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THE ASSOCIATION OF CATHOLIC NURSES
ENGLAND AND WALES




Janet Muchengwa National President photographed with Archbishop Vincent Nichols outside Westminster Cathedral after Walsingham 950th Anniversary Celebration Mass March 2011

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	<p>FR MICHAEL STACK National Ecclesiastical Adviser/Chaplain appointed by the Bishops' Conference of England and Wales</p>	
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With the advent of the Care Quality Commission (CQC) recent enquiries and reports into the Care of the Elderly in our hospitals there are for all of us many serious concerns. How are we looking after our senior citizens when they become ill and become hospitalised?

With the restraints of funding after promises of ring fencing on hospital budgets, where as staff are we left??

Yes , the caring consultants, doctors, nurses, other clinicians ,support teams, porters , midwives, paramedics and chaplains continue to be fully available to all patients.

Yes, those who work long 12 hour shifts giving their all for the wellbeing of their patients.

Yes, the Hospital Chaplains continue daily to give their time and energy for all the needs of the patients and staff

Lord ,bless all our nursing staff and all who support them in our hospitals, care homes and hospices.

Lord ,Bless all our patients who are in our hospitals

Lord bless them all as we face the challenges ahead




*A happy and holy
Christmas to you all
from Fr Michael Stack*





**ANNUAL REPORT FROM
JANET MUCHENGWA
NATIONAL PRESIDENT
CHRISTMAS 2011**

 Greetings everyone Since our last AGM, we have been very busy with different activities and meetings



We had two executive meetings in London and Walsingham and were all lively ones. I had a privilege of attending my first CICIAMS executive meeting in Dublin end of April. It was a very good meeting and gave me an opportunity to meet the other members. Thanks to Nora for going with me and good wishes and prayers are sent to her as she recovers at home from her recent surgery. I am also scheduled to attend an executive meeting in Rome in November followed by a conference with the theme on Suffering. Members are welcome to attend the conference, details have already been sent to you via email.

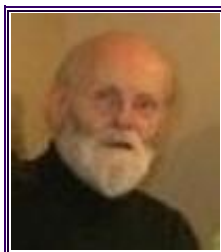
On the 26th March 2011, Christine, Mary and I were honoured to be part of the mass at Westminster Cathedral to commemorate the anniversary of the shrine of our Lady of Walsingham. A certificate of attendance was given to us at our annual pilgrimage to Walsingham in June. I would like to thank all those who made it to Walsingham, though we were few, we had a lovely occasion.(photos on website).

This is the year of the family and we experienced this from three of our members became proud grandmothers. The family unit is at the core of our nursing and that why it was sad to see our children go on rampage in the London riots in August 2011.

The Catholic Nurses Guild of Croatia has offered to host the CICIAMS World Congress in 2013 in Croatia and the Catholic Nurses Guild of Zambia is hosting the Congress for English speaking African countries in June-July 2012. I had a privilege of meeting with their president Justina Yamba while on my holiday in Zambia, who briefed me on the preparations which included a visit to the Victoria falls. If we can afford, we will send some of our members who are available to do so.

We remember one of our committed members Joanna Lowe from the St Andrews branch in Croydon, who died in September 2011. May her soul rest in peace. Tribute can be found on the web site.

My sincere thanks to my fellow officers, Fr Stack our ecclesiastical adviser, Gerry the vice president, Mary our secretary, and Liz the treasurer for their hard work and support for all of us. I would also like to thank you all the members for your loyalty and commitment to the association and your support in various activities in your branches. Finally and not the least, I would like to thank the sisters at Coolock convent, for accommodating us at their beautiful place and superb hospitality for our AGM



It is with great sadness that we announce the recent deaths of Fr Eric Mead for many years our National Chaplain and Josie Lowe a much loved and respected member of our Association. Our prayers are with them both.





Those who care for the dying are very well-placed to act as companions and advocates for them. The World Health Organisation defines palliative care as:

“an approach which improves the quality of life of patients and their families facing life threatening illness, through the prevention, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO 2011).

