



HOSPICE FOUNDER DAME CICELY DIES



Dame Cicely Saunders, the woman who founded the modern hospice movement has died, aged 87.

Dame Cicely died at St Christopher’s Hospice, South London, the renowned centre she set up in the 1960’s, her family said. Tributes are being paid to Dame Cicely, who was honoured in 1980. She had had cancer for many years. A trained doctor, she once described dying as ‘physically very hard work’. Her centre linked pain control with compassionate care and research.

She came to Perth in September 1977 and filled Winthrop Hall where she enthused large numbers of people with a vision of modern palliative care.

She was made a Dame of the British Empire in 1980 and was awarded the Order of Merit in 1989.

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MEDICAL TREATMENT FOR THE DYING

At the launch of Palliative Care Week by Health Minister & Attorney General Jim McGinty also introduced the community discussion document on “Medical Treatment for the Dying”. This marked a successful first stage for PCWA following its lobbying for end-of-life legislation over the last 4 years. Submissions to the government based on issues raised in the discussion document closed on 29th July. Since the 23rd May PCWA has engaged you, its members, and other specialist sectors of the health sector plus consumers. An explanatory doc-

ument to-gether with a questionnaire was sent to all our members and structured interviews were held with representatives of various specialist groups in the nursing and medical sectors. A Workshop was then held on the 7th July at the UWA Club where the issues were further discussed and the association’s response prepared. A copy of PCWA’s submission is available on the website www.palliativecarewa.asn.au or for a hard copy by request E mail pcwainc@palliativecarewa.asn.au. Other community organisations also held meetings to discuss their submissions. A representative of PCWA spoke at most of these meetings.

What happens now? The Attorney

General now has a bill drafted which, hopefully by October this year, will be tabled in the lower house of the state parliament. What has been achieved so far does not guarantee that PCWA’s aims and objectives are met. We won’t know that until the draft bill is tabled. Ironically PCWA could find itself lobbying to have parts of the bill amended as it makes its way through the parliament. Whatever the form of the final bill, PCWA will be asking its members to contact their local members of state parliament to lobby for PCWA’s position. We will contact you when the bill is made available. Thank you for your interest and support so far especially to those who made detailed submissions.

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Dame Cicely was given many other awards for her life's work, including the world's largest humanitarian award, the One Million Pound Conrad N Hilton Humanitarian Prize, in 2001.

Princess Alexandra said she was 'privileged' to have known the Roedean and Oxford-educated Dame Cicely. She described her as 'a very

remarkable human being who will long be remembered for all her pioneering work in palliative care and, as patron of St Christopher's Hospice".

Actress Sheila Hancock, a vice-president of St Christopher's said the hospice had helped her look after her first husband when he was ill with cancer. "After he died, I got involved with Dame Cicely's work and the hospice and we lectured together on several occa-

sions. She was a wonderful person and I was deeply fond of her," she said. Chief executive of the hospice Barbara Munroe said: "Dame Cicely's vision and work has transformed the care of the dying and the practice of medicine in the UK and throughout the world. She is an inspiration to us all".

A memorial service will be held in a few month's time.

2003-2004 ANNUAL REPORT

Another year passes. Another annual audit and an AGM. This year the AGM is on 15 September 2005. Its to be held at Murdoch Community Hospice at 5.00 pm. There's no problem with parking at that time so please, come and join the throng and make sure your vote counts. There are two members of the Executive Committee whose terms have expired but who have decided to stand for re-election – Helen Walker and Sue Henning. Hopefully there will be other candidates who will nominate to stand for election to the Executive. Its not painful and requires attendance at a monthly meeting plus a little more activity when required dur-

ing palliative care week and other projects. So please let us know if you want to stand. If you need more information call Clive Deverall, the President on 04179 33 554. It is also Clive's time to stand down as President and there will be an election to fill that position. All nominations for the Presidency and the Executive can be made on the appropriate form available from the PCWA office. Call or e mail.

