



the Review

August 2014



21st Hospice New Zealand Palliative Care Conference

29-31 October 2014
TE PAPA, Wellington

As we look to the future we are beginning to see a picture of end of life care that will depend on partnerships between communities and health care providers to ensure the best outcomes for people who are dying.

Reaching out to our communities, involving them in service planning and development, asking what they need from the hospice sector and listening to their expectations and experiences will all become increasingly important as the population ages.

Work commissioned by the Palliative Care Council (July 2013) highlights NZ's rapidly ageing population and the certain impact of this in increasing community needs for hospice palliative care in the next 20 years. The increase in the number of patients who will require and

benefit from end of life palliative care will be dramatic.

Based on the expected population growth over the next fifteen years, the number of adults who die in 2026 where palliative care may be of benefit will increase by 23.5%. (Palliative Care Council, Health Needs Assessment – Phase 1, 2011). This will put immense pressure on our health system and how hospice palliative care is resourced and delivered.

The increase in demand for end of life care will put even greater emphasis on the need for hospices and healthcare providers to work in partnership.

The 21st Hospice NZ Palliative Care Conference is an excellent opportunity to build on the community partnerships that exist today for future benefit to everyone living in New Zealand.

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Kia Ora



Mary Schumacher
CEO Hospice NZ

Welcome to this edition of **The Review**.

Welcome to this August edition of the Hospice NZ magazine the Review – we have dedicated this edition to our upcoming Conference.

In October we will be welcoming over 300 delegates to Wellington to be part of the only dedicated hospice palliative care conference of 2014.

In this issue you will find interviews with all our keynote speakers – from overseas and from those based in New Zealand. They have shared a little with us about themselves and also what they plan to present at conference. There will be some challenges and no doubt thought provoking sessions which will make us all consider how we engage fully with the community we work with.

The conference programme has a wonderful range of concurrent sessions – the themes include communications, symptom management, community practice, medicine management, spiritual care and carers.

You can read the full programme and also register for the conference or a masterclass by visiting our website www.hospice.org.nz/conference-2014

We hope you enjoy this taster of what will no doubt be one of the best Hospice NZ Conferences – don't miss the opportunity to attend.

Many thanks to the sponsors who have supported Conference 2014 – we couldn't have put together such a high quality event without your support.

Thanks to the Ministry of Health for supporting the New Zealand Keynote Speakers – Dr John Kleinsman and Dr Tess Moeke-Maxwell.

Mary Schumacher
Chief Executive, Hospice NZ

Our sponsors.



REM Systems – sponsors of the day 2 delegate networking session

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Rothbury Insurance – our brain fuel partner

Rothbury Insurance brokers offers insurance advice to small, medium and large businesses and protects the assets of thousands of individuals.

Pub Charity – grant funder, delegate handbook

Throughout their 20-year history, Pub Charity has distributed more than \$350 million in grants to a wide range of community organisations.

PalCare – conference app sponsor

Thanks to our friends at PalCare you'll be able to plan your day with a personalised schedule. Set reminders, browse speakers, exhibitors, maps, connect with others attending – free via the Conference app.

The app is compatible with iPhones, iPads, iPod Touches and Android devices. Windows Phone 7 and Blackberry users can access the same information via our mobile site at m.guidebook.com.

To get the guide, choose one of the methods below:

Download 'Guidebook' from the Apple App Store or the Android Marketplace, search under Hospice.

Or visit <http://guidebook.com/getit> from your phone's browser.

Introducing...

As a delegate at Reaching Out, Community Engagement you will have the opportunity to hear from a range of international and local speakers.

We have interviewed a number of our keynote speakers to give some personal insights, a little about their backgrounds and also their conference address.

Many thanks to all our speakers for giving their time to the 21st Hospice NZ Palliative Care Conference and to this edition of The Review. We very much look forward to welcoming them and all conference delegates to Wellington in October this year.

Keynote speakers – International



Dr Ghauri Aggarwal

Ghauri Aggarwal, Head of Palliative Care at Concord Hospital NSW since 1996, became interested in palliative care as a medical student in Adelaide in the 1980s.

