



Newsletter February 2011

contact: Helen Cotter ph: 6281 2988
lung.life@hotmail.com

Next Meeting

Thursday 10 February

10.30am - noon

**The Weston Club,
1 Liardet St
Weston**

Workshop facilitator: Emma Awizen

We are holding a workshop to develop our Advance Care Plans (ACP) – to make our decisions about the medical treatment we would like to have – or not to have – when we are unable to make the decisions for ourselves.

Members who already have ACPs may like to assist with ideas and information.

Christmas Lunch 2010

December is the time for our end-of-year Christmas Lunch. Pam, Pat, Maddie and Jenny again organised a very successful lunch with the Weston Club. About 37 people celebrated, by eating a hearty lunch, pulling bonbons, wearing funny hats and telling abominable jokes. We also held a secret santa and donated a large number of presents to the Salvation Army. Many thanks to the organisers of the lunch - a most enjoyable event.



Ebba & Rosa



Happy Christmas diners



Esther & Ray

January Meeting 2011

This first meeting for the year was a time to get-together and catch up with each other and we had a good turnout. We had some business to attend to – mainly discussing the coming year. We had suggestions for possible topics and/or speakers for the meetings.

Helen took the opportunity to give her Christmas speech, thanking all those individually who helped the group in their different ways over the year. It had been too noisy to give the speech at the Christmas lunch – that U3A table behind us was so boistrous.

The meeting was followed, by many of us as usual, by lunch at the club, a good way to end a meeting.

Action urged on living wills - Canberra Times Jan. 3, 2011 (excerpt]

from Chris

(A living will is similar to an Advanced Care Plan but it encompasses more: it may include financial and estate matters as well.)

Australians aren't being allowed to die naturally as hospitals put too much focus on prolonging life, according to top intensive care expert, Professor Ken Hillman. Living wills are voluntary, but legally binding, statements outlining the medical care that a person wishes to receive, including the right to refuse treatment or resuscitation.

Professor Hillman said most hospitals had a policy of resuscitating every patient, even when the outcome of the treatment was prolonging death. "In the 1980s when I started in intensive care, it was for young, otherwise healthy people who suffered trauma. Then gradually, and in this insidious way, we have given these options to seriously ill people where there is almost no hope of living. Death is no longer a natural outcome of life."

According to a study of American medical dramas, survival after cardiac arrest in acute hospitals on television was about 80 percent. "The real figure is more like 10 percent and many of those die soon after discharge from hospital," Professor Hillman said.

Relatives were put in a difficult position as most patients in intensive care were unable to communicate their

wishes. Professor Hillman said Australians needed to start talking about how they wanted to die and advanced care directives, or living wills, were a good place to start.

About 60 percent of Australians die in hospitals, but only 1 percent of Australians have living wills.

"A standardised national approach is needed where people's wishes are respected at all levels where a patient may encounter the health system, no matter which state, no matter where - in an ambulance or the emergency department or a GP."

More Christmas photos



Pam



More happy diners



Michael, Lucy and Val

Tuggeranong Community Council

In the December issue of the **Canberra Chronicle**, Darryl Johnston, President of Tuggeranong Community Council, wrote the following as part of his informative article on the council's activities. We very much appreciate his support of our group and its activities.

I recently joined the Canberra Lung Life Support Group during the Annual World COPD Day walk around Lake Burley Griffin. The Canberra Lung Life Support Group offers advice, assistance and support to the many people in Canberra who suffer from Chronic Obstructive Pulmonary Disease and other degenerative lung conditions. As I walked along the lake shores it was hard to imagine what it would be like not being able to breathe properly and to rely on an oxygen bottle for the rest of your life. The fact is that many Canberrans are forced to live this way. Even the change of seasons has a serious impact on their health. Winter woodsmoke or spring pollen can choke their lungs and lead to hospitalisation. The Lung Life Support Group says, "When you can't breathe, nothing else matters".

Patient Centred Care: the ACT Scene

You may be wondering whether Patient Centred Care (PCC) is being utilised in the ACT. In her discussion paper, *Patient Centred Care: Improving quality and Safety by Focusing Care on Patients and Consumers*, Karen Luxford delineates two areas in the ACT that have taken specific action on PCC. One is ACT Health; the other is Calvary Health Care. Looking at what ACT Health has done, gives you a clearer idea of what PCC is about.

