

## Allied Health in Palliative Care

- The Practice of Art Therapy in Palliative Care
- PEPA Allied Health Workshops
- The Role of the Social Worker in Palliative Care

*"This edition of Centre Line has a focus on the role of Allied Health professionals in palliative care. We start with a look at the use of art therapy in palliative care. This edition also includes a report on PEPA Allied Health Workshops, and an article on the role of Social Work in palliative care."*

### The Practice of Art Therapy in Palliative Care

In my professional role as counsellor coordinator/ art therapist with Karuna Hospice Services, I have found that practicing art therapy with clients and their families has had profoundly beneficial effects for them in their journeys of living and dying.

Also I am presently enrolled in a Professional Doctorate in Creative Arts Therapy. My qualitative reflexive research project is titled 'An arts-based inquiry into the experience of companionship the dying'. It explores what subjectively occurs in me and a colleague moment by moment when therapeutically companionship terminally ill clients.

Being fully present with a dying person can be very challenging, and it is often our inability to be fully present that contributes to a terminally ill person's sense of isolation. I believe that when we become more aware of what prevents this, such as our assumptions of how it is for the person, can we then start to see the 'human being' in front of us. From this research I hope to continue my work with palliative care providers in developing our skills and self awareness of how we can all be more present to the dying and their needs.

In this brief article I would like to clarify what Art Therapy is, and how it can be applied in palliative care with two case studies.

Art Therapy is a therapeutic approach using creative forms of expression as an access point for deeper personal understanding, and/or as a source of immediate release of pent up emotions. The Art Therapist guides the participant through a process of producing creative representations of their direct experience, which then become the entry for further inquiry. It is a non interpretive approach and the role of the therapist is to assist the participant in finding and affirming

their own personal meanings and understandings. Art Therapy is multi-modal so any medium including painting, poetry, movement or even sound can be used. It is also the therapist's role to suggest the most beneficial and appropriate exercise. In palliative care this needs to be considered with great sensitivity.



#### So how might Art Therapy be beneficial in palliative care, and how might it be applied?

Often what we are experiencing is beyond words. It may be more of a felt sense and creatively giving form to this felt sense can become a bridge of communication – making explicit the implicit. Art Therapy also helps the participant objectify their experience and allow more space for reflection. In my work with terminally ill clients many have spoken of feeling isolated, and nobody understanding what it is really like for them. Through Art Therapy I have found that clients can communicate and share their unique reality in ways that stand outside normal ways of communication, which often can be so limiting.

Following are two examples, and to maintain anonymity, I will name my clients Jane and Tom.

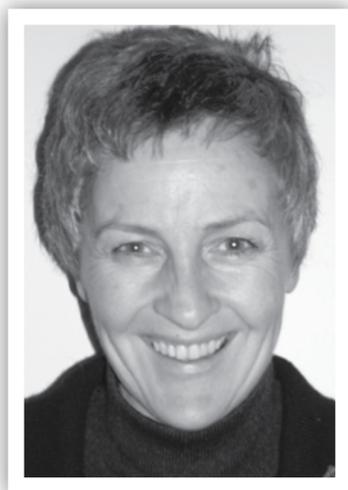
Jane was a 40 year old woman whom I worked with fortnightly, over a three month period. When I first met Jane she was anxious about her impending death going horribly wrong, and her husband and two young children being traumatized for the rest of their lives.

She wanted it all over ASAP. Then through several drawings it became apparent she was stuck in an in-between place of wanting to escape her situation, and not wanting to leave her family. The problem was that in this place (as represented in Jane's drawing of her sitting inside a keyhole), Jane was unable to address her death, with herself, and her family. As the sessions unfolded we used a variety of creative exercises that allowed her to explore her fears, anger, relationships, needs and strengths. After some initial reluctance to counselling she began to look forward to her Art Therapy sessions as they became a safe and enjoyable way of being with her dying journey. Jane died peacefully at home surrounded by family, as she had created in her drawings.

Another example is Tom, a 30 year old man who was within weeks of his death. He wanted to have some more meaningful exchanges with his three restless six to ten year old children, but was unable to settle them down. I began the session with the children and myself sitting around a large table drawing together. I asked them to do a drawing for Dad and as they drew we all talked about him. The exercise anchored them and provided a safe place that together they were able to ask questions and talk about their fears and concerns. After the drawing session Dad came out and each child took turn to show their drawings and ask him questions, which previously they were too afraid to ask. But most importantly they were all able to declare their eternal love for each other.