This year's major activities were continued lobbying for palliative care funding prior to the last state election and also for end-of-life legislation. Both campaigns so far appear to have been successful with more dedicated funding for palliative care coming in both state and federal budgets. And the

government's commitment to new legislation was confirmed with the release of the discussion document "Medical Treatment for the Dying" which PCWA has already responded to. In addition the Palliative Care Advisory Group (PCAG) inspired itself into action and has engaged all sectors of palliative care in deciding on recommendations to government about the future. No-one is claiming universal agreement but there is no doubt that all the issues have been fully discussed and now is the time to move on as the state's health system undergoes major systemic change. There is no doubt that palliative care is now accepted as an important part of mainstream medical and nursing services in WA. It is well and truly on the radar.

OTHER HIGHLIGHTS FOR THE YEAR

*Dame Gill Oliver from Macmillan Cancer Relief in the UK took time out from her busy schedule at the Cancer Nursing Research Conference to talk to PCWA members to describe her role as Director of Service Development in context of the UK's palliative care programme. She highlighted the important part that service consumers and palliative care professionals have played in all aspects of service development. Two colleagues of Gill Oliver, Dr Jane Maher and Dr Michelle Kohn gave evidence to the Australian Senate Inquiry into Cancer Treatment Services in Australia including Complementary Therapies. Their evidence also reflected how a conservative, orthodox organisation like Macmillan Cancer Relief has changed in 10 years to meet new demands from consumers.

*PCWA distributed more funds for equipment bringing the total to just over \$300,000 for WA. Recipients included Clarence Estate, Albany; Yulanya Nursing Home, Port Hedland and York and Springhaven Lodge in Kojonup. Special thanks to Exec Committee Member Sue Henning who has a day job at Silver Chain for putting so much time in to co-ordinate the distribution. PCWA also acknowledges the Australian Government's Dept of Health & Ageing for making the funds available. Very much appreciated in WA.

*During the year the Euthanasia Bill in the State Parliament's Upper House also lapsed following the state election and the re-election of the Gallop government for a second term.

*PCWA continues as the State member and representative of the national body – Palliative Care Australia. Stephen Carmody and Clive Deverall represented the PCWA Executive.

PUTTING SOME NAMES TO FACES OF OUR HARD WORKING PCWA EXECUTIVE COMMITTEE MEMBERS!

1. *Kerry Cousins, Pru James and Sue Henning from Silver Chain Hospice Care Service*
2. *Steve Carmody, PCA Representative and Sue Henning (again!) both from Silver Chain*



The PCWA Executive Committee thanks all its committees including the Clinical Issues Working Group, Quality & Standards, Social Work and Marketing and Promotion.

NEW STANDARDS LAUNCHED

Palliative Care Australia has completed a barnstorming tour around the country in order to launch the national palliative care standards. From definitions and core values and guidelines to delivering care and a formula for population based services, the new standards bring palliative care right up-to-date. This is an invaluable resource for any individual or group with an interest in palliative care – in any setting. The new standards are to be used in conjunction with other recent documents released by Palliative Care Australia, including – A Guide to Palliative Care Service Development: a population approach and Palliative Care Service Provision in Australia: a planning guide. Palliative Care Australia was funded to develop the standards by the Australian Government's Department of Health & Ageing. All these resources are available direct from Palliative Care Australia, www.pallcare.org.au or contact Palliative Care WA.

PALLIATIVE CARE ADVISORY GROUP - REPORT NUMBER 3

PALLIATIVE CARE IN WESTERN AUSTRALIA: THE PRESENT AND THE FUTURE

I am pleased to provide this third report on the work of the Palliative Care Advisory Group (PCAG). As you recall from the previous PCWA Newsletter reports, a project is underway to provide direction for state palliative care services for the future. PCAG recently provided a report to the Health Reform Implementation Taskforce in response to the draft Clinical Services Framework. This report was provided on 21 June 2005, and forms Phase I of PCAG's review. A brief summary of the report is provided below.

BACKGROUND & OBJECTIVES

The Western Australian (WA) Department of Health, in consultation with the Palliative Care Advisory Group (PCAG), has commissioned the WA Centre for Cancer and Palliative Care at Edith Cowan University, to provide advice regarding the development of a statewide plan for the future configuration and delivery of palliative care services in WA. The specific objectives of the review are to:

1. Outline current palliative care service provision in WA, including the relationships between services and service role delineation.
2. Project future need for service delivery in metropolitan, rural and remote areas and identify future linkages and role delineations to improve and enhance service delivery.
3. Identify options for coordinating future service delivery across the state.

