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Conversations that Count Day and Tō Tātou Reo (Our Voice)

The work of the NZ ACP Co-operative

“...No one ever really has control. Physics and biology and accident ultimately have their way in our lives. But the point is that we are not helpless either. Courage is the strength to recognise both realities. We have room to act, to shape our stories...” - From *Being Mortal*, by Atul Gawande

By Katrina Gibson
Medical Officer/Advanced Trainee, Hawke's Bay

WHILST ADVANCE CARE planning (ACP) is not the sole remit of palliative care, many of you will be involved in it. Those in New Zealand may already know about the work of the National ACP Co-operative, striving to enable all to have a voice and shape their own stories – to have access to comprehensive, structured and effective ACP.

This article tells you more about the Co-operative, developments so far and resources that may be useful to you.

The Co-operative formed in 2010 after New Zealand attendees at the inaugural International Advance Care Planning conference in Melbourne met and agreed to adopt a collaborative approach to ACP within New Zealand. The approach is multi-dimensional with several 'taskforces' focusing on specific areas. Networking and communication are key features with regular updates, quarterly e-Newsletters and nationwide



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tele/video conferences. It works with government and non-governmental agencies including the Ministry of Health, District Health Boards and charities such as Age Concern.

Key priorities & activities

Public engagement

A key aspect to the Co-operative's work is raising awareness in society of the possibility of advance care planning, helping people understand what ACP is and facilitating their engagement in it if they wish.

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ANZSPM

PO Box 7001
Watson ACT 2602
T 0458 203 229
F 03 8677 7619

President: Mark Boughey
Newsletter Editor: Chi Li
Executive Officer: Marita Linkson
All email: executive@anzspm.org.au
Website: www.anzspm.org.au
Twitter: @ANZSPMed
ABN 54 931 717 498

ANZSPM

Editor's note



By Chi Li

I HOPE ALL of our readers are having a great start to the new clinical

year and looking forward to the two ANZSPM meetings coming up in the next few months. The first will be the Medical and Surgical Update for Palliative Medicine on 19–20 June, once again to be held at St Vincent's Hospital, Melbourne. This will be followed by the Aotearoa Annual Meeting and Education Days, which will take place between 31 July and 2 August.

This issue of the Newsletter features an excellent article on the New Zealand Advance Care Planning Co-operative by **Katrina Gibson**. In Journal Club, **Davinia Seah** and **Prof David Currow** discuss the use of octreotide in malignant bowel obstruction. Rewarded by Santa for being good all year, **Grace Walpole** reviews the book of the moment by the man of the moment – *Being Mortal* by Atul Gawande.

Here at the Newsletter, we're always keen for contributions from our readers. So if you are heading off to an exciting conference in the next few months (such as the 14th World Congress of the European Association for Palliative Care in Copenhagen), reading a wonderful article or book, watching a great film or meeting an interesting person, why not share your reflections with your palliative medicine colleagues? Drop us a line via email or Twitter – we'd love to hear from you!

President's report



By Mark Boughey

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) and medical education activities

are words that evoke shudders, when one starts thinking about the annual compliance to one's training college and medical board requirements for professional accreditation.

If you are like me, this time of year sees two boxes take pride of place on the desk, one marked 'Tax' and the other 'CPD', calling one's attention to wade through and organise in order to meet soon-to-be-passed deadlines.

The irony is that, as we all know, CPD is an *ongoing* process over each 12-month period and we can all avail ourselves of numerous activities to consolidate and advance not only palliative care practice, but focus on other areas of interest in medicine, psychiatry, surgery and radiology. The breadth of avenues we have at our disposal to continue our education and training is *truly* fantastic – with or without the beat of a compliant stick to keep us going.

As we plan for our June 2015 ANZSPM Medical and Surgical Update in Melbourne and our September 2016 ANZSPM Conference in Perth, as always I am impressed by how willing our members are to give their time to make sure we create interesting and engaging programs to teach and learn from each other. We *all* benefit.

If you add into the mix the presence of palliative medicine at the annual Royal Australasian College of Physicians (RACP) Scientific Congress, the twice-yearly trainee days, the ANZSPM Aotearoa annual meeting and education days, our online presence, connections with palliative care journals, the Newsletters and email Updates, the current two years' worth of work on the general practice training program in palliative care and Decision Assist with advance care planning – as an organisation we cover a lot of educational bases.

This year, those who belong to the RACP will see changes to its CPD program. Along with the Chapter, ANZSPM is increasingly being asked to nominate leads to represent our specialty and contribute to related activities across college developments. These include the new Evolve program (similar to Choosing Wisely initiatives in Canada and the United States), the new supervisor modules and workshops, as well as submissions on the use of medicinal cannabis in practice and the new End-of-Life policy and strategy development.