So one might ask, what is distinct about Art Therapy that other therapeutic approaches can not provide in palliative care?

Art Therapy engages parts of the brain that are often not used in verbal communication. Through the creative process subconscious experiencing is brought into awareness and with this fuller understanding the participant can then communicate with others their new knowing and help bridge the chasm of their experience.



Suzanne Clementi has a Grad Dip, Masters and is currently doing a Professional Doctorate in Creative arts Therapy through MIECAT (Melbourne Institute for Experiential and Creative Arts Therapy). For several years she has been the counsellor co-ordinator/art therapist at Karuna Hospice Services which is a home based palliative care service in Brisbane.

## PEPA Allied Health Workshops

By Nhu Tran, PEPA National Coordinator and Kathy Laurent, PEPA Manager Qld

*The authors would like to acknowledge the assistance of Dr Vinesh Oommen in preparing the evaluation data for this report.*

### What is PEPA?

The Program of Experience in the Palliative Approach (PEPA) commenced in 2003 as an initiative of the Australian Government Department of Health and Ageing National Palliative Care Program. PEPA is offered through partnership with State and Territory health departments and aims to improve the quality, availability and access to palliative care for people who have life limiting illness and their families.

The strategies to achieve this aim include:

1. Providing clinical placements for primary care providers with palliative care specialist services in metropolitan or larger regional centres
2. Establishing a post-placement support program for primary care providers who have undertaken PEPA clinical placements
3. Providing additional educational opportunities to promote knowledge and skills in a palliative approach for allied health professionals.

### Development of the Allied Health Workshops

An Allied Health Expert Panel was convened to advise on the development of an allied health workshop program that could be used in all PEPA programs across Australia. The panel of experts came from all parts of Australia. Additional writers were also engaged to prepare specific sections of the workshop program. During the development phase, trial workshops were held to evaluate the development of the resource.

A Facilitator's Guide was developed and printed with instructions on how to conduct a PEPA Allied Health Workshop. The facilitators' guide includes a printed copy of the six sessions included in the program together with facilitators' notes, objectives and suggested activities relating to each session. The resource includes a CD-ROM containing the PowerPoint presentations of the sessions. The resource has allowed PEPA Managers all over Australia to conduct workshops with consistency of quality being maintained. Guest presenters are usually invited to present various sections of the workshop.

### What is the Aim of the PEPA Allied Health Workshops

The aim of the PEPA Allied Health Workshop is to develop allied health professionals' understanding of the palliative approach. Its focus is on

developing the allied health professional’s ability to apply the palliative approach in practice.

Following the workshop, allied health practitioners should be able to:

1. Describe how the principles of the palliative approach can be applied in practice
2. Identify strategies for integrating a palliative approach into the care of people with life limiting illness and their caregivers
3. Identify resources in their workplace and local community that will assist with providing quality palliative care to people with life limiting illness and their caregivers.

### Who is the Target Audience for this Workshop?

The PEPA Allied Health Workshop has been developed for allied health personnel who work with people with life limiting illness and their families, in the capacity of a primary palliative care provider. This may include:

- physiotherapists
- speech pathologists
- occupational therapists
- dieticians
- social workers
- counsellors
- psychologists
- pastoral carers and
- others, including health workers from primary health, aged care, community and hospital settings.

### A Profile of the PEPA Allied Health Workshops in Queensland

In 2007, the Queensland PEPA team conducted three PEPA Allied Health Workshops, one of which was in Rockhampton and the other two in Brisbane. A total of 91 participants attended these workshops. Table 1 shows a summary of the participants’ discipline background.



