Volume 11 Issue 1, March 2002

ANZSPM newsletter

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ANZSPM
Australian and New Zealand Society of Palliative Medicine

EDITORIAL

As our President, Will Cairns, comments from his Soapbox, New Year celebrations are well and truly past, Christmas is a vague memory and Easter looms.

Again I have collated an edition packed with news of activities furthering the vital work that we do, whether it is with a general or specialist focus. ANZSPM is full of willing members who have contributed to this edition. Our membership is now about 270 and continues to grow. I encourage you to invite colleagues who are interested in Palliative Care to consider joining. David Brumley, your secretary, is keen to bank your very reasonable membership fees. David has recently been to Vietnam - read his compelling tale on page 8.

We congratulate two of our members who have been acknowledged in the Australia Day Honours. Although none of us seek personal recognition, it is good that not only these worthy individuals, but also the work of Palliative Care has been publicly highlighted in a very positive manner.

I have sought an article about training for fellowship of the Chapter of Palliative Medicine. I hope this will provide some clarity of the current position. As Michael Ashby says these are early days in the development of the training programme and they are happy to receive feedback and comments.

There is a review of "Therapeutic Guidelines: Palliative Care." Many members of ANZSPM have contributed to this enterprise. If you do not already have a copy, it is well worth purchasing. Read the chapter on Complementary & Alternative Therapies on pages 110-114 by Professor Ray Lowenthal. His discussion of this complex subject in "The Australian Skeptic"1 formed the basis for the commentary on this topic.

Conferences need to be booked into your diaries. The 5th ANZSPM Conference is shaping up well. Do mark your diaries and start planning leave arrangements. Start considering abstracts to submit and consider entering for the President's Prize. See page 11.

I have included an early warning of the next Palliative Care Australia conference. After the joys of balmy Townsville in September 2002, come and enjoy the hospitality of South Australia in September 2003. If "Time to Reflect" is not enough, be enticed to the home of Haigh's Chocolates, or be attracted by the delights of the Barossa & Clare Valleys, the wonderful Adelaide Hills or the fantastic restaurants of Adelaide. Take a bike ride from one end of Adelaide to the other along the picturesque Linear Park, following the River Torrens without the danger of motorcars or if you rather, visit reputably the best collection of Colonial Australian art at the Art Gallery of South Australia, or wander around the recently renovated Museum right next door.

And here is a reflection from the philosopher Seneca, who captured the challenge of our endeavours in 65 AD.

"The order in which we receive our summons is not determined by our precedence in the register. No one is so very old that it would not be quite natural for him to hope for one more day."

Greg Crawford
Adelaide

1. Lowenthal R. Cancer quackery examined. The Skeptic 2001 (Autumn): 16-20.

PRESIDENT'S SOAPBOX

The inexorable lava of time has consumed another year and much to my surprise we find ourselves in 2002, the year of the ANZSPM Conference here in Townsville. The ups and downs of last year are on the other side of the divide of Christmas and New Year and their urgency is beginning to fade. So what do we have planned for this next year?

For me the major activity will be the September Conference. A "select" Committee is working with our Conference organiser to make the Conference a success. We have arranged two Keynote speakers from the UK. Ann Goldman from Great Ormond Street Hospital in London comes very highly recommended by our paediatric colleagues here in Australia & New Zealand. Paediatric palliative care is a particular challenge for those of us in provincial areas remote from the diverse services available in some of the capital cities.

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Professor Peter Maguire from Manchester is known to many for his work on communication in palliative care and will present two lectures and run a short workshop. In addition to the usual opportunities for presentations of original work we plan to incorporate a number of lectures on the fundamentals of palliative medicine presented by our teacher members from New Zealand and Australia. This will provide an opportunity for our GP members to incorporate an update on core skills and for all of us to see how others do their teaching and claim their fame! We will have the AGMs of both ANZSPM and the Chapter, and a separate session to address developing issues for palliative medicine in an open forum. Late September is a great time in the north with great opportunities up and down the coast for exploring our fascinating part of the world both before and/or after the Conference. We hope that as many of you as possible will be able to come. Please consider putting up an abstract or if there is a specific subgroup meeting you would like to hold let us know so that we can write it into the programme. Register your interest at www.conferenceplanners.com.au or by email at callus@conferenceplanners.com.au or via the ANZSPM website at www.anzspm.org.au

