



WELCOME TO OUR
CARDINAL VINCENT
NICHOLS



APPOINTED CARDINAL
OF ENGLAND & WALES
FEBRUARY 22ND 2014

<p>National Ecclesiastical Adviser /Chaplain Fr Michael Stack St Osburg's Priory, Barras Lane, Coventry CV1 4AQ Tel 024 76 220402 /07724078905 Email michael.stack3@gmail.com</p>	<p>National President Janet Muchengwa Flat 3 Centre View Apartments , 4 Whitgift Street , Croydon CR0 1EX Tel 02086499941 Email catholicnurses@live.co.uk</p>
<p>National Secretary Mary Farnan 26 Charnwood Rd, Great Barr,Birmingham B42 1JR Tel 0121 251 8515/ 07956527435 Email catholicnurses@msn.com</p>	<p>National Vice-President Gerry Yates Laurel House , 35 Seaview Road , Herne Bay , Kent CT6 6JB</p>
<p>National Treasurer Elizabeth Cooney 5 Shefford Rd.,Seabridge, Newcastle under Lyme,Staffs,ST5 3LE. Tel 0178 261 7872 Email johncooney260@btinternet.com</p>	<p>End of Life Care Adviser ,Teresa Lynch</p>
<p>Catholic Medical Association Representative Nora Mc Carthy</p>	<p>Other Executive Committee members Patricia Hanrahan ,Sandra Broome</p>

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	FR MICHAEL STACK National Ecclesiastical Adviser/National Chaplain EASTER 2014	
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A Prayer of St Ignatius Loyola

*Take Lord, and receive all my liberty ,
my memory, my understanding and my entire will ,
all that I have and possess .
Thou hast given all to me.
To Thee ,O Lord, I return it.
All is Thine , dispose of it wholly according to Thy will.
Give me Thy love and Thy grace ,for this is sufficient for me .*



*A Happy and Holy Easter to you
all*

From

Fr Michael Stack





**MESSAGE
FROM JANET
MUCHENGWA
NATIONAL
PRESIDENT
EASTER 2014**



National Executive committee members Gerry Yates, Janet, Liz Cooney and Mary Farnan AGM 2013

I greet you all in the name of our lord Jesus Christ. Thank you very much to you all members for all your commitment to the Catholic Nurses Association through the year.

This time last year, we were looking forward to a new Pope and wondering who it was going to be. We have been blessed by Pope Francis who at the 22nd World Day celebrations of the Sick reminded us to lay down our lives for one another and entrusted this World day of the Sick to the intercession of Mary. We should really embrace this as Catholic nurses; we are at the core of caring for the sick. Full details can be found on our website. We thank God too for our new Cardinal Vincent appointed by Pope Francis February 22nd this year.

Our national retreat this year is in Walsingham June 10-11th. Accommodation details are on the Walsingham website. Though most of you are not able to join us, we will remember you in our prayers. Prayer is part of our objectives and our national meetings are the only time we come together from all corners of the country to unite and pray together. The AGM will be in Westminster October 18th. Details of these events are on our last page. Finally, I look forward to seeing some of you at the CICIAMS international Catholic nurses World Congress in Dublin in September. The programme for this is at the back of the journal and booking arrangements and cost of the congress are on the Catholic Nurses Guild Ireland website.

Happy Easter and God bless
Janet Muchengwa ,ACN National President

**MR DANIEL LYONS
MEMBER OF THE ASSOCIATION
OF CATHOLIC NURSES WINS
PRIZE FOR HIS CHARITY WORK**



Congratulations to Mr Daniel Lyons , former mental health nurse from Redhill on receiving the 2012 National Retirement Award run by McCarthy and Stone for his continued commitment to raising money for causes including the Romanian Orphanages and HIV charities .Mr Lyons worked as a volunteer nurse for six months in a Romanian orphanage and having helped raise £10,000 for the orphanage he visits the orphanage every year with medicines ,clothes and equipment . Dan has also worked for ten years as a volunteer nurse for Shelter .In 2001 Dan was awarded an MBE in recognition of his work for Shelter and for his work in Romania.Daniel continues to be active at parish level visiting the sick and continues to be a member of the Croydon Mental Health Service League of Friends , the Redhill and East Surrey League of Friends and the Surrey Health Service Retirement Fellowship.