The breadth of avenues we have at our disposal to continue our education and training is *truly* fantastic

Some activities come and some activities go. Previously, we have had to rely heavily on sponsorship in order to maintain our basic functioning, as well as facilitate professional development activities across Australia and New Zealand.

Now, with a securer future, sponsorship is mainly channelled towards educational activity enhancement, which fits in with our strategic aims.

February saw the ANZSPM Council come together for a face-to-face strategic planning day. With a lot of enthusiasm and rallying communication, the Council can now move ahead and build upon the previous strategy to create a contemporary working document for our activities over the next three years. We are hoping that the plan will be released and available in the next few weeks.

So as the days shorten and temperatures fall across much of Australia and New Zealand, I hope that CPD remains an important part of your work. Don't forget to spend time mentoring those about us who may be less connected, more isolated or have full working agendas that don't allow for ready access to education and training. If there are educational activities or programs you think that we, as doctors, need to know about, please don't hesitate to contact our Executive Officer, **Marita Linkson**, who will organise for it to be circulated to our members.

CONTRIBUTORS ALWAYS WELCOME

Do you have a bee in your bonnet about a palliative care issue? Have you recently attended a worthwhile conference or workshop? Or perhaps been inspired by an original research paper or book? Whether you are a trainee or a professor, we would love to hear from you!

EMAIL YOUR THOUGHTS to:
executive@anzspm.org.au

ANZSPM Aotearoa Branch Chair's report



By **Amanda Landers**

*'Change is inevitable,
But yet we fight it just
the same.'*

–From 'Welcome
Change' by
Gina Whitacre

THE USUALLY GREEN, rolling hills of New Zealand are brown and parched as we witness one of the warmest summers on record. It has allowed holidaymakers to enjoy camping and other outdoor pursuits over the holiday break.

Although ANZSPM Aotearoa planned to have a break over January, a meeting was called as urgent matters arose. **Carol McAllum** stepped down as the ANZSPM representative on the Palliative Care Council (PCC) of New Zealand. As a member of the founding PCC group, Carol has steadfastly been the voice of ANZSPM on the Council. She has also diligently kept the Aotearoa ANZSPM Executive up-to-date with its developments. Her resignation from PCC left a vacancy which has now been filled by **Sinead Donnelly**. Sinead is the past Branch Chair of ANZSPM Aotearoa and is therefore able to represent the organisation from a position of understanding and knowledge.

The New Zealand palliative medicine workforce crisis was again discussed. New Zealand Palliative Medicine Training Co-ordination Committee (PAMTRAAC) is a funded organisation charged with providing a mechanism for national coordination and standardisation of palliative medicine training in New Zealand. The trainee representative, **Celia Palmer**, has approached the ANZSPM Aotearoa

Executive with a proposal. She has put forward ideas of how to improve the New Zealand training experience. The Executive has agreed to fund national audio conferences for all palliative medicine trainees for a fixed term. Wider discussions about a more coordinated national approach in collaboration with PAMTRACC are ongoing.

The Executive has many items of business to organise and discuss in the coming year. Closer liaison with the Royal New Zealand College of General Practitioners (RNZCGP), particularly around GP education, will be undertaken. Further work on providing support to trainees will be crucial, with innovative and creative solutions being the key to success.

The ANZSPM Aotearoa annual meeting for 2015 will be held on the first weekend of August. It would be good to hear from members if they have a burning topic they want explored or an interesting talk to present. It would also be great to have any posters that have been presented at other forums over the last 12 months on display.

The Trans-Tasman ANZSPM Memorandum of Understanding will be due for a re-vamp – usually a head-spinning task.

On a personal note, I am looking forward to hearing **Atul Gawande**, author of the book *Being Mortal*, speak at the American Assembly of Hospice and Palliative Medicine in Philadelphia. Being inspired and then being able to inspire others is a great gift that he shares with his readers.

From the land of roadcones and building repairs – Amanda.

EVENT

Conversations that Count Day and Tō Tātou Reo (Our Voice)

The work of the NZ ACP Co-operative

◀ Continued from page 1

As such, the Co-operative initiated an annual day promoting having those 'conversations that count'. Conversations that Count (CtC) Day began in 2014 and will be held again this year on 16 April.

Alongside this is a training scheme for community volunteers, which aims to give them the resources to go out and speak to community organisations and individuals regarding ACP. Co-design is an integral part of the program, with consumers being equal partners in the development of processes and resources. An ACP website is available for all to access, with online resources including videos, information leaflets and forms.

