

Sir Michael Sobell House Oxford

World Health Organization Collaborating Centre for Palliative Care

ACADEMIC REPORT JANUARY 2003 - MARCH 2004



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Cover picture: Stained Glass Chapel Window – courtesy of Vital Peeters

1. Introduction

1.1 SOBELL STUDY CENTRE

Sobell Study Centre is the academic wing of Sir Michael Sobell House, an NHS specialist palliative care service. It provides leadership and administrative support for a programme of palliative care education, research and continuing professional development for health and social work professionals within Sir Michael Sobell House, in Oxfordshire and nationally.

Sir Michael Sobell House is the designated World Health Organization Collaborating Centre for Palliative Care. Under this banner, Sobell Study Centre supports education and training internationally. It also does so through the Oxford International Centre for Palliative Care (OICPC). The OICPC is a virtual institute which fosters education and training, principally through a network of International Partners.

The Team

Academic Lead.....	Bee Wee Senior Clinical Lecturer in Palliative Medicine, Senior Fellow (Harris Manchester College) and Associate Director of Clinical Studies (Oxford University)
Head of Education	Marilyn Relf
Study Centre Manager	Catherine Foot
Librarian.....	Meg Roberts
Secretary to Dr Bee Wee	Karen Allen
Administrator	Kate Lewis
Secretary	Yvonne Roy

The Committees

The development and implementation of the Study Centre academic activities are guided and supported by the:

- Education Development Committee (replacing the Academic Committee)
- Learning Resources Committee
- Research Development Committee

Education Development Committee

Chair: Marilyn Relf
Secretary: Yvonne Roy
Heather Ballard
Gail Eva
Catherine Foot
Nigel Hartley
Mary Miller
Sue Prowse
Victoria Slater
Mary Walding
Bee Wee

Learning Resources Committee

Chair: Bee Wee
Secretary: Karen Allen
Charlie Bond
Carrie Bruce
Catherine Foot
Christine Gillett
Rowena Morley
Marilyn Relf
Diana Rivers
Paula Snow

Research Development Committee

Chair: Bee Wee
Secretary: Karen Allen
Gail Eva
Catherine Foot
Mary Miller
Marilyn Relf
Mary Walding

1.2 WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR PALLIATIVE CARE

Head: Robert G Twycross
Emeritus Clinical Reader in Palliative Medicine, Oxford University

Terms of Reference

1. To prepare teaching material on palliative care for use both nationally and internationally with special reference to the setting of developing countries.
2. To receive doctors, nurses, other healthcare workers and policy makers for training.
3. To help set up international teaching faculties in conjunction with the Oxford International Centre for Palliative Care and, as appropriate, with other agencies associated with the World Health Organization.
4. To help countries without a palliative care policy to establish pain relief and palliative care programmes according to World Health Organization guidelines.

2. Overview of 2003-4

This has been a year of transition for Sobell Study Centre. Following Robert Twycross' retirement, the academic programme continued to be ably managed by the Academic Committee (under its acting chair, Marilyn Relf) and the Study Centre Team (led by Catherine Foot) during the first half of 2003.

In July 2003, I took up the reins of leadership for the Centre. Marilyn Relf formally joined the team as Head of Education at the same time. Over the past eight months, we have:

- developed a new management structure for the Study Centre and formalised its relationships within and beyond Sir Michael Sobell House
- established development committees for education, research and learning resources
- expanded the education programme in scope and numbers
- developed collaborative relationships with local organisations (e.g. Pain Relief Unit, Oxford Brookes University, Douglas House, Thames Valley Cancer Network) and other hospices (e.g. Sue Ryder Care Centre Nettlebed, Katherine House, St Christopher's Hospice)

Robert Twycross has retained a continuing interest in the Study Centre and remains with us as Head of the WHO Collaborating Centre for Palliative Care.

We have been fortunate in being able to build on the considerable successes of the past and having an excellent team within the Study Centre. We are also grateful for the support of our colleagues in Sobell House and the goodwill of colleagues in Oxford Radcliffe NHS Trust, Oxford University and other local organisations. We look forward to even more exciting times ahead.

Bee Wee

2.1 DEVELOPMENTS IN THE STUDY CENTRE

In 2003 the rebuilding of Sir Michael Sobell House culminated in the refurbishment of the old part of Sobell House. Although the Study Centre was not part of the refurbishment, all entrances to the Study Centre were via the building works. All those who worked from the Study Centre (Study Centre team, Macmillan nurses, lymphoedema service, physiotherapists and occupational therapists) valiantly faced the daily challenge of working in offices with building work all around. This was a real test of initiative as each day the method of access was by new and unusual routes. Often there were holes where there used to be walls and we were so glad to have had a mild spring! Finally in August the refurbished building began to be occupied and the Study Centre offices occupied by clinical staff were returned for academic activity.

With the arrival in July of Dr Bee Wee and Dr Marilyn Relf as the new leadership for the academic team, we began to plan our own small scale refurbishment. A more creative use of the Community Macmillan Nurse team office will offer the Library some desperately needed extra space and the old library will become a meeting room. The former massage room will become a resource room. Once this is complete a thorough clearing up exercise will take place and we will begin to look at ways of financing the bigger refurbishment project of the rest of the Study Centre.

In September we welcomed Dr Jinxiang Li to his office in the Study Centre while he studied for his Diploma in Palliative Medicine at University of Wales. In January Lorna Thomas the Bereavement Service secretary and Maeve Ladbrooke from NHS Professionals joined us on a temporary basis to cover absences. We would like to thank all the volunteers who have helped us throughout the year.

Catherine Foot

3. Academic Activities

3.1 EDUCATION

Introduction

Sobell House is committed to education and training, both to share our experience and knowledge with others and to develop opportunities for learning for our own staff and volunteers. This commitment was given a new impetus by the appointment of an Academic Lead (Dr Bee Wee) and Head of Education (Dr Marilyn Relf) in 2003. Not surprisingly, the period covered by this report was one of transition and renewal. Key achievements included agreeing an education policy to support staff training, planning and delivering the annual course programme and moving the latter into an academic year cycle.

Study Centre Courses

During the first half of 2003, the course programme was limited by the noise and upheaval caused by the building of the new Sobell House and the refurbishment of parts of the old building. Nevertheless, during the 15 month period covered by this report, the Study Centre delivered 25 educational events attracting 1050 participants. These included four Advanced Courses in Pain and Symptom Management held at the Universities of Oxford, Nottingham and Newcastle and a wide range of study days and workshops held at the study centre. These events reflected the particular strengths of Sobell House such as lymphoedema, bereavement and creative therapies. Popular new additions to the programme included a two day General Medicine Update for Palliative Care Physicians and a series of six evening sessions providing an introduction to palliative care for nursing and other health professionals. In addition, two conferences were held: a lymphoedema conference and the two day annual Sobell conference. The latter, chaired by Nigel Hartley, focused on 'Professions in Partnership' a major theme for palliative care in the UK today. The two distinguished keynote speakers were Barbara Monroe (Chief Executive, St Christopher's Hospice) and Professor Sheila Payne (University of Sheffield). Delegates also had the opportunity to attend two workshops and two forums over the two days which provided rich opportunities to explore the joys and challenges of multi-disciplinary teamwork.