The translation of ‘Palliative’ is from the Latin *palliare*, ‘to cloak’. But symptom control alone does not define palliative care. The late Dame Cicely Saunders who pioneered the hospice movement in the UK was determined to treat what she called the “total pain” of dying patients. She brought a multidisciplinary team to the task of ensuring that physical pain, existential suffering, spiritual needs, and mental health are all properly managed.

In his recent book: *Imagining the Future: Science and American Democracy* , social commentator Yuval Levin, has described an emerging social culture as no longer being concerned primarily with helping citizens to lead “the virtuous life. He argues that preventing suffering and virtually all difficulty is now paramount. In such a culture he argues that eliminating suffering easily changes into eliminating the *sufferer*.

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The historical and life-affirming expectation of doctors and nurses is to do no harm. The increasingly discussed possibilities of assisted suicide and euthanasia would destroy not only the trusting relationship between patients and professionals at a time of life when trust is paramount, but the speciality itself.

The government’s End of Life Care Strategy suggests that “the definition of the beginning of end of life care is variable according to individual and professional perspectives. It could relate to an elderly person who is becoming increasingly frail (End of Life Care Strategy 2008).

However, any patient’s increasing frailty or chronic illness, does not qualify them for a care pathway which considers patients to be dying. Each situation will require individual analysis. This may include the need to consider antibiotics, appropriate for patients who may benefit from relief of pain caused by infection.

Opioid Analgesia

The potential for complex responses to opioid medication is often overlooked. These drugs must be used with caution for all patients. The WHO analgesic step ladder is a useful guide in using the appropriate analgesic as part of proper assessment within an individualised approach to patient need.

Abnormal pain sensitivity can be induced by opioids. Opioids may worsen initial pain and increase sensitivity to any other stimulus that normally do not cause pain. This phenomenon, known as 'opioid-induced hyperalgesia' [OIH], is particularly relevant to the palliative care setting.

For the patient, experiencing hyperalgesia, it means that common side effects of opioids are added to by peripheral nerves, spinal cord and central nervous system side effects. This may result in intractable, escalating pain on high dose opioids. Increased opioid doses can cause increase of pain, and other serious neurological complications including seizure, mental status changes, delirium and coma. Reducing doses of the opioid or rotating with other useful drugs, including adjuvant drugs (such as antidepressants or anti-convulsants) can be helpful in almost all patients.

Research is needed to establish whether opioid tolerance and hyperalgesia is linked and also whether there are possible genetic differences that cause opioid-induced hyperalgesia. The future of pain control will be greatly influenced by this area of research. Consideration is owed to all patients for assessment of the presence or absence of pain and/or agitation and the nurse's duty of care.

Such assessment includes attention to the patient's elimination needs without which distress can be caused which exacerbates the situation and will not be helped by further opioid doses.

Nutrition and Hydration

The House of Lords first defined food and fluids given by tube as medical treatment. And this definition, confirmed in the Mental Capacity Act of 2005, has led to many people wrongly being denied vital food and water.

Dehydration can add to the patient's discomfort, cause thirst, confusion, severe agitation kidney failure and ultimately death. No one can predict how long a patient will survive without fluids. Some believe that patients without fluids will not experience thirst. This opinion is not universally accepted.

Many terminally ill patients have a reduced oral intake in the last phase of life. This can be due to different causes, such as dysphagia, anorexia, nausea or vomiting or mechanical problems.

The speech and language therapist, as part of the multidisciplinary team, can advise on alleviation of thirst. Good nursing can ensure oral hygiene is a means of comfort and prevention of complications such as dryness of mouth and lips.

Reduced oral intake may be seen as part of the natural dying process, or it may result in clinically relevant dehydration or malnutrition. Communication on this imperative topic in end-of-life care is important for better care and should be research-based (Raimakers et al. 2011).

Palliative Sedation

In Holland, terminal sedation precedes a substantial number of deaths. (Rietjens et al 2004). Palliative sedation can be seen as an important *but rarely needed* method of end-of-life pain and symptom control.

