

## TALKING ABOUT DYING

A few weeks ago at the Cancer Council of Victoria Dr Penny Schofield and I led a group of experienced facilitators (including our own Regina Kendall) through a new workshop called “Talking about Dying”. We had been working towards this day with the staff of the Cancer Council Victoria and with Anne, an actor for about three years. After chatting, thinking of ideas, writing and gaining advice from many experts, finally it happened.

We knew it would be worthwhile. Our experience and the evidence of others tell us that most people cope better with dying if they are consciously aware of it and able to talk and plan. People need the chance to voice their preferences and to express fears. One advantage of knowing that you’re dying is that you can make choices. Ideally we should all do this during our lives, but few of us do. When severe illness comes, many people don’t get the chance to plan, because they’re not given timely information that they can understand, and don’t ever have a free and open conversation with their families and doctors. Frequently they are treated to relentless and misguided optimism because the doctor finds it too difficult to discuss.

One study by Nicholas Christakis in 2000 showed that two-thirds of doctors over-estimate prognosis. You might like to read an article in the New York Times called “The Cancer of Optimism” <http://www.nytimes.com/2013/05/05/opinion/sunday/the-cancer-of-optimism.html?pagewanted=all&r=0> in which this issue is discussed

I have recently related a conversation with an aboriginal man in Broome a year or two ago. We were talking about my job, and he said “Up here we call it finishing up.” We are not giving people the chance to finish up if we cannot talk openly and skillfully with the dying.

In the half-day conversation with the actors before the training, there was anxiety. It was thought that this workshop would put more strain on the facilitators and on the actors. We thought we would need to be even more careful than in other workshops, because the area we were talking about was so much more difficult, so much more prone to causing distress. I was worried about the actors, because they explained to me what I should have known – that when actors are “in role” they are truly living the part, and this includes all the feelings and bodily responses. How would they be able to escape their role fully, and return to themselves? The actor who developed the scenario for the role-plays had immersed herself selflessly in the palliative care scene to see the reality of dying, and she was also concerned.

The train-the-trainer workshop was not as difficult as we had expected. The actor and the participants managed very well. I think it will be alright - that these workshops can teach participants to talk openly about these difficult things. Maybe this teaches once again that the problem is us, not the patient, and that we need to learn that these conversations are manageable and worthwhile.

To practice, and learn by experience that people led gently into these conversations often express relief that they are able to talk about their fears, to talk with their families, to plan for what will happen, and to know that wherever possible, their wishes will be respected.

Even if we can’t answer all the questions posed to us, and relieve all the natural fears expressed to us, the very fact of our sharing is of the greatest value. Do yourself a favour. If your job involves caring for people at the end of life, come along to a Cancer Council Communication Program workshop and further develop your skills.

*Dr David Brumley  
Palliative Care Physician  
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## PALLIATIVE CARE VICTORIA'S NEW STRATEGIC PLAN

The Board of Palliative Care Victoria has approved a new strategic plan effective from 1 July 2013 to 30 June 2016/ It reflects our unique positioning as the peak body and highlights areas of focus where we can be most effective in achieving our desired outcomes for the community. All people with a life limiting illness and their families are supported to live, die and grieve well. The strategic plan is available to download from [www.pcvlibrary.asn.au](http://www.pcvlibrary.asn.au) - use the keyword search.

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## GRAMPIANS REGIONAL PALLIATIVE CARE TEAM TRAINING PLAN

*The 2013-14 Training Plan is now available at [www.grpct.com.au](http://www.grpct.com.au). It has also recently been distributed widely. Please contact us at [info@grpct.com.au](mailto:info@grpct.com.au) if you would like any further copies.*

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## 12<sup>th</sup> AUSTRALIAN PALLIATIVE CARE CONFERENCE 3<sup>rd</sup> – 6<sup>th</sup> SEPTEMBER 2013

More than 700 delegates are to attend the 12<sup>th</sup> Australian Palliative Care Conference 'Palliative Care – everyone's business'. The conference, to be held in Canberra in September, will bring together clinicians, researchers, volunteers, allied health practitioners, educators and carers to hear the latest research, share best practice and be challenged by keynote speakers.

For further information and early bird registration - <http://www.dccconferences.com.au/apcc2013/>

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## FAREWELL

We would like to take this opportunity to say good bye to Dr Eve Westland who has been our GP Palliative Care Registrar for the last 12 months. Eve had a community and inpatient rotation which meant she also contributed to the medical care of patients at Gandarra. It has been such a pleasure to have her as part of the Grampians Regional Palliative Care consult service and we wish her well as she continues placement under the supervision of Dr Joseph Ibrahim. We would also like to wish Dr Moira Vesey well as she continues her studies to become a Palliative Care Physician. Moira has only been with us in a community placement for 6 months. We hope that her journey to Physicianhood is smooth and painless.

*Jade Odgers  
Manager*

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MAY/JUNE 2013



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