

# Catholic Nurse Journal WINTER 2010



**THE ASSOCIATION OF  
CATHOLIC NURSES**  
*England and Wales*

[www.catholicnurses.org.uk](http://www.catholicnurses.org.uk)



Fr Michael Stack National Ecclesiastical Adviser with Association of Catholic Nurses members at Walsingham 2010

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## The Association of Catholic Nurses of England and Wales.

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## **WELCOME FR MICHAEL STACK**

### **Our New Ecclesiastical Adviser appointed by the Bishops' Conference of England and Wales**



*I was born in Hartlepool Co Durham ,of parents Cecile and Maurice Stack. I have an elder sister and younger brother. We moved to the West Midlands in 1962 because of my father's job as a draughtsman. I spent 6 years at St Mary's College Oscott and was ordained a Priest by Bishop Leo McCartie in Lichfield 1987.I was an assistant priest at St Patrick's Wolverhampton where I became chaplain to New Cross Hospital for three years.*

*I was assistant priest at St Rose of Lima Weoley Castle in 1990 for three years and chaplain to the Queen Elizabeth Hospital , Queen Elizabeth Psychiatric Hospital and the Birmingham Maternity Hospital. As Parish Priest in Nuneaton (St Anne's) I was Chaplain to the George Eliot Hospital for five years.*

*At present I am whole time chaplain to the University Hospital Coventry and Warwick (UHCW) Warwick. I am also Chaplain to the Calunden Centre and also input to the New Myton Hospice in Coventry . I am beginning my fourth year in Coventry.*

*As a Catholic Priest I find my ministry very challenging and rewarding in providing the sacraments and time with the sick , the dying, relatives ,staff and all who care for the sick in any way. I am generously supported by a loyal team who help me in my ministry. Without them I could not exist. We all rely on others in order to care for the many in need.*



This year has really gone by very quickly and thanks for all of your contributions in one way or another and it has been a blessed year in that we were privileged with the visit of Pope Benedict the XVI among us. I was able to represent you all at the Hyde Park and the prayer vigil was sensational and I am sure you have seen from the pictures on the web site and thanks for all the other picture contributions from members who attended in other areas.

I was also able to attend the Faith in Health Conference in Liverpool last June for which Jacqui Hall was one of the main speakers. A wide range of topics were covered, one being the Liverpool Care Pathways which is a tool which helps people to die well and better with dignity by reinforcing good communication, pain control, symptom control and spiritual care and we as catholic nurses should be leading especially in Palliative care. The LCP has raised a lot of criticism with regard to hydration and ageing population framework and a point to remember is the LCP is only as good the people who are using it. The question we have to ask ourselves is, if we stop using the LCP what do we use?

I haven't been able to attend the meetings at the Bishops conference as most meetings in the year were on the preparation for the conference in Liverpool. I look forward to representing you more in the next meetings.

The Walsingham retreat this year was very disappointing as very few members managed to attend. We were blessed by having Fr Michael Stack our Ecclesiastical adviser who joined us for the first time in Walsingham. I pray and hope that next year more members will be able to make it, as this is the time we can use to reflect on our lives and work as catholic nurses. Finally, I urge every one of us to encourage other nurses to join the association before we become engulfed by other bigger and stronger associations.



Kath McCourt RCN Fellow and Dean of Northumbria University at the Faith in Health Conference in Liverpool with Mary Farnan , Jacqui Hall and Janet Muchengwa



National Executive Meeting 2010 In photo:Gerry Yates,Chris Bentley,Nora McCarthy,Janet Muchengwa and Fr Michael Stack hidden behind Liz Cooney

**STUDY DAY AT ST VINCENTS CENTRE , CARLISLE PLACE ,LONDON MARCH 2010**  
**WHAT DO WE MEAN BY CARE ?**  
**NOTES BY PAT HANRAHAN AND ETHEL CORDUFF**

This excellent study day was held at the St. Vincent Centre, Victoria, London on 20th March 2010 and was extremely well organised by Teresa Lynch of Nurses Against Euthanasia.

*'Compassion and Caring in Nursing' Claire Chambers and Elaine Ryder of Oxford Brookes University.* It started off with a talk by the authors of the book . They described compassionate care as mutual acceptance, seeing the patient as an individual, building a trusting relationship, getting to know people. More than just being 'nice'. This includes empathy, dignity and respect, listening and responding, also choice, empowerment and diversity and cultural correctness. Having a general awareness of the emotional needs of the patient and genuine warmth and an accepting nature to the patient. Not to stereotype patients, for instance those who have overdosed or self-harmed. Be sensitive of their needs especially when vulnerable. Nurses are losing the art of compassion. Too much scientific and high tech treatment, limits care. There is too much focus on physical care detrimental to emotional care. There are too many targets to be met. It would be helpful to the patient to offer a gentle suggestion. E.g. 'Have you tried this?'