In the meantime the core work of ANZSPM goes on. In October Paul Glare and Michael Ashby attended a meeting arranged by the Feds to look at the development of a multidisciplinary health care curriculum in palliative care. Our existing curriculum is due for revision but should make a major contribution to the process. I would be very interested to hear how palliative medicine is being incorporated into the education of medical students in your area. Here in Townsville the new Medical School at James Cook Uni includes the development of an understanding of the issues of palliative medicine and supporting dying people and their families as one of the core educational goals of training. We are only up to the third year of students. It remains to be seen how that will be implemented. So far the signs are good. We are at present writing the course on neoplasia and have a foot and a leg in the door there. It all may of course have something to do with the Dean having been a rural GP and a participant in the first GP Pall Med course held here in the North in 1991 and run by John Cavenagh.

In early December I attended an Intercollegiate Forum at the RACP in Sydney to encourage improved communication between those providing aspects of the palliative management of patients. Participants ranged from representatives of the RACGP, through the various types of Oncologists, to the Faculty of Pain Medicine. I thought that it was a fruitful day as it focused on the need to cooperate and encourage the integration of the range of skills that we all have to offer.

One aspect that I found interesting was the support for some form of qualification to recognise the skills of GPs providing palliative medicine. Among the suggestions was again a Diploma much like the Dip Obs. Such a Diploma would have to be issued by one or more Colleges and unless I hear vocal objection, I will be encouraging the Australasian Chapter of Palliative Medicine to open discussions with the RACGP, RNZCGP and ACRRM. It may take some time but is more likely to be successful than stepping out into the snow alone. What do you think?

The Australian Cancer Network/Dept of Health and Aged Care project "Cancer in the Bush" was discussed at the COSA Conference in Brisbane at the end of October and of course rural palliative care is a major issue. We proposed that the first step be an audit of rural and remote palliative care. Nationwide we really have little idea of who is doing what and where, the extent of gaps if any, the successes and failures, and what we can learn from one another. I suspect that there is a wealth of practical experience out there that should be tapped before we coastal-fringe-dwellers start spouting off. I hope that this proposal will receive the funding it deserves from the ACN.

The NZ ANZSPM members meet at the end of February and David Brumley will be attending to represent council as a whole, and the Australian side of the family. I am sure that he will find it as interesting as I did last March. They have come a long way in 12 months with palliative medicine now recognised as a specialty and FAChPM as a relevant qualification. The have also done a lot of work on the role of GPs in palliative care. On the other hand they have significant limitations to their use of medications that we would regard as essential. I hope that David will give us his views of Waihiki Island in the next issue.

In July you will receive notice of the AGM and the opportunity to nominate for Council and President. We have a wide range of tasks to work on over the next few years as palliative medicine is bedded down in all venues of health care from tertiary referral hospitals to isolated communities. All medical practitioners have a role to play in this work and by participation in ANZSPM you can help to develop palliative medicine where you work, and where people like you work.

Finally, many of you will know that Ian Maddocks and Helen-Anne Manion were honoured in the Australia Day Honours list. I am sure that you will all join me in offering our congratulations to Ian and Helen-Anne on their awards, and our thanks for their ongoing contributions to the development of palliative medicine and palliative care.

Will Cairns
Townville

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NEW ZEALAND NEWS

The NZ branch enjoyed its involvement in the RACP Joint Annual Scientific Meeting with Special Societies in Auckland at the beginning of November. ANZSPM took part as an official Special Society for the first time. Other societies represented were The Paediatric Society, The Internal Medicine Society of Australia and NZ and The NZ Geriatric Society. The theme was "Mind the Gaps: Transitions in Healthcare". Transitions from child to adult, living to dying and hospital to community were amongst those considered in various formats.

We were delighted that the first plenary session of the conference was devoted to palliative care. Rod MacLeod from Wellington chaired the session. Speakers were Michael Ashby (Monash) " Palliative care and mainstream healthcare: minding the gap and finding the balance"; Sara Fleming (Paediatric Palliative Care Nurse Consultant, Adelaide) "Exploring the 'leap' from acute to palliative, and institution to community"; John Collins (Paediatric Pain and Palliative Care, Sydney), "Fear as a barrier to paediatric palliative care" and Michael McCabe (Director, NZ Catholic Bioethics Centre, Wellington), "Shaping the culture of care at the end of life".