Image: Royal Brisbane & Women’s Hospital Education Centre

**Table 1: Participants’ discipline at Allied Health workshops**

Participant Discipline	26 Mar 07	17 Aug 07	6 Dec 07
Psychologist	2	2	0
Counsellor	3	0	0
Dietitian	1	2	2
Chaplain	0	1	3
Pastoral Carer	0	3	0
Occupational Therapist	8	6	10
Physiotherapy	2	5	10
Social Worker	4	9	6
Speech Pathologist	0	2	5
RN	2	0	0
Other	1	0	2
<b>TOTAL</b>	<b>21</b>	<b>30</b>	<b>38</b>

Evaluation data for the last two workshops has been received from the National Evaluation team. A total of 58 post-workshop questionnaires and 62 pre-workshop questionnaires were received from a total of 68 participants. Of the 58 participants, 55 thought that the level of the workshop materials was appropriate to their level of knowledge and experience. Participants’ knowledge of the palliative approach pre- and post-workshop was rated on a 5 point Likert Scale (with 1=Very limited Knowledge and 5=Very extensive knowledge). The mean score pre-workshop was 2.59 (SD=0.81) and the post-workshop mean was 3.70 (SD=0.59). Table 2 shows how the participants rated the helpfulness of the sessions in improving their understanding of the palliative approach.

**Table 2: Participants’ rating of sessions in improving understanding of the palliative approach (n=58)**

Session	Not helpful (0%)	Somewhat helpful (%)	Neutral (%)	Very helpful (%)	Definitely helpful (%)
Orientation to the palliative approach	0	3.4	19	55.2	22.4
Palliative assessment and intervention	0	1.7	17.2	56.9	24.1
Responding to physical symptoms	0	1.7	13.8	46.6	37.9
Responding to the psychosocial needs	0	0	6.9	53.4	39.7
Supporting the patient and family’s spiritual needs	0	0	12.1	48.3	37.9
Caring for yourself the professional care-giver	0	0	12.1	51.7	27.6

Participants were also asked to rate the extent to which they agreed with the statement "I understand my role in the care of people with life limiting illness" on a 5 point Likert Scale (with 1=Strongly Disagree and 5=Strongly Agree) pre- and post-workshop. The mean score pre-workshop was 3.43 (SD=0.86) and the post-workshop mean was 4.18 (SD=0.63). Pre-workshop, 50% of participants (n=62) either agreed or strongly agreed with this statement. Post-workshop, 91.4% of participants (n=58) either agreed or strongly agreed with this statement.

Participants were asked to rate their degree of confidence in providing aspects of the palliative approach to care on a 5 point Likert Scale (with 1=Not at all confident and 5=Completely confident) pre- and post-workshop. The mean scores for responses are compared in Table 3. Table 4 shows the frequencies of pre-workshop responses while Table 5 shows the frequencies of post-workshop responses.

**Table 3: Participants' confidence in providing aspects of a palliative approach to care**

Aspect of Care	Pre workshop		Post workshop	
	Mean (n=62)	SD	Mean (n=57)	SD
Identifying the needs	2.85	0.82	3.78	0.67
Identifying interventions required	2.59	0.88	3.70	0.65
Discussing end of life issues	2.45	1.15	3.59	0.86
Implementing interventions	2.67	0.95	3.77	0.75
Assessing ongoing needs	2.72*	0.93	3.85	0.74
Identifying personal coping strategies	2.48	0.98	3.73	0.74

Note: \* n=61

**Table 4: Participants' confidence pre-workshop**

Aspect of Care (n=62)	Not confident (%)	Somewhat confident (%)	Moderately confident (%)	Very confident (%)	Completely confident (%)
Identifying the needs	3.2	30.6	45.2	19.4	1.6
Identifying interventions required	9.7	37.1	37.1	16.1	0
Discussing end of life issues	24.2	30.6	25.8	14.5	4.8
Implementing interventions	9.7	33.9	38.7	14.5	3.2
Assessing ongoing needs*	11.5	24.6	45.9	16.4	1.6
Caring for yourself the professional care-giver	16.1	37.1	30.6	14.5	1.6

Note: \* n=61

**Table 5: Participants' confidence post workshop**

Aspect of Care (n=57)	Not confident (%)	Somewhat confident (%)	Moderately confident (%)	Very confident (%)	Completely confident (%)
Identifying the needs	0	1.8	29.8	56.1	12.3
Identifying interventions required	0	1.8	35.1	54.4	8.8
Discussing end of life issues	0	8.8	38.6	36.8	15.8
Implementing interventions	0	0	42.1	38.6	19.3
Assessing ongoing needs	0	0	34.5	43.1	20.7
Identifying personal coping strategies	0	3.5	33.3	49.1	14

Overall, response to the PEPA Allied Health Workshop has been positive. Two more workshops are planned for 2008, with the first being scheduled for Townsville in May.

