ANZSPM Newsletter

Volume 2 Issue 1 April 2009

Editor's Note

To start with, a word of caution to anyone contemplating involvement with ANZSPM as representative, council or committee member. Once involved, one tends to stay involved. For example, recently retired and longstanding council member, Greg Crawford now finds himself convenor of the next ANZSPM conference in Adelaide. Janet Hard(l)y gone is about to be roped in for new exploits before the ink on our thank you letter for her exceptional editorial expertise of recent years has dried. Pat Treston seems to have evaded notice so far (which may have been one of the skills that contributed to our financial solvency over the years of her treasurer's role). And yours truly is now editor of this newsletter.

We have permission to reprint a beautiful commentary by Dr Frank Brennan on a poem by Bruce Dawes entitled 'White water rafting and palliative care'. We also have updates on the ANZSPM conference in Adelaide in 2010 and the NZ Branch's annual meeting in November 2009.

Reducing isolation is an important strategy to prevent burnout. Our Society is an important means of fostering support for each other and our newsletter is an important means of achieving this. Please contribute personal reflections about the nature of working in palliative medicine, self care, quality improvement initiatives that worked (and not so successful attempts at practice improvement) and new educational initiatives. And don't forget to send in a good joke or two if you come across one, we could all do with a belly laugh every now and again.

Odette Spruyt, Editor

President's Report

I would like to start this column by saying thank you to Janet Hardy for all her hard work as newsletter editor. Janet continued the work of previous editors, producing a newsletter with articles of interest to members. Janet has handed the baton over to Odette Spruyt, and I thank her for volunteering to take on this task. Odette has a

great gift for writing, so I am sure the editorial column will be thought provoking. Secondly I want to thank Karen Cooper, our Executive Director, for all the work she has been doing, with the Council, Working Groups, documents for comment and a myriad of other tasks, that most members are unaware are happening.

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As many members are aware ANZSPM is convening 10 national forums around Australia and New Zealand. The New Zealand forums were very well attended, and the west part of Australia will have hosted their forums by the time this newsletter is published. Thanks to all the attendees and we value all feedback.

The World Congress of Internal Medicine is being held in Melbourne in 2010 (20 – 25th March). ANZSPM in conjunction with the Chapter of Palliative Medicine is convening three sessions on: Prescribing for Non-Malignant Pain, Updates in Palliative Care and End of Life Issues. Please put this in your diaries as it is an opportunity to interact and learn with colleagues outside Palliative Medicine.

It was very pleasing to see how much the National Hospital and Health Reform Commission (NHHRC) had taken notice of the ANZSPM submission in its draft chapter on "Caring for people at the end of life". ANZSPM has responded to this interim report and recommendations made by the commission. One of the important requests by the Commission was on the area of unmet need, in regards to palliative care services. As part of our submission, ANZSPM sought to try and define,

on a population basis, how many Palliative Medicine Specialists are needed to provide a reasonable service. The figure we came up with was 1 FTE per 100,000 population. The ANZSPM submission is available on our website http://www.anzspm.org.au/documents/ANZSPM_Response_to_NHHRC_interim_report.pdf. I welcome any feedback and invite anyone interested to join a working party on workforce (that will also look at MBS item numbers and how they can be improved for Palliative Medicine Specialists). I am hopeful that ANZSPM will be able to produce a workforce document that can be used by members advocating, in their own areas for a reasonable workforce provision.

Our annual general meeting will be held in Perth at the PCA conference (24-27th September). A working party is revising our constitution to make it much more workable, as well as bring it into line with the relevant legislation in NSW and model rules developed by the NSW Department of Fair Trading. I would like to thank this group for the work they have done. A revised Constitution will greatly improve the working of the Society in the future.

Another upcoming conference to highlight is the ANZSPM (NZ Branch) Annual Conference in Auckland, 4th-6th November, 2009. This is being held in collaboration with the NZ branches of IMSANZ and ANZSGM, and promises to be another opportunity to learn and interact with colleagues. Also please note the dates for the next ANZSPM conference being held at the Hyatt Regency in Adelaide, September 14-17th, 2010.