Teaching by Sobell House staff

Many members of staff are regularly involved in teaching and training, either through formal education sessions and conference presentations or through sharing experiences with visitors and professional colleagues. Several members of staff taught on MSc degree courses on topics including palliative medicine, bereavement, psycho-social care, occupational therapy, music therapy and lymphoedema including Bee Wee (King's College London), Marilyn Relf (King's College London, University of Bristol), Gail Eva (University of Coventry), Nigel Hartley (City University, University of Bolzano, University of Witten/Herdecke) and Karen Crowley-Jenns (Oxford Brookes University). A larger group of staff taught, or mentored, students studying for the degree or diploma in palliative care at Oxford Brookes University and Bee Wee was a member of faculty for the diploma in palliative medicine offered by the University of Wales. Gail Eva taught occupational therapy students at the University of Hull and several staff were active in teaching sessions at other specialist palliative care centres. Locally, in addition to teaching medical students and contributing to the Sobell course programme, over 50 sessions were provided for nursing and medical staff at the Oxford Radcliffe Trust and training events were also delivered for Primary Care Trusts, primary care teams, local hospice staff and volunteers, district nurses, community hospitals, nursing homes and voluntary groups such as Oxford Cruse and SeeSaw. Topics included pain control, symptom management, lymphoedema, palliative care and adult and child bereavement.

Members of staff also undertake overseas teaching, either as part of OICPC (see section 4) or as invited teachers on part of educational events organised under the auspices of other UK or international organisations.

Undergraduate medical teaching

All Year 5 medical students at Oxford University continue to participate in the one-week palliative medicine attachment at Sir Michael Sobell House, coordinated by Mary Miller and Bee Wee. Topics include introduction to palliative care, principles of symptom management, psychosocial care, bereavement, accessing information for patients and families, communication skills, ethics and art and music therapy. In addition, selected medical students carry out an in-depth project of their choice, e.g. spiritual care and issues for care at home, which they present to their peers at the end of the week.

3. Academic Activities

The appointment of Bee Wee as Associate Director of Clinical Studies at Oxford University means that a closer link has now been forged with the medical school. In addition to palliative medicine teaching, she is responsible for a number of curricular developments within the medical undergraduate programme, including clinical pharmacology and therapeutics thread and development of the Churchill Firm, clinical rounds and other clinical teaching on the Churchill Hospital site.

Postgraduate medical training

There are currently nine specialist registrars training in palliative medicine within the Oxford Deanery. Six are undertaking full time training and the remainder are training flexibly. There are five training sites within the deanery and a further site in Northampton. The registrars meet monthly and the trainers meet twice a year with an educational focus. Dr Maeve McKeogh (Sue Ryder Care Centre, Nettlebed) is the regional specialty advisor and Dr Mary Miller is the programme director for palliative medicine in the Oxford Deanery.

The Study Centre is supportive of the training of registrars and hosts information pertinent to training. It also enables learning by allowing access to the library and the expertise in education and research held by Bee Wee and Marilyn Relf. The registrars that are based in Sobell House contribute to medical education by presenting their work, where relevant, at weekly educational meetings and journal clubs, and teaching on the medical student courses. In addition, Sobell House provides training for four Senior House Officers on the General Practice Vocational Training Scheme each year and for doctors on enhanced training for senior registrars in general practice and the NHS professionals flexible careers scheme.

Marilyn Relf

3.2 RESEARCH

This year the main focus has been on the redevelopment of the education and training programme. However, individual staff members continue to undertake MSc programmes and research degrees.

MSc programmes:

- Tim Dale, Clinical Nurse Specialist
- Paula Johnson, Clinical Nurse Specialist
- Claire Stark-Toller, Specialist Registrar

MSc dissertations:

- Paul Paes
- David Hardy

PhDs:

- Bee Wee – Death Rattle: An Exploration (PhD awarded 2003)
- Gail Eva – Rehabilitation in Malignant Spinal Cord Compression (work in progress)

Current research projects:

- Evaluating bereavement support provided to older people by hospices (Marilyn Relf, in collaboration with Sheila Payne and David Field)

Contribution to Research Advisory Committees:

- The manifestations, management and meaning of weight loss and eating difficulties in people with advanced cancer – University of Southampton: funded by Macmillan Cancer Relief (Bee Wee)
- Exploring and understanding the views of older Chinese people about cancer and end-of-life care – University of Sheffield: funded by the Health Foundation (Bee Wee)
- Baseline review of cancer education in four professions – Coles C, Fleming W & Golding L: commissioned by Cancer Research UK (Bee Wee)
- Rehabilitation in malignant spinal cord compression – Eva G: funded by Oxfordshire Health Services Research Committee (Marilyn Relf, Bee Wee)
- Helping communities develop a childhood bereavement service – Rolls L, University of Gloucester: Clara E Burgess Charity Research Project (Marilyn Relf)

Bee Wee

3.3 PUBLICATIONS

Atoyebi W, Littlewood T, Twycross R. The significance and management of anaemia in palliative care patients. In: *Palliative Care Consultations in Haemato-oncology*. Booth S and Bruera E (eds). Oxford University Press, Oxford, 2003; pp 177-189.

Eva G, Lord S. Rehabilitation in malignant spinal cord compression. *European Journal of Palliative Care* 2003; 10(4): 148-150.

Eva G. Occupational therapy outcomes: perspectives of patients with advanced cancer (abstract) *British Journal of Occupational Therapy* 2003; 66(10): 472.

Eva G. From MSc to PhD. *Occupational Therapy News* 2003; May 17.

Eva G. HOPE. HIV/AIDS, oncology, palliative care and education occupational therapy specialist section. *Occupational Therapy News* 2003; July 20.

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Relf, M. Risk assessment and bereavement services. In Payne, S.A., Seymour, J., Skilbeck, J. and Ingleton, C. *Palliative Care Nursing: Principles and Evidence for Practice*. Buckingham: Open University Press, 2004.

Relf, M. Bereavement Care. In Oliviere, D., Monroe, B. (eds.) *A Voice for the Voiceless. Patient participation in Palliative Care*. Oxford: Oxford University Press, 2003.

Twycross R, Greaves MW, Handwerker H, Jones EA, Libretto S, Szepietowski J, Zylicz Z. Itch: Scratching more than the surface. *Quarterly Journal of Medicine* 2003; 96: 7-26.

