CANBERRA LUNG LIFE SUPPORT GROUP

July 2026 Newsletter

Our mission is to provide a supportive and informative environment for people with lung conditions, as well as their families and carers.

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NEXT MEETING: Thursday 13 August 2026
11:30 am for 11:45 am start, continuing until 1:15 pm
Weston Creek Labor Club
Teesdale Close, Stirling ACT 2611

Alicia from the Lung Foundation will talk about what it does, the services it offers and how we can access its many support services.

NOTE: arrival for meetings is now 11:30 am. We continue until 1:15 pm.

July Meeting

The Labor Club recently informed us that they were not opening their doors until 11:30 am, so our meeting began at 11:45 am - allowing 15 minutes for members to arrive and catch up with each other - and we continued until 1:15 pm.

We began with our speaker, **Estella Hutchison, from Your Sunset end of life services**. Estella, an end-of-life doula, talked to us about **VAD (Voluntary Assisted Dying) in the ACT, funerals and the role and services of an end-of-life doula.**

What is VAD?
VAD is a legal process that allows competent adults with a terminal illness to receive medical assistance to end their lives peacefully at the time of their choosing.
To access voluntary assisted dying in the ACT you must:

- be 18 or older
- have lived in the ACT for the last 12 months
- have an advanced and progressive medical condition that is expected to cause death and is

causing you intolerable suffering
- have decision making capacity at all stages throughout the process
- be acting voluntarily and without coercion.

If you have not lived in the ACT for the last 12 months but have a substantial connection to the ACT, you'll be able to apply for an exemption. Unlike the other States, the ACT has no time frame for death and no minimum number of days between first and final request. Nurse practitioners can act in all VAD practitioner roles; and it's an offence to hinder access to VAD.

There are 10 stages in the VAD process:

- First request - to your practitioner to access VAD.
- First assessment – to check that you are eligible.
- Consulting assessment – a different practitioner who also checks.
- Second request – to fill out a form to confirm you want access to VAD.
- Third (final) request – to verbally wish to proceed.
- Final assessment – to confirm that you have decision making capacity and are acting voluntarily.
- Administration decision – to decide if you will self-administer or be doctor administered.
- Prescription and supply – through the ACT VAD pharmacy service.
- Administering the substance – where and when decisions.
- After death – your death will be officially confirmed and ACT Births, Relationships and Deaths will be told.

Your practitioner supports you throughout the process and you are assisted by a care navigator from ACTVAD Navigation Service. It's a complex process, so for all details, check out the ACT Health website: Accessing voluntary assisted dying in the ACT - ACT Government or phone 02 5124 1888.

Estella then talked for a while about the different types of funerals available. After that, she talked about:
End of Life Doula services:
This is a non-medical presence for a dying person, family or friends. It provides practical support and education, helps dealing with the medical system, enabling continuity of care and assisting those who want to die at home; and dealing with after death care. **Doula** is an ancient Greek word meaning 'female slave'; but now it means 'a person of service (male or female)'.

Estella holds a once-a-month lunch at EQ, Deakin, on a Saturday from 9:30 am to 11:30 am with a talk on a specific topic. To find out more, check out the details below:
www.yoursunset.com.au and estella@yoursunset.com.au or call 0407 307 584.
Facebook/yoursunseteols.

Barry, Jacqui, Helen, Janet, Chris at the July meeting.

An Update From The Coordinator - Marina Siemionow

Where has the month gone? Apart from our regular meeting on the 11th June, the first 2 weeks of June were nice and quiet from a CLLSG perspective. I was able to concentrate on the home front and attend the NSW Schools Choir concert at the Q to watch my great granddaughter sing. I also went to the NSW district athletics meet to watch my great grandson run and jump. In between, I attempted to keep a 6-month-old puppy, which had to wear a cone after being desexed, quiet and calm, with no exercise for a whole 2 weeks. It was an impossible task.
During the second half of the month the meetings just piled up.

