

ANZSPM

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EDITORIAL

Dear ANZSPM members,

This Newsletter is likely to hit your desks just after Christmas festivities. I trust that 2004 has been a rewarding year for you. This time of the year becomes quite hectic and it is always good to try to stop and reflect on the priorities of our work and consider what drives us to continue in our specific area of practice.

This edition brings reports from the most recent ANZSPM scientific meeting where the AGM was held. Four new council members were elected and brief biographies are provided by these new council members.

There are also quite a number of vacancies for Palliative Medicine Doctors in Australia and New Zealand. I am sure this reflects the significant issues around medical workforce in general, and certainly within Palliative Medicine.

I would encourage you to visit our website. There is a secure membership area and if you have not received or forgotten your login and password please contact our Secretariat/Webmaster. The Bulletin Board is an area that members can post any advertisements and concerns, and there is an Announcement page as well.

ANZSPM is now the special society supporting the Chapter of Palliative Medicine within the College of Physicians. With this in mind ANZSPM has created a new subcommittee known as the Maddocks Club. This is a club "to support" Palliative Medicine Trainees – to provide a focus for educational and social activities for those trainees who are members of ANZSPM.

There is an advance notice of the next ANZSPM scientific meeting to be held in Newcastle in October 2006.

ANZSPM is very aware of our colleagues who are not in full-time Palliative Medicine practice or who work in associated areas and have a specific interest in Palliative Medicine. One of ANZSPM's current major activities is liaising with other colleges to develop a clinical diploma in Palliative Medicine. This is likely to have many of the features of the well-known Diploma in Obstetrics. Discussions around curriculum and diploma management are well underway. There is a joint committee working on this endeavour with a further teleconference planned for February 2005. It is hoped to bring you a report on this very exciting development in the next Newsletter.

I am very pleased to announce that Associate Professor Janet Hardy has agreed to take over editing the ANZSPM Newsletter. We have agreed that I will support her in the next edition or so. We acknowledge the generous support of Mundipharma in their ongoing support of our Newsletter.

With every best wish for the New Year
Greg Crawford, Adelaide, December 2004

PRESIDENT'S SOAPBOX

It was my great honour to take over from Michael Ashby as President of ANZSPM at the AGM at Sky City in Auckland in September and I look forward very much to the next few years as President of the Society. There was quite a "changing of the guard" in New Zealand and Australia with a number of long serving councillors Michael Ashby, Brian Ensor, David Brumley and John Cavenagh stepping down after many years of service. We owe them a large debt of gratitude as they have left the Society in better shape than when they started. Michael Ashby completed a number of important initiatives, perhaps the most important of which was to secure a place (in fact two places) – with voting rights – on the Palliative Care Australia Executive,

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to further establish ANZSPM's place in the big picture of palliative care in Australia. David Brumley was tirelessly serving for many years as the secretary; most of the time lacking the professional office support we need and now have, and John Cavenagh was an integral part of getting the Therapeutics Committee going. Brian Ensor's effort to produce a wonderful conference in Auckland in September 2004 was only a small part of his hard work for palliative medicine in New Zealand and Australia.

So this will be a hard act to follow but there are still a number of things to be done and I am sure we have the right team to do it. Greg Crawford will become our new Honorary Secretary with new councillor Janet Hardy (Brisbane) taking over the Newsletter Editorship next year. David Woods has accepted the council's nomination to be Vice-President. Although our constitution refers to a Vice-President, it is not a position that we have formally appointed in the past. However I believe it is important for two reasons. Firstly, as the Society becomes more involved with bodies like Palliative Care Australia and the Royal Australasian College of Physicians (RACP), it is important that we have a Vice-President to speak for the Society if the President was unavailable. Secondly, it assists in the succession planning process, as the Vice-President would ideally be the President-elect. As well as welcoming Janet, I would also take this opportunity to welcome the other new councillors, Phillip Good (Newcastle), Mary McNulty (Western Australia) and Willem Landsman (New Zealand).

So what are my priorities for ANZSPM during my presidency? At the moment, I see two. The first is to further establish our place in the evolving world of palliative medicine in Australasia. With the creation of the Chapter and the push for a Clinical Diploma, there is a clear hierarchy of palliative medicine specialisation evolving. The Chapter and RACP will meet the needs of many and ANZSPM needs to sharpen the focus of its roles and responsibilities as the "special society" on palliative medicine to the RACP. Secondly, the needs of the third tier of specialist – the General Practitioner or Consultant with an interest in "the palliative approach" but not enough to seek formal qualifications in palliative medicine – have to be met. When I was president of the NSW Society of Palliative Medicine, we created a special category of membership for Divisions of General Practice and ANZSPM could look at something similar.