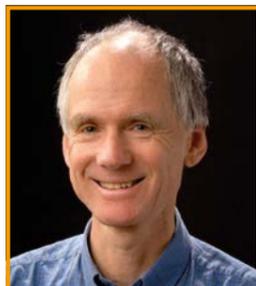
"I realised there was no specialist discipline in the field. Even as an undergraduate I saw a neglect of a holistic view of patient care. It was more pure science than the art of caring." And besides, she says, "(palliative care) just suited my personality".

Having been heavily involved in formalising standards for provision of care and education for Australia's care system, Aggarwal now divides her time between NSW, where she heads the Department of Palliative Care at Concord Hospital, and other countries in the Asia-Pacific region, trying to educate and increase advocacy. Malaysia, where she visits to teach three times a year, is her main destination, but she has of late also taken a lead in Sri Lanka.

"I've been so involved in the development of palliative care in Australia, helping write the curriculum for instance, that I've managed to see it grow from the mid-'90s to now," she says. "In Asia, palliative care is in its infancy. The development is taking place and I can share with them the experiences I've learned over decades."

Asian countries have far fewer palliative care resources, she says. "In Australia, we have more medicines, more developed standards of care, better infrastructure. In Asia it's patchy." Part of that is the difference in culture. Asians and Pacific Islanders, for instance, tend to have much larger family units, and are more likely to care for the dying at home. But, she says, some medical professionals in Asia will hide behind culture, citing it as a reason to avoid discussing end-of-life matters with patients and families. However, research has shown that on the contrary, people want to talk about issues that affect them and their kin.

In her spare time, most of which is spent with her two teenage children and husband, she plays the Venna, a south Indian classical stringed instrument, she says is her "spirituality, relaxation and medication". In New Zealand she plans to indulge her love of food and wine, with a visit to local wineries with friends. "It's been about a decade since my last visit," she says. "So, I'm coming two days early to look around."



Professor Tony Walter

Death and the rituals that surround it became a fascination for the Director of the University of Bath Centre for Death and Society, Tony Walter, after he helped put together a memorial service for his father, who died aged 90. The experience made the then freelance writer curious enough to research and write *Funerals – And How to Improve Them* (1990), one of the first of a new genre of funeral books in the UK.

“Before 1990, there were books on caring for a family member dying at home and lots on bereavement but there was this big gap in between: the funeral,” says the man billed as “The world’s only Professor of Death Studies”.

While teaching sociology of religion to trainee clergy he became interested in ritual, and began reflecting why some funerals seemed to work but many did not. “After 1990 I just had this feeling that the subject wouldn’t leave me.” At the time, British sociologists were beginning to research death and dying. But though most approached it from a background in the sociology of medicine, Walter’s focus was more the sociology of religion. In 1994, he stopped freelance writing and became a university lecturer.

At the conference he will be running a workshop on Natural Support Networks and how to mobilise them. “When palliative care folk talk about supporting carers, they typically are thinking about how professionals can support the family, but actually most support comes from friends, neighbours, and extended kin, yet this is almost completely off the research radar,” he says. “I’ll be very interested to find out what’s happening in New Zealand, especially in Māori communities and whether that has influenced the white (pakeha) community.”

The big challenge, he says, is to see death like birth, a natural human experience that happens in families and homes and communities. It typically requires some medical input, but it’s not a medical event. Even the best palliative care tends to marginalise the dying person’s social context beyond co-resident kin, with the result that it ends up disempowering as well as empowering people.”

On Friday morning (31 October), he’ll give a plenary talk on *Why Today’s Dead Become Angels*. “I don’t know about New Zealand, but in many north-western European countries and in North America, the last 20 years has seen a striking increase in talk about the dead becoming an angel.”

Outside academic life, wherever he is, Walters likes to walk. “I have heard a little rumor that New Zealand has some quite nice landscapes, so I’m really looking forward to spending a week or two after the conference exploring.” He plans to see the top of the South Island before heading to Christchurch for another speaking engagement.



Dr Wendy Duggleby

“I became interested in end-of-life issues when I was a student nurse,” says oncology and end-of-life researcher, Dr Wendy Duggleby. “I remember experiencing the death of an elderly First Nations woman in a community hospital. She didn’t have any family, so the nurses asked me to sit with her as she died. It was an amazingly peaceful death. Then after I completed my master’s degree in nursing I worked as a clinical nurse specialist in a hospice in Texas, USA.”