Twycross R. Editorial. *International Journal of Palliative Nursing* 2003; 9: 40.

Twycross R and Miller M. Palliative care. In: *Oxford Textbook of Medicine 4e*. Warrell DA, Cox TM, Firth JD (eds). Oxford University Press, Oxford, 2003; pp 1397-1407.

Twycross R. In: *Five Gold Rings. Powerful influences on prominent people*. Jeffery A (ed). Darton, Longman & Todd, London, 2003. pp 130-137.

Twycross R. Sweating in advanced cancer. *Polska Medycyna Paliatywna* 2004; 3 (2): 27-31.

Twycross R. Anorexia, cachexia, nausea and vomiting. *Medicine* 2004; 32 (4): 9-13

3.4 EXTERNAL ACADEMIC ACTIVITIES

- External examiner: Masters in Medical Sciences, University of Sheffield (Bee Wee)
- Advisory Board member: Diploma in Palliative Medicine, University of Wales (Bee Wee)
- Member of International Working Group on Death, Dying and Bereavement (Marilyn Relf)
- Scheme Leader: Promoting Interprofessional Education (PIPE) LTSN-funded project (Bee Wee)
- UK Faculty: ASME/Harvard Educational Leadership (Bee Wee)
- George Swift Lecturer (2003): Royal College of General Practitioners (Bee Wee)
- Conference presentation: 'Bereavement': 8th Congress of European Association for Palliative Care (Marilyn Relf)
- Conference presentation: 'Twenty Years of Bereavement Care': Inaugural Conference, National Association of Bereavement Service Co-ordinators (Marilyn Relf)

4. Oxford International Centre for Palliative Care (OICPC)

Oxford International Centre for Palliative Care (OICPC) is an international partnership comprising centres and organisations in different countries, all of which are committed to the dissemination of principles and practices of palliative care. Currently there are 14 centres and organisations in nine countries. OICPC is a registered charity and company limited by guarantee and is based at Sir Michael Sobell House, Oxford.

Trustees

Mr Richard Marson
Dr Michael Minton
Dr Robert Twycross
Dr Bee Wee (from July 2003)

Company Secretary

Mrs Catherine Foot

Academic Director

Dr Robert Twycross, Emeritus Clinical Reader in Palliative Medicine, Oxford University

International Director

Dr Jan Stjernswärd, Sweden

International Partners

Argentina

Dr Gustavo de Simone, Professor of Oncology and Palliative Medicine, Centro de Estudios, Pallium Latinoamerica, Buenos Aires

China

Dr Jinxiang Li, Palliative Care Service, West China University of Medical Sciences, Chengdu, Sichuan

Hungary

Dr Katalin Muszbek, Hungarian Hospice Foundation, Budapest

India

1. Dr Suresh Kumar, Pain and Palliative Care Clinic, Calicut, Kerala
2. Dr Dinesh Goswami, Guwahati Pain and Palliative Care Clinic, Guwahati-16
3. Dr Manisha Pradhan, Indore Cancer Foundation, Indore, Madhya Pradesh
4. Prof M R Rajagopal, Kochi
5. Dr Reena George, Department of Radiation and Oncology, Christian Medical College and Hospital, Vellore

Poland

1. Dr Malgorzata Krajnik, Department of Palliative Care, The Ludwik Rydygier of Medical Science University, Bydgoszcz
2. Professor Jacek Luczak, Karol Marcinkowski University of Medical Science, Poznan

Russia

1. Mrs Maureen Gill, Kemerovo Regional Hospice Project
2. Dr Natalya Pereverzeva, Chairperson, Public Charity Organization Hospice, Perm

Uganda

Dr Lydia Mpanga, Hospice Africa (Uganda), Kampala, Uganda

Academic Associates

E. Duke Dickerson
Post-doctoral Research Fellow
Columbus, Ohio, USA

Ms Val Hunkin
Nurse Counsellor/Consultant
Cornwall

Dr Judith Kitzes
Office of Native American Palliative Care
University of New Mexico, Albuquerque, New Mexico

Ms Michele McMahon
AIMS (Academics, Industry, Medicine and Society)
Hospice of Central Ohio, Newark, Ohio. (AIMS is the North American arm of OICPC)

Dr Zbigniew Zylicz
Medical Director, Hospice Rozenheuvel, Rozendaal

4.1 ACADEMIC DIRECTOR'S REPORT

I started writing this report at the end of 2003, just after returning from Hungary. I first visited Budapest in May 2000 when the building earmarked for use as Hospice House was derelict. Now half renovated and partly in use, work was continuing on the rest of the building. I went to Hungary for one week with Geraldine O'Meara, one of the Macmillan Nurses based at Sobell House, as part of an agreement between the Hospice Foundation in Budapest and Sobell House, linked to a grant from the PHARE (Poland and Hungary) fund of the European Union.

The Hospice House is the brain-child of Dr Katalin Muszbek, a psychiatrist, who established the Hospice Foundation in Budapest in early 1991, and who attended the first palliative care International School in Oxford later that same year. Patients have been cared for since 1996, but the present building only became functional less than two years ago. It is now the base for four home-care hospice nurses, and has 3-4 consultation rooms and a small day centre (open one day per week). There will be a 10-bed inpatient ward when the renovations are complete in mid-2004.

The Hospice House has a well-developed multiprofessional team which includes several part-time doctors. There is a heavy commitment to education and a continuing need to seek to influence the Ministry of Health and other influential bodies. Although hospice care was specifically mentioned in a parliamentary act in 1997, not a lot has happened since then at Ministry level. However, there is now a strong possibility of some governmental funding in the near future.

The national Hungarian Hospice Association was founded in 1995, and there are now between 20 and 30 hospices in Hungary of varying shape and size. Only a few have inpatient beds, and some are integrated into a 'social house', i.e. an old peoples' home, so as to prevent the automatic transfer of residents to a hospital when they become terminally ill. An elective course of lectures on palliative care has just started at the Medical School in Budapest, but at the first lecture just one student turned up. However, numbers have crept up to double figures. There are no hospital palliative care support teams, and none of the three oncology departments or the more than 20 oncology wards in Hungary has a formal palliative care presence.

Three of our five working days in Budapest were taken up with a two-day course for all health-care professionals and a one-day course for doctors. After that we visited the Dozsa Homeless Shelter in Budapest and, finally, the leading oncology centre in Hungary, at Debrecen some two hours away by train. I am always amazed at the tenacity of

the pioneers in countries where financial resources are meagre, but was glad to learn that the former British ambassador to Hungary was, and remains, a staunch supporter of the Hospice House.

My visit to Uganda in September was also very special, partly because it was a first time visit. It was prompted by the occasion of the 10th anniversary of Hospice Africa Uganda. What has been achieved in those 10 years by Dr Anne Merriman and her colleagues is truly impressive. It was particularly pleasing that most of the Ugandan doctors and nurses who attended the palliative care International Schools in the 1990s in Oxford are still involved in palliative care, generally full-time.