Encouraging & facilitating training for all involved in advance care planning

The Co-operative aims to provide education to all those who may be involved with the ACP process. Members of the Co-operative worked with the Ministry of Health and other parties to produce the 'Guidelines for Health Care Professionals', as well as the New Zealand National Ethics Advisory Committee regarding the 'Ethical Guidelines for ACP'.

The ACP website includes guides and forms available to download, and a short film, *Living for today, planning for tomorrow*. Four online e-learning modules provide information on ACP, including the impact of thinking about your own future care, talking with others about their future care and the legal framework.

Over 800 participants nationally have attended a 2.5-day course focusing on the more complex aspects of ACP. This course particularly focuses on the communication skills required for having effective conversations about ACP. As a multi-disciplinary course, it enables all healthcare professionals to work on their communication skills, allowing attendees to think about their own role and learning needs, whilst drawing upon the expertise of the facilitators and other attendees. The course is accredited by the Royal New Zealand College of General Practitioners.

The Co-operative supports an evidence-based approach and is engaged in ongoing evaluation of its training. Members have presented at national and international conferences. This is not only to inform and educate regarding ACP, but also to talk about how the Co-operative has developed its programs over the years.

Promoting nationwide consistency in language and documentation

The Co-operative has led a nationally collaborative approach to the development of documentation for ACP, whilst recognising that flexibility is required for local organisational or procedural differences. Forms that can be used to document ACP are available on the website. Continuous quality improvement is built into the Co-operative's working practices, meaning these resources are under



Participants working on their communication skills during the ACP course.



Promoting ACP during Conversations that Count Day, 2014.



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ongoing review and improvement. The integration of documentation into digital health care records and patient management systems is a particular focus at present.

The Co-operative recognises that culturally sensitive, specifically designed resources are needed. As such, working groups are developing culturally appropriate resources for Maori and Pacific Islanders, as well as developing culturally appropriate translations into Korean, traditional Chinese and Japanese.

How can you get involved?

- 1 Access information on all things 'ACP' at: advancecareplanning.org.nz
- 2 Join the Co-operative and keep up to date with developments. Email: ACPCOOP@adhb.govt.nz
- 3 Participate in Conversations that Count day – See what your organisation or colleagues are doing, or get them involved. Consider having your own 'conversations that count'. See: www.conversationsthatcount.org.nz
- 4 Complete the e-learning modules.
- 5 Consider attending a course, or encourage your colleagues to attend. Apply at: www.surveymonkey.com/s/657W5MC or email acpadmin@adhb.govt.nz



ANZSPM

The Australian & New Zealand Society of Palliative Medicine Incorporated is a not-for-profit specialty medical society for medical practitioners who provide care for people with a life threatening illness.

Our members enjoy:

- Networking opportunities with fellow members
- ANZSPM Newsletters – published three times per year and including educational and interesting articles relevant to palliative medicine practitioners
- ANZSPM E-Update – our regular electronic updates to members with the latest palliative medicine news, research and events
- Reduced registration fees at our biennial conference and other education forums and seminars
- Reduced subscription fees to some palliative medicine journals
- Opportunities to influence policy affecting palliative medicine practitioners.

FOR MORE INFORMATION OR TO JOIN ON-LINE:

please visit www.anzspm.org.au or contact ANZSPM's Executive Officer, ph +61 458 203 229 or email executive@anzspm.org.au

JOURNAL CLUB

‘Double-blind, placebo-controlled, randomized trial of octreotide in malignant bowel obstruction’

Authors: DC Currow, S Quinn, M Agar, B Fazekas, J Hardy, N McCaffrey, S Eckermann, AP Abernethy and K Clark.

Journal of Pain and Symptom Management 2014, doi:10.1016/j.painsymman.2014.09.013.

Study summary

By Davinia Seah
Advanced Trainee

Introduction

Malignant bowel obstruction (MBO) is a common occurrence in patients with cancer, and it results in high morbidity and mortality. MBOs may cause vomiting, abdominal distension and pain. There is currently no standard clinical approach to managing patients with inoperable MBO.

Octreotide, a somatostatin analogue, works by slowing intestinal motility, decreasing gastric acid and bowel secretions, and reducing the inflammatory response. This ultimately leads to disruption of the distension–intestinal secretion–peristalsis cycle.

Methods

Twelve Australian palliative care service networks participated in this trial. Eligibility criteria included patients aged 18 years and above who were admitted into hospital because of vomiting due to an inoperable MBO.

To be included, patients had to be capable of completing assessments, give consent, and not receiving octreotide.