This report contains the recommendations of phase one of the review and is limited to metropolitan inpatient needs and issues and more particularly to bed allocation in the metropolitan area, as a response to the Clinical Services Framework released by the Health Reform Implementation Taskforce (HRIT). Phase 2, due in September 2005, will review issues for the following special groups: rural and remote (7 regions), aged, paediatric, non-malignant, indigenous, community-based services, long-term and medium-term patients.

This review was undertaken under the direction of the Palliative Care Advisory Group (PCAG). A steering committee, consisting of a number of PCAG members and other co-opted members, was appointed to oversee this specific project.

This report responds specifically to questions about allocation of beds in the metropolitan area. It is important to note however, that in most instances a palliative approach to care can be provided in the community supported by knowledgeable health professionals. The community is the preferred place of care for most patients and admission to a specialised palliative care inpatient facility may only occur during brief episodes of care (ie, respite, symptom management, terminal phase of illness). Recommendations offered in this report are provided within this broader context of palliative care, recognising that inpatient beds are only one aspect of a larger, well-linked system of palliative support.

METHODOLOGY

The methodology consisted of:

- A broad call for submissions
- Interviews with key experts and stakeholders, involving a total of 84 service providers in metropolitan and rural areas
- Data collection and analysis of current service activity/utilisation (Separations and Bed days), geographic distribution of need, trends in utilisation over the last 5 financial years and projection of service utilisation to 2015.
- A literature review regarding prevailing models of palliative care services in Australia and overseas.

SUMMARY OF FINDINGS

The initial assessment of "Palliative Care" services is based on discharge summaries from the Department of Health's Hospital Morbidity Data System (HMDS). Although palliative care episodes should be identified on the system as having a "Palliation" care type, this was not reflected in the tertiary hospital's HMDS data. Due to data discrepancies, palliative care activity information for tertiary hospitals was obtained from departmental data collected at each site, with activity information for other sites obtained from HMDS. While this does not provide a complete picture of pal-

liative care activity in metropolitan Western Australia, it provides the most accurate assessment available at this time given the existing issues in coding for palliative care admissions, highlighted as being an issue throughout Australia.

It is important to note that a large number of palliative care separations have been allocated to other specialty groups in the overall statewide model developed for HRIT, and reported in the Clinical Services Framework: 32% Medical Oncology, 8% Respiratory Medicine, 6.5% Haematology, 5% Diagnostic GI Endoscopy, 5% Non-Subspecialty Surgery, 4% Neurology, 4% Palliation and 35% to a number of other specialty groups. This highlights the fact that only 4% of cases included for the tertiary hospitals were previously recognised as palliative care. The data presented in this more accurate and comprehensive report demonstrates that such allocation warrants adjustment.

The trend in separations for public patients over the last three financial years shows a 17% increase in tertiary hospitals and 5% increase in non-tertiary hospitals and hospices. The service activity in the tertiary sector accounts for just over half of the overall activity, whereas before the data adjustment it only accounted for 3% of the total activity.

The analysis of palliative care hospitalisations in the last five financial years reveals that there are more patients using North Metro palliative care services than there are palliative care patients who live in that area, while the situation is reversed in South Metro, thus supporting the need for additional palliative care beds in the south metropolitan area to provide care closer to home. The projection of separations, bed-days, beds and beds per 100,000 population, up to the financial year 2015/16, shows a steady increase in service activity for North and South Metro areas equally.

Furthermore a geographic distribution of need for services, based on distribution of deaths in a 2.5 year period from malignant and non-malignant conditions needing palliative care services, supports the approach of making palliative care beds available outside the central metropolitan area, particularly, as recommended in the Health Reform report, in areas such as Joondalup, Swan, Armadale and Rockingham. It is important to note that 40% of these deaths were due to non-malignant conditions, which need to be taken into account when considering bed allocation.