Dr Ron Panzer President of the American Hospice Patients Alliance, believes that "terminal sedation" or "palliative sedation", was never mainly used as a pain control method. It was properly applied for certain clinical conditions: the sedating of a patient whose extreme agitation (called "terminal agitation at the end-of-life"), delusional or psychotic state, or extreme pain could not be managed any other way. Dr Panzer argues that there is also nothing in the original use of "terminal sedation" that required the patient to be denied assisted fluid and nutrition through a feeding tube, IV or sub cutaneous route.

In chapter VII of his internet published book about palliative sedation, Dr Panzer concludes:

"If every patient, no matter what their disease process, is given the same treatment, then the clinically-precise, wonderful interventions that can alleviate suffering at the end-stages of many diseases ... are all "thrown to the wind," and hospice is reduced to a death mill"(Panzer 2011).

Conclusion

Palliative Care can, and should be considered as intensive a type of nursing care as any other. This field of care is one which requires all professionals to be creative and inventive in their practice and particularly effective communicators. Professionals who have concerns about particular treatment protocols in use at a workplace, or the way in which those protocols are being applied should be raised with the appropriate manager or CEO of the employing authority. The issue of 'unfinished business' is important to be addressed as a very relevant concept to many patients reaching the end of life.

Professionals develop their skills to acknowledge sensitively with patients, the inevitability of death. This allows patients to concentrate on improving the quality of their lives, to put their affairs in order and, wherever possible, to say goodbye before it is too late.

References

- End of Life Care Strategy (2008)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277. (Last accessed 27 September 2011)
- Levin Y. (2008) *Imagining the Future: Science and American Democracy*. New Atlantis Books. Encounter Books. New York, London
- Panzer R. (2011) *Stealth Euthanasia: Health Care Tyranny in America (Hospice, Palliative Care and Health Care Reform)*. (From chapter VII - Palliative Sedation or Terminal Sedation to Hasten Death).
www.hospicepatients.org/this-thing-called-hospice.html (Last accessed 2 October 2011)
- Raijmakers NJ, van Zuylen L, Costantini M, et al. Artificial nutrition and hydration in the last week of life in cancer patients: a systematic literature review of practices and effects. *Ann Oncol* (2011) ; Jan 3 E-pub. ahead of print]. A systematic literature review from 1998–2009, which showed that providing artificial nutrition or artificial hydration to cancer patients who are in the last week of life is a frequent practice. The effects on comfort, symptoms and length of survival seem limited.
- Rietjens AC, van der Heide A, Vrakking A, Onwuteaka-Philipsen BD, van der Maas, van der Wal, G. (2004) Physician Reports of Terminal Sedation without Hydration or Nutrition for Patients Nearing Death in the Netherlands. *Annals of Internal Medicine*, 10:506–508. Vol 131, no 3.
- World Health Organisation (2011) Definition of Palliative Care, WHO.
<http://www.who.int/cancer/palliative/definition/en/> (Last accessed 2 October 2011).



NATIONAL SECRETARY'S REPORT 2011 FROM MARY FARNAN

Best wishes to all for a happy and holy Christmas Another year !! Once again I would like to congratulate Janet and Fr Michael Stack for being there on the end of an email or phone when needed.

Pictured above with Archbishop Bernard Longley during the Mass at St Chad's Cathedral on 12 February Fr Michael Stack (far right) National Ecclesiastical Adviser to the Association of Catholic Nurses Photo by permission of Peter Jennings Catholic Photographer and Journalist www.peterjennings.co.uk