Paul Glare
Sydney, December 2004.

DIPLOMA OF PALLIATIVE MEDICINE

A working party of representatives from ANZSPM, the Chapter of Palliative Medicine, the RACGP, RNZCGP, ACRRM, the Faculty of Pain Medicine and the Faculty of Radiation Oncology met in Sydney on Tuesday 30 November to continue working on the proposed Diploma of Palliative Medicine. It was envisaged that this would be a qualification which could be awarded following the successful completion of a supervised six month clinical placement and an examination. Discussion revolved around the possible role of the RACP in the development and administration of the Diploma and its relationship with the participating bodies.

Work will now begin in deciding on the curriculum and determining the standard at which it should be set. Other priorities include clarifying and defining the assessment process and the development of a funding proposal to send to the Commonwealth Department of Health and Ageing who have expressed some interest in the project.

Pat Treston
Hon Treasurer, ANZSPM, Brisbane

MADDOCKS CLUB

The council of ANZSPM has recently agreed to establish a special group within ANZSPM known as the Maddocks Club. This is to recognise the contribution of Emeritus Professor Ian Maddocks to Palliative Medicine in Australia.

The Maddocks Club will be a subcommittee of ANZSPM. It is for members of ANZSPM who are also trainees in Palliative Medicine. The Maddocks Club will provide a focus for Palliative Medicine trainees and give them representation to ANZSPM via the President of ANZSPM. The Maddocks Club will be able to organise educational activities with secretarial support from ANZSPM and it is anticipated that a satellite study day will occur around the ANZSPM biennial scientific meeting and possibly the biennial PCA meeting.

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ANZSPM/HNZ CONFERENCE REPORT

"Making Contacts"

Joint 6th ANZSPM & 16th Hospice New Zealand Palliative Care Conference
16 – 18 September 2004, Auckland, New Zealand.

In today's busy and often intense work environment it is easy to forget that there is more to a career than just going to work every day. It is also easy to develop the belief that no-one else could be working or battling "the system" as much. A big challenge is to step away from this and take the opportunity to join others with similar interests and goals. The world will keep turning for those days you are not at work.

So I let the world keep turning and travelled to New Zealand. I passed through the now near-paranoid Australian immigration and security checkpoints, leaving work behind like any of the dozens of items considered too dangerous to be carried onto an aeroplane. As an advanced trainee, this was only my second palliative care conference, and having not visited New Zealand before, I arrived in Auckland looking forward to educational, cultural and social opportunities.

The conference was far bigger than I anticipated with several hundred delegates from all over Australia and New Zealand as well as many international participants. The combination of both ANZSPM and Hospice New Zealand brought together a diverse range of health professionals and this was reflected in the variety of topics covered in the academic programme. Despite the large number of delegates, the atmosphere was personal and relaxed. The plenary sessions gave us great opportunity to hear many prominent figures in our field impart their wisdom on us in a series of excellently prepared and delivered lectures. While some of us struggle to move on from overhead projectors to the world of PowerPoint presentations, Roger Booth raised the bar with the brilliant incorporation of Broadway musicals and The Beatles as presentation media. Immunology never seemed so appealing or relevant.

The concurrent sessions brought with them the usual dilemma; which one is for me? The smaller numbers made these sessions more interactive and again the presentations were clearly well prepared and delivered. I particularly enjoyed topics that stimulated debate and vigorous discussion in areas where so much is still unknown despite our collective experience. We walk away from these sessions with not only the added knowledge of those present but also a reassurance that we are not the only ones with difficult and, at times, unsolvable problems.

There was ample opportunity to meet with old friends and make new ones during the breaks between sessions as well as the different social events. In the first day it was not uncommon to hear people "ventilate" when asked, "So how's work?" Rather than be disheartening it was in fact reassuring to realise

that we all work in times of tight budgets and heavy workloads which will always be as challenging as the academic and clinical problems we face. It reinforced the importance of groups such as ANZSPM and other support networks to help us negotiate problems throughout our working lives. By the Conference Dinner on the second night however, things were different, as many happily joined conga lines, sang (a debatable choice of word) patriotic songs and danced with friend and stranger alike. It was pleasing to see other trainees at the conference and it is hoped we can make more regular contact and provide more input into both future conferences and our training.