This review also presents a benchmark for all public and private palliative care services in terms of levels of service, role delineation, linkage and resource profile that could prove useful for future workforce planning and providing the appropriate mix of service levels for the metropolitan area, to meet the different needs of palliative care patients in the future. For public patients, by the year 2015, it is proposed that the South Metro area have one tertiary hospital at level 6 (Fiona Stanley) with five palliative care units at level 4 or 5 (Rockingham, Armadale and Peel Health Campus at level 4, and Murdoch Community Hospice at level 5).

For the North Metro area, it is proposed that one tertiary hospital provides services at level 6 (central tertiary), with support from other palliative care units at various levels of service (Swan District at level 4, Joondalup Health Campus at level 5 and Hollywood PCU at level 6). It is also proposed that Princess Margaret Hospital and King Edward Memorial Hospital have regional statewide roles.

Finally, a scenario for bed allocation is proposed by PCAG based upon geographical distribution of need and mix of service levels needed in each area. This is achieved using the current Palliative Care Australia benchmark of 6.7 beds per 100,000 population, which is the minimum recommended. It is projected that there will be a need for a minimum of 32 public beds in North Metro and a minimum of 36 public beds in South Metro by the year 2015/16. It is anticipated that these 68 public beds will need to be topped up by 49.3 private beds to make up the total benchmark of 117.3 beds required for the population for 2015/16, and takes into account the needs of all palliative care cases (malignant and non-malignant conditions). However, if the projected benchmark of 8.4 beds/100,000, which accounts for the ageing of the population, is used for the year 2015/16, the total number of beds required to service the population will increase to 148.2 beds.

RECOMMENDATIONS

Recommendations 1-9: Organisational issues

1. Based on the current Palliative Care Australia (PCA) Benchmark of 6.7 beds/100,000, the total number of private and public beds should be 117.3 beds by 2015/16. However, based on the projected benchmark of 8.4 beds/100,000 obtained from the analysis in this report, a total number of 148.2 beds would better meet the projected future needs of the significant ageing population in the metropolitan area, anticipated by the year 2015/16.

2. The minimum recommended number of publicly funded palliative care beds is 32 beds in North Metro and 36 beds in South Metro, based on the current PCA benchmark of 6.7 beds/100,000. This would serve the transitional period up to 2010, but would need to be increased by 2015 and beyond.....*Continued on Page 8*

PROGRESS IN PALLIATIVE CARE

In late 2003 the WA government released a report called 'Options for Clinical Services' which was part of the comprehensive Reid review of Western Australia's health system.

The Cancer Council welcomed this report for a number of reasons, but importantly because one of the key recommendations was that the provision of palliative care services be made the responsibility of the Department of Health. These were the words the Cancer Council had been waiting to hear for a very long time - more than 20 years in fact, since it first began the struggle to establish inpatient palliative care in Western Australia. This struggle resulted in the Cancer Council taking on the responsibility that rightly belonged to the Health Department to build the Cottage Hospice and start providing the type of care that had been lacking in the health system.

For the past 18 years, the Cottage has set the benchmark for palliative care in this state and provided a place to educate health professionals in the philosophy and provision of palliative care. The Reid review has given the Cancer Council the opportunity to see Cottage-style palliative care made available closer to home for the wider community. At present there is a con-

centration of palliative care beds in the western suburbs yet there is a huge need for facilities in other parts of the metropolitan area, especially the rapidly expanding northern suburbs. By allowing the 26 beds at the hospice to be relocated to purpose-built facilities adjacent to metropolitan hospitals, among them Joondalup Health Campus, Swan Districts Hospital and Armadale Health, more people will have easier access to palliative care services. This model fits with what the Cancer Council had hoped to achieve way back in the 80s but failed to convince government and the Health Department. If this plan had been in place back then the Cottage Hospice would never have been built.

It is recognition of how far we have come in the battle to have palliative care recognised as part of the health service and that palliative care needs to be provided where people live, not in a centralised location. In recent years occupancy at the Cottage has been falling with a quarter of the beds, on average, empty. Figures also show that around 90% of people using the hospice come from outside of the western suburbs - a clear indication that the need lies elsewhere. The community of the western suburbs will continue to be well served at the excellent Palliative Care Unit at Hollywood Hospital which has both public and private beds. There is also a spe-

cialist team at Sir Charles Gairdner Hospital.