Apart from the plenary sessions each day, there were several breakfast sessions to choose from, and a variety of workshops later in the day. ANZSPM had a well-attended workshop on non-cancer palliative care and multiprofessional teamworking, considering Motor Neurone Disease and Cystic Fibrosis as examples. Cathy Miller led another well-attended workshop on "Ethics through the Ages", discussing ethical issues thrown up by selected cases from childhood to old age. Michael Ashby and Anne O'Callaghan led the "Pre-dinner palliative care reflections". A large audience gradually gathered (near the bar) to share in this contemplative session of poetry and prose, evoking a range of emotions and laughter.

We were kindly invited to join with the Paediatric Society for dinner - at Dr Doolittle's, Auckland Zoo (who else would go to the zoo for dinner?). Overall, this was a satisfying and enjoyable conference, with the opportunity to share a palliative care perspective with a wider audience of physicians (and vice versa). Huge thanks go to Anne O'Callaghan from Auckland who found herself on the organising committee and did a great job for ANZSPM.

During the conference, the NZ Hospital Specialist Palliative Care Group was launched. Doctors and nurses providing or planning to provide hospital palliative care services contributed to a constructive discussion. A very enthusiastic attendee, Anne Morgan (PC Nurse Specialist, Christchurch) already has a website in construction! Any kiwis reading this who would like to join the group, please contact Cathy Miller in Auckland: cathy.miller@ix.net.nz or Anne Morgan: AnneC.Morgan@cdhb.govt.nz

I should like to amend some comments I made in the last newsletter in the light of new understanding. The NZ Cancer Treatment Services Working Party was created earlier this year to consider several issues challenging Oncology Services, including appropriate use of chemotherapeutic drugs and new treatments as well as workforce issues. There is now no specific palliative care subgroup, but palliative care issues will be considered within its work. The specific drug-access concerns of ANZSPM(NZ) members are probably best addressed by palliative care doctors themselves, and so a small group of members is now developing a strategy to tackle these concerns.

Anne MacLennan
Wellington

FORTH COMING LECTURE

Title:	Improving Care of the Dying
Speaker:	Professor Joanne Lynn Director, RAND Centre to Improve Care of the Dying, Arlington USA
Date:	Tuesday 19 March 2002
Venue:	Sunderland Lecture Theatre, Ground floor, Medical Building, Cnr Grattan Street and Royal Parade, University of Melbourne.
Time:	6-7pm

Professor Joanne Lynn is director of the RAND Centre to Improve Care of the Dying in Arlington, USA, and president of the policy activist group Americans for Better Care of the Dying.

RSVP and further enquiries (03) 8344 5888.

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TRAINING FOR FELLOWSHIP OF THE CHAPTER OF PALLIATIVE MEDICINE (FAChPM)

The Australasian Chapter of Palliative Medicine (The Royal Australasian College of Physicians) was established in May 1999 with the principal object of offering a collegiate home for the emerging discipline of palliative medicine. The objects of any collegiate body in medicine are to promote knowledge, expertise, standards and research in that discipline. It is also hoped that the discipline will gain separate specialty status in Australia in due course, and this has already been achieved in New Zealand.

It is important to seek the advice of an established Fellow or specialist in palliative medicine before applying for training. Above all, it is important to have a clear idea about goals and ambitions, and the motives for entering training. Employment opportunities in this new small discipline vary from place to place and it is important before embarking on training to be clear about potential career pathways.

In view of the substantial time and cost involved in training, this qualification is only likely to suit somebody who is making a major career change to palliative medicine. In recognition of this fact, discussions are now underway within the Chapter to look at a diploma course which might be more suitable for general practitioners and other specialists who wish to gain some credit for a special interest in palliative care without wishing to embark on the arduous path of fellowship.