The city of Auckland provided a wonderful backdrop to the conference with its stunning harbour, great shopping and many fine restaurants. The different performances throughout the conference provided a brief taste of modern multicultural New Zealand. Whilst not having a lot of time now, I think many of us will return as proper tourists again.

Three days spent in a conference such as this provides far more depth to our knowledge than months of reading journals and texts. Interaction with others provides an opportunity not only to reflect on our own practice but also to refocus our goals and interests within palliative care. While we may not be able to solve some of the day-to-day difficulties, we do return to work with a renewed and maybe altered enthusiasm for what we do. We encourage patients to allow palliative care to help them live with a life-threatening illness because they shouldn't try to do it alone. Conferences and other meetings should reinforce that, as health professionals working in palliative care, we too should not try to do it alone.

Feeling more relaxed on the return journey; even the Australian Customs officials were easy to negotiate. As we passed through the red checkpoint, all they could say was "So they gave you some tea bags and tinned tuna too?"

P.S. The world *did* keep on turning.

James Stevenson
Adelaide, December 2004

Editor: James is nearing the completion of Palliative Medicine training. He has spent the last 2 years in Adelaide.

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NEW ANZSPM COUNCILLORS

DR PHILLIP GOOD

Dr Phillip Good completed his palliative care training with the Royal Australasian College of Physicians in 2002, with subspeciality training in Palliative Medicine. He has written a brief biography.

I was born in Wollongong, and spent the early years of life there before enjoying the freedom of childhood of Moura in Central Queensland. This came to an end with a move to Brisbane in mid primary school. I undertook medical studies at the University of Queensland and graduated from there in 1995. Subsequently basic physician training was undertaken at various hospitals in southeast Queensland including Ipswich, Greenslopes, Gold Coast and the Mater Hospital. Fortunately I passed the physician's exam in 1999 and then proceeded to advanced training in Palliative Medicine. My first year of advanced training was in Oncology/Palliative Medicine at the Mater Misericordiae Hospital in Brisbane. Going to Newcastle and spending one year with the Palliative Care service at the Newcastle Mater Misericordiae Hospital followed this. The final year of advanced training was in Melbourne. There, six months was spent at Caritas Christi Hospice at the Kew campus and six months at McCulloch House – the palliative care unit of Monash Medical Centre.

In 2003 I started as a staff specialist at The Newcastle Mater Misericordiae Hospital. I have enjoyed the challenge of daily work and the collegiality of my much more senior colleagues – John Cavenagh and Peter Ravenscroft. My particular interests in palliative care are evidence-based palliative care, medical ethics and education of medical students. I have just started the daunting task of completing a PhD part time in the area of end of life care from a clinical, ethical and theological perspective, trying to integrate these three areas.

My other interests are cycling to and from work and this is my main form of exercise except for chasing after four young children. I also enjoy the rare occasions I can watch movies, have dinner with my wife and visit and sample the beautiful Hunter Valley wineries.

ASSOCIATE PROFESSOR JANET HARDY

Janet Hardy graduated from Auckland Medical School and trained in medical oncology at Auckland Hospital. In 1986 she was appointed as research fellow in the department of Clinical Oncology to supervise the early clinical trials of a new anti-cancer agent developed by the Auckland Cancer Research

Group. After completing an MD, she took up a position as senior registrar in medical oncology at the Royal Marsden Hospital in London. She worked closely with the palliative care team at the Royal Marsden and in 1991 was offered the position of locum consultant in palliative care. She was subsequently appointed to a substantive consultant post as Head of the Department of Palliative Medicine and Head of Research. In 2003, she took up the position of Director of Palliative Care at the Mater Health Services Brisbane. She maintains an active interest in palliative care research and is now the Clinical Research Programme Leader for the Centre for Palliative Care Research and Education. Her major research interests are in the clinical development of new analgesics and analgesic formulations, the management of cancer-related nausea and vomiting and in facilitating research in palliative care. Her mission is to improve the evidence-base on which the practice of palliative care is founded.

Janet has accepted the role of editor of the ANZSPM Newsletter.