At present there is no timetable for this change and until such time as the new units are up and running, the Cottage Hospice will continue to operate as normal. The expertise of staff will not be lost as the new units will need experienced people to run and staff them. Our dedicated volunteers will also be needed to take their very special brand of care and comfort to these new facilities.

The Cancer Council will maintain its commitment to palliative care through the specialised training of palliative care nurses and health professionals and the ongoing funding of the professional chair of palliative care at Edith Cowan University and in new areas such as the provision of psychosocial care for palliative care patients.

For many, there is a deep sentimental attachment to the Cottage Hospice. The Cancer Council understands and respects this but hopes people will come to see that we are not losing the Cottage Hospice but gaining a network of palliative care units that will take the special care and attention synonymous with the Cottage out into the wider community.

Susan Rooney - CEO The Cancer Council Western Australia



CLEARING OF THE COTTAGE HOSPICE SITE IN 1985

Members of the Claremont Cottesloe Rotary Club including Ray Hinchliffe and Mrs Judy Brown together with George Geddes (foreground) a member of the Cancer Council Board at the time.

NATIONAL PALLIATIVE CARE WEEK 2005

National Palliative Care Week is the main opportunity we have each year to promote the care provided by the various Palliative Care services across our state and this year was launched at a well attended breakfast (re-introduced by popular demand) on Monday May 23rd by Health Minister & Attorney General Jim McGinty. The venue chosen this year was the function room at the Perth Zoo, complete with a life size replica of Memphis the white rhino. The room was decorated beautifully by PCWA administrative assistant, Mary Thornton and included brightly coloured, helium filled balloons in the shape of various animals. These were 'won' by attendees and Brian the Crocodile continues to grace one palliative care office although he has needed recharging!

During the week a WA Analysis of Support & Palliative Care Needs of Families of Children with a Life Threatening & Chronic Illness was launched at Princess Margaret Hospital. Author of the analysis and the report Dr Leanne Monterosso received extensive media coverage and Dr Neale Fong, the Director General for Health, who attended the launch acknowledged its importance and that the information would be taken into account as the state's health system is re-structured. It was serendipitous that Leanne Monterosso was awarded the 2005 Nurse Researcher of the Year award the week before the launch. Funding for the report and analysis was provided by the NH&MRC, the Children's Hospice Association, Edith Cowan University and PMH. PCWA thanks a variety of sponsors who supported Palliative Care Week including the Australian Government's Dept of Health & Ageing, the WA Dept of Health, the AH Crawford Cancer Treatment Society, the Cancer Council of WA, Silver Chain, Murdoch Community Hospice and Hollywood Hospital's Palliative Care Unit. Many thanks to Pru James from the PCWA Exec and others for their hard work in organising the Week.



The Hon Jim McGinty launches Palliative Care Week 2005 at the Perth Zoo Function Centre while everyone enjoys a breakfast feast.



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3. PCUs should be established at Joondalup, Swan Districts, Rockingham and Armadale to ensure that access to palliative care is equitable throughout metropolitan WA and that care is provided closer to home.

4. Each PCU should have a minimum of ten beds to ensure a critical mass of patients and trained professionals.

5. Each PCU should be an integral clinical service within a hospital and be housed within a purpose-designed unit to facilitate the implementation of a palliative approach across the hospital whilst retaining the valued ethos of care in traditional hospices within the unit itself. These services should be integrated with the wider clinical system to achieve the best outcomes for patients and families.

6. Each PCU should be part of an "Area Health Palliative Team" where the domiciliary team (Silver Chain or other community-based/ primary health care services) and PCU team work together to provide a seamless care system (e.g. two Area Health Palliative Teams, one for North Metropolitan area and one for South Metropolitan).

7. Each metropolitan area should have a mix of service levels to ensure adequate service provision in those areas.

8. Tertiary hospitals should adopt a Specialist Palliative Care Consultative Service model to maximise access to palliative care services throughout the hospital, for all patients regardless of diagnosis.