In order to become a Fellow of the Chapter (FAChPM) a doctor must already possess the fellowship of another Australasian or New Zealand college or faculty and undertake the Chapter training program. This is known as 'lateral entry'. Overseas trained specialists who wish to gain Fellowship of the Chapter need to be assessed via the Australian Medical Council (AMC) or New Zealand Medical Council (NZMC). If they are found to be eligible for specialist registration in Australia or New Zealand in their specialty, they will be eligible to join and undertake the Chapter training program. It is therefore not possible to enter Chapter training unless one has been granted specialist registration by a State or Territory Medical Board in Australia or New Zealand

The total training takes three years full-time. Part-time training is possible, but must be at least half time. Training consists of six modules of six months duration each.

These are further sub-divided into mandatory and non-mandatory modules. The minimum content of Chapter training consists of mandatory modules and one additional module which may be either a mandatory or a non mandatory module and which will be specified by the ChTC following initial assessment for entry into the Chapter training program.

MANDATORY MODULES

Module 1: Palliative Medicine Unit or Hospice

Experience in a designated Palliative Medicine Unit or Hospice. This experience is to enable the trainee to gain experience in interdisciplinary palliative medicine for inpatients.

Module 2: Palliative Medicine Community Setting

Community setting (Outreach or Homecare Service). Experience should be gained in the delivery of palliative medicine services to the community and in clinics.

Module 3: Palliative Medicine Teaching Hospital Consultation Service

Experience working in a Teaching Hospital Consultation Service. This experience should be gained in Consultation Service run by Palliative Medicine to other units in a teaching hospital.

The mandatory palliative medicine modules have to be in prospectively approved designated palliative care registrar position(s). Equal experience in the inpatient, community and hospital consultation settings is required, but the modules can be run concurrently in the same job if separate jobs in each setting do not exist.

NON MANDATORY MODULES

Module 4: Clinical Oncology

The oncology position should be approved for training in medical oncology or radiation oncology.

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Module 5: Other Specialities

The trainee is expected to gain experience working in other specialties with strong relevance to palliative medicine. The ChTC will determine how many of the relevant specialties a trainee will be required to undertake. Some specialties that might be considered include HIV medicine, respiratory medicine, general medicine, geriatric medicine, clinical pharmacology, pain management, intensive care, liaison psychiatry, and medical administration.

Module 6: Research or Academic Study

Accredited research directed towards an MD or PhD or a project approved by the ChTC, or a program of academic study. Trainees may apply for up to 12 months of research or work towards a relevant academic qualification to be accredited.

Credit may be given for relevant past experience or prior academic achievement in modules 4, 5, and 6. A satisfactory supervisor's report is required for each 6-month module and one completed project per year of training is also required.

GENERAL INFORMATION

Training is overseen by the Chapter Education Committee (formally known as the Training Committee). The members are:

Professor Michael Ashby (Chairman), Dr Simon Allan (New Zealand Representative), Dr Doug Bridge (Appointed Member), Dr Stephen Clarke (Representative of Adult Medicine Division), Dr Will Cairns (Appointed Member), Dr Jenny Hynson (Representative of Paediatrics and Child Health Division), Dr Richard Chye (Ex-officio), Professor Peter Ravenscroft (Ex-officio).

The Chairman and members of the Education Committee are happy to give informal advice to applicants and trainees, but cannot pre-empt the Committee's decisions.

Every trainee is treated on an individual basis. Where possible the Committee will try to assist people to train in the location(s) of their choice. At present there is no mechanism to credential any specific job or academic qualification.

The trainee is responsible for applying for entry into the Chapter training program and upon acceptance to submit each year a training program for approval by the Committee.

Trainees have to have a supervisor for each module who is either the head of a unit or one of the consultant staff who are Fellows of the Chapter in the unit or service concerned. The supervisor oversees the training and provides the report which is the assessment tool.

Any administrative matters will be dealt with by the Chapter office from which the Manual for Trainees 2nd Edition can be obtained. This is essential reading before embarking on any application, and is available from the Chapter Office at the RACP in Sydney on request. The two principal contacts are Radmila Jancic (Executive Officer, Department of Training and Assessment, RACP) and Amy Green (Chapter Administrative Officer).

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We are only in the early days of developing the training program, and are happy to receive feedback that allows us to balance the interests and needs of trainees, and employers, with our responsibility to maintain standards.