DR MARY MCNULTY

I am a graduate of The University of Western Australia and work in general practice and palliative care. As a GP trainee I was offered a three-month attachment to the Silver Chain Hospice Care Service which has turned into an 18-year association. During my time with Silver Chain I have worked mostly as a support doctor and medical team leader although I was the deputy medical director for a short time.

The Silver Chain Nursing Association is a charitable organisation that provides most of the domiciliary nursing and home care in Perth, as well as nursing services in rural and remote Western Australia. The hospice service is a small part of the organisation that provides domiciliary palliative care. We provide all the home care to the Perth metro area apart from a small service run from the Repatriation Hospital.

We believe our care model is unique. We are particularly proud of the community-based teams where 28 GPs with special interest and training in palliative care provide the medical support and after hours back up.

For my part I have been involved in several government committees representing palliative care and several palliative care committees representing general practice. I was part of a group that developed a diploma course in palliative medicine at Edith Cowan University in the late 1990s. I was fortunate to be recognised as a member of the RACP's Chapter of Palliative Medicine and I am a director on the Board of Silver Chain.

I am looking forward to being part of the ANZSPM committee representing both general practice and Western Australia.

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NEW ZEALAND NEWS – DR WILLIE LANDMAN

As yet another African import into New Zealand in 1995, I come from a background in family medicine. After being a country GP for 17 years with an interest in palliative care, I became an academic GP for two years at Stellenbosch University in South Africa.

During the initial five years in New Zealand I worked in both general practice and palliative care; the first in a high deprivation area of Auckland and the latter at South Auckland hospice. I have been in full-time palliative medicine since 2001, working between Middlemore hospital, South Auckland hospice and the University of Auckland.

As a result of my family medicine background, my main interest lies in the integration of care, as well as the effects of terminal illness on family systems and society. I have been privileged to work in a very supportive multidisciplinary environment with great colleagues.

I got talked into the chairperson role at ANZSPM New Zealand during a momentary lapse of judgement at our last conference!

Fortunately, I have a great committee in Warrick Jones (treasurer), Dawn White (secretary) and Joy Percy. We feel that ANZSPM has an important role to play in the support and evolution of palliative medicine in New Zealand, both at the specialist physician and GP with interest level. The foreseeable future of palliative care in NZ will be very dependent on good General Practice support, especially in the rural areas, and we are looking at ways to support and encourage our GP colleagues. Another focal point will be looking at a collective salary contract arrangement across Palliative Care via the offices of ASMS (Association of Salaried Medical Specialists). We have an active Hospital Palliative Care NZ group, with whom we have close collaboration, especially in linking to governmental bodies such as the National Cancer Treatment Working Party, PHARMAC, as well as to Hospice New Zealand.

Last, but clearly not least, we like to think we can have fun together, so we are planning our next get-together under the guise of a CME/CPD meeting!

CHURCHILL FELLOWSHIP

This information has come to the secretary of ANZSPM and may be of interest to some of our Australian members. Perhaps you might consider this as a worthwhile endeavour.

Aim of The Churchill Trust

The aim of the Churchill Trust is to give opportunity, by the provision of financial support, to enable Australians from all walks of life who, having exhausted opportunities within Australia, desire to further their search for excellence overseas.

Selection of Churchill Fellows

There are no prescribed qualifications, academic or otherwise, for the award of most Churchill Fellowships. Merit is the primary test, whether based on past achievements or demonstrated ability for future achievement in any walk of life. The value of an applicant's work to the community and the extent to which it will be enhanced by the applicant's overseas project are important criteria taken into account in selecting Churchill Fellows. Applications are invited during January/February each year and close on the last day of February.

A number of sponsored Churchill Fellowships are also offered each year, usually confined to a particular field of endeavour.

A Churchill Fellowship can offer you:

- The prestige of being a Churchill Fellow
- The opportunity to enhance further work in a particular field of interest
- Overseas travel for approximately 4-10 weeks
- Air travel expenses
- A variable allowance to assist with personal maintenance while overseas

- A variable allowance for internal travel
- Possible assistance with the cost of fees for admission to and tuition at any institution.

Background

In 1962 The Duke of Edinburgh asked Sir Winston Churchill what memorial he would like. He was 88. He suggested something like the Rhodes Scholarships, but available to all and on a much wider basis. Churchill died on 24 January 1965 and, in Australia, Churchill Memorial Appeal Day occurred on Sunday 28 February 1965. The appeal netted \$4.3 million. The principal object of the Trust is to perpetuate and honour the memory of Sir Winston Churchill by awarding Memorial Fellowships known as 'Churchill Fellowships'. The Trust's aim is to reward proven achievement with further opportunity in the pursuit of excellence for the enrichment of Australia.