Finally thank you to all the people who act as a representative of ANZSPM on various state and national committees, and for the regular reports sent back after each meeting. They certainly provide a valuable service, and the regular feedback ensures that Council is aware of all relevant issues.

On April 17, ANZSPM will be holding its face to face meeting in Melbourne. The day will be a planning session for the next 12-18 months. If you have ideas or suggestions of work that you would like ANZSPM to be involved in please contact Karen.

Phillip Good, Newcastle

New Zealand Branch Report

Happy New Year members. I hope that 2009 will be a year of progress in Palliative Care development.

We now have 64 members in NZ and despite the increase in fees, this is our highest number of members ever. Thank you all for supporting this increase. It has allowed us to develop as a Society and have the leadership of a part-time executive officer. Thank you to Andrew Wilson, our treasurer, for managing the enrolments and providing the details to keep our database up to date.

The Palliative Care Council (PCC) of New Zealand is now up and running and there is a report in this newsletter on their activities from Carol McAllum, the ANZSPM representative on this Council. Carol is now co-opted onto the ANZSPM NZ executive to keep us updated with the developments of the Council activities.

The three New Zealand forums organised by ANZSPM took place in March, in Christchurch, Palmerston Nth and Auckland with numbers between 35 and 55 at the different centres. I would like to thank Peter Ravenscroft who was the main speaker, presenting on Psycho-spiritual aspects of Palliative Care. Although the New Zealanders were as it turned out, the guinea-pigs for the first meetings, they appeared to be very successful from the feedback. We have a report in the newsletter from one of our NZ members who attended a forum in Palmerston North. I would like to thank Karen Cooper for all her hard work in supporting the convenors in the three centres. Her excellent organisation off-site is certainly a major factor in their success.

There has not been the usual combined ANZSPM NZ / HPCNZ (Hospital Palliative Care NZ) meeting this year as in previous years. This is because ANZSPM NZ is combining with the RACP NZ branch conference in Auckland in November this year. The NZ internal medicine and geriatric societies are also part of this conference and the programme is shaping up to be very exciting with lots of interest for palliative care. Thank you to Cathy Miller for her work as convener, representing ANZSPM, on the conference committee. We will be having our Annual Meeting of the NZ ANZSPM branch at this conference and there will be the opportunity to network with colleagues at an ANZSPM dinner on the Wednesday night. Please put this in your diaries now and I hope that some of our Australian colleagues will also be able to attend.

Lastly, the NZ Executive now has a monthly teleconference to discuss issues pertaining to NZ members. If members have any issues they would like raised at these

teleconferences, please contact myself or one of the other executive members, as listed on the website www.anzspm.org.au. We are also always looking for new blood and attracting other members to the Executive. Please give this some serious consideration before our annual meeting in November this year.

Best Wishes

Joy Percy, ANZSPM NZ Branch Chair

The New Zealand Palliative Care Council – What's that to you?

In December 2008 the inaugural meeting of The Palliative Care Council (PCC) took place. On this Council there are eight members. Six are elected. ANZSPM(NZ) has one of those positions, and that is why I've been asked to write to you. It's one of those bonuses in being an elected representative – you know, writing 'a few words' for the newsletter.

I have been outside, but aware of the hours, months and years that my colleagues, across the palliative care sectors and disciplines, have spent in the quest of New Zealand Palliative Care finding its voice, speaking as one. We inch closer.

Prior to the 2001 New Zealand Palliative Care Strategy, the embryonic signs were there. How do we get palliative care to reach where it needs to be, when it needs to be there, and with integrity at its core? The Palliative Care Advisory Committee was a vital body, and tortuously the PCC has emerged.

The PCC reports to the Minister of Health, and is responsible for monitoring and evaluating the NZ Palliative Care Strategy. I enjoy the prospect of it fostering "collaboration and co-operation between bodies involved in palliative care". It will do so with due reference to 'best practice', international experience, all the yardsticks that matter.

Given all the circumstances, the PCC accepts that it currently sits within the Cancer Control Council. Better an opportunity to report to and inform the Minister of Health, than not at all! Even our patients are starting to know that palliative care goes beyond cancer. So the PCC lives with that at present, and reiterates it as often as is needed (each meeting so far!).