## CPCRE Activity Report

### Promoting access to high quality palliative care education

**PEPA (Program of Experience in the Palliative Approach):**  
(Funded by the Australian Government Department of Health and Ageing)

CPCRE will offer 140 PEPA placements during 2007-2010 for GPs, nurses and allied health professionals. Additional placements for Indigenous Health Workers will also be offered. As at March 2008, more than 20 placements will have been completed. Applications for the program are now being received.

### Indigenous Palliative Care Education

(Activities supported by PEPA, funded by the Australian Government Department of Health and Ageing).

Members of the CPCRE and PEPA team have worked in collaboration with representatives of Queensland Health Indigenous Health Workers, the Workforce Strategy and Change Unit, The Cancer Council Queensland, and the Queensland Aboriginal and Islander Health Council to assist with development of PEPA initiatives for Indigenous Health Workers. On the basis of these consultations, a tailored PEPA program has been developed for Indigenous Health Workers. The program will involve a combined workshop, with supported group placements and post placement support. The first round of the program is scheduled for Townsville on March 18-19<sup>th</sup>, with strong interest being expressed from the local community.

### Allied Health Education

Workshops have been scheduled as part of the PEPA program. Two workshops were held in 2007, with three planned in 2008. The next workshop is scheduled for mid-year and will be held in Cairns.

Please check the CPCRE Calendar and website for further information.

A one day workshop entitled "Update in Allied Health" was held on 29<sup>th</sup> February at Royal Brisbane and Women's Hospital. The workshop was attended by more than 120 participants, and provided an opportunity to update on developments in the contribution of a range of allied health disciplines in palliative care. A more detailed report is included in this newsletter.

### Aged Care Education

CPCRE partnered with RSL Care to provide a series of 12 workshops for aged care providers in North Queensland. The workshops were attended by approximately 40 people, and included personal care workers, registered nurses, diversional therapists, and maintenance and kitchen staff. Issues covered included principles of palliative care, using a palliative approach in the aged care setting, communication skills, and advance care planning, including Advance Health Directives. The workshops were kept brief to facilitate staff being able to get away from their normal duties to attend.

### Palliative Care Curriculum for Undergraduates (PCC4U)

(A joint initiative between Queensland University of Technology, CPCRE, Flinders University, Charles Darwin University, and Curtin University with funding from the Australian Government Department of Health and Ageing).

All universities which offer undergraduate courses in the health disciplines have been invited to participate in the project. The project manager is working closely with course providers from all disciplines to assist in promoting the inclusion of palliative care in undergraduate curricula.

### Queensland Health GP Education Program

Five projects were awarded for the 2007-2008 period to address priority issues identified by the CPCRE GP Advisory Committee, including palliative care mentoring, palliative aged care education, and a GP palliative care journal club. Calls for expressions of interest in the 2008-2009 program will be made in coming months.



Image: CPCRE publications include *When Children have a Life-Limiting Illness* and *When a Child Dies* - copies available from the Centre or via download from the website.

## The Role of Social Work in Palliative Care

As part of the Allied Health professions, Social Workers work very closely with the palliative care team to help patients cope with emotional responses to prognosis and treatment. Social Workers initially undertake a psychosocial assessment of a patient to ensure that the intervention is individualised to the patient's current circumstances. Social Workers assess the reaction to the patient's sudden or slow deterioration and the impact this has on the patient and their loved ones.

The emotional responses that patients and their families express are quite normal; these can include shock, denial, anger, anxiety, helplessness, depression and also acceptance. Social Workers discuss the range of emotions with the patient and their family to normalise what they are feeling and work on coping strategies for them. This can include openly communicating with other family members as to how they are feeling, use of self care and relaxation techniques and social support.

During the time of terminal illness, social workers provide counselling and support to the patients and their families. This can also include practical issues such as helping patients with preparing a Will and Enduring Power of Attorney, discussing plans for funerals/memorials, and supporting and advocating for the family in interactions with the treating medical team.

Patients can also be transferred to palliative care units during this time and the social worker will liaise with and refer to the social worker at the receiving unit to ensure that family dynamics and patient's wishes are conveyed to the new treating team. Social Workers also provide ongoing support during the bereavement period; families and carers will be contacted by the Social Worker to offer support and if necessary will refer to the local community supports.