Professor Michael Ashby
Chair, Chapter Education Committee
Council Member, ANZSPM
michael.ashby@med.monash.edu.au

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BOOK REVIEW

Therapeutic Guidelines Palliative Care, Version 1, 2001

Therapeutic Guidelines Limited, North Melbourne, Australia

The first edition of "Therapeutic Guidelines Palliative Care" is a very welcome addition to practitioners' resources. In particular, those general practitioners and others who have an interest in palliative care but are not full-time providers of palliative care will find the volume very useful.

The volume is complete and has attempted to cover most important areas of palliative care. It includes chapters on the nature of palliative care, ethics, grieving and care of providers and covers fully the expected areas of pain and symptom control. The writers, 16 in total, are predominantly palliative care specialists but include pharmacologists, nurses and one general practitioner. They have succeeded in producing a concise and readable small textbook for palliative care. Coming from a number of palliative care services and backgrounds, this volume can be seen as a good summary of palliative care practice in Australia and sets a standard for palliative care practice.

Palliative care presents specific problems to any group attempting to produce a set of guidelines. In being a team discipline, the guidelines need to be made available to practitioners of different backgrounds and training. In contrast, the equivalent volumes of, for example, "Therapeutic Guidelines Antibiotics" or even "Therapeutic Guidelines Psychotropic" are more tightly directed to a specific audience.

Hence for general practitioners used to using the other guidelines, this volume reads differently. Unfortunately, at times it is difficult to identify the target audience for this volume. Most of the "Therapeutic Guidelines " previously published appear to target the non-specialist practitioner and deal mainly with concise protocols for treatment. This volume however would appear to be attempting to cover the entire field of palliative care. Chapters such as "Emotional self care of the Palliative Care Provider" cover ground that is not specific to palliative care. The chapter "Staff Care Principles for Services", while admirable in sentiment, does not seem to add anything useful to therapeutics in palliative care.

Yet other areas where guidance might be useful are covered surprisingly briefly. The use of continuous subcutaneous infusions is mainly relegated to a short note in the appendix. While adequate, the placement of the discussion seems to imply that such infusions are almost an afterthought where in fact, certainly in South Australia, syringe drivers are easily accessible to general practitioners and community nurses and of immeasurable benefit.

The appendices could be better constructed. For many practitioners, changing between opioids can be a challenge and the table of equivalent doses is well presented and easily followed. Regrettably, it is buried at page 75 although my copy already automatically opens at that page. Placing this and other similarly important tables in the appendices might have been useful.

There are two well-written chapters on analgesia: the first deals with general pharmacology of analgesics and adjuvants and the second with pain management. The two chapters are, however, separated by very general chapters on practical points and principles of management. Hence, to cover the choice and use of a tricyclic antidepressant one needs to flip between page 86 and page 140. I can appreciate the dilemma of presenting the information succinctly but these chapters could also be re-worked.

The volume is most useful and well written in the chapters dealing with symptom control and these chapters are excellent. They are short and cover the ground well.

In summary, therefore, the volume could be shortened. In particular, the general introductory chapters could be improved and targeted more to therapeutics.

The above comments should not distract one from the fact that this volume is long overdue, well written and unique in providing a concise view of palliative care as it is practised in Australia. I carry it with me at all times and it will be essential reading for palliative care providers of many disciplines.

Dr James Cooper MBBS, PhD
(Editor - and our newest member)
General Practitioner
Hindmarsh Medical Clinic
275 Port Road
Hindmarsh SA 5007

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PREPARING FOR THE 7TH AUSTRALIAN PALLIATIVE CARE CONFERENCE

"Time to Reflect"

Under the chairmanship of Dr. Mary Brooksbank, the Director of the Central and Eastern Adelaide Palliative Care Service, the organising committee for the next National Palliative Care conference has been meeting since September 2000. The committee comprises: Andrew Taylor, Executive Officer of the Palliative Care Council of SA, Elizabeth Keam Nurse Manager of Mary Potter Hospice, Adelaide, Professor David Currow, Professor of Palliative and Supportive Services, Flinders University of SA, and David Roach, Coordinator of Bereavement Care, Southern Adelaide Palliative Services.

The conference is a joint initiative of Palliative Care Australia and the Palliative Care Council of SA, and the organising committee is in regular contact with the Council Committee and with Tonia Barnes, Chief Executive Officer of PCA.