9. A Palliative Care Network, aligned with all other clinical networks, should be established with key responsibilities including:

- To strengthen and formalise working arrangements between the Area Health Palliative Teams, including shared education / management, joint clinical meetings for peer review and policy development, shared volunteer training and coordination.
- To lead in the development of palliative care philosophy and practice and encourage the maintenance of uniform standards across the sector.
- To facilitate quality strategies and research ventures.
- To develop partnerships in palliative care education (e.g. universities, hospitals, Divisions of General Practice, WACRRM and the Cancer Council of WA) to avoid duplication and to highlight deficiencies or gaps in education.
- To be involved in workforce planning and address the shortage of trained palliative care staff by assisting nursing and medical staff and allied health practitioners to have clinical placements in PCUs to facilitate their education in palliative care. This includes training junior staff, both GP trainees and those in specialist training.
- The Network should have an appropriate clinical leadership structure to guide its coordination and development.

Recommendation 10: Consumers

10. A partnership between The Health Consumer Council and relevant peak bodies (for example the WA Cancer Council, the MND Association, PCWA) should facilitate the development of education packages on palliative care for consumers, which will be publicised and widely distributed to inform consumers of the range of palliative care services and how to access those services.

Recommendation 11: Data collection for an inpatient database

11. Mechanisms/ measures are required for better identification of palliative care patients in hospitals. This needs to be developed by palliative care clinicians in collaboration with the Department of Health:

- To improve the identification/ coding for palliative care patients upon admission to hospitals thus ensuring that the appropriate type of episode of care is recorded on the inpatient databases.
- To improve statistical discharges and readmissions of patients (transfer from one specialty to another within a hospital) whose care becomes palliative, such that the care type is recorded as "Palliative" rather than "Acute" for the proportion of hospital stay that is palliative.

CONCLUSION

Overall there is support for the existing model of palliative care in WA that is essentially community-based with multidisciplinary teams linking with hospices and acute care hospitals, the latter operating on a consultative model of care. Calls to address the shortage of inpatient palliative care in the northern and eastern corridors have been addressed in this report. This review provides the palliative care community with a quantitative analysis of service utilisation, which can be used to plan services that are appropriate to the needs of the population in WA.

*Inquiries should be directed to: **Professor Linda Kristjanson**
Chair of Palliative Care Advisory Group
Phone: 08 9273 8617 E-mail: l.kristjanson@ecu.edu.au*



AND NOW FOR SOME.....ABSOLUTE TRIVIA!

**In Malaysia more people die as a result of falling coconuts than poisonous snakebite*

** Finland has the highest rate of fraud in the world*

**Homicide capital of the world? Swaziland. Argentina is the safest.*

**626 million Mars Bars were sold in Britain in 2003*

**Ireland has the highest rate of calorie consumption in the world at 3,952 per person per day*

**In Brazil there are more plastic surgeons than public health doctors.*

**Average number of deaths per day in India? 26,663.*

CARING, NOT KILLING

From the Baroness Finlay of Llandaff, House of Lords

Expert attention to detail, not therapeutic killing, should be society's method of relieving suffering in those fearful of what the future holds. Morphine and other strong drugs against pain should be carefully titrated to meet the patient's need. They then do not cause respiratory depression and death. Side effects of constipation and nausea are avoided by using adequate laxatives and anti-emetics, and over-sedation can be avoided with the newer synthetic opioids. Other drugs have dramatically decreased the pain of those who do not respond well to morphine.

NEW PALLIATIVE CARE AUSTRALIA CEO

Angela Magarry is the new CEO of Palliative Care Australia. Angela who started in May has a background in health, both in the public and private sectors.

MEDICATIONS

The Commonwealth Government is making renewed efforts to speed up access to subsidised medications for palliative care. This follows slow but steady progress over the last three years which has had some success but the complexities of drug supply require more collaborative work which is now being undertaken. The Palliative Care Medications Working Group (PCMWG) chaired by Professor Peter Ravenscroft now has representatives from key agencies including Therapeutic Goods Administration, the Health Insurance Commission, the National Prescribing Service, Palliative Care Australia, Pharmaceutical Benefits, the Dept of Health

& Ageing, the Pharmacy Guild, Medicines Australia and the Cancer Council of Australia. At its meeting in early June, the Group was addressed by Dr Lloyd Sansom who chairs the Pharmaceutical Benefits Advisory Committee. This is a real plus for palliative care nationally indicating that government has decided to deal with the series of anomalies that affect the provision of palliative care in the home once and for all.



