PALLIATION PLUS PROGRAM

4th Nov 84

Graeme Shearer & Dulcie Corbett Trades Hall Ballarat.

Dear Graeme & Dulcie,

I am sorry that our meetings have clashed with your usual Thursday night meeting. I was grateful that you agreed to take on Labour Organisation; Training has now been separated from this but you are of course welcome to join that task (or any other) as well - contact me for details.

I would like you to explore a few points and come up with some specific proposals. I am sure Taffy Jones will be a big help in answering the following questions but we would naturally expect to have you canvass a wide range of views.

Let's assume our organisation will be similar in size and scope to that Taffy Jones described. We might have fewer patients to look after but we hopeto extend the range of services. Now, which positions in the organisation should attract a salary and which should be offered to volunteers? How much should a trained nurse (S.R.N.) be payed for being on call for emergencies from 5 pm to 8 am? How much should that nurse be payed if she actually does attend a patient at home in those hours? Is there any likelihood of opposition from any sector of the trade union movement to this program on the grounds that it will use volunteers and if so what should be done to negate it? Will the RANF accept the proposition that terminal care can allow trained nurses to make decisions e.g. on hospital admission, that would normally be made by doctors?

I would be pleased to have you report your progress at the next meeting of the steering committee. I should also like you to think about whether the BTLC would like to seek representation on the program's Board of Management when it is formed, and if so in what numbers and by whom.

Yours sincerely

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Alan Carless Convenor, Steering Committee.

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PALLIATION PLUS PROGRAM

Convenor: Dr Alan Carless 626 Sturt St., Ballarat 3350. Ph. 321421.

Steering Committee Meeting Ist November 1984

This meeting was called as a result of discussion following an address by Dr Taffy Jones at the Ballarat Trades and Labour Council meeting on 4th October 1984 on the subject of care of the dying. Dr Jones had outlined the successful establishment of a domicilliary nursing care service in Geelong and indicated that such a service could now be regarded as a viable proposition in Ballarat. He offered his experience and assistence. Twenty two people who had attended that meeting volunteered their services and subsequently have spread the word to others in the Ballarat community so that a coordinated effort is now under way to establish a program for care of the dying in Ballarat. Welcome additions to our mailing list are being made on an almost daily basis and it is hoped that all interested parties will soon be well informed of our activities. As yet no formal effort has been made to publicise the movement in all possible quarters and we hope that those whom the news has been slow in reaching will understand our current limitations and good intentions.

The convenor opened the meeting by outlining the hospice concept of terminal care which involves both home and away-from home care for many patients. He expressed a personal view that a future Ballarat program could and should encompass both aspects and would recognise the unique features of the Ballarat medical and nursing scene rather than reduplicating the style and limitations of programs in other Australian communities. He pointed out that while many concepts of palliative care might at first seem strange to those used to giving care with the aim of preserving life and restoring health, all the concepts being promoted had been successfully introduced in other places. It was noted that the program had already moved from an uncoordinated discussion phase to one of active planning of proposals. Subsequent phases would be the acceptance of those proposals by all interested parties, the initiation of the program, evaluation leading to continuation and finally recognition of the program as a successful example for other communities to use.

A film made in Perth showing the value of domicilliary care for the dying was shown to stimulate thought and discussion. Depending on the availability of such material, that exercise is likely to be repeated at each meeting of the Steering Committee.

Discussion then followed and many ideas were clarified. It was noted that the medical and nursing professions were well represented but that the program's success would be fostered by recruitment from other sections of the community. Several tasks as outlined by the convenor were recognised as overlapping whereas others may require subdivision. Clearly certain task groups will need to hold at least some of their meetings in conjunction with other groups. The committee divided into task groups which will meet over the next four weeks and report to our next meeting.

> Thursday 29th November at 7.30 p.m. Function Room 2, Ballarat Base Hospital.

All interested persons are invited to contact task group leaders for details of their individual meetings and to attend the next Committee meeting.