Her research in gero-oncology, psychosocial oncology, family caregivers, palliative and end of life care at the University of Alberta in Canada, where she is Professor and Endowed Nursing Research Chair in Aging and Quality of Life, aims to enhance quality of life for older adults and their families.

At the conference, Dr Duggleby says she will discuss findings from several studies from her Living With Hope programme of research, which includes research studies of ‘hope’ for people with advanced cancer, family caregivers and healthcare providers.

One of the presentations will feature a newly developed online Changes Toolkit to support family caregivers and palliative patients. “Then the final presentation will focus on our new Living with Hope programme for family caregivers of persons with dementia in long-term care facilities.”

The studies have been documented in four documentaries; one of which – Living with Hope – has received two international awards and will be shown at the conference.

Outside work Dr Duggleby enjoys a wide range of interests, including hiking, piano, playing with grandchildren and reading. “My husband and I also enjoy season tickets to our Canadian Football Leagues and the Edmonton Symphony Orchestra.”



Associate Professor Colm Cunningham

Associate Professor Colm Cunningham remembers the day his interest in dementia and caring for those with its symptoms was sparked. “It was a lightning bolt moment,” he says. He was in a museum where a patient he’d been caring for as a social worker was holding court to a crowd of people on a subject she clearly knew a great deal about. People with dementia, he realised, were being treated as a collection of symptoms and not as people.

Having been a nurse and social worker, Professor Cunningham joined the University of Stirling’s Dementia Services Development Centre, and now divides his time between Scotland, where he is Visiting Fellow in Dementia Design and Practice at the University of Edinburgh School of Health in Social Science, and NSW, where he is Director of The Dementia Centre at HammondCare.

He believes that looking at dementia research in light of carers’ experiences and expertise gives greater understanding into the lives of patients, which will improve the standards of care they receive.

“Carers can often become caught up in a system, treating symptoms and not the person. If you forget the person you institutionalise people,” he says. “Research on dementia care shows if you don’t look at what a patient is trying to communicate you can misdiagnose them.”

People with dementia are often labelled as aggressive because their behaviour is misinterpreted. A patient’s shouting, for instance, can be a sign of their deep frustration at their inability to get a point across to carers. “It can become a self-fulfilling prophecy.” He cites one recent example of a man shouting at staff who simply wanted hot milk on his cereal.

“It’s a challenge for all carers to provide people with dementia the opportunity to communicate. Sometimes the solutions aren’t easy, but we need to try.”

He’s aware that many carers of his era who are now in management haven’t reviewed their processes of care for people with dementia. “Carers need to learn new ways of understanding, and to keep questioning. Staff have to be constantly attuned.” To help carers understand, at the conference he’ll be talking on a range of subjects aimed at getting people to enter the world of someone with dementia.

Keynote speakers – New Zealand



Dr John Kleinsman

Supported by the Ministry of Health

In the late 1980s, as part of his tertiary studies, John Kleinsman completed a course in pastoral care of patients at Dunedin hospital, followed by work experience at Mary Potter Hospice.

“There I saw the challenges faced by patients, their families and staff, but I also encountered extraordinary care and hope” says the director of the Catholic Church’s Nathaniel Centre for Bioethics. “I then became involved in a more academic way through my work at the centre and my studies. In more recent years I have experienced first-hand the wonderful care of the hospice movement when they cared for my mother and all of our family prior to her death.”

There is a lot of talk about crises facing healthcare, Kleinsman says. “More often than not these discussions revolve around economic issues. I think that we are also facing a more fundamental crisis that is conceptual in its nature – one that exhibits itself in the narratives framing good, ethical health care.”

Philosophers have argued that narrative stories are an important way to understand ‘truths’, he says. At the conference, Kleinsman will be exploring the role that metaphor plays in healthcare, the way they shape moral imaginations and, consequently, how people describe ‘good care’.

“I think that questions such as these are rarely explored and I hope to give participants the opportunity to think about what it is that drives their work and professional behaviour as well as what shapes the expectations people have of health carers.”