The role of the Social Worker, with its focus on psychosocial, emotional and practical issues, is vital to the work of the palliative care team, and contributes to a holistic approach to the care of the patient and family.

**Stacey Woodhead**, Social Worker, Cancer Care Services,  
Royal Brisbane and Women's Hospital  
Contact: [stacey\\_woodhead@health.qld.gov.au](mailto:stacey_woodhead@health.qld.gov.au)

### *Queensland Palliative Care Education Calendar*

The 2008 Education Calendar has been published and distributed to over 1000 individuals and services. For further information, please contact [cpcrc@health.qld.gov.au](mailto:cpcrc@health.qld.gov.au)

### *CPCRE Website*

The redeveloped CPCRE website is expected to be launched in April 2008. The new website will provide a range of new resources and functions, including the Brisbane South Allied Health Directory, a new page on indigenous palliative care, as well as copies of CPCRE developed guidelines.

### *CPCRE Annual Research Conference*

Dr Josephine Clayton will be the keynote speaker for the 2008 CPCRE Annual Research Conference scheduled for 18<sup>th</sup> April 2008. A program is available on the CPCRE website.



## **Undertaking research**

### *CPCRE Research Programs*

Research programs involving Centre staff address areas including:

- Health services delivery
- Symptom management and supportive care
- Professional Practice Development
- Person centred palliative care

For further details of specific projects, publications, reports and conference presentations please visit [www.cpcrc.com](http://www.cpcrc.com)

### *Palliative Care Clinical Studies Collaborative*

The Collaborative is a national initiative funded by the Australian Government Department of Health and Ageing, and led by a team from Flinders University. Professor Janet Hardy is chairperson for the Trials Subcommittee, and is working with partners in the Collaborative to develop protocols for trials. The first trials have been approved by the Scientific Committee of the Collaborative and have been submitted for ethical review.

### *Palliative Care Outcomes Collaboration (PCOC) (Funded by the Australian Government Department of Health and Ageing)*

The northern zone of PCOC (Queensland and Northern NSW) is currently working with 34 service providers. In Queensland, 28 of the 32 services (88%) have agreed to join PCOC. A workshop for consultative services was held in March, to review classifications and refine outcomes measures for these services. A similar workshop for community services is expected to be held in May 2008.

## **Developing and promoting the use of evidence based resources**

### *Practice Guidelines*

The following guidelines and information resources continue to be distributed through CPCRE:

- The management of syringe drivers guidelines (with accompanying summary card and on line education package)
- Paediatric Loss and Grief Information Resources

Copies of these resources are available from the CPCRE Website.

A publication on guidelines for the management of dyspnoea has been submitted to a journal for review. The guidelines for the non-pharmacological intervention component of these guidelines are in draft form and currently undergoing peer review.

## **Establishing and facilitating partnerships**

### *Palliative Care Clinical Networks.*

CPCRE is represented on Central and Southern Area Health Service Palliative Care Networks, and is actively supporting activities of the networks. CPCRE staff are advising on the mapping study currently being undertaken by Central Area Health Service Palliative Care Network.

### *The Prince Charles Hospital Heart Failure Palliative Care Nurse Project*

CPCRE continues to participate as a key member of the group leading a project funded by the Commonwealth Local Palliative Care Grants Scheme.

### *Brisbane South Collaborative Supporting People at Home Project (Funded through the Australian Government Department of Health and Ageing)*

CPCRE staff are collaborating with Brisbane South Palliative Care Collaborative on a recently funded project to support carers with medication administration in the home.