This was a pragmatic, fixed-dose, double-blinded, randomised, placebo-controlled trial comparing the addition of a subcutaneous infusion of octreotide at 600 mcg/24hours to standardised therapies – regular parenteral dexamethasone at 8 mg/day, ranitidine at 200 mg/24hours and hydration at 10–20 mls/kg/day (unless overtly dehydrated at study entry). The ‘as needed’ therapies for expected symptoms also were standardised in this study – parenteral opioids for pain, hyoscine butylbromide for colicky pain, and haloperidol for nausea.

The primary outcome was patient-reported days free of vomiting at 72 hours. The secondary outcomes included:

1. patient-rated Global Impressions of Change as a summary of quality-of-life measure
2. the number of patient-reported episodes of vomiting
3. episodes of vomiting per day;
4. survival
5. nausea
- 6 the Brief Pain Inventory
7. functional status and
8. protocol-defined ‘as needed’ symptom control medications.

Results

Analysis occurred at 72 hours in 87 participants (45 from the octreotide arm, 42 from the placebo arm). There was no statistical difference between the two groups (octreotide versus placebo) in the:

1. number of participants free of vomiting for all 72 hours (17 versus 14, $P=0.67$) and
2. mean number of days free of vomiting (1.87 versus 1.69, $P = 0.47$).

An adjusted multivariable regression of the incidence of vomiting over the study showed a reduced number of episodes of vomiting in the octreotide group (IRR = 0.4; 95% CI 0.19–0.86; $P=0.019$). There was no statistical difference between the two groups for the secondary outcomes except for the use of hyoscine butylbromide ($P=0.004$) – participants in the octreotide arm were 2.02 times more likely to be administered hyoscine butylbromide, potentially reflecting increased colicky pain.

Discussion

This is the largest randomised placebo-controlled trial of somatostatin analogues used with standardised therapies in a range of clinical settings. The study demonstrated no statistically significant benefit in adding octreotide to standardised therapies on days free of vomiting, nausea or pain. Although octreotide was well tolerated, it may increase the incidence of colicky abdominal pain requiring the use of hyoscine butylbromide. Octreotide is relatively expensive (AU\$82 daily) and its use should be carefully considered, especially if there is minimal difference in clinical outcomes.

Conclusion

This study does not support the routine use of octreotide in addition to ranitidine and dexamethasone for the treatment of inoperable MBO.

Invited expert commentary on the octreotide study

By Prof David Currow
Flinders University

WHY CONDUCT a placebo-controlled study of octreotide in malignant bowel obstruction when 'everyone already knows that it works'? At the end of the day, the challenge for all of us clinically is: 'Does this medication work *better* than care derived from the best currently available evidence?' This requires a scientifically rigorous study.

If we believe there is no placebo effect from the subcutaneous administration of therapies such as octreotide, then the placebo arm is akin to the natural history of the disease. The natural history is important to understand and too often in palliative care we probably have not defined the natural history – simply assumed it.

Can we justify a placebo arm? There is no registered therapy for the pharmacological treatment of bowel obstruction. One key, patient-centred, symptomatic outcome is to decrease the frequency and volume of vomiting – the primary outcome of the study.

This double-blind, multi-site, fixed dose, placebo-controlled, randomised study has a couple of unique features. Firstly, the support of all participants (in the active and control arms) was standardised with:

- (a) subcutaneous hydration
- (b) standard doses of ranitidine and dexamethasone and

(c) three medications on an 'as needed' basis for frequently encountered symptoms (haloperidol for nausea; morphine for pain; and hyoscine butylbromide for colicky pain).

Secondly, advanced consent was built into the study design. Sixty-four people provided advanced consent, having either had a history of a bowel obstruction that resolved or, because of peritoneal carcinomatosis, were at high risk of a bowel obstruction. Twenty-one of these people went on to be randomised into the study.

This is an important study that echoes two large studies reported in the last couple of years . . .

The outcomes are clear. Octreotide was no better than placebo at reducing vomiting. There was no difference in response rate and no clinical nor demographic factors that identified people more likely to respond, which is a pre-specified analysis in all Palliative Care Clinical Studies Collaborative (PaCCSC) trials.

Of note, there was *increased* use of hyoscine butylbromide in the octreotide arm, especially by day three, suggesting that colicky pain may well have been worse in that arm. It would be understandable that each of us, as clinicians, would attribute this pain to simply having a bowel obstruction rather than thinking that the colicky pain could be due to the treatment we initiated. All but four participants in this study had small bowel involvement, so it is biologically plausible that octreotide may worsen colicky pain in the small bowel, given its effect on bowel transit time in the jejunum and ileum.