Kleinsman argues that in addition to people, institutions and professional bodies have personal stories. His presentation will highlight that, in recent times, a new grand narrative has come to influence the stories people use to make sense of their roles and lives, including as a health carer.

Outside work, Kleinsman is an avid football fan, though a conversation about World Cup penalty shootouts might be best avoided. “While my playing days are long over, I follow my team Arsenal in the English Premier League and Holland on the world stage.

“I also enjoy getting out into the beautiful New Zealand wilderness with a pack on my back and aim to complete all of the great walks of New Zealand in the next few years. Some years ago I took up lead-lighting as a hobby and I am currently restoring an old window. I also love getting out into the garden.”



Professor Heather McLeod

It was at a public lecture given by pioneering psychiatrist Elisabeth Kübler-Ross in the early 1980s that palliative care researcher Heather McLeod began to think about care of the dying. The lecture left her deeply moved, she says. But it was not for some years that she worked in the field, working with the hospice movement in the early 1990s and training as a caregiver at St Luke’s Hospice in Cape Town, South Africa.

“Although I then moved to live in a rural region, I long had a sense of contributing in some way,” she says. Later, she assisted the Hospice Palliative Care Association of South Africa in calculating future palliative care needs and costing services for funders. She moved to New Zealand in 2010 and applied for a role with the Palliative Care Council in 2012.

“I’ve always worked from a position of letting the evidence speak for itself. I’ve been leading a programme of research that seeks to find hard evidence to put on the table about the strategic issues facing palliative care in New Zealand.”

The Palliative Care Council published its first estimates of the need for palliative care in New Zealand in 2011. Over the last 18 months her research has been producing insights into the changing patterns of deaths here. “The findings help to make sense of the growing demand, the increasing complexity and the changing cultural needs that people may be experiencing.” Her conference presentation, How and Where Kiwis Die: Deaths in New Zealand and the Need for Palliative Care, will highlight key findings and new understandings that have emerged, and outline research planned for the next few years.

There are significant differences in end-of-life care between in New Zealand and South Africa, she says. HIV/AIDS is a major cause of death in South Africa – with about 10% of deaths due to cancer and 30% due to HIV/AIDS. “Secondly, New Zealand has a relatively well resourced health system by world standards (even though we complain about aspects of it) and the hospice movement is relatively well resourced. South Africa leads in the development of micro-level community-based hospices whereas New Zealand is challenged by integrating palliative care across all settings: hospital, hospice, home and aged residential care.”

She is drawn to the great New Zealand outdoors, the higher up the better. “I love being in the mountains and the high country of New Zealand – in a 4WD and with camera in hand. Walking in the forests is another joy and I am starting to return to scuba diving and underwater photography, which I did extensively some years ago. She’s also the New Zealand representative for the worldwide labyrinth movement, which locates labyrinths and sacred sites.



Dr Tess Moeke-Maxwell

Supported by the Ministry of Health

While community palliative care support has benefitted many Māori whānau, carers must ask why others have missed out, says health and bereavement researcher, Dr Tess Moeke-Maxwell.

Moeke-Maxwell became interested in palliative care when her nephew was diagnosed with leukaemia aged four and she saw the care her family gave him and his whānau. She worked as an ACC-registered sexual abuse clinician in the Bay of Plenty, where she encountered loss and grief issues before her interest in palliative care became a professional one.

In 2010 she became part of the Tangihanga Research Programme that led a study of Māori bereavement. Since then, she has looked at how Māori are treated nearing death and during bereavement. “At the conference I’ll be discussing Māori end-of-life, care-giving experiences and the part community hospice care plays in this; things that enable whānau to access support and barriers to this.”

The challenge is to empower whānau to access palliative care support within their community, if they require it, she says. “This requires a certain level of cultural competency on behalf of each care provider; the challenge is to build relationships with Māori within each community and to support whānau to access services available. Like others, Māori benefit from good clinical, social and cultural and spiritual care at end of life.”

Whānau plays an important part in her life outside work, too. “I am very involved with my whānau; until recently I was secretary for the past few years for our marae committee and my partner and I live with my daughter and three mokopuna.”