The eight members on the PCC, comprise six elected members (one each from Hospital Palliative Care New Zealand, Royal New Zealand College of General Practitioners in conjunction with the New Zealand Rural General Practitioners' Network, Generalist Nursing - Residential Care Sector, Palliative Care Nurses New Zealand, Hospice New Zealand and ANZSPM); a Maori member representing Maori, and a Consumer Representative. The council is supported by a Senior Analyst and Manager from the Cancer Control Council.

My co-members are Karyn Bycroft, Bob Fox, Kate Gibb, Kate Grundy (Chair), Mary Schumacher, David Wilson and Ranei Wineera. We are supported by Wayne Naylor and Craig Tamblyn, Analyst and Manager respectively.

This is about relationship – colleague to colleague, government to palliative care sector, you and your patient. Members of the PCC can only work with the colleagues we represent and work with on the clinical front every day. They include members of The Palliative Care Working Party which has done so much work underpinning the Service Specifications for Specialist Palliative Care, NZ definitions of Palliative Care, competencies for Palliative Care Nurses to name a few.

The PCC is in its infancy. We have had two meetings to date. We meet with the Minister of Health Tony Ryall on 25th March 2009.

Combined with the PCWP and all our palliative care colleagues at the clinical front (that's you!), we will only strengthen palliative care in New Zealand!

I look forward to hearing from you at any time, with any queries, challenges or suggestions. Contact me on carol.mcallum@hawkesbaydhb.govt.nz and I will reply. Thank you for your support.

Carol McAllum

ANZSPM PCC representative

Auckland Palliative Care Trainee Day 2009

The NZ branch of ANZSPM is organizing a trainee day in November 2009 in conjunction with the Royal Australian College of Physicians, the Internal Medicine Society of Australia and New Zealand and the Australian and New Zealand Society for Geriatric Medicine. This day will be open to trainees from each

of the individual societies. It will be held on Tuesday 3rd November 2009 at the Clinical Education Centre, Auckland Hospital. This will be followed by a 3 day combined conference based at the Hyatt in Auckland.

The trainee day will be a combined session for both basic and advanced trainees. The focus will be on a number of areas including an overview of the new PREP basic training curriculum, advanced training, projects, interview skills, and a palliative care update. The exact content is yet to be finalised. Registrations for the conference open in June. More specific details will be provided closer to the time.

Michelle Wilson, NZ ANZSPM Trainee Rep

Profile of an ANZSPM Member: Dr Bruce Foggo

Bruce has been recently awarded a Dennis Pickup Award, having been nominated by medical programme leaders. The Dennis Pickup Clinical Teacher Awards are for clinical teachers who are judged by staff and students to have made an outstanding contribution to medicine, nursing or pharmacy by virtue of their qualities as role models and their contribution to the relationship between the health professions and the Faculty of Medical and Health Sciences.

Bruce is a Consultant at Mercy Hospice Auckland. He has been the palliative care undergraduate teaching co-coordinator at the University of Auckland since May 2001. His role was formalised in March 2006 with appointment as a Honorary Senior Lecturer in Medicine in the Faculty of Medical and Health Sciences, University of Auckland. Bruce has had a significant role in coordination of key aspects of the curriculum. He has made outstanding contributions to student teaching over that time and been instrumental in the shaping of the curriculum around palliative care and ethics. Bruce's commitment to teaching has not been limited to medical students. He has established many multidisciplinary teaching opportunities and palliative care for pharmacy and nursing students. He is well-liked by everyone and at all times brings an academic and philosophical perspective to discussions.

Bruce has been on many national committees and is currently a member of the Pharmacology and Therapeutics Advisory Committee Analgesic Subcommittee. He has been a member of ANZSPM since 1997. His colleagues say that he is a 'stalwart colleague who nurtures a collegial and commonsense approach to our complex lives'.

The "ways of water" piece has now been published in Journal of Palliative Care 2008; 24: 119-121. We include an abridged version in this newsletter and thank Frank for offering this to us. We hope that it will be the first of many articles in our newsletter that renew our appreciation of the link between our field of medical practice and the world of the performing, literary, music and visual arts.

'The Ways of Water'

"Those who knew the ways of water" – Bruce Dawe and the nature of Palliative Care.

