

ONCOLOGY SOCIAL WORKERS' GROUP

Meeting of the Oncology Social Workers' Group was held  
at Peter MacCallum Hospital on September 8th, 1982

PRESENT:

Linda Wise	- Peter MacCallum Hospital
Valda Ferns	- St. Vincent's Hospital
Louise Bowen	- Austin Hospital
Margaret Stoneham	- Bethlehem Hospital
Sharene Varrenti	- Royal Women's Hospital
Mary Ellen Cheek	- Royal Women's Hospital
Anne Murray	- Royal Children's Hospital
Janet Lilley	- Royal Children's Hospital
Betty Vosdiganes	- Mercy Hospital
Glenys Sleeman	- Royal Melbourne Hospital
Evelyn Muirden	- Royal Southern Memorial Hospital (Minute Taker)

EVALUATION OF THE MELBOURNE CITY MISSION HOSPICE PROGRAMME:

Dr. David Dunt and Ms. Annie Cantwell, a qualified nurse now practising as a psychologist, attended the meeting to discuss the evaluation they are undertaking of the Melbourne City Mission HOSPICE Programme on behalf of the Department of Community Health, University of Melbourne.

Background of Evaluation:

The Melbourne City Mission asked the Department of Community Health to conduct an independent evaluation of the Hospice Programme being established. Evaluation was a requirement of the Kellogg Foundation of America who provided the initial funding.

However, it was necessary to conduct a feasibility study to see whether:

- a) Terminal patients could be interviewed.
- b) Co-operation was forthcoming from other organizations.

This was completed in May, 1982 and the definitive study is underway; results should be available by 1984.

Funding:

a) Hospice Programme

Initial finance was received from the Kellogg Foundation whose policy it is to initiate programmes, which if viable, will then be taken over by Governments. Money was also received from the Australian Government and bequests which should support the Hospice Programme until 1983. Dr. Dunt feels that continued funding will be forthcoming from the Australian Government.

### Programme Evaluation:

The Kellogg Foundation did not make provision for conducting the evaluation, although it is a condition of funding. A grant of \$20,000 p.a. was obtained from the Commonwealth Department of Health. (Dr. Dunt believes that the Commonwealth Government will be interested in the outcome of their study since the success of other applications for the funding of Hospice programmes will depend on their findings.)

### Evaluation Design:

An experimental group made up of terminal patients referred to the Hospice programmes, and a control group, matched as closely as possible, from Prince Henry's Hospital, St. Vincent's Hospital and Peter MacCallum Visiting Nursing Service patients were interviewed by Annie Cantwell.

In both groups, the patient, and the chief care-givers were interviewed. Relatives are considered important since the Hospice programme is family focussed. Interviews generally last for one hour and do not follow a rigid format, although a formal questionnaire is completed after the interview.

Approximately 100 families have been included in the evaluation, covering 250 interviews. It was decided at the outset that no patients admitted to care with less than 2 weeks to live, or their relatives, would be interviewed.

Annie initially focussed on her role as a nurse to help gain acceptance. Although she encountered some early hesitation, this was quickly replaced by a positive reaction. Very few people refused to participate in the survey.

### Aims of Survey:

The study wished to assess whether patients in the Hospice programme were better off than others in terms of:

- a) Severity of pain.
- b) Severity of emotional symptoms.
- c) Quality of life.
- d) Nature of social interactions.

### Reactions & Dynamics of Families:

Information varied from family to family and sometimes became more accessible with development of trust over several contacts. Annie also noted that needs vary from interview to interview depending where the patient and/or relatives "were at".

Urgent Themes & Fears:

- a) Dependency.
- b) Becoming a burden.
- c) Corrosion in lifestyle.
- d) Losses (of hair, mobility, etc. etc. were like small deaths).
- e) Pain.
- f) Sadness - leaving loved ones behind.

In general, it was noted that patients do not fear dying but rather what occurs before death. Further, patients may be able to accept death, but struggle to accept loss of independence.

Staff Changes at Melbourne City Mission:

Dr. Dunt acknowledged that there had been a number of tensions resulting in staff changes since the programme started.

- a) A number of reasons for these problems were outlined.
- b) A number of highly qualified individuals had come together with similar aims but divergent views of how to attain them.
- c) Stress engendered by the nature of work.
- d) Many doctors' reluctance to refer patients to the Hospice for fear of disrupting "continuity of care".
- e) In order to demonstrate the need for a Hospice programme, a number of existing services were denigrated - and the Hospice effectively alienated many community groups who perceived the service as a threat to their existence.