The hospice in Kampala, and its two satellites in Mbarara and Homa, do not have an inpatient facility but provide an extensive home-care service, together with outpatient clinics and a day centre. In Kampala, there is also a major educational programme which includes a 9-month certificate and an 18-month diploma course. In these, the hospice and the Mildmay (AIDS) Centre – just five years old and in another part of Kampala – work closely together. Indeed, AIDS is the common theme in most of Sub-Saharan Africa.

There are numerous voluntary organisations in Uganda endeavouring to provide support to people with AIDS and their families, some local and others national. However, it is because of the hospice that oral morphine is available in Uganda, and that palliative care is considered by the government to be an essential clinical activity which should be available through the National Health Service for all who need it. Further, several other organisations have incorporated pain and symptom management into their work as a result of the influence of the hospice's educational programme, notably the Kitovu Mobile AIDS Support Team, working some 90 km south of Kampala in the area around Masaka.

Other visits abroad in 2003 were to India (Indore, Calicut, Vellore, Hyderabad), South Africa (Cape Town, Kwa-Zulu Natal, Johannesburg, Pretoria), Argentina (Buenos Aires, Jujuy), and Italy (Rome). Finally, in early 2004, I returned to India for five weeks (Kochi, Bhopal, Wardha, Indore and several neighbouring Districts, Chandigarh, Delhi, Digboi, Guwahati, Lucknow). Apart from Rome where I attended a two-day conference on The Ethics of Suffering, reports on each of these trips are available from the Sobell Study Centre.

Robert Twycross

4. Oxford International Centre for Palliative Care (OICPC)

4.2 REPORTS FROM INTERNATIONAL PARTNERS

Argentina: Pallium Latinoamérica

Pallium Latinoamerica is a multi-professional team devoted to end of life care in Buenos Aires, Argentina.



Pallium Latinoamerica Up Date Course on Palliative Care - 2003

During 2003, work was developed in three main areas:

- “Hostal de Malta” palliative home care and day centre jointly developed with the support of the Association of Argentinean Knights of Malta (Argentina) and the Fondazione Carlomagne (Italy).
- Postgraduate and undergraduate education for health care professionals and community education in Argentina and other Latin American countries.
- Clinical research and audit in palliative medicine: symptom control, ethics, psychosocial matters and quality assurance.

Education and Research

Education, research and audit are essential dimensions of the work. It is important:

- To transfer palliative care knowledge into practice
- To improve knowledge and skills
- To evaluate and to improve the quality of clinical work
- To investigate many other topics – from pharmacology to sociology

Pallium’s educational and research achievements are as follows:

- a) Providing two introductory postgraduate courses in Buenos Aires and Jujuy. The first residential module in May 2003 was attended by 79 participants. 24 doctors and 13 other professionals continued an advanced level course which ends in June 2004.
- b) Educating nearly 200 undergraduate students who participated in rounds and seminars including discussion on symptom control, communication, emotional and social support, and ethics in the end of life.

- c) Training 135 volunteers. This training was coordinated by two social workers, Elena D’Urbano and Stella Salgueiro.
- d) Continuing to support four doctors (N Garrigue; Vilma Tripodoro, Diego Fernandez Sasso and Liliana Rodriguez) in order to facilitate palliative care at four public hospitals in Buenos Aires (a childrens hospital, the University Institute and two general hospitals). This new initiative began in 2002 and a recent audit of the programme demonstrated its efficacy in terms of symptom relief and meeting the communication needs of patients.
- e) Providing an annual course on palliative medicine. This is supported by Help the Hospices (UK) and was held in Buenos Aires (May-December 2003). Participants were doctors with training in palliative care who wanted to improve and update their knowledge and skills in clinical practice and research methodology. Lecturers included Dr Robert Twycross, Dr Jorge Eisenchlas, Gustavo De Simone and Marina Khoury from the National Academy of Medicine, Buenos Aires (an expert in research methodology).
- f) Providing education in Latin America: Dr Gustavo De Simone lectured at meetings in Ecuador (January) and Brazil (October).
- g) Ongoing clinical research: research/audit protocols as follows:
 - Low-dose levemepromazine: benefits and toxicity in advanced cancer patients with refractory emesis
 - The oncology/palliative care interphase (an audit regarding expectations and communication about palliative chemotherapy from an Argentinian palliative care team)
 - Effectiveness of atropine sulphate in drooling (a randomized control trial in patients with upper digestive tract cancer)
 - Attitudes towards palliative care research (a qualitative study of palliative care doctors from Buenos Aires)
 - Empathos Project: Effectiveness of hospital based palliative care teams
 - Clinical audit of hospital based palliative care teams - validation of the POS (Palliative Outcome Scale) in Spanish (Argentina).

We would like to thank the continuous support of OICPC and Robert Twycross, who visited Argentina in May 2003 and lectured at the Universidad del Salvador, Hospital Tornu and Hospital Udaondo as well as at the Pallium Course in Jujuy.

Dr. Gustavo De Simone

China: Huaxi International Collaborating Centre

The achievements of the Huaxi International Collaborating Centre, China in 2003 are:

1. Increased beds available for palliative care. With the development of palliative care in Sichuan, the beds for palliative care have been increased to 165 in 10 hospitals compared to just seven beds in one hospital in 1996. Currently there are 50 beds in West China Fourth Hospital of Sichuan University (SU), 15 in West China Hospital of SU, 20 in Sichuan Provincial Hospital, 10 in Sichuan Oncological Hospital, 10 in Chengdu Third Municipal Hospital, 30 in Chengdu Guanhuai Hospital, 10 in Yibin Municipal Hospital, 5 in Leshan Municipal Hospital, 5 in Nanchong Municipal Hospital, 10 in Luzhou University Medical College.
2. Continuing to gradually establish a Chinese model of palliative care.
3. Promoting the development of palliative care by developing a palliative care network in the south-west of China, in Chengdu, Chongqing, Leshan, Yibin, Nanchong, Luzhou, Kunming, Guiyang and Nanhai.
4. Introducing new technology to provide palliative care services e.g. High-intensity Focused Ultrasound (HIFU).
5. Publishing four papers in Modern Preventive Medicine journals: Management of psychological symptom and pain at the terminal stage of life in a hospice; Care of psychological symptom of patients in advanced cancer in the community in western China; Report of advanced breast cancer with multiple metastasis; Considerations between ethics and legal aspects of palliative care in China.
6. Completing a Chinese Textbook of Palliative Medicine which will be published by the People's Medical Publishing House, Beijing. This is the first book on palliative care in China and has six sections with 49 chapters. It is edited by Dr. Robert Twycross and Dr. Jinxiang Li with contributions from many people including Dr. Mellar P. Davis, Dr. John Shuster, Dr. Marco Pappogallo, Dr. Ping Li and Dr. Hai Xiong .
7. Dr Jinxiang Li was supported by OICPC to spend one year in the UK to study for the Diploma in Palliative Medicine (University of Wales). Dr. Li has been learning and practising at Sir Michael Sobell House, Oxford. He will finish his studies at the end of June 2004 and return to China to provide services to patients and education for his Chinese colleagues.