The key strengths of this study include:

- (a) standardising therapy in both arms so that the only variable was octreotide
- (b) that it was a pragmatic trial, with the broadest possible eligibility criteria to reflect our day-to-day clinical practice and
- (c) that it was conducted across multiple sites in both inpatient and community settings.

As with any study, there are things that could be improved. The decision was made not to measure volume of vomit given that many participants were at home. This may be something that future studies need to consider. Moving to a primary outcome of the number of episodes of vomiting may provide more detailed information in subsequent studies.

This is an important study that echoes two large studies reported in the last couple of years that looked at lanreotide or a combination of octreotide and lanreotide in inoperable malignant bowel obstruction.^{1,2} All three studies have shown that somatostatin analogues provide no benefit over placebo in reducing vomiting.

References

1. Mariani P, Blumberg J, Landau A, et al. Sympathetic treatment with lanreotide microparticles in inoperable bowel obstruction resulting from peritoneal carcinomatosis: a randomized, double-blind, placebo-controlled phase III study. *Journal of Clinical Oncology* 2012;30:4337-4343.
2. Laval G, Rousselot H, Toussaint-Martel S, et al. SALTO: a randomized, multicenter study assessing octreotide LAR in inoperable bowel obstruction. *Bulletin du Cancer* 2012;99:E1-9.

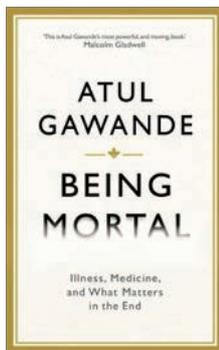
BOOK REVIEW



BOOK REVIEWS

Being Mortal: Illness, Medicine and What Matters in the End

By Atul Gawande



London: Profile Books, 2014

MY COPY OF Atul Gawande's *Being Mortal* arrived via the Christmas tree; clearly, I had been good. Having heard his Reith

Lectures for BBC Radio 4 and enjoyed his writing for *The New Yorker* (the chapters 'Letting Go' and 'Things Fall Apart' were published as articles some years ago), I was keen to read his latest book.

Gawande is an impressive man. As well as being a general surgeon in Boston, this is his third book. He is Professor of Surgery at Harvard Medical School and the Harvard School of Public Health, and is a staff writer for *The New Yorker*. He is also director of Ariadne Labs, a public health and innovation centre, and chairman of various public and charitable organisations.

Being Mortal is Gawande's powerfully written reflection on his inadequacies as a doctor and personal experiences with ageing and dying. He concludes that by medicalising these inevitable

processes with the intention of managing disease and prolonging life, Western medicine has instead increased suffering. While there are no new concepts in this book for a palliative medicine practitioner, it is still worth a read – a book that affirms palliative care as the most important aspect of all medical care will always be rewarding!

While Gawande writes specifically about the US health system, the book's concepts extrapolate to Australia. He uses a mixture of general discussions of the literature (most of which will be familiar to a palliative medicine reader), reflections on his own practice, observation of specialists in palliative medicine and geriatrics, and movingly written personal narrative. Case-based anecdotes effectively ground medical concepts for the non-medical reader. Particularly moving is Gawande's telling of his own father's cancer journey, his death, and Gawande's struggle with being on the receiving end of medical decision-making and communication.

The first half of the book addresses issues around ageing, including different cultural approaches toward caring for older people and the historical development of nursing homes. The second half explores life-limiting illness, dying, palliative medicine and hospice care. In this context, Gawande focuses on communication skills (or the lack thereof) and particularly identifies the need to understand a person's values to be able to offer the best possible care for them – an obvious concept for palliative medicine practitioners,

but potentially revolutionary for a surgeon or oncologist. Gawande lists four key questions to ask patients facing difficult decisions (which he learned from a palliative medicine colleague):

What is your understanding of the situation and its potential outcomes? What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? What is the course of action that best serves this understanding? [p.259]

Gawande points his finger directly at doctors (including himself) who are uncomfortable with discussing dying, and so fall back on false hopes and futile treatments, which ultimately worsen quality of life and deny people the death they had envisioned for themselves:

We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to ensure well-being. And well-being is about the reasons one wishes to be alive. [p. 259]

Gawande asks: *What matters in the end?* As is often the case with books about dying, it is actually about living: living well in the face of advancing age or incurable illness, and having the opportunity to make choices. He sharply points out medicine's propensity to get in the way of living at the end of life.

I found *Being Mortal* compelling. A general practice colleague asked me if I'd read it. 'It made me want to do palliative care,' he said. I agree. It made me want to do palliative care too.