## **Identifying trends in palliative care service delivery and their implications for Queensland**

CPCRE Staff Representative Activities:

### *Acting Director:*

- Member, Palliative Care Australia Standards and Quality Committee
- Member, Palliative Care Australia Executive Committee
- Member, Reference Group, National Standards Assessment Project, Palliative Care Australia

**Director of Learning and Development:**

- Chairperson, Palliative Care Queensland Education Committee
- Member, Queensland working group for The Supporting Primary Care Providers in Palliative Care Project.
- Member, The Cancer Council Queensland Advisory Group for Indigenous Cancer Education and Cancer Resource Development Group

**Clinical Research Program Leader:**

- Member, Medical and Scientific Committee, The Cancer Council Queensland
- Member, Palliative Care Medications Working Group
- Chair, Trial management committee, PaCCSC
- Member, Scientific Committee, PaCCSC
- Member, Management Advisory Board, PaCCSC
- Member, Medical Advisory Board, Xenome Pharmaceuticals

6. Allied Health Training & Development – Cancer Care Initiative (AHTAD-CCI - clinical exchanges, conference attendance, workshop attendance, innovative applications (including resource development or new workshops) or videoconferencing)

**Some of our future events include:**

Complicated Grief & Managing Intense Emotions - Rydges Tradewinds, Cairns, Friday 9th May & Monday 12th May 2008 (2 day workshop)  
Contact: Suzanne McCorkell 07 3636 1765

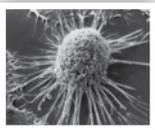
Leading a Positive Workplace Culture - Education Centre, RBWH, Brisbane, Thursday 5th June 2008 9.30am-4pm

Thrive Not Just Survive workshop - Townsville Hospital Auditorium, Friday 30th May 2008 8.30am - 1pm

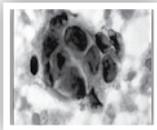
All current activity, including application and registration forms, and a Calendar of Activity for the period February-June 2008, will be available on the QHEPS Cancer Control Team Website under the heading "Initiatives/AHTAD":  
<http://qheps.health.qld.gov.au/cancercontrol/home.htm>

For more information on the program, or any of the initiatives, please contact Tanya Trevena on 3636 1765, or email [tanya\\_trevena@health.qld.gov.au](mailto:tanya_trevena@health.qld.gov.au)

**Palliative Profile:  
Statewide Allied Health Cancer  
Care Training & Development  
Program**



CAHS



NAHS



SAHS

In response to the Health Action Plan funding, development of a Queensland Health Allied Health Cancer Care Training and Development program was seen as a high priority. The aim of the program is to support staff from pre-registration through to ongoing post registration in education and research activities. This was considered important in terms of growing and retaining a highly skilled cancer care and palliative care allied health workforce.

The primary focus of this funded initiative is for Allied Health professionals – however many of the workshops, education sessions and scholarships are open to all members of the multidisciplinary team.

Initiatives of the Statewide Program include:

1. Post Graduate Scholarships
2. Research Scholarships
3. Lymphoedema Training and Development
4. Resource and/or Guideline Development
5. Statewide Forum

**Palliative Care Research**

*Pearson EJ, Todd JG, Fitcher JM 2007. How can occupational therapists measure outcomes in palliative care? Palliative Medicine 21(6):477-85.*

The authors seek to identify an outcome measure for occupational therapy interventions with palliative clients, in particular Home Assessments. The notion of quality of life (QoL) as a potential measure and routine part of assessment is discussed.

The research found that it may be feasible for occupational therapists to use a QoL tool as a routine part of assessing each palliative patient, with the objective of focusing interventions to priority areas identified by the patient.

*Groen KM 2007. Pain assessment and management in end of life care: a survey of assessment and treatment practices of hospice music therapy and nursing professionals. Journal of Music Therapy 44(2):90-112.*

The paper describes current trends in pain assessment in end of life care and music therapy techniques commonly used to address pain for hospice patients. Trends were determined using a survey of hospice and palliative nurses and certified music therapists. Results indicate that most music therapists in a hospice setting include formal pain assessment in their practice. Both music therapists and nursing professionals used multiple assessment tools to assess patient pain. The paper describes music therapy techniques most often used by music therapists with hospice patients to address pain symptoms.