The first tasks of our conference organising committee were to:

1. establish ideas about what the conference wishes to address and choose a theme
2. select a professional conference organiser

From the start, the committee was thinking and working on two levels: the philosophy of the Conference, and the practical demands of financial accountability and efficiency.

It's been an interesting and challenging task.

Our early discussions revolved around the theme. We knew and are proud of the fact that the first National Palliative Care Conference was held in Adelaide in 1990. We felt that it would be useful for us to examine the journey that Palliative Care has taken since those early, heady, days of the movement in Australia. We are aware that the journey has been a bit bumpy, and that the political and economic climate in which we now live presents palliative care in particular, and health care in general, with significant resource problems.

We are also aware that, like most health care workers, palliative care workers are highly committed to the people, whom they seek to serve. The work can be extremely demanding.

Our thought was to join the two needs to reflect on where, and how, we have travelled since 1990, and to give workers the opportunity for time-out to think about themselves and their own personal journeys in Palliative Care.

Hence "Time to Reflect."

In addition to presenting an interesting and challenging programme of speakers, we hope to provide participants with realistic opportunities to explore and discuss themes and issues of importance to them in workshops.

We also intend to showcase Adelaide in this conference; it's our home and we're proud of it. The new Adelaide Convention Centre is an outstanding venue; a building of architectural merit, situated on Torrens Lake, and within walking distance of the Adelaide Festival Centre, the SA Museum, the Art Gallery of SA, the Botanic Gardens and the new National Wine Centre.

Our aim is to make this a conference, which will not only give the participants the time to reflect, but also be an opportunity for people in Adelaide to develop an awareness of Palliative Care.

Following a programme-planning meeting in November we are now looking closely at possible keynote speakers. There are some very exciting prospects here, but we should probably wait until we have final confirmation of their availability before announcing them. We are also considering how to make the programme meet the goals, which we have set, and the needs of the potential participants whose opinions we wish to canvass.

The next eighteen months will, no doubt, be busy and demanding, but we look forward to presenting a conference, which will be a valuable opportunity for reflection and renewal of enthusiasm for this amazing work.

Put it in your diary NOW
Adelaide
September 9-12th, 2003

David Roach
Southern Adelaide Palliative Services

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A TEACHING VISIT TO CHO RAY HOSPITAL, HO CHI MINH CITY, VIETNAM, November 2001

Professor Ian Maddocks and his wife Diana, Lyn and David Edwards, Dr. Khiem Ngo, Elaine Magruder and myself flew to Vietnam to teach a 5-day introduction to Palliative Care at Cho Ray Hospital. Lyn is a Ballarat palliative care nurse and pastoral carer. Elaine is a Texan and the head of Volunteers International, a palliative care dedicated charitable group. Khiem Ngo is a young Australian doctor originally from Vietnam and dedicated to social causes in his country of birth.

Cho Ray is a 1200-bed city hospital in District 5 (Cholon) area of Ho Chi Minh City, a city of about 8 million people. David Edwards oversaw the installation of computers for distance learning in Ho Chi Minh City, Cu Chi, Hue and Ha Noi. Our visit was partly funded by Volunteers International and the International Association for Hospice and Palliative Care (IAHPC). About 60,000 people die of cancer in Vietnam each year, and the overwhelming majority have no access to effective cancer modifying treatment, palliative chemotherapy or radiotherapy, or analgesia.

The course was run at the request of Dr. Hoang Hai, Director of the Training Dept. at Cho Ray because this hospital is currently building a cancer centre, which will boast two linear accelerators and a 10-bed palliative care unit.

Twenty doctors and five nurses attended the course, including representatives from many different departments of Cho Ray. The course ran for 5 days, and the course content included presentations from local speakers as well as us. Teaching methods included short lectures, a series of pre-prepared translated case studies on symptom control of the common cancers and related problems in Vietnam - lung, cervix, breast, hepatocellular carcinoma, and HIV. Role-play was used to demonstrate aspects of communication between doctor, patient and family. In Vietnam it is not common to directly discuss the diagnosis with the patient.

The particular problems we identified included access to and use of morphine, which is generally available only as 10mg ampoules for parenteral use. A long acting oral preparation, Skenan, is expensive and not readily available.