On January 25th 2011, with Jacqui Hall who is currently involved with organising Catholics in Healthcare Events, I attended a Catholics in Healthcare Strategy Day in Birmingham hosted by Bishop Tom Williams and James McManus. . Shortly after this event on February 2nd Fr Peter Scott and James McManus were awarded the Papal Good Samaritan Medal for their work in assisting Bishop Tom Williams setting up the Healthcare Reference Group for the Bishops' Conference of England and Wales. Bishop Tom Williams has already received the prestigious and rarely awarded Good Samaritan Medal in 2007. On February 10th I attended the Lourdes Mass at Birmingham Cathedral. Our National Ecclesiastical Adviser Fr Michael Stack assisted Archbishop Bernard Longley at the celebration of this Mass . On March 31st being unable to get to Walsingham this year due to the coincidence of the retreat with the birth of my grandson ,I attended the 950th Walsingham Anniversary in Westminster celebrated by Archbishop Vincent Nichols with Christine Bentley and Janet Muchengwa our president who was invited to represent the Association of Catholic Nurses in the offertory procession .In spite of traffic delays and TUC organised demonstrations against public spending cuts the Cathedral was full to capacity .We are all privileged as an Association by the receipt of the commemorative Certificate awarded to Janet on behalf of our Association in Walsingham in June this year . November, with Mary Bradley, I represent the Association at the Sunday Civic Mass at Birmingham Cathedral.

The Association continues as a stakeholder in NICE consultations on a range of health issues and members with a special interest in any of their consultations should contact us if they wish to become involved Current consultations are listed on the NICE website. . Members are also encouraged to participate in RCN online events on spirituality-information on this can be accessed on a new section of the RCN website dedicated to spirituality in healthcare. Our ACN email list is growing and is a useful way of disseminating information out quickly on a range of biomedical ethical issues and for sending out invitations to events. Members who have an email address and have not yet supplied it are urged to do so on the next membership renewal form. We continue with the CICIAMS international and Association national websites and members of the Executive Committee have consulted and agreed to work on a project of producing an online course on Spirituality in Health for members and non members to access and achieve a certificate for personal interest or continuing professional development .We are still in discussion stages of how to progress with this.



Are you a mature woman single or widowed and aged 50-65years with a vocation to the religious life – Yes?
Contact Sr Mary Thomas Mater Ecclesiae Street Ashton , Rugby,CV23 0PJ or log on to www.mater-ecclesiae-convent.co.uk/



MEMBERSHIP SUBSCRIPTIONS FOR EXISTING MEMBERS ARE DUE BY FEBRUARY 28TH 2012
 ALREADY A PAID UP MEMBER ? -IF SO WHY NOT PASS THIS FORM ON TO A COLLEAGUE ?

ASSOCIATION OF CATHOLIC NURSES ENGLAND AND WALES
APPLICATION FOR MEMBERSHIP

Please Complete in BLOCK Capitals

PERSONAL DETAILS

Mr /Mrs /Ms/Miss Sr/Fr/Br

Surname Date of Birth.....

First Name

Address

.....

.....

Post Code..... Tel Nos

Email Address

Please Tick FULL MEMBERSHIP ASSOCIATE MEMBER

STUDENT MEMBER RETIRED MEMBER

Professional Qualifications

.....

.....

Brief details of Employment -(Position and Place of Work optional)

.....

.....

Diocese to which you belong.....

Please tick whether you are joining as a Branch Member

or National Member (no local branch group)

Payment Option Cheque Bank Mandate Paypal

Please return form and subscription to Mary Farnan National Secretary 26 Charnwood Road , Great Barr, Birmingham B42 1JR or log on to <http://www.catholicnurses.org.uk/membership.html> our website membership page and download a membership form (bank mandate forms also available online) or log on and complete your membership form and pay your subscription on line through Paypal -



2012 DIARY DATES 2012

 <p>OUR LADY OF WALSINGHAM</p> <p>PRAY FOR US</p> <p><small>THE ASSOCIATION OF CATHOLIC NURSES ENGLAND AND WALES</small></p>	<p>NATIONAL RETREAT WALSINGHAM</p> <p>FRIDAY JUNE 29th TO SATURDAY 30th JUNE 2012</p> <p>Log on to Walsingham website to book accommodation</p>	<p>NATIONAL AGM & STUDY DAY SATURDAY OCTOBER 27TH 2012</p> <p>COOLOCK CONVENT STUBBS GATE NEWCASTLE UNDER LYME ST5 1LH</p> <p>TEL 01782 614169.</p>	 <p>Meals and Overnight accommodation available at the convent</p>
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