Dr. Jinxiang Li

Hungary: Hungarian Hospice Foundation

Home Care

Our multidisciplinary team provides free home care for terminally ill cancer patients in Budapest. The service covers an area up to 30 kilometers from the hospice and includes 11 of the 23 districts of Budapest with a total population of about one million people. The team includes a consultant physician, nurse, medical aides, social work service, psychological therapy, physiological service, dietary counselling, trained volunteers and bereavement counsellors. From 1 July 2003 home care was provided to 79 patients in 1502 visits.

Pain Clinic

Living without pain is a basic human need. In Hungary, however, many people are unnecessarily subjected to pain and other symptoms that could be relieved with adequate training, facilities and the right attitude. The pain clinic at Budapest Hospice House is open to all cancer patients needing palliative therapy from the whole country without restrictions. It provides free counselling, treatment and regular check-ups. The missing contract with the National Health Insurance means that this service is restricted to eight hours weekly. From 1 July 2003 pain and symptom control was provided to 43 patients.

Palliative Mobile Consultative Team

Members of the home care team and pain clinic offer professional consultations to hospital inpatient units and other hospice organisations. Cost effectiveness is a concern. The aim of the mobile team is to support the patients and their families, to provide professional guidance for other health care providers, to mediate the spirit of hospice and to change attitudes. From 1 July 2003 care and consultation was provided at the St. Margit Hospital (Budapest) and in the BMSZKI Medical Crisis Service homeless shelter (Budapest). During this period, an art therapist provided regular sessions at the homeless shelter and staff members attended our courses.

Day Centre

The Budapest Hospice House Day Centre is open to patients, families and the bereaved without restriction. Day care seeks to offer support to maintain patients' lifestyles and activity. Invited speakers on special topics help the patients e.g. a dietician. A social assistant runs the centre and co-ordinates the work of volunteers, therapists and additional services. From 1 July 2003 Day Centre was provided in 13 cases for one to five patients per session.

4. Oxford International Centre for Palliative Care (OICPC)

Training

Dr Robert Twycross and Geraldine O'Meara from Sir Michael Sobell House visited and contributed to a training programme that was a joint collaboration between the Hungarian Hospice Foundation and OICPC. In November OICPC visitors and Foundation Home Care staff visited patients at the BMSZKI Medical Crisis Service and attended our Weekly Referral Meeting.

Dr. Katalin Muszbek

India: Guwahati Pain and Palliative Care Clinic

The Guwahati Pain and Palliative Care Society has completed its fourth year of dedicated service. This year the clinic attendance was nearly double that of the previous year and on average 8-10 patients visit the clinic daily. The Society has been successful in setting up a link center at Hojai and a new collaborating center at the Regional Cancer Center, Guwahati. A young doctor, trained in palliative care, has joined the team. Another doctor completed the Diploma in Palliative Medicine, the first from this region. Educational activities included a three day workshop at Hojai and awareness programmes at Dimapur and Imphal. A community volunteer training programme was started in Mayang village. A public oration on "Living with Cancer" was organised in November at Guwahati. Past patients were remembered by the team on the occasion of Dewali as part of a fund raising event for the Society. Dr Suresh and Ms Val Hunkin contributed to the educational programme. Study materials from Sobell House have been very useful to the team.

Dr Dinesh Goswami

India: Pain and Palliative Care Clinic, Calicut, Medical College, Calicut

The Pain and Palliative Care Society (PPCS) is a registered charity and was established in September 1993 to promote palliative care. In 1996 the World Health Organisation recognised the work by designating the society as a 'Demonstration Project' and as a WHO model for the developing world. The work is now well known internationally to the extent that it is referred to as the 'Calicut Experience' and the 'Indian Scene'. In 2003 the outpatient clinic saw 2238 patients. The centre also intends to accept patients with HIV and other incurable illnesses requiring symptom control or long-term care.

Training Programmes

The Institute of Palliative Medicine (IPM), an organ of PPCS, is an in-patient/training centre and aims to make palliative care available and accessible to all those who need it. The training centre helps people to understand the 'necessity' of palliative care and provides training to doctors, paramedical staff, volunteers and family members.

Community Courses

People who are able to contribute at least two hours a week to caring for patients in their neighbourhood may register as volunteers and are given the necessary basic theory and clinical training at the IPM. Trained professionals are linked to neighbourhood groups in their area and encouraged to work as a team.

Academic Courses:

- Refresher course in palliative care: in January 2003, 26 doctors attended the annual five day residential course for doctors. Overseas faculty included: Dr. Robert Twycross, Ms. Val Hunkin, Dr.Mhoira Leng and Dr. Manoj Kumar.
- Basic Certificate Course in Palliative Medicine (BCCPM): a six week intensive "hands on" training programme in palliative care for doctors is held six times a year.
- Basic Certificate Course in Palliative Nursing (BCCPN): a six week intensive "hands on" training programme in palliative care for nurses.
- Basic Certificate Course for Auxiliary Nurses: a three month residential course in auxiliary nursing which gives nurses experience in the outpatient, inpatient and home care units.
- Diploma in Palliative Medicine: a post-graduate course for doctors provided in collaboration with Edith Cowan University, Australia.

- Junior doctors study days: Interactive one day training programmes on specific topics are held once a month.

Regional Co-operation

A major initiative was launched in 2003. The Malappuram Initiative in Palliative Care, or the Neighbourhood Network in Palliative Care (NNPC), is a consortium of eight palliative care units. The project aims to:

- Empower the local community to look after the ill and aged people in the area.
- Become the most cost-effective programme in palliative care in India
- Act as a model for the developing world and provide insightful information to other poor countries internationally by producing quantitative evidence of its effectiveness.

Introducing Palliative Care, Dr. Robert. Twycross. The 4th Edition, published and reprinted by the Institute of Palliative Medicine. Publishing rights of the book in the Indian Subcontinent and Africa has been given to PPCS. This economy edition makes basic information about palliative care available and affordable to professionals in developing countries.

New Collaborations

PPCS has begun a collaboration with the Government Dental College, Calicut to: document basic problems in head and neck cancers (the most common form of malignancy in India); start research to improve treatment options and validate protocols for managing head and neck problems.

The Community Voluntary Training Programme trains lay people (non professionals) in the community who are willing to spend part of their free time with patients. After completing the training programme, they are expected to be involved in the care of patients in their locality and to keep a logbook.