Bruce Dawe is a major Australian poet. He speaks for the common man. To his countrymen and women he is a citizen-poet of the vernacular republic. In 1984 the National Book Council of Australia nominated Dawe's anthology *Sometimes Gladness : Collected Poems* [1] as one of the ten finest national publications of the preceding decade. In 2007 Dawe published *White-Water Rafting and Palliative Care* [2].

White -Water Rafting and Palliative Care
for my late wife, Gloria

If I had understood (when down the river
you and I went swirling in that boat)
that there were those who knew the ways of water
and how to use the oars to keep afloat
– I might have been less deafened by the worry,
less stunned by thoughts of what lay up ahead
(the rocks, the darkness threatening to capsize daily),
if I had only realised instead
that help was all around me for the asking
– I never asked, and therefore never knew
that such additional comfort could have helped me
in turn to be more help in comforting you.

I'd have found it easier then to simply hold you
instead of bobbing to and fro so much,
for it was you who seemed to be more tranquil
and I whom death was reaching out to touch.

If only I had had sufficient knowledge
in that white-water rafting I'd have learned

that there were those around us (with life jackets)
to whom I might have, in that turmoil, turned.

Instead, because I had not thought of rivers,
or rocks, or rapids, and gave way to fears
that seeking help might make a man less manly
and liable to betray himself with tears,
I was less useful then, as twilight deepened,
than I might well have been, had I but known:
however wild the waves that roll around us
– no one needs to live (or die) alone ...

This is an intensely personal poem, drawn from loss and grief. It also reflects upon an entire area of medical specialty. It is the tension and overlap between these two – grief and practice - that marks out this poem. Usually poems by non-medical professionals about their experience of illness, treatment and hospitalization are of the experience itself. This poem is different in two respects. The first is that Dawe reflects on what might have been. The 'might have been' flows like a river, like the experience itself in a torrent and then in eddies, through the verses. The second point of difference is that it is not a poem of alienation, depicting a medical system that has led the patient, dehumanized, into a chasm between their uniqueness as a person and a formulaic or insensitive approach to their care. Quite the contrary – the poet appreciates that appropriate Palliative Care could have liberated he and his wife to live more fully and to have been less burdened by the ravages of their experience.

Characteristically for Dawe, he expresses the central theme of the poem succinctly – *had I but known*. Dawe returns to this several times – the want of knowledge, the absence of understanding of what constitutes Palliative Care and what it offers lingers regretfully throughout the poem. *I never asked, and therefore never knew.* But the dearth of knowledge extends well beyond the practicalities – the entire process of illness, treatment, deterioration and finally dying is profound, overwhelming and ultimately capsizing. As Dawe states : *I had not thought of rivers, or rocks, or rapids*. Caught unprepared, he and his wife are quickly adrift in a maelstrom beyond their control. This is a common sentiment of patients and their families when confronted with serious illness. All calm of the present is broken, all certainty of the future is threatened, all control of events overborne.

Dawe uses the image of the cascading river effectively to describe the suddenness of being plunged into illness. And once in this maelstrom how extremely difficult, if not impossible, for a patient and their relatives to see

beyond the myriad crises to a point of calm, resolution or, indeed, comfort.

And it is to comfort that Dawe then shifts the poem's focus. At a critical point in the poem he thinks of what comfort could have brought to both of them:

that such additional comfort could have helped me
in turn to be of more help in helping you

and again :

I'd have found it easier then to simply hold you
instead of bobbing to and fro so much

Until this point in the poem the reader shares the almost vertiginous experience of the illness and the effect on both the poet and his wife : *bobbing to and fro so much... wild the waves that roll around us... down the river swirling... in that turmoil...the rocks, the darkness, threatening to capsize daily... deafened by the worry.* Dawe then implicitly juxtaposes the benefits of professional help in the form of Palliative Care with each sense of the turbulent, boiling river. To turmoil he looks for comfort, to fears he yearns for calm, to threat he seeks sanctuary. Dawe is quite clear in describing the profound dividend that a palliative approach could have given them: an opportunity to comfort each other, a sense of control regained, however partially, and more time to simply hold you.