Dr. Dunt felt that the support received from the Royal Melbourne Hospital had enabled the Hospice programme to survive, and should ensure its future existence.

GENERAL BUSINESS:

- 3. Linda Wise advised the meeting that she was taking up a new position at Southern Family Life within a few weeks. Peter MacCallum Hospital's representative to the Oncology Group had not yet been selected.

Bowen advised that she had invited a lawyer to  
ss the November meeting. He will discuss legal  
ers relevant to the care of terminal patients and  
r queries.

NEXT MEETING:

Date: Wednesday, October 13th at 9.00 a.m.

Venue: Board Room,  
Peter MacCallum Hospital.

982

Evelyn Muirden  
Minute Taker

**ANTI-CANCER COUNCIL OF VICTORIA**

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Date: 27/8/82

To..... Adrienne Holzer.....

For your information

For your Signature

For you to handle

Discuss with me

Pass on to.....

Return to me

Return to Central File

Keep if you wish

*Remarks:*

Thought you might be interested in the attached copy of Minutes of Oncology Social Workers Group - at their next meeting on 8th September a Community Nurse with the Department of Community Health is to present an outline of findings to date of the evaluative study of Melbourne City Mission.

Perhaps it would be possible to get Eryl Morgan invited to the meeting - they are asking for as many people as possible to attend (presumably social workers), but in view of our project their findings would be interesting.



Minutes of Oncology Social Workers Group  
Peter Mac Callum Hospital - Aug. 11, 1982.

Present: Mary-Ellen Cheek - Royal Womens Hospital  
Louise Bowen - Austin Hospital  
Valda Ferns - St. Vincents Hospital  
Evelyn Muirden - Royal Southern Memorial Hospital  
Betty Vosdiganes - Mercy Maternity Hospital  
Linda Wise - Peter Mac Callum Hospital  
Denise Spence - Nursing Education, Peter Mac Callum Hospital

Apologies: Glenys Sleeman - Royal Melbourne Hospital

Overview of Cancer Pain

In February of this year, Mary-Ellen Cheek attended a seminar held in Sydney under the part auspices of the NSW Cancer Council addressing the "Key Issues in Cancer Pain".

A taped recording of the introductory address "Overview of Cancer Pain" by Dr. Richard Sternbach, Director of the Pain Treatment Centre California, was played to the group and was generally regarded as well worth the hearing.

Main points summarised

- . pain is a subjective experience measurable by similarly subjective means; by the patient's expression of pain and by observable pain behaviour.
- . the way in which patient's express pain is socially learned and very much influenced by cultural factors which need to be taken into account when planning pain control, e.g. Northern European culture tends to be typically inhibitive of pain expression.
- . the main pain treating methods are:
  - (i) analgaesics; the pill
  - (ii) surgery; the knife
  - (iii) counselling; the wordthe third being most commonly overlooked despite evidence of the growing effectiveness of learned behavioural skills in pain management e.g.-relaxation  
-aerobic  
conditioning.
- . pain does not occur in a Vacuum. Since anxiety can often intensify the experiences of pain, effective pain relief must include some sense of the person to whom the pain is occurring; some appreciation of the 'psychosocial staging' of the patient's response to pain comparable to the physiological staging of the disease state.
- . Weismann's high risk/low risk patient profile is one means by which one might derive at such a staging giving some indication of the times of greatest vulnerability to pain.

Conference tapes are available for loan. Interested persons should contact Mary-Ellen Cheek Royal Womens Hospital.

Next Meeting

Date: Wednesday, 8th September at 9.00 a.m.

Venue: Board Room 11th Floor, Sun Alliance Building,  
456 Lonsdale Street, (Peter Mac Callum Hospital)

Topic: Annie Cantwell, Community Nurse with the Dept of  
Community Health will be presenting an outline of findings  
to date of an evaluative study of Melbourne City Mission which  
she and colleague Dr. David Dunt have been involved in.

In view of there being a guest speaker, it would be appreciated if as  
many people as possible could attend.

Apologies to Linda Wise 602 1333 prior to next month's meeting.

23rd August, 1982.

Linda Wise  
Minute Taker