**Reviewed by Grace Walpole
Palliative Medicine Advanced
Trainee, Victoria**



ANZSPM Aotearoa 2015 Annual Meeting and Education Day for members

1–2 August 2015
Brentwood Hotel, Wellington

Highlights include:

- Networking with colleagues
- The Annual Debate
- Steven Inns talking about Advanced Liver Disease
- Residential care update

The organising team is seeking debaters, people interested in re-displaying recent posters, volunteers to run the quiz, and someone (possibly a trainee) to do the powhiri.

Contact: **Amanda Landers**
Amanda.Landers@nursemaude.org.nz

ANZSPM Aotearoa Trainee Day 2015 for palliative medicine trainees

31 July 2015
Brentwood Hotel, Wellington

Education day for palliative medicine trainees – Australian and New Zealand trainees are welcome to attend.

9 am – 10 am Arrival/Registration/Networking

10 am – 4.30 pm Education sessions – lunch and afternoon tea included

- Possible topics include COPD, research, oncology emergencies, neurodegenerative disorders.
- To be followed by a self-funded dinner, for those attending.

Contact: **Kaye Basire**
executive@anzspm.org.au

**More information regarding registration and programming
will be made available at www.anzspm.org.au**

The Oxford Advanced Pain and Symptom Management Course 2015

The Oxford Advanced Pain and Symptom Management Course has 30 years of experience of bringing you the latest evidence-based knowledge to keep you up to date with developments in pain and symptom management in palliative care.

Price: £495

Venues and dates:

11–12 June **Oxford**

18–19 June **Newcastle**

24–25 June **Nottingham**

29–30 June **Oxford**

Contact details:

E: ssc@ouh.nhs.uk

T: 01865 225886

Please email to request booking form and/or a flyer.

Course information, program and booking form can be found here:
<http://sobelleducation.org.uk/advanced-courses-2015>



www.sobelleducation.org.uk

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ADVERTISEMENTS

The Australian & New Zealand Society of Palliative Medicine Inc. presents:



ANZSPM Update 2015

Medical & Surgical Update for Palliative Medicine

Melbourne 19-20 June 2015

- **18 JUNE: TRAINEE DAY:** St Vincent's Hospital Melbourne, 41 Victoria Parade, Fitzroy

- **18 JUNE: SUPERVISORS WORKSHOP:** RACP, Level 2, 417 St Kilda Road, Melbourne (Please note the different venue)

- **19-20 JUNE: ANZSPM UPDATE MEETING:** St Vincent's Hospital Melbourne, 41 Victoria Parade, Fitzroy

INVITATION TO ATTEND

It gives us great pleasure to invite you to the **3rd ANZSPM Medical and Surgical Update for Palliative Medicine**. Following the success of the last two meetings, we would like to continue the tradition of an interactive-style meeting, which will provide state-of-the-art updates for areas relevant to practitioners who work in, or have an interest in, Palliative Medicine. This meeting has a broad range of topics with high quality speakers, and promises to be a valuable learning experience for all attendees. We look forward to seeing you there.

Dr Jennifer Weil, Conference Convenor & Assoc. Prof. Mark Boughey, ANZSPM President

REGISTRATIONS

We are delighted to announce that registrations are now open. The program can be downloaded through the conference website (www.anzspm.org.au/update2015). You can register online for any of the events (i.e. you can go to the Trainee Day or Supervisor's Workshop without attending the Update).

With thanks to our sponsors to date:



The program will include updates on:

- Paediatrics

- Solid organ transplant

- Stroke

- Neuro-oncology

- Complementary/alternate therapy

- Dementia

- Spinal metastases

... And a case-based hypothetical ethics session

www.anzspm.org.au/update2015

PO Box 180
Morisset NSW 2264

Tel: +61 2 4973 6573
Fax: +61 2 4973 6609

Email:
anzspm@willorganise.com.au

 #ANZSPM15

CONFERENCES & EVENTS

Master Class in Renal Supportive Care

An invitation to all Palliative Care Trainees and Consultants

We are delighted to announce the first Master Class in Renal Supportive/Palliative Care to be held in Australia and New Zealand. Topics will include the interface of Nephrology and Palliative Medicine, decision-making around commencing, withholding or withdrawing from dialysis, symptom management in depth, advance care planning, medico-legal and ethical considerations, communication skills and care of the dying patient with end-stage kidney disease. The Master Class will be aimed at trainees in palliative medicine, nephrology, geriatric and general practice. Consultants working in these disciplines are also most welcome. The faculty of teachers will include both palliative medicine physicians and nephrologists. Opportunities will exist for case-based and open discussions on all aspects of this area. All participants will receive a complete syllabus in Renal Supportive Care, and extensive educational material drawn from the best of the current literature. It is planned that this Master Class will be an annual event and rotate around cities in Australia and New Zealand.