The most common name in the world is Mohammed.



The strongest muscle in the body is the tongue.



Women blink nearly twice as much as men!

It is physically impossible for pigs to look up into the sky.

All polar bears are left handed.



Butterflies taste with their feet.



Elephants are the only animals that can't jump.

In the last 4000 years, no new animals have been domesticated.

The ant always falls over on its right side when intoxicated.

The electric chair was invented by a dentist.

Wearing headphones for just an hour will increase the bacteria in your ear by 700 times.

The cigarette lighter was invented before the match.



Like fingerprints, everyone's tongue print is different.



AND LAST: 99% of people who read this will try to lick their elbow!



PALLIATIVE CARE WEEK AT MURDOCH COMMUNITY HOSPICE

At Murdoch Community Hospice we celebrated National Palliative Care Week with a visual display featuring the Volunteer and Social Work role in Palliative Care. Metro South Commonwealth Carer Respite Centre displayed information about their carer respite programs and the difficulty of caring for a loved one at home with a life limiting illness. Photographs of volunteers in action decorated the display board in the main corridor of the Hospice with a special book of appreciation signed by staff. A stunning exhibition of mosaics created by patients, carers and families in the Support and Therapy Centre graced the corridor in celebration of National Palliative Care Week.



MURDOCH'S VISUAL TECHNIQUES TO GET THE MESSAGE ACROSS!

Below: Cornflower Blue Happy Hour at Murdoch Community Hospice, promoting Motor Neurone Awareness Week.

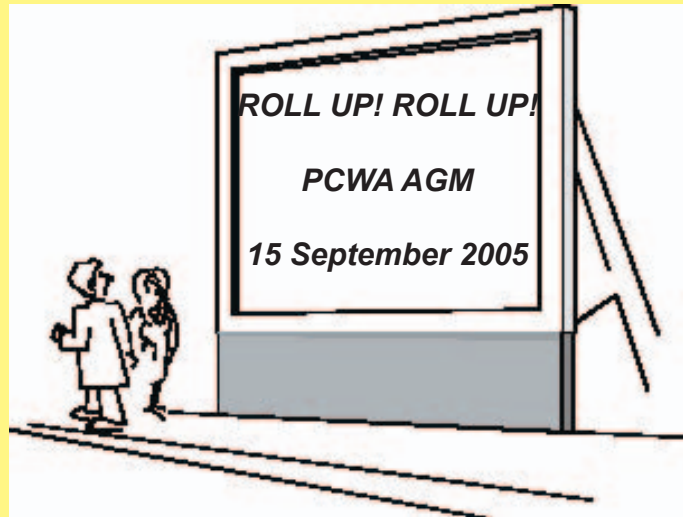


PCWA SUBMISSION FOR 'THE MEDICAL TREATMENT OF THE DYING'

To view a copy of the PCWA Submission to the Government on 'Medical Treatment for the Dying' please visit our website: www.palliativecarewa.asn.au

RESPITE FOR CARERS

The Australian Government's Dept of Health & Ageing is undertaking an evaluation of the Respite for Carers of People with a Life-Limiting Illness Programme. The evaluation is designed to assess the degree to which the programme has achieved its objectives. The evaluation has been contracted out to Health Outcomes International (HOI). Selected service providers will be contacted. Should you wish to have your say call Rita Brewerton or Jim Hales on 088363 3699.



The PCWA AGM is being held on Thursday 15 September 2005

***Murdoch Community Hospice
Support and Therapy Centre
Murdoch Drive
Murdoch***

5pm Start

It is Clive's time to stand down as President and there will be an election to fill that position.

All nominations for the Presidency and to be part of the Executive Committee can be made on the appropriate forms, so please let us know if you want to stand. If you need more information call Clive Deverall, the President on 0417 933554.

***Nomination forms are available from the PCWA office. Call or e mail.
Its not painful and requires attendance at a monthly meeting plus a little more activity when required during palliative care week and other projects.***

WORLD HOSPICE & PALLIATIVE CARE DAY 2005

World Hospice and Palliative Care Day on 8 October 2005 will give us another opportunity to celebrate the huge growth achieved in palliative care over the past 25 years.