In the turmoil Dawe implicitly raises two questions – who could possibly help them, and how could they be helped ? These are significant questions. Are patients with a serious illness, that is incurable and progressive, alone ? It is to that question that the modern hospice movement and the specialty of Palliative Medicine arose. It arose to answer this question with a resounding no. That resonance imbues this poem from first to last line. The most modern definition of Palliative Care by

the World Health Organization (2002) states:

> Palliative Care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

The definition contains all that Dawe sought. He wanted support that was broader than simply care for Gloria alone: he and his wife were in the boat and upon the rapids together. Equally he sought all manner of care : physical, certainly, but implicit in the skills of oarsmen who understood the ways of white- water rafting is Dawe's recognition that the care he could have received would have involved all dimensions of the river in turbulence – emotional, psychological and spiritual.

A boat with oars alone would have been useless without *those who knew the ways of water*. It is true that with time, education, experience, research and reflection there are a growing number of health professionals who have this knowledge. Palliative Care services continue to expand around the world. Belatedly Dawe realises that *help was all around me for the asking*.
Nevertheless, the difficulty, felt acutely, is the care of patients with incurable, progressive illness where there are few health professionals who know *the ways of water*. One of the multiple challenges of the modern specialty of Palliative Care is the incorporation of the principles of the specialty into the undergraduate education of all health professionals. Without this the level of care will always depend, for any individual patient, on chance and circumstance, geography and the experience of the health professional who is caring for them.

The poem is a sustained piece of personal reflection. At certain points Dawe focuses less on the qualities of professional care he imagines and more on his own personal response to his unfolding loss:

for it was you who seemed to be more tranquil
and I whom death was reaching out to touch.

In two simple lines Dawe gives an intimate and poignant insight into the deepest question the illness is throwing up – mortality. Paradoxically the person ill and dying is more tranquil than the person who will survive. How can this be? A mystery lies here and it is a mystery that we observe amongst many of our patients at varying points in their illness. Inevitably members of the one family will be at different stages of preparation for the loss and death of their loved one. The professional challenge lies in meeting every person at their point. Indeed, Dawe goes further here and articulates a sense that is occasionally expressed, especially by close spouses – that the death of her will be the death of me, that the reach of death is to us both.

Another two lines in the poem captures an issue for men. Certainly for Australian men of Dawe's generation :

that seeking help might make a man less manly
and liable to betray himself with tears

Note the tears would betray himself, not his wife or their relationship. Note also that the act that may lead to tears is one of seeking help. That such an act and its potential effect is so profoundly disconcerting to Dawe that it may have prevented him from requesting help, is a reminder to all health professionals, whether or not working within palliative care, of the immense need for vigilance. It may be for many of our patients and their families the simple issue of need is complicated by multiple cultural or gender issues. That simply being ready with a boat and oars is only a beginning and not an end to our connection.

Perhaps it is in the final lines of the poem that Dawe crystallizes best the personal and the professional – grief and practice coalesce around the dying process. *Had I but known*, he states, that such help was available two things may have flowed from such knowledge – practical benefit and solace. Without this guidance *as twilight deepened…I was less useful then…than I might well have been*. For Dawe, the presence of Palliative Care may have allowed him to be more useful and perhaps, ultimately, that the experience of death need not have been an isolated one.

In *White-Water Rafting and Palliative Care* Bruce Dawe has written a rich poem, insightful, raw and honest. To the lay reader it graphically describes the nature of illness, the approach of death and the role of palliative care. To health professionals generally, it provides a

crystalline insight into what patients with life-limiting illnesses and their families may endure. To those working within Palliative Care it will remind them of the critical importance of their work through the eyes of a lay-person. The presence and expertise of *those who know the ways of water* may be crucial to the manner patients and their relatives experience serious illness, death and bereavement.

(Endnotes)

1 Dawe B. *Sometimes Gladness : Collected Poems 1954-1987*. Longman.1997.5th ed.

2 First published in *The Australian Literary Review*, February 2007. Reproduced in The Best Australian Poems of 2007, edited by Peter Rose. Black Inc, 2007.

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Report on the PCC4U Project

The PCC4U project is an initiative of the Australian Government Department of Health and Ageing through the National Palliative Care Program that aims to promote the inclusion of palliative care education as an integral part of all medical, nursing and allied health undergraduate training.