1. **Monday 15th June: Equip'd Gym Chifley General Meeting**, it was great to hear that the Gym has enough permanent fee-paying members to keep it financially viable into the future and that the process for assessing and signing up members was being streamlined, enabling a triage system to be introduced at the start, targeting the appropriate level of support to the personal circumstances of members and keeping costs down for the majority of members.
2. **Thursday 18th June: MRFF for Breathlessness TEAMS meeting**, I was invited to join a team of academics, health practioners, people with lived experience and carers to develop a new proposal to obtain a Grant over four years which would enable the development and testing of a self-care support tool to be used by paramedics, which would improve the quality of life for people living with breathlessness from long-term physical diseases other than cancer.
3. **Wednesday 24th June: In person, Chronic Conditions Network Meeting**. Apart from having a good in depth catch up on what all the other members have been up to, we discussed the difficulties we were having building and maintaining connections, to get direct referrals to our organisations from the Hospital. We had all experienced the benefit of direct referrals but found they depended on the support of specific staff members and as staff moved over time, those relationships collapsed. We all agreed to work together to try and establish a formal and sustainable Community Referrals process with the Hospital through the Chronic Conditions Network.
4. **Thursday 25th June:** I learned all about protein intake and how important it is, along with exercise, to maintain muscle strength as we age. This fabulous talk and taste session was run by nutrition Australia and organised by the Equip'd Gym in Chifley. Attending this did mean that I did not get back home in time to connect to a TEAMS Meet, for **the Better Together Peer Leader meeting run by the Peer Support Coordinator at the Lung Foundation**.
5. **Friday 26th June: we had our monthly Lunch** which this month, was held at the Belconnen Labor Club.
6. **Friday 26th June: MRFF for Breathlessness TEAMS meeting**. We discussed the co-design approach and process to be used throughout the four-year project so it could be written up into the proposal for the Grant.
7. **Monday 29th June: Health Pathways**. I met with the Program Officer for Health Pathways from the **Capital Health Network (CHN)** to review the community services pathway for respiratory disease and further progress our work in building the pathway for respiratory diseases in the ACT. Health Pathways is a portal providing GPs with guidance. Through the work I am doing, the Pathway for respiratory diseases will refer patients to the Canberra Lung Life Support Group.

From your retired editor, Geoff Cox

Your retired editor thought you may be interested in how he became the newsletter editor and what it involved.

In 2018 and early 2019 I was preparing for a potential lung transplant and consequently felt quite weak and sick. Helen Reynolds, the then editor, had been asking if someone could take over her role for some time but I was in no fit condition to be that person.

In May 2019 I received my life saving transplant and was soon on the road to recovery. I was keen to do some voluntary work so I made contact with Lung Life and organised to take over the role from January 2020.

Becoming the new editor didn't actually mean I knew what I was doing. My daughter helped me do my first edition (probably wondering how I had made it this far through life without being able to do this stuff). By the February edition I was on my own; working out new aspects as I went. In March COVID hit and just after having our 22 year celebration we all stopped going out.

The newsletter was a fun distraction during this time. Without events to report on I could go off on tangents filling the newsletter with trivia, jokes and alike. Chris Moyle was a prolific writer during this time sending me numerous articles and Helen Cotter could always be relied upon to add an article or two. Chris and Helen were the two main sub-editors and Don Neal was the computer guru behind the scenes (as they still are).

The years passed very quickly. Almost without fail George would send me his 'Travelin' Man" pictures from remote parts of Australia. Sadly some of our members required obituaries and eventually George was one of them.

I continued in my role for six years until my health made it impossible to commit myself to the task anymore. I have enjoyed it all and wish all the best to the team that is staying on without me.

Effective Allergy Management Strategies for Canberra Residents

Last newsletter, we looked at what causes pollen allergies in the ACT. In this newsletter, *we follow up with how you can manage your allergy.*

Managing pollen allergies in Australia's allergy capital requires a proactive, multi-faceted approach.

- **Use the Pollen Count & Alerts App:** Monitor real-time pollen levels and receive personalized alerts to plan outdoor activities during low-pollen times, especially important during Canberra's intense November grass pollen peak
- **Improve Indoor Air Quality:** Keep windows and doors closed during high pollen days, particularly when hot northerly winds are forecast, and run air conditioning with clean filters to create a pollen-free sanctuary
- **Maintain Personal Hygiene:** Shower and wash hair before bed to remove pollen collected throughout the day, change clothes after outdoor activities, and rinse nasal passages with saline solution to clear allergens
- **Install HEPA Air Purifiers:** Use high-efficiency particulate air filters in bedrooms and main living areas to capture airborne pollen grains, particularly beneficial during the October to January monitoring period

- **Consult an Allergist:** Seek professional diagnosis and treatment options including antihistamines, nasal corticosteroids, and allergen immunotherapy, especially important for the nearly 30% of Canberrans affected by allergic rhinitis

Learn More About Managing Your Allergies

- Understanding Allergy Pollen Counts: Your Comprehensive Guide – Discover how to interpret pollen count levels and develop effective strategies to minimize your exposure during peak allergy season.
- Why Are My Allergies So Bad Right Now? | Pollen Count & Alerts App Blog – Understand the environmental and biological factors that can cause your allergy symptoms to intensify unexpectedly.
- Do Allergies Get Worse as You Age? | Pollen Count & Alerts App Blog – Explore how your immune system and allergy sensitivities evolve throughout different life stages.

Stay informed with expert advice and seasonal updates by visiting the Alert Pollen Blog.