ACT Health (p47)

- ACT Health set up a **consumer feedback program which** established standards and outlined principles to dealing with consumer feedback.
- ACT Health provides **consumer information on its website** including details on how to access medical records; and information on consumer involvement, community consultation, surgery, interpreter services, freedom of information, interstate patient travel and maps of the campuses.
- Patients have been encouraged to tell their experiences to staff who document the information and provide reports to senior staff - with the information helping to plan and design new facilities and processes and identify gaps and barriers to healthcare delivery.
- Nurses training at the University of Canberra are being educated about patient centred care.
- ACT Health has implemented the **Respecting Patient Choices** Program which enables individuals to document their wishes for future health care, preparing for a time when they may be unable to make their own decisions.
- ACT Health has also adopted the Australian Charter of Healthcare Rights.

It will be interesting to see whether these changes will be sustained and what the next steps will be.

[Urge Incontinence - A Wee Problem](#) by Chris

"Incontinence is one of the main reasons older people have to go into care," said my physiotherapist.

I'd mentioned my frequent bladder habits to my GP, and was referred to a specialist and physiotherapist at Canberra Hospital. And so began my introduction to pelvic floor exercises, to be performed three times a day for the rest of my life. The exercises weren't difficult or time-consuming, but it was very difficult to remember to do them regularly. Also I was told to stop visiting the bathroom "just in case". This wasn't easy either. I certainly didn't want to get caught short while I was out.

A year later I hadn't improved a great deal (probably because I wasn't taking the matter seriously enough) and the specialist performed a uro-dynamic study. This involved drinking a sizeable quantity of water before being hooked up to a computer which measured such things as urine output, flow rate, amount left in bladder and bladder capacity. The conclusion was "a normal bladder", which meant I didn't need any anti-cholinergic drugs. These medicines inhibit spasm of the bladder muscles, thus preventing urge incontinence.

My main task was to regularly practise my pelvic floor exercises and gradually regain control over the bladder, with

regular encouragement from the physiotherapist. She stressed the importance of "mind over bladder" which means resisting and controlling the bladder's first urge to urinate, and waiting for the second urge. Disraction is the key. My bladder problem has developed over many years so it won't be solved quickly. It's worsened in the last couple of years, and without any intervention would probably continue deteriorating. It's still early days, but my physiotherapist is pleased with my (very slow) progress.

If all else fails medication is available in the form of tablets or patches. Some people find this extremely helpful, but the side effects (dry mouth and constipation) are not tolerated by others.

If I can improve, anyone can. I haven't been charged for any treatment at the hospital, and if I can overcome this problem it'll be one less health concern for the future.

Still more Christmas lunch photos



Maddie collecting the money



Helen



Robyn and Val

Ready & Able – ***Keep your brain active*** by Chris

Did you unscramble last month's letters? Here are the answers.

LOVELY VERSE is SERVE and VOLLEY; PERT APPLES is SALT and PEPPER

Here's two more. The letters can be arranged to spell two words that form a common phrase with the word AND in between.

OWN SPUDS

VIXENS ESSES

Answers in next newsletter.

Dates for your diary

Thursday 10 February meeting for the Canberra Lung Life Support Group

Thursday 24 March Senior's Week Expo Day 10am – 3.30

Wednesday 5 April practical session with Physio students at University of Canberra



“Living a Healthy Life with Long -Term Conditions” 2011 COURSE SCHEDULE

Do you have diabetes, asthma, heart disease, arthritis, cancer,
back pain, obesity or any condition lasting longer than 6 months?
Does it prevent you from living life as you would like?
Cause you stress? Impact on your relationships?

**Arthritis ACT/ contact 6288 4244
for course details
March/April**

Fridays 12.00-2.30pm

March 4,11,18, 25, April 1 & 8

Belconnen Health Centre

February/March

Fridays 10am-12.30pm

February 25, Mar 4,11,18,25 &April 1

May /June

Mondays 2.00-4.30pm

May 9,16, 23,30,June 6 &20

**SHOUT Inc Evening Course/contact
62901984**

Monday nights 6.30pm- 9pm

Feb 28,Mar 7,21, 28,April 4 & 11

Phillip Health Centre

February/March

Thursdays 10am-12.30pm

February 24, March 3,10,17,24 & 31

May/June

Thursdays 10am-12.30pm

May 12, 19, 26, June 2,9 &16

Tuggeranong Health Centre

February/March

Tuesdays 2pm-4.30pm

Feb 22, Mar 1,8,15,22 & 29

May/June

Thursdays 2.00pm- 4.30pm

May 12,19,26 June 2,9 & 16

**To register for Health Centre courses, or discuss course details please phone :
Community Health Intake
Phone 6207 9977 between 8am-5pm Monday- Friday**

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