Each year The Churchill Trust rewards about one hundred Australians striving for excellence with the opportunity to investigate a project overseas. Since the Trust was established nearly 2800 of Australia's best and brightest have been awarded Fellowships.

To obtain more information and/or an application form

The National Office

E-mail: churchilltrust@bigpond.com

Freecall: 1800 777 231

Telephone: +61 2 6247 8333

Fax: +61 2 6249 8944

Application forms can be downloaded from their website www.churchilltrust.com.au

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ADVANCED NOTICE – ANZSPM 2006 SCIENTIFIC MEETING

**THE NEXT BIENNIAL ANZSPM CONFERENCE
WILL BE HELD IN NEWCASTLE NSW.**

TENTATIVE DATES ARE 4-6 OCTOBER 2006.

MAKE A TENTATIVE DIARY NOTE NOW.

VACANCY

PALLIATIVE MEDICINE MEDICAL OFFICER OR SPECIALIST NEW ZEALAND

Cranford Hospice is looking for a Medical Officer to work in our 8-bed inpatient unit. The position is 8/10 with two to three weeknights on call, no weekends (unless you really want to!)

Initially 3-month locum with possibility of permanent position.

You must have recent experience in palliative medicine; vocational registration is not essential but would be an advantage.

Salary and conditions are negotiable.

If you are interested in working in Hawke's Bay Wine Country, please contact

Dr Kerry Lum
Medical Director
Cranford Hospice
300 Knight Street
Hastings
New Zealand

Ph +64-6-878-7047
phoenix.md@supportec.org.nz

Closing date: Open

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VACANCY DIRECTOR OF CLINICAL SERVICES MURDOCH COMMUNITY HOSPICE, WESTERN AUSTRALIA

Murdoch Community Hospice invites medical practitioners with FACHPM or equivalent to apply for the full-time position of Director of Clinical Services. This new position was created following the retirement of Dr David Thorne as Medical Director. This purpose built, 20-bed Hospice, co-located with St John of God Hospital south of the river in Perth, is managed by a CEO and governed by a community Board. The Director of Clinical Services will be supported by a palliative medicine consultant and a full-time resident/registrar. The successful applicant will be expected to contribute equally to clinical supervision and the strategic development and implementation of Murdoch Community Hospice as a pre-eminent provider of specialised inpatient care and outreach services. Government is currently mooting the establishment of a co-located large teaching hospital, and if this development occurs, it will further expand the possibilities of future development of Murdoch Community Hospice.

You are encouraged to explore the Hospice's website and to download the job description at www.murdochhospice.asn.au

Salary package in the range \$145,822 – \$182,856 pa is negotiable depending on qualifications and experience. Salary sacrificing and appropriate on-call allowances are available. The successful applicant will be assisted with reasonable relocation expenses, if applicable.

Applications addressing the selection criteria and including curriculum vitae and three referees should be marked "Confidential Application" and addressed to The Chief Executive Officer, Murdoch Community Hospice, 100 Murdoch Drive, Murdoch WA 6150.

Applications close 31st January 2005 and commencement is desirable as soon as practicable, but certainly prior to 1st July 2005.

Murdoch Community Hospice reserves the right to make an earlier appointment in the event that Dr. Thorne is unable to continue in a caretaker capacity, thus early notification of expressions of interest are strongly encouraged.

Further enquiries to Dr David Thorne md@murdochhospice.asn.au or to Ms Eleanor Roderick ceo@murdochhospice.asn.au

VACANCY PALLIATIVE MEDICINE, ADELAIDE

A vacancy is pending in early 2005 for a Palliative Medicine Consultant with Adelaide's Western Palliative Care Service. This is an attractive opportunity to work with a multidisciplinary team that provides palliative services in an acute care hospital, hospice, aged care facilities and in patients' homes.

Enquiries welcome:

Phone +61-8-8222 6825

e-mail: roger.hunt@nwahs.sa.gov.au

VACANCIES ARE OFTEN POSTED ON THE BULLETIN BOARD ON OUR WEBSITE,
WE ENCOURAGE MEMBERS TO VISIT THAT AREA

<http://www.anzspm.org.au/>

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