Outside of work, she enjoys rummaging around second hand shops and “pretending I’m a food critic – I was published a few times but had to give the hobby up as I ate more than I earned!”

Hospice NZ Project Updates



Foundations of Spiritual Care

Hospices have begun to deliver this programme across their organisations and the programme will be evaluated in 2015.

The Foundations of Spiritual Care programme targets foundation spiritual care training needs of NZ hospice

teams (all staff and volunteers) with the aim of improving the understanding and knowledge of spirituality and spiritual care with and for the wider hospice team – thereby improving the spiritual wellbeing of their organisations and spiritual care for patients, families and whānau.



Hospice New Zealand Standards of Palliative Care

Steady progress has been made since the April update on the Standards. By 30 June, 21 hospices had completed the self-review part of the quality review programme and 11 have undergone the peer review. The seven peer mentors continue to grow their own skills and expertise while supporting and growing hospice quality improvement programmes.

We are running one more training for peer mentors, hoping to grow the peer mentor group to 10 people. Hospice CEO's have

encouraged experienced staff to put their names forward during the call for expressions of interest and selection is underway.

More hospices are providing regular training to staff to increase the understanding of the standards and how they are applicable to services for patients, family and whānau. Hospice NZ has produced a standards poster, to go alongside the presentation resource on the standards and quality review programme.



Fundamentals of palliative care



The review and rewrite of the Fundamentals of Palliative Care is well underway. Working alongside Hospice NZ staff Anne Morgan, Practice Advisor and Maree Meehan-Berge, Project Manager, are the Education Project Working Group. We are delighted to be working with such an expert group who represent all the settings the reviewed resource will be offered to.

The group members are:

- Rachel Hale, Matamata Medial Centre
- Liz Angus, Access Homehealth Limited
- Gayle Elliott, Southern DHB
- Trish Fleming, Hospice West Auckland
- Jenny Blyde, Hospice Taranaki
- Jan Waldock, Arohanui Hospice
- Chris Murphy, Mary Potter Hospice
- Dr Oleg Kiriaev, Totara Hospice South Auckland

- Sylvia Meijer, Central PHO, Horowhenua
- Anne Hampton, Te Amo Health, Motueka

This group met in June for an initial project definition and planning workshop, and began some of the review. The group described and agreed the approach for the review and rewrite of the programme materials. A brief outline of key decisions includes: small groups to collaborate on the review of each learning package and those representing a particular palliative care setting then to have an overview of all the learning materials to ensure they are 'fit for purpose' for that setting.

The research and evaluation to date, and the expertise and experience of the governance and working groups will support the review and development of the Fundamentals for all palliative care settings. A formal consultation process has begun, to capture feedback from a wider range of professionals across all settings that will help us ensure a quality education programme is delivered to the palliative care sector.

Our National Partners

Hospice New Zealand and our members enjoy the long standing support of our three National Partners BNI, Craigs Investment Partners and House of Travel. All three partners got behind Hospice Awareness Week during May 2014, actively involved at both at a national and local level. Here we take a look at some of the other great work that is going on within these partnerships:



In several locations around the country Golf Tournaments are a popular way for Craigs Investment Partners branches to mix business with pleasure and at the same time, fundraise and contribute financially to their local hospice. So far this year, successful golf events have been held in Palmerston North, Rotorua and Invercargill with Craigs Investment Partners branches working with their partnered hospices to run these events, raising much needed funds. Craigs Investment Partners staff are also involved in a wide variety of other fundraising events and initiatives as well as volunteering their time and investment services for hospice.

As Education Partner of Hospice New Zealand, Craigs Investment Partners are also supporting an important piece of national research into public perceptions of hospice, palliative care and death and dying. With the help of Craigs Investment Partners, we are currently repeating a piece of research originally undertaken in 2010 into what people know and understand of hospice and our services. By repeating this research we will be able to see what baseline change has occurred, and this will help inform our ongoing work in the area of awareness.