- **Location:** Education Centre, St George Hospital, Kogarah, Sydney
- **Dates:** Sat–Sun 22–23 August, 2015. Commencing late morning Saturday to allow for interstate flights, concluding on Sunday afternoon.
- **Please note:** The Master Class will run the day after the **Annual Renal Supportive Care Symposium**, which is on Friday, 21 August, in the same location.

For all expressions of interest contact Frank Brennan at fbrennan@ozemail.com.au

Conferences & Events Calendar

ADEC 37th Annual Conference
8–11 April 2015, San Antonio, USA
www.adec.org/adec/default.aspx

Champions in Palliative Care
16–18 April 2015, Palermo, Italy
www.eapcnet.eu/LinkClick.aspx?fileticket=b4DIK5DD1EA%3d

Spiritual Care Australia National Conference 2015 – The Ground of our Being
19–22 April 2015, Hobart
www.spiritualcareaustralia.org.au/styled-4/index.html

8th IAGG – ER World Congress of Gerontology and Geriatrics
23–26 April 2015, Dublin, Ireland
www.iaggdublin2015.org/

Dealing Effectively with Family Estrangement
24 April 2015, Brisbane
27 April 2015, Perth
29 April 2015, Sydney
1 May 2015, Melbourne
www.changechampions.com.au

11th Asia Pacific Hospice Conference
30 April – 3 May 2015, Taipei, Taiwan
www.2015aphc.org/

EPEC Pediatrics Face to Face Conference
4–5 May 2015, Arizona, USA
www.cvent.com/events/education-in-palliative-and-end-of-life-care-epec-pediatrics/event-summary-2efbd9ade2f34fccb2465a1aff731613.aspx

ANZSGM Annual Scientific Meeting
6–8 May 2015, Perth
www.anzsgm2015.org.au/

Grampians Regional Palliative Care Conference 2015 – ‘Sex, Drugs & Dying Well’
7–8 May 2015, Creswick, Victoria
www.grpct.com.au/conferences/conference-2015-sex-drugs-dying-well/

10th Educational Conference on Palliative and End of Life Care – Dying peacefully
8 May 2015, Toronto, Canada
www.careconferences.com

14th World Congress of European Association for Palliative Care – Building Bridges
8–10 May 2015, Copenhagen, Denmark
www.eapc-2015.org/

4th International Public Health & Palliative Care Conference
11–16 May 2015, Bristol, England
www.phpci.info/#/about/c1f7j

5th International Congress on Neuropathic Pain (NEUPSIG 2015)
14–17 May 2015, Nice, France
<http://neupsig.kenes.com/>

South Australian Palliative Care State Conf 2015 – Redefining the boundaries
22 May 2015, Adelaide
www.pallcare.asn.au/news-events/sa-palliative-care-state-conference

RACP Congress (Royal Australasian College of Physicians)
24–27 May 2015, Convention Centre, Cairns
www.racpcongress2015.com

10th International Symposium on Pediatric Pain
31 May–4 June 2015, Seattle, USA
www.ispp2015.com

Palliative Medicine Registrar Seminar
2 June 2015, Greenwich Hospital, Sydney
SIPM@sswhs.nsw.gov.au

International Death, Grief & Bereavement Conference 2015
1–3 June 2015, Wisconsin, USA
www.uwlax.edu/conted/dgb/

International Conference on Opioids
7–9 June 2015, Boston, USA
www.opioidconference.org

Renal Society of Australasia Annual Conference 2015
15–17 June 2015, Perth
rsaannualconference.org.au/

- **ANZSPM Trainee Day**
18 June 2015 (full day), St Vincent's Melbourne
- **ANZSPM RACP Supervisors Workshop 2**
18 June 2015 (1/2 day workshop in afternoon), RACP, Melbourne
- **ANZSPM Medical and Surgical Update for Palliative Medicine 2015**
19–20 June 2015, St Vincent's Melbourne
www.anzspm.org.au

Ageing in a Foreign Land
24–26 June 2015, Adelaide
www.flinders.edu.au/ehl/conferences/ageing/

Multinational Association of Supportive Care in Cancer (MASCC) & International Symposium on Supportive Care in Cancer (ISSO)
25–27 June 2015, Copenhagen, Denmark
<http://mascc2015.kenes.com/>

2015 World Congress of Psycho-Oncology
28 July – 1 August 2015, Washington DC, USA
www.apos-society.org/2015/index.html

RACP Palliative Medicine Communication Skill Workshop
29–31 July 2015, Sydney
palliativemedtraining@racp.edu.au

- **ANZSPM Trainee Day**
31 July 2015 (full day), Wellington

- **ANZSPM Aotearoa 2015 (for ANZSPM Members)**
1–2 August 2015, Wellington

Palliative Medicine Registrar Seminar
4 August 2015, Greenwich Hospital, Sydney
SIPM@sswhs.nsw.gov.au

PCS Global Pain Conference
8–10 August 2015, Beijing, China
www.pcscongress.com/gpc2015/

CONFERENCES & EVENTS

Conferences & Events Calendar (cont.)