Two projects have benefited from a new grant scheme launched by Help the Hospices, UK to support the international development of palliative care: the Basic Certificate Course in Palliative Nursing (BCCPN) held in Calicut and the Volunteers Training Programme conducted by the Neighbourhood Network in Palliative Care in Wyanad District.

More than 100 people from Kerala have completed training with the Kozhikode Initiative in Palliative Care (KIP).



Teaching in Kerala, India - 2003

The Calicut District Committee of Kerala Forest Protective Staff Association are helping to plant saplings in the new Institute of Palliative Medicine premises. They have promised to support this project for the next two years.

Looking ahead

- A third home care team will begin work in January 2004 as part of the NNPC training programme for community volunteers.
- An international conference on community participation will be held in November 2004
- A gold medal exam will be introduced for doctors in palliative medicine
- A structured course for advanced communication skills for volunteers will be introduced.
- Communication skills will be introduced as part of the medical undergraduate curriculum.

Dr Suresh Kumar

India: Palliative Care Unit, Christian Medical College, Vellore

This has been our second year as a clinical service. We started with a part time doctor and have grown to a five member interdisciplinary team, which includes a nurse (full time volunteer), social worker (funded for two years by an anonymous donor), chaplain (full time volunteer), full time MBBS doctor on secondment from the Dean's office and a part time consultant. Also working with the team on a sessional basis are an oncology registrar (on rotation), a clinical psychologist and psychiatrist. The following is a summary of our clinical and academic work in 2003:

Patients seen: 528

Number of clinical units referring patients for palliative care: 29

4. Oxford International Centre for Palliative Care (OICPC)

Clinical services:

- Outpatient clinics
- Home care services for patients within a 40 km radius
- Palliative care support team within the hospital
- Links with community health hospitals attached to CMC
- Ward rounds with radiation oncology
- Weekly interdisciplinary meeting with medical oncology
- Weekly clinic in the community health hospital
- Lymphoedema services in embryonic form
- Inpatient beds within the oncology ward
- Chaplaincy, clinical psychology and psychiatry consultations

Education:

- 14 postgraduate trainees in radiation oncology have had a month's training in palliative care. They learn pain and symptom control, communication skills, interdisciplinary work, ethical concepts and ways to integrate palliative oncologic treatment with symptomatic care
- Two groups of medical students have had a 10-hour placement in palliative care
- A doctor/nurse team from Kanchipuram spent a month training in palliative care
- Sr Gayathri conducted a short workshop on lymphoedema management for the college of nursing
- We have been invited to be a regional training center for the CMAI Calicut distance learning programme in Palliative Medicine
- Conferences lectures for general practitioners, gynaecologists and oncologists
- Indian Journal of Palliative Care Volume 9, issues 1 and 2 were edited and published from Vellore

Research:

- Does pamidronate improve the analgesic effect of palliative radiation therapy? - MD thesis, Radiation Oncology Department
- Lymphoedema: MSc thesis, College of Nursing
- Spirituality in Indian patients with a chronic illness: PhD thesis, Dept of Psychiatry
- Audits on pain monitoring by nurses, pain management in oncology wards by junior doctors and care of patients with relapsed cervical cancer

Dr Reena George

Poland: Polish Association for Palliative Care, Poznan

The Polish Association for Palliative Care, Poznan Branch (PAPAPB) is an NGO registered under Polish law, involved in the promotion and support of palliative care in the Poznan region. Its activities are particularly focused on Hospice "Palium" and the initiatives of its team. The PAPADB also gathers grants for its activities as an International Resource and Training Center. The PAPADB's Palliative Care Resource and Training Centre provides facilities for theoretical and practical training for palliative care professionals from Poland, eastern and central Europe and from central Asian countries. It serves as a source of information and advice (written and audiovisual and on-line contact).

Two week 'hands-on' training courses in interdisciplinary palliative care are provided by Hospice 'Palium' in Poznan. These courses offer training in the pain clinic, home care (accessible 24-hours per day, seven days a week), in-patient ward, hostel for children/adolescents, day care centre, lymphoedema clinic and bereavement service and the teaching team includes palliative care nurses, psychologists, social workers etc as well as physicians.

In 2003, OICPC gave support to the activities of the Palliative Care Resource and Training Center. The following professionals received training at the Centre in 2003:

1. Dr Elena Vvedenskaya from Russia
1st - 14th June
2. Dr Dmitri Zabachta from Russia
1st - 14th June
3. Dr Ilona Padvelskiene from Lithuania
7th - 19th September
4. Dr Rasa Dagiene from Lithuania
7th - 19th September
5. Dr Marian Barchi from Ukraine
27th Sept. - 10th October
6. Dr Galina Marianovna Kotova from Kazakhstan
29th Nov. - 14th of December

Course content included:

- work in the Palliative Care Clinic with afternoon home visits
- work in the Palliative Care Unit and ward rounds
- participation in lectures covering basic palliative care problems

- visits to the Chronic Pain Clinic
- visits to the Day Care Center
- theoretical training including seminars and lectures on most aspects of palliative/hospice care – medical, psychological, social, organisational etc

Programmes were varied to individual needs and full reports from the course participants are available on request.

Prof Jacek Luczac

Poland: The Ludwik Rydygier of Medical Science University, Bydgoszcz

The co-operation between OICPC and the Ludwik Rydygier Medical University in Bydgoszcz began in September 2002 and has enabled us to have contact with other palliative care centres in Western Europe.

We publish a quarterly journal “Polish Palliative Medicine” (Polska Medycyna Paliatywna) (www.pmp.pl). Dr Robert Twycross is a member of the scientific board and the co-operation with OICPC has enabled other specialists to be invited to join the board. In 2003 we also published the first volume of Progress in Palliative Medicine.

We have created an International School of Palliative Medicine (www.msmp.pl) through which we organise palliative care courses for doctors. In 2003 we held five courses for doctors. The members of the scientific board of this organisation are specialists from other countries.

Future plans:

- An advanced Course in Pain and Symptom Management in April 2004 (www.palliativecourse.viamedica.pl)
- Scientific research
- Extend our co-operation with other palliative care centers

Dr Malgorzata Krajnik

Russia: Public Charity Organisation Hospice, Perm

In 2003, the Charity carried out its work in accordance with its Charter.

1. Support for the State Hospice Centre, comprising information and material aid to cancer patients and their relatives as well as to the hospice staff. 23 patients (mostly women with children) were given 25 000 roubles and 100 patients were supplied with clinical resources and food. The hospice’s Medical Director visited Moscow Hospice No 1 for special training (with financial support from the Charity).