The following four core graduate capabilities have been identified as being essential for health professionals to provide a palliative approach to care for persons with a life-limiting illness:

1. Effective communication in the context of an individual's responses to loss and grief, existential challenges, uncertainty and changing goals of care

2. Appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory

3. Understanding of principles for assessment and management of clinical and supportive care needs

4. The capacity for reflection and self evaluation of one's professional and personal experiences and their cumulative impact on the self and others

Planning for 2009-10 has identified a series of priorities for the final 18 months of the project. These are to:

- Promote ongoing networks and partnerships in undergraduate palliative care education
- Deliver teaching and learning workshops in each state in 2009
- Encourage use of project resources for course improvement activities
- Plan for the PCC4U Conference in 2010

Of particular interest to ANZSPM members is the plan to deliver a workshop to promote quality teaching and learning in undergraduate palliative care education for academics and clinicians in each state in 2009.

The PCC4U team has invited 186 health and allied health courses in all 39 Australian universities to be part of the project. The number of courses implementing PCC4U resources had grown to 58 (31 per cent) by the end of 2008.

Further information

If you are interested in obtaining further information about the project, including the dates of teaching and learning workshops please visit the website at www.pcc4u.org or contact a member of the Project Team by email mupccp@qut.edu.au

Dr Eleanor Flynn, ANZSPM Representative on the PCC4U Steering Committee

Palliative Care Forum NZ

Palliative Care Forum, Palmerston North, Wed 11th March 2009

It was with enthusiasm that three of us from Hospice Wanganui attended the recent ANZSPM forum in Palmerston North. Coming from a small hospice we were glad of the educational opportunity and the chance to network. The forum attempted the difficult task of catering for generalists and specialists, and for those of us who fall somewhere in between.

Professor Ravenscroft's talk was a cogent reminder of the importance of psycho-spiritual issues at the end of life, accounting for up to 28% of hospice admissions in one Australian study. The professor emphasized the differences between spirituality and religion, and the importance of setting aside one's own bias while listening to patients.

Dr. Marianne O'Connell, GP and hospice doctor described two cases where symptom management was frustrated by the very different social and cultural expectations of the patient and the GP. Some useful discussion on the efficacy and side effects of specific medications ensued. Our group felt that the evening had been worthwhile and we look forward to the next one.

Dr Marion Taylor,

GP and hospice doctor, Wanganui, New Zealand

Update from CareSearch

Evidence resources for palliative care practice

Palliative care has a dynamic and complex evidence base. This reflects both the multidisciplinary nature of the care team and also the multiplicity of care needs that can arise from diverse disease trajectories and sites of care. The size of the literature base relevant to palliative care is also expanding rapidly. In 1970 a three-term palliative search in Ovid Medline retrieved 1,983 articles. The same search in 2005 retrieved 57,488 items. The unique contributions to palliative care from other bibliographic databases such as PsycINFO and Embase are also growing.

Evidence in palliative care, as in other disciplines, has the capacity to improve patient outcomes. For example, the growing understanding of approaches and therapies for common symptoms such as fatigue and dyspnoea can improve the quality of life of palliative care patients. Alternately, evidence about the nature of care needs in the community and settings such as residential aged care facilities can help to develop resources and training materials to improve care practices.

This need for evidence has been incorporated into the architecture of the CareSearch website to facilitate access to evidence and literature. The Clinical Practice pages, PubMed Topic Searches and Review Collection provide access to the peer reviewed published literature.

- Clinical practice is supported with a suite of pages that deal with physical symptoms such as fatigue and breathing problems. These pages are based on reviews of systematic reviews in the field and summarise this highest level of evidence. Each of these symptom pages has a PubMed topic search available that enables a related topic based search limited to palliative care literature to be automatically uploaded and run in the PubMed environment. This enables the health professional to further pursue literature on the topic of interest, such as dyspnoea. Users can select either the highest level of evidence or all citations.

- The PubMed search topic can be found either on the related Clinical Practice page or at the PubMed Topic Searches page in the Finding Evidence section. This page consolidates all the PubMed searches in the one spot. There are currently 52 topic based searches.