**FORTHCOMING EVENTS****Queensland****28 March 2008**Clinical Skills Update  
CPCRE-RBWH  
Contact: 07 3636 8197**18 April 2008**CPCRE 7th Annual Research Conference  
CPCRE-RBWH  
Contact: 07 3636 1449**17 May 2008**GP Update in Palliative Care  
PEPa - RBWH  
Contact: 07 3636 6216**24 May 2008**Palliative Care Queensland Biennial State Conference  
Creativity in Palliative Care  
Sea World Resort, Gold Coast  
Contact: 07 3633 0096**12-13 September 2008**31st Annual Oncology Nurses  
Group Conference  
Cancer Council Queensland  
Townsville  
Contact: 07 3258 2200**National****26-29 March 2008**World Congress of Health Professions  
Perth  
[www.worldhealthcongress.org/](http://www.worldhealthcongress.org/)**30 April-1 May 2008**Facilitating Knowledge Exchange & Transfer For  
a Dynamic Future – 13th Annual National Health  
Outcomes Conference  
Canberra  
<http://chsd.uow.edu.au/ahoc/upcomingconference.html>**4-6 June 2008**2008 GP and Primary Health Care Research Conference  
Hobart  
[www.phcris.org.au/conference/2008/](http://www.phcris.org.au/conference/2008/)**15-18 July 2008**8th International Conference on Grief & Bereavement in  
Contemporary Society  
Melbourne  
[www.grief.org.au/conference.html](http://www.grief.org.au/conference.html)**25-26 July 2008**Sydney Cancer Conference 2008  
Sydney  
[www.cancerresearch.med.usyd.edu.au/SCC2008/](http://www.cancerresearch.med.usyd.edu.au/SCC2008/)**27-30 August 2008**National Conference for Rural & Remote Allied Health  
Professionals  
Yeppoon, Queensland  
[www.sarrah.org.au](http://www.sarrah.org.au)**31 August-6 September 2008**3rd ACORD Workshop - A workshop in Effective Clinical  
Trials Design  
Sunshine Coast, Queensland  
[www.acordworkshop.org.au/](http://www.acordworkshop.org.au/)**12-13 September 2008**Palliative Care Nurses Australia 2nd Biennial Conference  
Adelaide  
[www.plevin.com.au/pcna2008/](http://www.plevin.com.au/pcna2008/)**24-27 September 2008**Australia and New Zealand Society of Palliative  
Medicine (ANZSPM) Conference  
Darwin  
[www.willorganise.com.au/anzspm08](http://www.willorganise.com.au/anzspm08)**4 October 2008**World Hospice & Palliative Care Day  
Palliative Care Australia  
[pcainc@pallcare.org.au](mailto:pcainc@pallcare.org.au)  
[www.pallcare.org.au](http://www.pallcare.org.au)**International****29 April-1 May 2008**7th Palliative Care Congress  
The Glasgow Royal Concert Hall  
Glasgow  
[www.pccongress.org.uk](http://www.pccongress.org.uk)**28-31 May 2008**5th Research Forum of the European Association for  
Palliative Care  
Trondheim, Norway  
[www.eapcnet.org/congresses/Research2008.html](http://www.eapcnet.org/congresses/Research2008.html)**11-12 June 2008**7th Annual Kaleidoscope Conference Pearls and  
Promises: The Changing Face of Palliative Care  
Practice. This conference will explore the pearls, or  
gems, of palliative care practice, and anticipate the  
promises they bring to future practice both in the  
hospice and wider health care setting.  
St. Francis Hospice, Dublin  
[www.stfrancishospice.ie/education/kaleidoscope.htm](http://www.stfrancishospice.ie/education/kaleidoscope.htm)**22-26 July 2008**XII World Congress of Music Therapy  
Buenos Aires, Argentina  
[www.musictherapyworld.net](http://www.musictherapyworld.net)**17-22 August 2008**12th World Congress on Pain – International  
Association for the Study of Pain  
Glasgow  
[www.iasp-pain.org](http://www.iasp-pain.org)**29-30 August 2008**Singapore Palliative Care Conference  
Singapore  
[www.singaporehospice.org.sg](http://www.singaporehospice.org.sg)**Graseby Syringe  
Driver Update**Palliative Care Australia's website [www.palliativecare.org.au](http://www.palliativecare.org.au) has a link to the report prepared by PCA, with assistance from CPCRE, on alternatives to the Graseby syringe driver for subcutaneous infusion. The Graseby was withdrawn from sale in Australia in October 2007, but is still able to be used and will be supported and maintained by the manufacturer Smiths Medical for at least five years.

If seeking an alternative to the Graseby syringe driver, consultation with your local specialist palliative care team is recommended so as to hopefully avoid a multiplicity of devices.

**CENTRE LINE**Newsletter of the Centre for Palliative Care Research and Education  
March 2008, Vol. 4 No. 1**Acting Centre Director/Director of Research**

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