Nurses Opposed to Euthanasia Conference 30 November 2013

Ending not Mending: The Liverpool Care Pathway Patient Advocacy

A group of Nurses opposed to Euthanasia held a conference on 30 November 2013 in line with the need for patient advocacy to explore the implications of the independent review of the Liverpool Care Pathway, the report was entitled: More Care Less Pathway.

The Nurse as Patient Advocate

The nurse's Code of Professional Conduct: standards for conduct, performance and ethics (NMC 2008). This requires all nurses:

- to act as the patient's advocate,
- to ensure evidence-based practice and
- to ensure consent is obtained before beginning any treatment or care
- to be personally accountable for actions and omissions in their practice, and
- must always be able to justify their decisions.

Defence of actions detrimental to the patient, being performed in line with orders is no justification as confirmed by the conclusions of the post-war Nuremberg tribunals.

Claims about good deaths provided by the pathway, denies the many terrible deaths on it as testified by some relatives who were also present at the conference. Should the LCP's replacement mirror the original pathway then nurses are duty bound to resist its dangers to patients. The dangers are clear in the draft proposals outlined by the Alliance for the Care of Dying People which clearly mirror the original LCP guidance.

- Anticipatory prescribing of drugs is likely to encourage their use as a "chemical cosh" where inappropriate administration of strong sedation can be lethal even in small doses.
- Limitation of nutrition and hydration seen as inhumane, particularly where patients are not dying, which is notoriously difficult to accurately assess.
- Promotion of Advanced Directives denies the possibility of patients needing to change their mind in line with a change in condition that cannot be fully anticipated

Despite the professional expectation of nurses to act as the patient's advocate, nurses were reminded that it is well documented in psychological texts that it can be a stressful process. The Francis report (2013) on the Mid Staffordshire scandal, confirmed how nurses were bullied for trying to speak out about poor care and some lost their jobs.

The optimum framework for patients whether dying or not (which is notoriously difficult to determine) is holistic care to allow physical social, psychological and spiritual needs to be properly assessed. This allows the important concept of unfinished business to be completed as far as is possible.

Lastly, nurses were reminded that a duty of care includes care of relatives. This duty requires nurses to be aware that whatever affects the patient affects the relatives and how someone dies remains in the memory of loved ones forever.

A One-Act Play: Trust

The conference facilitated the premier of a one-act play about Trust. This was a true portrayal of a family who discover without any communication with them that their mother who was not dying, had been placed on the LCP and died on it. This has resulted in feelings of impotence, rage and loss of trust in the care for the dying, which never leave them.

A relative's experience of the LCP

The day was attended by relatives whose experiences of the LCP mirrored the play. Relatives present had lost a loved one on the LCP. The patients had died having been placed on the Pathway inappropriately, and without the knowledge or consent of the family. Grief is complicated and can change lives forever, by the knowledge that the death of their loved ones was due to the dangerous application of the LCP. One relative, informed the group that social networking revealed how many people from Liverpool in general were not proud to be associated with the Pathway's name due to increasing awareness of the bad practice it had generated.

One of the relatives at the conference had been part of the Neuberger review panel and anticipated a narrow window for comment on the consultation paper of the recently created Leadership Alliance for the Care of Dying People. This perception was due to the poor outreach to non-medical people. (The consultation process has been recently extended from 6th to 24th January 2014).

The role of the Clinician as patient advocate.

A Muslim view

A Muslim clinician spoke about the increased vulnerability of his cultural minority group and estimates that more Muslim patients have been exposed to inappropriate LCP application, possibly due to the language limitation of patients and their families. This can lessen their wish and potential to be assertive about their care and treatment for their loved one. In Muslim belief:

- Life is sacred.
- Moment of natural death is fixed by God.
- Forbidden: Attempted suicide, Assisted suicide and Euthanasia or
- Hastening" of the death of any patient

Muslims fully support Palliative care and the Hospice movement but they prefer to die at home, with family members who have the right to be consulted and to be aware of all steps taken.