Doctors outside hospitals cannot prescribe morphine, which makes discharge planning for patients requiring strong analgesics difficult. Transdermal fentanyl is likewise beyond the means of most, because patients must pay for their drugs.

Many families face high costs when they travel from the countryside with a sick family member. The family must pay the patients costs for drugs and food in hospital as well as their own losses from work absence and expenses in the city.

We were also exposed to the reality of head injury in this city. The enormous volume of mixed city traffic in HCMC with cycle and motorcycles results in a large number of severe head injuries. Ian M was particularly emphatic in advising the doctors to be role models in wearing helmets!

Within Cho Ray there is a great deal of general medical and nursing expertise and energy, and within the course a core of several doctors very actively interested in palliation. Plans have been made for maintaining contact, and it is hoped that approval and funding can be found to assist Dr. Anh, the radiotherapist, in his aim of travel to Australia for further training and experience in the day-to-day use of the linear accelerators being installed at Cho Ray. There is a desperate need for skills in this area, because there is currently only one Cobalt machine in HCMC available for the treatment of the poor, and this is currently out of service.

After working in Cho Ray, we traveled to Hue and visited the central hospital, where Elaine Magruder and others have previously set up an eight-bed palliative care unit under the care of Dr. Phuong. Dr Phuong is a surgeon within the cancer centre, and is currently on leave in Belgium studying teaching methods.

Are you looking for new challenges and enjoyment? Working to support the development of palliative care in other cultures is fun, and there is so much unmet need, so much quite unnecessary suffering, only hours from us. Do yourself and the rest of the world a favour - get involved for a week or so each year in a place you're interested in. For example, talk to such ANZSPM members as Rosalie Shaw in Singapore about how to best involve yourself in our region. Think about "twinning" with doctors in other poorer countries. Encourage overseas doctors you know to become Associates of ANZSPM. Talk to Roger Woodruff about joining the International Association of Hospice and Palliative Care (IAHPC). There are endless possibilities, and you'll benefit as much as the people you help.

David Brumley
Ballarat

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IAHPC 2001 INSTITUTIONAL AWARD

The International Association for Hospice and Palliative Care (IAHPC) is pleased to announce that the Clinica Familia - Programa de Cuidados Paliativos from Chile was chosen as the winner for the 2001 IAHPC Institutional Award.

The Award is directed towards both public and private non-profit institutions and its goals are to support the development of models of palliative care throughout the world; strengthen health care services for patients with incurable illness and their families in order to improve their quality of life; and promote the formation of alliances and work in cooperation among the health, academics and/or governmental institutions.

The selection committee members for 2001 included Doctors Derek Doyle, Eduardo Bruera, Rosalie Shaw, Alan Nixon and William Farr. Applications were received from India, South Africa, Chile, Ukraine and Mexico. Congratulations to all the programs for their great effort and hard work.

If you are interested on learning more about Clinica Familia, please visit the IAHPC website. Information and pictures are available under: www.hospicecare.com/Awards/awardsindex.htm

Eduardo Bruera, MD
Chairman
IAHPC Board of Directors

Liliana De Lima, MHA
IAHPC Executive Director

JOB VACANCY

ACT Hospice (Clare Holland House)

Commumity Palliative Care Specialist - Locum Position

As a public hospital facility, the ACT Hospice is proud of the role it plays within the community to provide a peaceful and dignified environment for those requiring palliative care. The Hospice has 17 beds where patients are admitted for symptom management, respite and terminal care.

A locum position is available for at least six months from March 2002 for a Palliative Care Specialist at Hospice (up to 56 hours per fortnight).

The specialist's role centres around the provision of a consultative service for medically referred palliative care patients within the ACT community and nursing homes, including liaison with community nurses and general practitioners, to plan ongoing palliative care. The role also includes care of patients within Clare Holland House, the inpatient consultative service and palliative care education.

Terms and conditions will be in accordance with the Calvary Hospital (Medical Officers) Agreement.

Enquiries: Dr Andrew Skeels,
Medical Director, ACT Hospice

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UNDERGRADUATE PALLIATIVE CARE EDUCATION

On Monday 15/10/2001, I represented ANZSPM at a meeting in Canberra on undergraduate palliative care education.