Annual Renal Supportive Care Symposium and Master Class in Renal Supportive Care
 21-23 August 2015, Sydney
www.stgrenal.org.au
 Master Class: fpbrennan@ozemail.com.au

11th ACSA-IAHSA Joint International Conference - Global Communities Coming Together
 31 August - 4 September 2015, Perth
<https://wired.ivvy.com/event/ACSA15/>

13th Australian Palliative Care Conference - Palliative Care: Fit for the future
 1-4 September 2015, Convention and Exhibition Centre, Melbourne
www.eiseverywhere.com/ehome/99263

The Association for the Study of Death and Society (ASDS)
 2-5 September 2015, Alba Iulia, Romania
http://death-studies.ro/?page_id=292

5th International Society of Advanced Care Planning & End of Life Care (ACPEL) Conference
 9-12 September 2015, Munich, Germany
www.acpel2015.org/

Pediatric Palliative Care Conference in association with 23rd CHI World Congress
 17-18 September 2015, Atlantic City, USA
www.chionline.org/23rd-chi-world-congress/

4th Asia Pacific's Premier Healthcare Conference (APAC Forum) - quality improvement in healthcare
 23-25 September 2015, Auckland
<http://apacforum.com/>

10th International Forum on Pediatric Pain
 1-4 October 2015, Nova Scotia, Canada
<http://pediatric-pain.ca/ifpp>

Palliative Medicine Registrar Seminar
 13 October 2015, Greenwich Hospital, Sydney
SIPM@sswahs.nsw.gov.au

5th International Seminar of the PRC and EAPC RN
 15-16 October 2015, Leeds, England
<http://pallres.org/>

National Diversional Therapy Australia (DTA) Conference 2015
 16-17 October 2015, Gold Coast
<http://diversionaltherapy.org.au/Professional-Development/Conference>

22nd Annual Conference The International Society for Quality of Life Research (ISOQOL)
 21-24 October 2015, Vancouver, Canada
www.isoqol.org/2015conference

3rd Australian Palliative Care Research Colloquium
 22-23 October 2015, Melbourne
<http://centreforpallcare.org>

Clinical Oncology Society of Aust (COSA)
 17-19 November 2015, Hobart
www.cosa.org.au/events/annual-scientific-meeting.aspx

Palliative Medicine Registrar Seminar
 8 December 2015, Greenwich Hospital, Sydney
SIPM@sswahs.nsw.gov.au

11th Palliative Care Congress (PCC)
 9-11 March 2016, Glasgow, UK
www.pccongress.org.uk

9th World Research Congress of the European Association for Palliative Care
 9-11 June 2016, Dublin, Ireland
www.eapcnet.eu/research2016

7th International Conference on Patient and Family Centered Care July/August 2016 (TBC)
www.ipfcc.org/events/conference.html

● ANZSPM Conference 2016
 8-11 September 2016, Perth
 SAVE THE DATES

The Australia and Asia Pacific Clinical Oncology Research Development (ACORD) Workshop - 2016
 September 2016 (TBC)
www.acord.org.au/index.asp

21st International Congress on Palliative Care
 17-21 October 2016, Montreal, Canada
www.mcgill.ca/palliativecare/congress

World Cancer Congress 2016
 31 October - 3 November 2016, Paris, France
www.worldcancercongress.org/where-2016

ANZSPM 2015 publication timetable*

Publication	Material deadline	Position vacant ads must have applications closing no earlier than:	Publishing timeframe
E-Update April	24 April	8 May	End April
E-Update May	22 May	12 June	End May
E-Update June	26 June	10 July	End June
ANZSPM Newsletter July	15 June	10 August	Mid - late July
E-Update September	25 September	9 October	End September
E-Update October	23 October	13 November	End October
ANZSPM Newsletter November	15 October	10 December	Mid - late November
E-Update December	20 November	7 January	Pre-Christmas

* Timetable is indicative and subject to change at ANZSPM's discretion.