2. Organising and teaching Palliative Care

- The Cancer Information Centre continued acquiring books on palliative care, diagnosis, treating and preventing cancer for its library. 313 specialist offered support to 1569 clients, including 979 first consultations

- Professional relationships with hospices in Russia and the Commonwealth of Independent States were maintained

- Two grant projects (\$8000) were carried out: (a) organizing and supporting a self-help group of women suffering breast cancer and (b) providing training seminars for medical specialists and social workers in Perm Region. The following booklets were published within the grant projects: Self-Examining Mammary Glands, 1,000 copies; For Women Recovering after an Operation, 2000 copies; Organizing Self-Help Groups, 200 copies; Look for Future. The Manual for Recovering Cancer Patients, 500 copies

- The Charity specialists took part in seven conferences and seminars of other related non-profit making organisations (Memorial, Rights Defending Centre, etc.)

- Two palliative care articles were published in special press

- The Charity’s work was covered by local media (three TV programmes, two articles and seven informational messages)

3. Training medical specialists, social workers and volunteers

- In September, three bereavement seminars (2 hrs) were given to 17 students by Rosalyn Roulston visiting as part of the Perm-Oxford twinning.
- Eight training seminars and four talks on palliative care were delivered by the Chairwoman of the Charity, Natalya Pereverzeva, to medical specialists and social workers (400 people).
- 22 volunteers were trained including students from the Medical and Pharmaceutical Academies and relatives of cancer patients.

4. Health education

- The Rose Band health education event was held in April, resulting in:
 - 55 medical persons trained (by means of mammary gland models)
 - women examined and trained in breast self-examination
 - 77 pre-cancer cases and two cancer cases diagnosed.
 - At the Perm Health and Medicine 2003 Exhibition the Charity volunteers trained more than 400 female visitors in breast self-examination and distributed copies of Self-Examining Mammary Glands

4. Oxford International Centre for Palliative Care (OICPC)

- 10 public lectures on cancer prevention and treatment were given by invited specialists.
- Fund raising and involving sponsors
Four companies sponsored the Charity with five companies and organisations giving occasional support. Fund raising events included a charity concert and a civil memorial service, Light of Memory.

Natalya Pereverzeva

Russia: a new hospice for Siberia - report on developments in the Kuzbass Region

The third hospice for the Kuzbass Region opened in April of 2003. Situated in the mining town of Prokopyviesk, this 25-bedded unit serves a population of around 250,000.

Planning

The support of the Mayor of Prokopyviesk, Mr. V.A. Garanin has been the lynchpin for the new hospice. The initial concept came from Nadya Adamova, the Chief Nurse of a home for the marginalized, elderly and homeless. She had attended lectures in Kememrovo given by Dr Steve Dyer and myself in 1998. She introduced us to the Health Administration of her town, Prokopyviesk, and the project began. Although Steve Dyer had to leave the project in 2001, the work continued with meetings between Dr. Nikolay S. Zinevsky, Head of Public Health Services, Dr. Olga Usenko of the Regional Hospice in Kemerovo and myself. My Russian colleagues travelled many hours in difficult conditions to confer and plan. Despite lack of funds, the generosity of British Airways, the South Bucks Hospice Trustees and other benefactors has enabled the work to continue.

The Facilities

The planning team have adapted many of the British concepts surrounding palliative care to suit the Siberian culture. Criteria for admission have been carefully and sensitively set and staff training has been identified as a priority. The new hospice provides comfortable and well equipped two-bedded rooms. The building, adapted from an old gynaecological unit, is spacious and light. It is situated in the grounds of a general hospital with access to specialists from a variety of backgrounds. There is overnight accommodation for relatives provided free of charge and a rest room for staff. A beautiful Russian Orthodox Chapel is on site for those patients and families who may wish to use it and a viewing room for the family following a death has also been provided, decorated in typical Russian colours and style. These facilities represent a dramatic change in the philosophy and standards of care in Russia.

The Future

The main issue is to provide training for staff who are hungry for knowledge. The recent award of an IAHP Travel Fellowship will enable myself and Dr. Julia Wootton to provide training in 2004. Sadly the development of hospice care in Siberia continues to face problems including: a lack of opiates, unwieldy bureaucracy, lack of education, low public awareness, lack of funds and low staff interest in the speciality. In September 2002, I spoke at the first Siberian Palliative Care Conference in Novosibirsk where there was great interest in taking the speciality forward in the region. Chief Nurse, Monica Amntpnebha, invited me to address groups of hospital nurses during my stay. Hopefully, the understanding of the speciality is now well-rooted and will continue to develop. Palliative care will become self-propagating as knowledge increases and is fed by continued support and encouragement.

Maureen A. Gill

Uganda: Hospice Africa

Ten years of palliative care in Uganda:

This was a very special year in which the hospice celebrated 10 years of palliative care and Mildmay celebrated five years of training in Uganda. In September we held a conference 'Completing the Circle of Care' to mark the event at Kampala. Participants came from major organisations in Uganda including NGOs, the health professions, traditional healers, government officials and supporters from a wide range of projects. There were visitors from other African countries representing most aspects of the developing network in sub-Saharan Africa. Our guest speaker was Dr Robert Twycross. He conferred 18 clinical palliative care nurses and Clinical Officers some of whom have returned to difficult Districts suffering from the war in the north of Uganda. We are in constant touch with them as they move to make palliative care a reality.

Education Programmes:

These included:

- Education programmes for undergraduate and postgraduate doctors, nurses and other health professionals
- Follow up programmes in Uganda and in other countries
- Clinical placements to those from other countries
- Training two palliative care teams in Tanzania who are now now working with oral morphine in Dar es Salaam
- A one week course in palliative care to traditional healers and herbalists, as part of their three-month training course held in a forest outside Kampala. Since then traditional healers and herbalists have referred an increasing number of patients for pain and symptom control
- In August, the first intake completed the distance learning Diploma in Palliative care for Africa. The second intake began their studies in April with 19 participants from Uganda, Malawi, Tanzania, Zambia, Zimbabwe and Cameroon

Palliative Care Association Of Uganda (PCAU)

This association was formally registered as an NGO in Uganda in 2003. It is taking a large role in carrying on CME in the Districts, bringing those who have received training from Hospice or Mildmay together so that they can support each other.

Work In Other African Countries

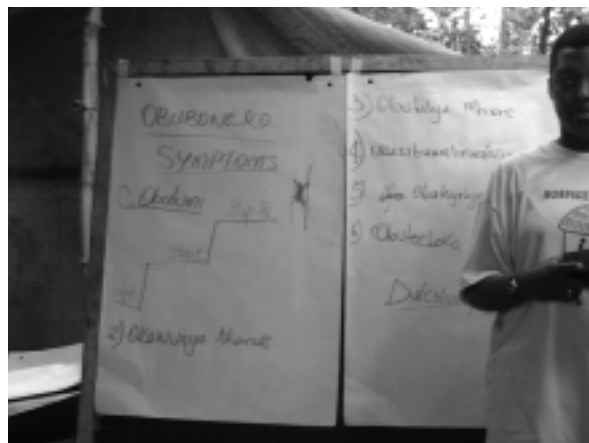
Consultancy and advocacy services have continued to be provided to other African countries. Hospice Uganda is seen as a model for African countries and has several experts who give assistance to those starting services and to countries in which palliative care is not fully developed. Our role includes:

- Advocacy with governments and educational units as well as infant palliative care services and health services
- Educational programmes, including both providing training in other countries and bringing personnel to Uganda for training so that they train others in their own country

This will become an increasingly important aspect of our work. There is now a bank of trainers in South Africa, Kenya, Zimbabwe and Uganda able to assist in training.