Final Thoughts

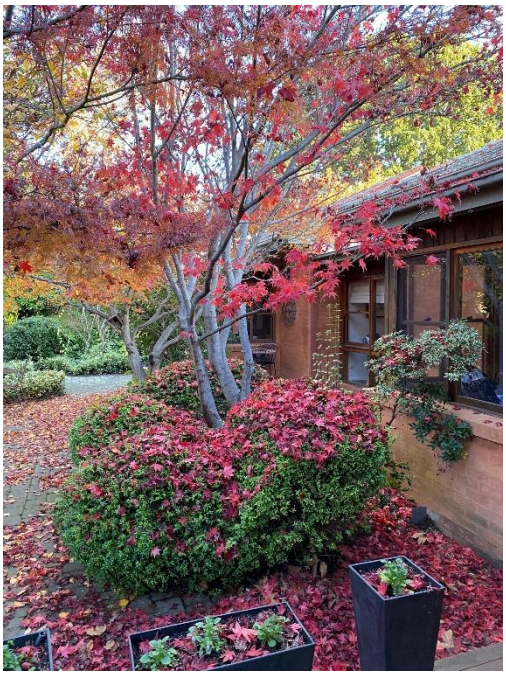
As Australia's allergy capital, Canberra presents unique challenges for the nearly 30% of residents who suffer from allergic rhinitis. However, armed with knowledge about local pollen types, seasonal patterns, and the city's specific geographical factors, you can take proactive steps to manage your symptoms effectively.

Welcome to Leo's Place

Leo's Place - A Place to Rest Awhile

Leo's Place in Braddon provides respite for those with a life-limiting illness or their carer. It's a home away from home providing:

- overnight respite – for people with a life-limiting illness, with the option of their carer staying with them
- day respite – providing support and care for people with a life-limiting illness, to allow carers to have a short break
- carer support – access to advice, information, and self-care activities.



July Lunch: *Marina, Joe, Caroline, Barry, Val D, Lindsay at Belconnen Labor Club*

It's free of charge with all meals provided. You can phone them on 02 6171 2290, email on stay@pallcareact.org.au or download a referral form from their website. Leo's Place is an initiative of Palliative Care ACT, supported by the ACT Government, local businesses, philanthropic organisations and generous members of our community.

Can we cure asthma? Yes, and we have a plan

Published: June 22, 2026 The Conversation

By Christine Jenkins, Head, Respiratory Program, George Institute for Global Health; UNSW Sydney; University of Sydney; and Gary Anderson, Professor and Director of the Centre for Lung Health Research, The University of Melbourne

Asthma is conventionally viewed as "treatable but incurable". We can manage its symptoms but not reverse the underlying condition. But advances in science are challenging this view and we think a cure may be within reach. So what might a cure for asthma actually mean for the nearly 2.8 million Australians and an estimated 363 million people globally with asthma? And how could we get there?

Asthma is a chronic (long-term) inflammatory condition of the airways which leads to respiratory symptoms such as wheezing, breathlessness, chest tightness and coughing. These symptoms can come and go - or persist. In about 20-30% of cases (usually children), asthma gets better by itself and goes into "spontaneous remission". This is where symptoms reduce and airway tissue returns to normal. So, in principle, all asthma should be curable. The more we learn about the **underlying mechanisms of asthma** – especially what happens in people in lasting spontaneous remission who no longer take medication – the closer a cure becomes.

How could we get there?

The evidence shows that asthma is reversible. We also know which risk factors for asthma – **such as family history, history of allergy, smoking or obesity, and exposure to poor air quality** – make it harder for symptoms to resolve and mean airway tissue remains "hard-wired" in a diseased state.

For example, all children get viral respiratory infections, but a combination of genetic risks and exposures cause some to acquire change in the cells lining their airways that lead to persistent asthma.

By combining these tiers of information with "machine learning" technologies (artificial intelligence) we could then learn more about the mechanisms behind their disease and match them to computer-generated drugs. Current asthma medicines dampen the drivers of disease, especially some types of inflammation, and suppress symptoms. However, these future medicines would "**correct and reprogram" diseased cells back to health**.

For this and other initiatives towards an asthma cure, we need to prioritise our research efforts, with the funding to match.

New Website! From HCCA issue 9 2026

We are very excited to launch a new look for our Quality Use of Medicines website. This website is your central hub for resources for consumers and carers. It provides free information and resources on:

- Using medicines safely
- Increasing your knowledge about treatment options
- Understanding the risks and benefits of your medicine
- How to talk about your treatment options with your health care team

The new site now has its own resource library. You can filter different audiences, resources and topics. We hope the site is much easier to find the resource you need. This includes care plans, videos, factsheets, toolkits, FAQs, and translated resources