

Ballarat Hospice Care (inc.)

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NEWSLETTER

DECEMBER '85 JANUARY '86

HOSPICE LAUNCH APPROACHES

On Friday March 14th at approx. 7.00 p.m. at a Gala Event at the Ballarat Fine Art Gallery, there will be a gathering of citizenry to witness the launch of Ballarat Hospice Care's appeal for funding to institute our planned domicilliary service. The Victorian Minister of Health, David White, will be opening the appeal. The event is being organised for Hospice by the Ballarat North Lions Club and we will be publicising details as they are finalised. The Committee is most appreciative of the Lions' efforts and look forward to a most successful evening. All interested in attending please note the date now in your diaries and stay tuned for the anticipated publicity barrage.

PLANNING FOR APPEAL WELL ADVANCED

Allan Bath and Bob Borthwick have prepared an outline for our appeal, the need for which was discussed in the last newsletter. Apart from raising money, the appeal will generate much needed publicity and will help educate the public on the nature of hospice care. Our feedback suggests that many people have poor understanding of hospice and confuse it with other forms of support for cancer sufferers and the chronically ill. At the last Committee meeting it was decided to appoint a publicity officer and a project officer, the latter person to see to it that all those volunteering to perform tasks actually do so in a reasonable time frame. Ed Davis introduced us to the philosophy of Uffa Fox, an old salt who sails with Prince Phillip and designs yachts on the Ilse of Wight, including the highly successful Flying 15. Uffa's way of delegating work was "You said it, you do it!" However, while the Committee has generally adopted that for its own members, this should not deter anyone from making suggestions as to how we might best raise funds. We have our ideas but more are most welcome.

FUNDS RECEIVE A BOOST

Since the last newsletter there has been a steady flow of contributions of all sizes and these we gratefully acknowledge. As some have elected to be anonymous we are not yet publishing details of donations by individuals but you will be pleased to hear that the Anti-Cancer Council has given us the first of three annual grants of \$5,000, Ballarat South Rotary Club has donated \$3,500 towards record-keeping equipment and the Knights of the Southern Cross gave us \$1,200 which was raised at the Mt Xavier Golf Club Charity Golf Day. The Auxillary is proving highly successful in its fundraising and details of their activities will appear in our annual report. Anyone interested in active involvement in fundraising should contact Edna Anstis via our postal address.

TREASURER RESIGNS

Bob Fewster resigned in December as he was finding it increasingly difficult to attend meetings. Bob has done an outstanding job in organising the books and bank accounts, postal arrangements, letterhead, newsletter publication etc. etc. and his valuable contribution was acknowledged by the Committee. In his modesty, Bob generally prefaced his contributions to discussion by a disclaimer of expertise in medical matters but would then follow with insightful comments which

left no doubt as to the value of having non-medical people on our committee. Bob's replacement is Barry Bolger, finance officer at Ballarat Base Hospital.

TRAINING PLANS

The success of the nurses training program has led to calls from the Committee to extend this activity in the form of introductory and postbasic courses so that the number of "Hospice Trained" nurses, inpatient and domicilliary, can continue to grow. The Committee feels that it is a pity that there is not so far any easy way of identifying such nurses in ward situations, as is the case with nurses trained in intensive care, and we would like to think that one day there will be a fully accredited training program in Ballarat for postgrad. nurses as there is, for example, in midwifery and geriatric nursing. The RACGP training program for doctors has scheduled meetings in 1986 for doctors and it is expected that interest will grow as the hospice program develops.

HOSPICE BEDS AT THE BASE

In a landmark decision, the Board of Ballarat Base Hospital approved the allocation of two beds for the care of hospice cases, on the recommendation of the Professional Staff Group. The latter has accepted our Medical Director as one of its members and the path is clear for the utilisation of those beds. Ed Davis has been entrusted with the timing and detail of the inauguration of this facility which will, it is expected, operate in the following way. Accredited doctors caring for patients who are registered with Hospice will be able to admit them to those beds, bypassing the usual filters when Hospice bed occupancy is less than two. Doctors of such patients will, through affiliation with the Hospice Care Unit, be able to direct care with the assistance of resident staff and advice, if required, from the Hospice Medical Director (Dr Adri van der Knijff). Thus for the first time in decades G.P.s will be able to personally treat standard (public) patients who are dying, even though such G.P.s may not have specialist qualifications or P.S.G. membership. This recognises that the qualities needed to care for the dying are not necessarily those which lead to recognition as a specialist and should, at least in theory, be identifiable in every family doctor.