- The CareSearch Review Collection provides another avenue for assessing the state of the evidence. Citations and abstracts for systematic reviews and literature reviews (with a described search strategy) have been compiled from four bibliographic databases to provide a quick entry point to the evidence base. There are currently over 600 review citations in this collection highlighting the growing resources available for practice.

However, when the evidence is still developing or when an Australian context is important, several other CareSearch resources can be useful.

- The CareSearch Grey Literature database is a collection of conference abstracts, theses and other grey literature dating from 1980. It provides access to work that may not have been published and is therefore hard to find.

- The Research Studies Register provides details of research work that is in progress and therefore may not yet have been presented at conferences or published.

- Finally, the National Palliative Care Program pages provide summaries of other work that has been undertaken in Australia.

As well as supporting individual clinical practice, these evidence resources can be useful for health professionals who have teaching or training roles. Students can benefit not only from the clinical information but also from the sections dealing with how to find and use evidence. The information needs of patients and their families should also be considered. The CareSearch website has material specifically written for patients, carers and families and is a trustworthy web resource to recommend or to download and print for patients and their families.

CareSearch brings together these resources, making them available through the internet where they can be accessed from anywhere in Australia, whenever they are needed. The project and the website are funded by the Australian Government as part of the National Palliative Care Program. Materials included within the CareSearch website are subject to various review processes to ensure quality, relevance and currency.

Available now at **www.caresearch.com.au**

ANZSPM NZ Branch Annual Conference

Intersections and Transitions

The NZ branch of ANZSPM is conducting their annual conference in conjunction with the Royal Australasian College of Physicians, the Internal Medicine Society of Australia & New Zealand (NZ Branch) and Australian & New Zealand Society for Geriatric Medicine (NZ Branch).

Date: 4-6 November 2009

Venue: Hyatt Regency Hotel Auckland

CALL FOR ABSTRACTS

Workshop presentations: 17 April 2009

Oral presentations: 14 August 2009

For information, please contact:

Lynda Booth, Conference Manager

Tel: +64 9 917 3653,

Email: lynda.booth@workz4u.co.nz

Website: www.workz4u.co.nz/events

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ANZSPM Conference

14 - 17 September 2010
Adelaide, SA, Australia

Ars moriendi - Palliative Medicine in the 21st Century

DESTINATION/VENUE

Festivals and food. Arts and culture. Shopping and sports. This is Adelaide - the city where there's always something on. South Australia's capital has it all, with spacious boulevards and vibrant inner-city districts, sophisticated architecture and lush gardens.

The Conference is being held at the Hyatt Regency located in the centre of the city on North Terrace. The venue is close to shops, the River Torrens, the Art Gallery of South Australia, the South Australian museum, the Universities and the State Library where the Welcome Reception will be held in the magnificent Mortlock Library Room.

PROGRAM OUTLINE

The program will follow the schedule below:

Tuesday 14 September 2010	Wednesday 15 September 2010	Thursday 16 September 2010	Friday 17 September 2010
• Trainee Day • GP Day	• 9am Opening Ceremony • Evening Welcome Reception	• Sessions • Conference Dinner	• Sessions

INVITED SPEAKERS

Professor Mari Lloyd-Williams MD, FRCP, FRCGP, MMedSci, ILTM, JP.

Professor and Director of the Academic Palliative and Supportive Care Studies Group Division of Primary Care, University of Liverpool, United Kingdom.

Professor Margaret A. Somerville

Samuel Gale Professor of Law, Professor in the Faculty of Medicine, and Founding Director of the Centre for Medicine, Ethics and Law at McGill University, Montreal.

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AWA Palliative Care – Retreat and Master Class

WA Palliative Care – Retreat and Master Class

Theme: Communication – Local and International

This unique weekend retreat will offer Palliative Care Specialists including Silver Chain Hospice Care Service doctors, and trainees the opportunity to meet collegially, reflect on their experience in palliative care and discuss future trends and challenges. Guest speaker Rosalie Shaw will also discuss the challenges and opportunities for Australian Palliative Care Specialists to contribute in developing countries. Numbers will be limited to 25, so book early to avoid disappointment.