As always, there was a great contribution from many BNI chapters across the country as members came up with fun ways to raise money for hospices and give back to the community. BNI Larnach raised \$3,584 for the Otago Community Hospice through the cycling event 'The BNI Rail Trail Challenge'. Taking place over Waitangi Weekend, 35 cyclists participated with riders from all over the country as well as international guests. And several Auckland chapters were involved in the Great Auckland Bed Race at the Auckland Domain in April with teams constructing their own "racing bed" to run around a 3km bed race course.

Special mention and thanks must go to Mike Tennent, member of BNI Rotorua Lakes (and a former Central North Island Director Consultant). In May he reached his goal of running "52 in 52" (52 half or full marathons in 52 weeks) along the way raising \$45,000 for hospices across New Zealand. Jan Morgan from Rotorua Community Hospice describes Mike's efforts as a wonderful achievement and also thinks he is a true ambassador for hospice. We agree and hope Mike has enjoyed a well-deserved breather after such an amazing effort.



Each year we choose one House of Travel outlet, nominated by their partnered hospice service and present the Embrace Award, designed to recognise outstanding commitment and those who have truly embraced the hospice partnership and incorporated it into every aspect of their business.

At House of Travel's recent annual conference in Wellington, we were delighted to attend and present the annual Embrace Award. Nominees this year included House of Travel Rotorua, House of Travel Whangarei, House of Travel Masterton, House of Travel Botany Junction, House of Travel Howick and House of Travel Timaru with House of Travel Rotorua the overall winner.

The award is a specially made piece of art created by a hospice day group or staff member – it varies from year to year depending on the creators and is proudly displayed at each of the winning outlets.

Here is what Rotorua Community Hospice had to say about their local House of Travel: "Pam and Ken consistently look for opportunities to extend their support... their generosity is amazing. Having the ability to leverage their extensive business relationships through their passionate, positive and active investment to Hospice has a significant impact on our service".

Congratulations to House of Travel Rotorua!

Around and About

This popular column allows the extended hospice family to get to know one another a little better. Each edition we select people in a range of roles and locations and ask them a set of questions about their work and them personally. Thank you to Sandy Neal, Hospice Waikato and Jan Nally, Hospice Southland for taking the time to share with us.

Sandy Neal Spiritual Carer, Hospice Waikato

Brief background to your professional career – and your current role with hospice, what led you here?

In the first half of life I was mostly involved in office/administrative positions. In amongst these I also worked as a barmaid, quality control in a kiwifruit pack-house, commercial cleaning and care-giving at a rest-home. Eventually I did a theology degree majoring in pastoral studies, trained to be a priest, spiritual director and supervisor which led to roles as a Regional Ministry Enabler, Industrial Chaplain and Vicar. I was also a Fire Police member of a Volunteer Fire Brigade for six years. Each of these roles reflects my passion for working with people. Over the past couple of years I have been involved in an intentional personal reflection process and was rather surprised to find myself applying for, and being offered, this new position at Hospice Waikato.

Current challenges facing your hospice service?

Learning how best to support and assist the spiritual care provided by our staff and volunteers and, in doing so, helping to shape this new role.

Highlight of the past six months/twelve months for hospice/your role with hospice?

Simply being here. For hospice, it was a huge achievement to finally have someone in this role. For me, it has been a wonderful gift to become part of an organisation which is offered by the community, for the community. I feel privileged to be part of the team and to witness the spiritual and emotional healing which takes place for patients, families and whānau through the gracious, compassionate care which is provided.

What do you do to relax?

Read science-fiction/fantasy books, watch movies, go for walks, crochet, sing with the Mosaic Choir and enjoy my family.

What would we always find in your fridge?

Fresh fruit and vegetables, and, I'm embarrassed to say it, but – chocolate!

Jan Nally Educator, Hospice Southland

Brief background to your professional career – and your current role with hospice, what led you here?

I have been working in Southland as a RN for more years than I care to remember, mostly as a surgical nurse and then as a district nurse. I am a qualified stomaltherapist and I worked in that role for 5 years around the Southland region.

I made the exciting move into Palliative care 9 years ago, working as a RN in the inpatient unit at Hospice Southland.

Over a year ago now I realised my years of shift work had taken their toll and I took an opportunity to move into the Community, taking on the role of LCP educator and a 2nd role as Hospice liaison nurse in the rest homes.

