence in the traditional bibliographic networks. Visitors to the site can develop searches for use in the Ovid Medline environment or they can select a palliative topic and level of evidence and link directly to the PubMed database to run a search and view the results immediately. They also have the opportunity to access publicly available databases and free on-line journals relevant to palliative care through this site.

The website also houses an exciting research tool to support multi-site collaborative research. Researchers can design and trial surveys online and input data from multiple sites while maintaining control from a single coordinating site. There is also the capacity to run e-mail based or website based surveys.

Over the next 12 months we will be developing evidence summaries on palliative topics to help inform those involved in the delivery of palliative care.

We would welcome feedback from everyone involved in the care of palliative patients and their families on the usefulness of this site and directions for further resources.

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ANZSPM CONFERENCE DINNER TOUR AT SOLJAN'S WINERY

Soljan's Vineyard is in Kumeu, West Auckland, a third generation winemaker, with recently built function and café facilities, great food and great wine. Their most recent wine triumph is a Gold Medal and Trophy for the best wine in its class for their "Fusion" Sparkling Muscat at the prestigious Winewise Small Vignerons Awards in Australia.

After a hectic time getting to the conference, and then the stress of two AGMs in a row, the idea of retreating out to the countryside for a relaxed poke around a vineyard, perhaps a talk from the Winemaker, and a three-course meal with wine and friends, sounded good.

This will be an informal getting together of the ANZSPM members with our invited speakers, before the much bigger combined conference. It has been kindly sponsored by Janssen-Cilag, which has resulted in a much reduced cost to delegates.

What more would you want for a very good evening? Come along!

Brian Ensor
Programme Organiser

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ANZSPM ETHICAL GUIDELINES

ANZSPM has developed a series of ethical guidelines to assist members consider some of the issues in potentially difficult or complex situations.

The current guidelines are:

1. Guide to ethical principles of informed consent
2. Guide to ethical principles of hydration and nutrition
3. Guide to ethical principles on limitations of treatments
4. Guide to ethical principles on voluntary euthanasia
5. Guide to ethical principles of cardiopulmonary resuscitation
6. Guide to ethical principles of tobacco
7. Guide to clinical decision making and the Palliative Care interdisciplinary team
8. Resource allocation and the terminally ill
9. Palliative Medicine research

Here are several of these guidelines for your perusal. The full series can be accessed on the ANZSPM website at www.anzspm.org.au

No 2 Guide to Ethical Principles of Hydration and Nutrition

1. Preamble

1.1 Food and drink are basic human needs and symbolic of much of the care delivered in palliative medicine. Intake is governed by appetites which change naturally during illness, as do the choices of the patient.

1.2 Artificial hydration and nutrition are medical treatments able to be administered when food and drink cannot be taken naturally.

2. General

2.1 Each circumstance warrants evaluation on its own merits, always after discussion with the patient, family, carers and staff.

2.2 Respect for patient choice and autonomy is paramount with competent patients. Advice from a guardian may be needed for an incompetent patient.

2.3 Each case should be assessed on the proportionality of benefits to risks or burdens. In some clinical settings, continuation of artificial hydration or nutrition may be overly burdensome, including nasogastric, percutaneous, subcutaneous and intravenous routes of administration.

2.4. Rehydration of a dehydrated patient may be therapeutic in some patients by containing delirium, thus enhancing comfort.

No 6 Guide to Ethical Principles of Tobacco

1. Preamble

1.1 In producing, distributing and marketing cigarettes, the tobacco industry engages in an activity that does immense and irremediable harm. The membership of ANZSPM has a comprehensive understanding of the devastating consequences of addiction to tobacco.

1.2 A number of palliative care patients remain addicted to nicotine during the final stages of their lives. Enforced withdrawal or abstinence serves no useful purpose. However continued use can only occur in a manner that is truly safe for others.

2. General

2.1 Given that smoking cigarettes is a form of drug dependence and has a risk of death of approximately 50%, smokers need to be fully informed of the risks of smoking.

2.2 While doctors have a responsibility to actively counsel patients about the dangers of smoking, this can be inappropriate in a palliative care setting. Where a palliative care patient suffers from nicotine dependence, our clinical stance should convey an attitude that is non-judgemental and compassionate.

2.3 Individual members of ANZSPM should approach other specialist societies and health care groups to encourage them to adopt a consistent policy on the tobacco industry. The price of cigarettes should not be determined solely as a punitive measure to discourage smoking but should take into account other factors, such as the need to recoup health care costs and the desirability of making a black market unprofitable.

No 7 Guide to Clinical Decision Making and the Palliative Care Interdisciplinary Team

1. Preamble

1.1 In an effort to meet the multi-dimensional needs of patients and their families, health care is increasingly delivered by multidisciplinary teams.

1.2 For any group of health care professionals working together, two types of team co-exist: the team in a managerial sense and the team in a patient-centred sense. Decision-making within the team differs according to function, the patient-centred model being more collaborative.

1.3 In palliative care, it is not uncommon for doctors, nurses and allied health team members to disagree about the goals of treatment and general plan of patient care. These become the subject of negotiation in each case.

2. Guidelines

2.1 To achieve an effective multidisciplinary team, a commitment to an inter-disciplinary approach to palliative care and decision making in particular is essential.

2.2 One of the roles of the leader of the managerial team is to build, maintain and develop the patient care team. The team leader in this function is usually a senior doctor or nurse, and usually does not change. Leadership of the patient-centred care team may vary, however, depending on the clinical circumstances; a different person may be the key clinical decision-maker for the team in such circumstances.

2.3 Each member of the team is essential to the team's operation, bringing particular skills to the service of patients and their families. The team should recognise and use the skills of every member, freely discussing both the potential contribution and the limits of each member's role.

2.4 As much as possible, decision-making should occur collaboratively with collective responsibility being accepted for the decisions made. However, key responsibility for medical decisions remains with the senior doctor.

2.5 Team members need to maintain their own moral responsibility with regard to their patients, but the team must have a mechanism for discussing and resolving ethical dilemmas within the team.

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Membership Application / Update Form

This form should be completed by all members and prospective members.
Our aim is to update membership database.
Please answer ALL sections.

Family Name: Given Name:

Residential Address:

State: Postcode:

Phone: Fax: Email:

Work Address:

State: Postcode:

Phone: Fax: Email:

Address for Correspondence: Work or Home?

Circle one

Or:

Qualifications :

Professional Appointments:

Time in Pallative Medicine Full Time (yrs) Part Time (yrs)

Specific Interests in Pallative Medicine:

Do you agree to have your Name and Work Contact Details on the Website (Secure Members Area)? Yes / No

Do you agree to have your Work Email Address on the Website (Secure Members Area)? Yes / No

Signature: Date:

Sponsored by: Signature: Date:

(Sponsors are required for all new members and the sponsor must be a current member of the society)

AUSTRALIANS: Please forward Form & Subscription of $132.00, which is inclusive of GST, to:
The ANZSPM Secretariat, Kathie M. Thomas, PO Box 2918, Cheltenham, Victoria, AUSTRALIA, 3192.

NEW ZEALANDERS : Form & Subscription of $120.00 to:
NZ Secretary Dr. W. Jones, North Haven Hospice, PO Box 7050, Tikipunga, Whangarei, NEW ZEALAND.