The principle of continuity of care, allowing home care doctors to continue clinical responsibility following hospital admission, has long applied at St John of God Hospital. Even for some uninsured patients, that hospital's charitable approach has allowed this to occur, but for that to be a more common event there will need to be a change in Government thinking. Waiting list reduction, the argument used to promote the treatment of uninsured orthopoedic cases in private hospitals, could equally be applied to Hospice cases. A further argument could be that G.P.s are likely to conserve health care dollars by restricting unnecessary investigations, by comparison with less experienced interns who would otherwise care for uninsured hospice cases. But the main argument for giving terminally ill patients the right to select which of our institutions provides their terminal inpatient care is surely that this would be a most humane act for any government. The writer once treated a woman whose hospital insurance contributions were a significant factor in her impoverishment, but she kept them up to the end of her life, so strongly did she wish to be able to choose those from whom she received her hospital care.

CANCER SUPPORT GROUP FORMS

In the last few weeks a new group has formed in the Central Highlands - a Cancer Support Group. Modeled on similar groups around the State and indeed internationally, the group will provide a focus for the activities of cancer victims and their families who through exchange of information, mutual support and lobbying can in many ways improve circumstances for all those affected by cancer. The initial funding for this group is expected to come from a grant under the Health Dept. Victoria and Community Services Victoria Health and Disability Self Help Groups Programme and in order to facilitate the application at short notice for a grant Hospice is expected to act as interim executive in what will ultimately be a self-determining non-professional body. Pending the election of their own executive Hospice Committee members have been asked by the group's first meeting to administer any granted funds on the advice of the group's appointed representatives, who will for the time being be invited to Hospice Committee meetings. In the future, Hospice and Support Group will function independently but their activities will dovetail significantly.

Those of you familiar with woodwork will know that dovetail joints overlap without redundancy to form a strong, harmonious bond. Such will be the anticipated linkage between the new group and Hospice. Whereas hospice interests are confined to terminal cancer, support group interest begins with suspect diagnosis. Hospice is geographically limited to Greater Ballarat whereas the support group will function throughout the Central Highlands. Hospice is by necessity focussed and directed by professional caregivers whereas the support group's control and activity will feature the non-professional members, with professionals and bodies like Hospice acting as advisors. It is anticipated that support group representatives will be given long term representation at our Committee meetings and that Hospice speakers will be regularly asked to attend support group meetings.

Anyone who has witnessed the special kind of empathetic support a fellow sufferer (current or former) can give in any illness will understand the value of support groups especially for those who have recently had cancer enter their lives or who are tending to lack the supports of extended family widespread friendship and familiarity with welfare systems. Also, mutual support can lead to better advocacy for change in areas such as inadequate welfare support to back up the medical treatment of the region's Peter MacCallum Clinic. Hospice thus welcomes the formation of the group and urges its support. Interested persons can contact the group through Jenny Hibbens at Ballarat City Council offices, ph. 313277.

FOCUS ON FAMILY SEMINAR

Last year a group of us attended this seminar in Melbourne to hear some important issues raised and discussed, not least for this writer being the possible conflict between the interests of the dying patient and the caring relatives. One speaker characterised hospice as liberating the dying patient from the enslavement of medical treatment regimes by offering choice in care modalities, but was forced to admit that in offering respite care the patient's wishes might have to be placed second to those of the principal home care giver. Those dying at home can be neglectful of the needs of others when they are counting their precious days. A very moving testimony was given by a woman who had cared, without the benefit of hospice, for her dying mother-in-law, the eloquence of her presentation being the product, perhaps, of her limited education and experience in nursing and medical matters coupled by an obvious love of the one she cared for. We have part of that seminar on tape, available for loan through Adri van der Knijff.

NEXT C.O.M. MEETINGS

Wed. February 12th and 26th, 7.30 p.m. Function Rm. 4, B.B.H.