The LCP role has certainly produced its challenges, but the rest home work has been a high in my career, I cherish the time I have to sit and listen to the "oldies" and the opportunities I have to not only address their physical pains but to address their social/spiritual distress as well.

To work along-side and support and educate the staff, especially the young RNs and the caregivers in the rest homes, has been another highlight for me.

Last year I made another move, motivated by my technophobia, I commenced a diploma of adult education on line, what a learning curve that was, my computer skills are now struggling up there, but I realised from that, that adult education was something I could do and enjoy.

From there I've moved into the education area and after a very long career in nursing, and particularly in palliative care, I am able to pass my knowledge and experience on.

Current challenges facing your hospice service?

Challenges I face, same as everywhere, budget and time constraints. I also struggle along with two roles and trying to balance them. One, I work from the nursing team, the other from the education office and so often the two cross paths.

What do you do to relax?

To relax I like to spend time with my grandchildren and they are of an age now where I'm often to be found freezing on the side of a rugby field or netball court, but my real passion is art, I have huge canvasses and loads of paint and can spend many hours lost in another world away from death and dying. Needless to say the art is not of any quality at all!

What would we always find in your fridge?

In my fridge, there will always be chilli flavoured halloumi cheese, olives, feta, basil, coriander and a good bottle of white.

Diary Dates

Hospice New Zealand Network Workshops

Hospice New Zealand convenes a number of workshops, providing networking and professional development opportunities for special interest groups within the hospice network.

The purpose of these workshops is to bring people together to, share information, improve professional practice, discuss common topics/developments and network.

Coming up in the next few months are:

Retail Managers and Fundraising, Marketing and Communications – 10-11 September 2014

Kaimahi – 28 October 2014 (the day prior to conference)

Nurse Leaders – 28 October 2014 (the day prior to conference)

Go to the members section of www.hospice.org.nz to find out more and to register.



21st Hospice New Zealand Palliative Care Conference
29-31 October 2014
Wellington, New Zealand

For further information on conference visit our website <http://www.hospice.org.nz/conference-2014>

Alzheimers New Zealand Biennial Conference 2014 – Dementia; The Future Is Now. 14-15 November, Rotorua.

Palliative Care Lecture Series 2014



UPCOMING LECTURES

4 September 2014

Foreseeing and foretelling – Is there a place for improving our prognostic skills in palliative care?

Dr. Marion Taylor, Medical Director, HospiceWanganui & Vocationally Registered GP, Wanganui

2 October 2014

Dignity and spirituality: do they have a place in contemporary healthcare?

Prof. Wilf McSherry, Dignity of Care for Older People, Staffordshire University & Shrewsbury and Telford Hospital NHS Trust, U.K.

Hospice – exploring the facts

- Hospice is not just a building; it is a philosophy of care. The majority of people receiving support are cared for in their homes.
- Our goal is to help people make the most of their lives; to live every moment in whatever way is important to them.
- Hospices can provide care and support for anyone living with a life limiting condition – e.g. heart failure, motor neurone disease, MS or cancer.
- We care for the whole person, not just their physical needs but also their emotional, spiritual, and social needs too.
- We care for families and friends as well, both before and after a death.
- Hospices are independent charitable organisations providing care and support completely free of charge to people using our services.
- Whilst free to people using hospice services it costs a lot to provide, in 2014 it will cost just over \$99M nationally.
- As an essential health service provider, hospice services receive the majority of funding from Government; but financial support from the community is essential to meet the shortfall – in 2014 the total required from fundraising efforts is \$42M nationally.

Thanks to our supporters

Thank you to all the individuals, companies and grant makers who have made donations to support our work. We really couldn't do it without you!

National Partners:



Our supporters:



2013 Snapshot:

15,600	During 2013 the 29 hospice services throughout the country provided care and support for more than 15,600 people living with a life limiting condition.
152,000	Hospice is a philosophy of care, not a building – most people are cared for in the community – in 2013 hospice staff made more than 152,000 visits to people in their homes.
985,000	As an organisation we are firmly grounded in the community, with over 11,000 people volunteering over 985,000 hours of their time for hospice during 2013.

Hospice New Zealand

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