Venue: Joondalup Resort, Country Club Boulevard, Connolly, WA

Date: 2-3 May 2009

Registration forms: Douglas.Bridge@health.wa.gov.au

Conference Update

Together Cultural Connections for Quality Care at End of Life

Date: 24-27 September 2009

Venue: Perth exhibition Centre, WA

More information:

http://www.conlog.com.au/palliativecare2009

Physicians Week 2009

Date: 16-21 May

Venue: Sydney Convention & Exhibition Centre, New South Wales

More information:

www.physiciansweek.com

11th Congress of the European Association for Palliative Care

Date: 7th – 10th May 2009

Venue: Vienna, Austria

For more information:

http://www.eapcnet.org/Vienna2009/index.html

National Motor Neurone Disease Conference

Date: 23 June 2009

Venue: Sydney, Australia

For more information:

conference@mndnsw.asn.au

Responding to the Challenges of Whole Person Care in Clinical Practice

International speakers will include Professor Harvey Max Chochinov and Dr Thomas Egnew

Convenors: Professor John Kearsley and Dr Judith Lacey

Date: 30-31 October, 2009 Sydney

Venue:: Novotel Hotel, Brighton Le Sands

More information:

wholeperson@iceaustralia.com

Advertisment

Director of Palliative Care Services – Calvary Mater Newcastle

CALVARY MATER NEWCASTLE
Director of Palliative Care Services, Calvary Mater Newcastle
Area Director, Palliative Care Services, Hunter New England Health
Professor of Palliative Care, University of Newcastle
Permanent Full Time
Department of Palliative Care
CMN 09/15

Calvary Mater Newcastle is seeking to appoint a motivated Palliative Medicine Specialist as Director of Palliative Care Services, Calvary Mater Newcastle, Area Director, Palliative Care Services, Hunter New England Health and Conjoint Professor of Palliative Care, University of Newcastle. The successful applicant will be responsible for leadership and support in clinical service performance, workforce management, clinical governance, teaching, education and research within the Calvary Mater Newcastle Department of Palliative Care, and the Hunter New England Area Health Service.

Within the framework of the mission, vision, values, philosophy and policies of the Sisters of the Little Company of Mary, the Area Director of Palliative Care is responsible for the provision of leadership and direction to palliative care services across Hunter New England Health. The position is responsible for ensuring that strategic, operational, planning and clinical governance requirements are met and that palliative care service delivery is safe, effective and appropriate. The Area Director will provide recognised medical expertise at consultant level for the specialty of palliative care and will oversee the teaching and training of medical students, graduates and other healthcare professionals and provide leadership in research, evaluation and quality improvement. The Director is responsible for the provision of a high performing, safe and effective departmental service in collaboration with the Assistant Director of Clinical Services (Nursing) and the Nursing Unit Manager, Palliative Care.
The Calvary Mater Newcastle Department of Palliative Care provides services for a population of approximately 800,000 people. It has a 20 bed inpatient unit, day hospice, out patient clinics, dedicated community palliative care service and consultation visits to the community and hospitals throughout the Hunter New England Area, both public and private. The successful applicant will join with two experienced Palliative Care specialists, as well as a comprehensive multidisciplinary team in providing these services.

Calvary Mater Newcastle, owned by Little Company of Mary Health Care operates under an agreement with NSW Health through Hunter New England Health. The Calvary Mater Newcastle provides tertiary services to the people of the Hunter and New England and referring regions in Medical, Radiation, and Surgical Oncology, Clinical Haematology, Palliative Care, and Clinical Toxicology and Pharmacology. Other services provided include Emergency, Intensive Care, General Medicine, Coronary Care, Consultation – Liaison Psychiatry, General, Plastic and Thoracic Surgery, Drug and Alcohol, and Pain Management. These services are supported by the requisite pharmacy and diagnostic services. The Calvary Mater is also a teaching hospital for the University of Newcastle.

Enquiries:

For full details and an application kit, visit Calvary Mater Newcastle's Home Page www.mater.net.au (Please click on "Career" then "Positions Vacant" then click on the "Read more" link for the position(s) you are interested in OR contact Lynne O'Brien, Assistant Director of Clinical Services, (Nursing), on phone 02 4921 1362 or Dr Phillip Good, Senior Staff Specialist Palliative Care, on phone 02 4921 1957.