Compassion fatigue is not giving care, as you should.

Explaining the roles of the culture of organisation, teamwork or challenge. Challenge people appropriately. Consider decision making to solve problems. People are living longer, there are limited resources. 'Doctors are now chosen for their humanity'. This is a good thing.

Patients need emotional comfort but not over comfort, caring about not just caring for.

Challenges to compassionate care include resources and culture of organisations, nurse attitudes.

What can be done? Every intervention should be an opportunity and patient centred

There should be clarity in different roles. Work in partnership with patients.

Challenge accepted norms and values. Act as an advocate. Give feedback as appropriate.

*Liverpool Care Pathway Critical-Analysis and Scenarios presented by retired Consultant Geriatrician Gillian Craig* Author of the book. 'No water no life', Doctor Craig has been involved in the hydration debate, which is ignored by the group of Liverpool people who produced the pathway in 2006. Dr Craig considers it dangerous, mainly due to continuous sedation without hydration. Delirium can be reduced by 60% with hydration. It is difficult to judge how long a patient has to live. The pathway should only be used as a last resort at the point of death and should not be a legal document. It is used as a cloak for euthanasia for those often blocking a bed. In the Netherlands it is used to hasten death.

The Geriatrician's role has been diluted. If a geriatrician does not see a patient, the full gamut of treatable diagnoses will not be highlighted. Compassion for patients should never kill.

Now the pathway is being abused because of the scarcity of beds and greedy relatives. Many relatives are keen for sedation to be used. In The Liverpool Care Pathway if one is asked where one wants to die, if one agrees to die at home then agencies are informed of this and when a crisis occurs they will not take that person to hospital. As a result the Pathway reduces the number of admissions going into hospital. If unsure about using the Liverpool Care Pathway talk to colleagues first.

Spiritual Care is often called too late; there is a problem with the data protection act. One can only call a chaplain with the patient's permission. The chaplain needs to be called much earlier while the patient is lucid. There are no community chaplains. It is important to find out patients faith. Buddhists hate to be sedated. Muslims will want an imam.

McMillan nurses patrol cares homes. Dr Craig cited an example of bad palliative care- a patient died after 30 days without hydration; her husband who is a doctor believed she died of dehydration. It was very distressing. He is trying to write up the case for a medical journal. Recommendations:

Delirium can be reduced by 60% if hydrated. It is good to explain to patient and relatives to get their consent.

***Government End of Life Strategy; Open to Misinterpretation? By Teresa Lynch Nurse Specialist/ Oncology.*** Nurses in every hospital are promoting it. It is an amazing feat of organisation. It is not meant to be questioning, God of our creation been pushed too one side. It is totally sterile.

National standard is of low care such as no subcutaneous fluid. The G.M.C has published guidelines in oral feeding. Provision of food and fluids is a basic necessity of life. Doctors do not have the right to overdose and dehydrate the patient. Some relatives do not object. The public is deceived if they are unaware that the Mental Capacity Act 2005 opens the way to voluntary and involuntary euthanasia.

It is vital how palliative care is carried out. Assisted suicide is illegal. Euthanasia lobby promotes voluntary removal of food and drink. In one care home every patient was questioned about what they want at end of life. The conscientious objection clause has been omitted from the nurses' code of conduct since 2002. Teresa has asked RCN about it, they are contacting the NMC.

Issues from it are - Europe, emergency, social theories, UK developments and consequences.

***Dr Philip Howard co author of 'Medical Law and Ethics' presented the DPP Policy of Assisted Suicide and Possible Implication for Practitioners.*** Prior to 1961 suicide was a criminal offence. It was decriminalised and created a new offence of assisted suicide. The DPP Policy softens attitudes to euthanasia. Suicide should not involve a health-care professional at any time. Over 85% suicide victims were known to be depressed. Vulnerable patients and those with personality disorders were the likely ones to commit suicide. In some cases there is lethal drugs supplied to suicidal patients. Doctors should keep to their Hippocratic Oath. Suicide is always wrong. Decisions are rarely clear, fixed and informed. Health-care workers may be indirectly involved but should not be involved.

***Mr James Boggle, Barrister, also co-author of 'Medical Law and Ethics' spoke on Conscientious Objection.*** Mr. Boggle was involved with the Diane Pretty case. Religion, morals or breach of code are main issues. He wants every trained nurse to get a copy of the nurses code of conduct and he suggested that one of the codes had been removed from it!