One of the many initiatives of the National Palliative Care strategy is to look at undergraduate palliative care education. Where as many projects to implement the strategy are already being funded, the status of this area according to the Commonwealth Department Health and Aged Care (DHAC) is that it is "currently being scoped" - although that is not strictly true: One of the issues discussed was "should it be scoped?"

About 20-30 people attended: from diverse backgrounds: bureaucrats, academics, clinical academics and representatives of interest groups like ANZSPM. The Workshop ran for 4 hours. It was facilitated by Trevor Waring, the Deputy Chancellor of University of Newcastle. He has a clinical psychology background and is head of the Hunter Institute of Mental Health. HIMH has experience in getting new educational material into "crowded curricula." They were the successful tenders to develop material on youth suicide prevention to be added into existing undergraduate curricula in nursing, journalism and secondary education.

After setting the scene, there were small group discussions on where undergraduate palliative care education is at present, what the issues are and what sort of initiatives/innovations could be funded. They didn't say how much money would be available for projects in undergraduate palliative care education or what the timeline is other than the $151M allocated for the whole National Strategy has to be spent by 6/03/02.

At the end of the day there were general consensus about 4 areas that DHAC will look at putting out to tender:

1. writing a "position statement" on the importance of undergraduate palliative care education and how all faculties/curricula should try to incorporate it - to be signed off by DHAC, Deans of medical schools/nursing schools, organisations like ANZSPM
2. developing tools/resources for teaching
3. doing a scoping exercise on what is currently happening and what resources are being utilised
4. possibly funding some demonstration projects.

The tendering will follow the usual process - write "statement of requirement" then put it on the web, in national newspapers etc. No further meetings of the group that attended that day were planned.

Probably the main role of ANZSPM at this forum was to know of its existence and ensure that there is ongoing medical input to the process. It is not clear to me how strongly we would want to be doing any projects directly (cf. the therapeutics questionnaire which John Cavenagh et al. have been involved with). For example a survey could be done of to what extent the ANZSPM Curriculum is being utilised in the 11 national medical schools - the number is small but how you would get the information would be quite a challenge!

Paul Glare
Sydney

CONGRATULATIONS

Two ANZSPM members were acknowledged in the recent Australia Day Honours.

Emeritus Professor Ian MADDOCKS Member in the Order of Australia (AM)

For service to medicine, particularly as a pioneer in fostering the discipline of palliative care, as an educator in the field, and as a contributor to medical organisations concerned with the prevention of war.

Dr Helen-Anne MANION Medal of the Order of Australia (OAM)

For service to the community and to medicine in the field of palliative care, particularly through the establishment of the Home Hospice programme.

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THE PRESIDENT'S RESEARCH PRIZE

The Aim of the Prize

The aim of this prize of $2000 is to promote the development of palliative care by providing recognition and financial support to postgraduate students of recognised palliative medicine training programmes who are undertaking or have completed research which furthers the aims of palliative care. The Prize will be available biennially.

Eligibility

The prize is open to all medical practitioners registered in Australia or New Zealand who are undertaking postgraduate study in palliative care in recognised training programmes. Where research has been conducted by two or more medical practitioners eligible for the prize, the prize may be shared. When research has been conducted with others ineligible for the prize, it is expected that the applicant will have been the principal investigator.

Criteria for Prize

The criteria for assessment for the award will be the standard and originality of the research and the relevance of the research to palliative care in the short or long term.

Adjudication

Will be by the Council of ANZSPM or those delegated by it. The Council of the Society reserves the right not to award the prize and the decision of the Council will be final.

Application

Application for the Prize should be made by letter, including a short CV and should be accompanied by 10 copies of the paper or of a report of the research progress. The closing date for applications is the July 1st of the year of award. It is expected that the prize winner will be awarded at the Annual General Meeting of the Society and that the winner will present the research at that meeting.

Applications should be sent by July 1st 2002 to:

Dr David Brumley, Secretary ANZSPM
Gandarra Palliative Care Unit
102 Ascot St South
Ballarat, Victoria
Australia 3350
Email: secretary@anzspm.org.au

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25-28 SEPTEMBER 2002

5th Biennial Conference of the Australian and New Zealand Society of Palliative Medicine

25 - 28th September 2002

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