The African Palliative Care Association (APCA)

The African Palliative Care Association (APCA) was formed in 2002. The Steering Committee consists of five members from Kenya, Tanzania, Uganda, South Africa and Zimbabwe. The Association Secretariat is in Uganda. In 2003, the Association was officially registered in Uganda.



Teaching the analgesic ladder in Luganda



Traditional healers in the forest, where they grow their medicines

We look forward to continuing the International Partnership with OICPC.

Lydia Mpanga Sebuyira

5. Visitors

Manuela Baeta.....	Portugal
Sushmar Bhatnagar	India
Ane Bonderup.....	Denmark
Ann Christiansen	Denmark
Peter Cseri	Hungary
Birgitte Elmosé	Denmark
Zita Guerra	Portugal
Mai-Britt Gulden	Denmark
Torben Jespersen.....	Denmark
Jin Xiang Li	China
Helle Mathisen	Denmark
Gábor Rubovszky.....	Hungary
Annemarie Salomonsen	Denmark
Lyn Steward.....	UK
Edit Szigeti.....	Hungary
Melinda Szöllösi	Hungary
Tove Vejlgård	Denmark
Pat Womersley	UK

6. Contributors to Academic Activities in 2003-2004

Nick Bates	Consultant in Radiation Therapy, Radiotherapy Department, Churchill Hospital
Charlie Bond	Specialist Registrar in Palliative Medicine, Duchess of Kent House, Reading
Janet Brown	Yorkshire Research Department of Clinical Oncology, Royal Hallamshire Hospital
Carrie Bruce	Day Centre Senior Staff Nurse, Sir Michael Sobell House
Sarah Charlesworth	Specialist Senior Pharmacist in Palliative Care, Hayward House, City Hospital, Nottingham
Gail Close	Lymphoedema Nurse Practitioner, Sir Michael Sobell House
Mark Cobb	Senior Chaplain, Sheffield Teaching Hospitals NHS Trust and Honorary Lecturer, Faculty of Medicine, University of Sheffield
Robert Coleman	Professor of Medical Oncology, Royal Hallamshire Hospital, Sheffield
Jane Collier	Consultant Hepatologist, The John Radcliffe Hospital, Oxford
Neal Conner	Palliative Care Support Team, Sir Michael Sobell House
David Cook	Director, Whitfield Centre and Chaplain, Green College, Oxford
Andrew Davies	McAlpine Macmillan Consultant Senior Lecturer in Palliative Medicine, University of Bristol and Hon. Consultant in Palliative Medicine, University of Bristol Healthcare Trust
Chris Davies	Staff Nurse, Sir Michael Sobell House
Chris Druce	Schools and Family Liaison Manager, SeeSaw
Lynn Erskine	Clinical Nurse Specialist in Palliative Care, Sir Michael Sobell House
David Hardy	Senior Art Therapist, Sir Michael Sobell House
Nigel Hartley	Senior Music Therapist, Sir Michael Sobell House
Catherine Hood	Fellow, ETHOX, University of Oxford
Richard Lehman	General Practitioner, Hightown Surgery, Banbury
Rachel Lambert	Specialist Registrar in Palliative Medicine, Oxford Deanery
Martin Lennard	Molecular Pharmacology, Royal Hallamshire Hospital, Sheffield
Fiona Lisney	Specialist Registrar in Palliative Medicine, Oxford Deanery
Marie-Lloyd Williams	Director of Community Studies Unit, University of Liverpool Medical School and Consultant in Palliative Care, Liverpool Marie-Curie Centre & Royal Liverpool Hospital
Paula Johnson	Clinical Nurse Specialist in Palliative Care, Sir Michael Sobell House
Nina Linnitt	Lymphoedema Nurse Practitioner, Sir Michael Sobell House
Mary Miller	Consultant in Palliative Medicine, Sir Michael Sobell House
Liz Minton	Manager, The Maggie's Centre, Oxford Radcliffe NHS Trust
Michael Minton	Clinical Director, Sir Michael Sobell House
Kathy Moore	Macmillan Family Support Worker, SeeSaw
Barbara Monroe	Chief Executive, St Christopher's Hospice, London
Rowena Morley	Clinical Nurse Specialist in Palliative Care, Sir Michael Sobell House
Helen Neville-Webbe	Yorkshire Research Dept. of Clinical Oncology, Royal Hallamshire Hospital, Sheffield
Julia Newport	Palliative Care Support Team, Sir Michael Sobell House
Stuart Oliver	Palliative Care Support Team, Sir Michael Sobell House
Geraldine O'Meara	Clinical Nurse Specialist in Palliative Care, Sir Michael Sobell House
Liz O'Sullivan	Staff Nurse, Sir Michael Sobell House
Paul Paes	Specialist Registrar in Palliative Medicine, Oxford Deanery
Simon Parsons	Consultant and Upper GI Surgeon, Department of Surgery, City Hospital, Nottingham
Sheila Payne	Professor in Palliative Care, University of Sheffield
Christine Pentland	Director, SeeSaw
Nicky Peregrine	Clinical Nurse Specialist in Palliative Care, Sir Michael Sobell House
Richard Powell	Consultant Clinical Immunology, Queens Medical Centre, Nottingham
Di Rivers	Bereavement Service Coordinator, Sir Michael Sobell House
Dave Roberts	Senior Lecturer Cancer Care, Oxford Brookes University
Maureen Rooney	Palliative Care Support Team, Sir Michael Sobell House
Rosalyn Roulston	Free-lance trainer, Oxford
Juliete Spiller	Specialist Registrar Palliative Medicine, Western General Hospital, Edinburgh
Jane Sutherland	Head Nurse, Sir Michael Sobell House
Keri Thomas	Macmillan GP Advisor in Cancer and Palliative Care, Deputy National Lead in Primary Care Cancer Services, William Farr House, Shropshire
Kathy Warburton	Counsellor in Primary Care; Bereavement Service, Katherine House Hospice, Banbury
Andrew Wilcock	Macmillan Reader in Palliative Medicine and Medical Oncology, Nottingham University; Consultant in Palliative Medicine, Hayward House, City Hospital, Nottingham

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