It is unlawful to take the life of the individual. We should be acting as advocates. Patients have rights. Food and fluids delivered is caring. Patients who have no capacity are clinically assisted by giving them artificial hydration. Decision-making and code of conduct are important. Nurses can refuse to remove tubes. Nurses must be vigilant about decision making. They must involve the conscientious objection and write to the NMC. The NMC has only a broad clause on clause 9.61 code of practice conscientious objection, this needs to be rectified, the GMC website is much more detailed, nurses need similar. Giving unwanted treatment can be an assault. A doctor could be accused of murder

***End of Life-*** questions should be asked, if they have mental capacity, personal welfare, power of attorney, living will status and what do *they* want. It would need to be established if the patient had mental capacity.

This was a very progressive study day on caring, dealing with major issues so important to nursing today and in the future. We heard from experts about compassion which is essential to caring, the Liverpool Care Pathway used widely but often wrongly implemented and misinterpretation of the Government's end of life strategy. Fortified by an excellent lunch, we heard of the horrendous implications of assisted suicide and finally how nurses can voice their conscientious objection when necessary.

# NATIONAL SECRETARY'S REPORT

## 2010 FROM MARY FARNAN



I would like to congratulate Janet on how well she has managed the presidency over the last 12 months having taken it on with some reluctance at the start .I would also like to express thanks to Archbishop Vincent on finding us a national ecclesiastical adviser in response to our written request and to Fr Michael Stack for bravely taking up the post .

The Association over the last few years has taken part in a few NICE consultations on a range of health issues . Last year I participated in their Delphi online survey for their consultation on Identifying Maltreatment in Children and we were listed in the full document published December 2009 that was circulated to all NHS Safeguarding Children Depts in the UK .In March I attended a NICE stakeholder conference in Manchester , expenses paid by NICE , on Promoting Wellbeing in Children . Members are urged to log on to NICE in order to view current consultations and to inform us if they do see anything they have an expertise in and would like to work with the Executive Committee on so that we can participate in more of these . Walsingham was low in numbers this year but In June I also attended the final day of the Catholics in Healthcare Conference in Liverpool .A welcome opportunity to meet Kath McCourt Dean of Northumbria University an RCN Fellow who has had keen involvement in policy development at the RCN . In October I attended the LIFE conference in Kenilworth to update on what is happening there. On November 7<sup>th</sup> I will be attending a Mass celebrated by Archbishop Bernard Longley at St Chad's Cathedral Birmingham with other nurses and doctors including members Liz and Eric Dray who assisted in caring for the sick at the Papal Mass at Cofton Park – The lack of complaints from the sick and elderly who experienced severe cold weather and had to be wrapped in foil blankets to prevent hypothermia was an experience to learn from – starting at 3am and leaving at 5pm was another experience in itself .

The Association of Catholic Nurses and CICIAMS websites continue and CICIAMS are exploring the possibility of us adding European pages to the International site we manage for them to complement the link the CICIAMS Asia website. The Paypal facility started for membership subscriptions June 2009 has proved successful so will continue . Also we now have an email list of 40 members through which we can circulate information of interest or coming events very quickly to members. If any member is not on our list and has an email address or has something of interest to share please forward it to us at [catholicnurses@msn.com](mailto:catholicnurses@msn.com)



AGM Coolock Convent Newcastle under Lyme October 2010 –Members gather for AGM . Patricia Agisafe seated at the front.



AGM Coolock Convent Newcastle under Lyme October 2010 –A group of members gather for a photograph before parting.



**PAPAL  
VISIT  
2010**

**Heart speaks  
to Heart**



## **THE PAPAL VISIT IN PICTURES**

**A selection of photos of the event  
sent in by members- More photos  
can be seen on our website**



**Photo from Jacqui Hall . Jacqui Hall and Janet Muchengwa outside Westminster Cathedral before going on to represent the Association of Catholic Nurses at the Evening Vigil Hyde Park**



**Photo from Amanda Corr at Hyde Park with Tyburn Nun**



**Photo from Janet Muchengwa -Evening Vigil Hyde Park**



**Photo from Mary Farnan Early morning Cofton Park Beatification Mass with the medical team**



**Photo from Alison Ingham at the Cofton Park Beatification Mass with family**



**Photo from Colette Stride at Cofton Park Beatification Mass**



**Photo from Marie Cavaciuti-The Pope arriving at Birmingham Oratory after Mass at Cofton Park**

**DO YOU KNOW SOMEONE WHO IS INTERESTED IN BECOMING A MEMBER -IF SO PASS THIS FORM ON TO THEM**

**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)

Bankers mandate forms to pay by direct debit can be provided on request.

**NEW MEMBERS CAN ALSO JOIN ONLINE-SEE MEMBERSHIP PAGE ON WEBSITE**

**DIARY DATES 2011**



**WALSINGHAM**  
**2011**  
**Annual Retreat**  
**Tuesday June 7th**  
starting with Mass 5pm  
to  
**Wednesday June 8th**  
Closing after  
**Midday Mass**



**AGM OCTOBER 29<sup>TH</sup>**  
**2011**    Coolock Convent  
Newcastle under Lyme  
11am-4pm