Any illness, is purification of any sin and death in illness is considered as Martyrdom. Delegates were reminded that although fluids and food are a human right for every patient, the Mental Capacity Act (2005) has considered this as treatment like any other treatment. Therefore, this Act can be seen in no small part to be a precursor of the current belief and practices advocated by the LCP. He emphasised the importance of doctors accepting how notoriously difficult it is to predict the dying process.

There was also emphasis on the scandal of the financial incentive for implementation of the LCP as a 'quality initiative', reportedly thereby, hastening the death of patients.

British Muslims are very happy to see that many Christian organisations have opposed LCP and believe in the importance of working together on many shared divine values especially in the field of medical Ethics. Proper Pro-Life ethical medical practice is very much needed today for every doctor and for every nurse.

An Oncologist view of the doctor as 'patient advocate'

A professor of Oncology/ Palliative Care confirmed that any doctor knows that it is notoriously difficult to predict the dying process. In line with the Neuberger review, robust evidence is needed to be able to give a sound prognosis for a patient to be deemed truly at the end of life.

Despite the belief by pro-LCP advocates, that patients are not aware of thirst when denied fluids, reliable, independent, volunteer research was presented in this session which disproves this. Healthy volunteers in a study, were rendered thirsty (as if on the LCP, being denied fluids). The healthy volunteers experienced brain changes fairly quickly as a systemic effect of dehydration, causing unpleasant side effects which mouth moistening did not alleviate. Additionally, on the LCP, unnecessary opioids can actually induce pain in cases of the increasingly understood, adverse effect of hyperalgesia - abnormal pain sensitivity. This can occur in some, particularly sensitive patients. Additionally, strong sedation in increasing doses, disallows patients to express their experience of this adverse effect or that of thirst.

Good patient care and management requires multidisciplinary education in care of dying people which requires an individual approach. No Pathway can accommodate all the variances possibly seen in each patient.

Conclusion

Individualised care is fundamental to compassionate care. Many patients will never need sedation and opioids as a blanket and 'blinkered' approach to 'care' nor require denial of food and fluid unless they are truly, imminently dying. 'The LCP must never be rebranded as we will be perpetuating a grave disservice to patients which has occurred over the last 10 years with little public scrutiny, thus little public exposure.

PSALM 23

The Lord is my Shepherd – That's relationship
I Shall not want –That's Provision
He makes me lie down in Green pastures – That's rest
He leads me beside quiet waters – That's refreshment
He restores my soul – That's healing
He guides me in the paths of righteousness – That's guidance
For His name's sake – That's purpose
Even though I walk through the valley of the shadow of death –That's testing
I will fear no evil –That's protection
For You are with me – That's faithfulness
Your rod and Your staff they comfort me – That's discipline
You prepare a table for me in the presence of my enemies- That's hope
You anoint my head with oil- That's consecration

My cup overflows-That's abundance
Surely goodness and love will follow me
all the days of my life –That's blessing
And I will dwell in the house of the Lord-
That's security
For ever –That's eternity





International Catholic Committee of Nurses and Medico-Social Assistants

23-26 SEPTEMBER 2014 CICIAMS XIX WORLD CONGRESS 23-26 SEPTEMBER 2014

PROTECTING FAMILY LIFE :THE ROLE AND RESPONSIBILITIES OF NURSES AND MIDWIVES

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More details about the Conference and booking your place and accommodation are available on <http://www.catholicnurses.ie/>

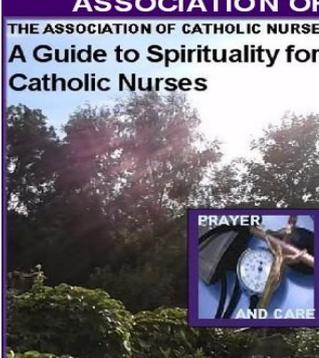
PROGRAMME

Languages: English. Simultaneous Spanish/English translation will be provided if more than 20 Spanish speaking participants. Some of the Sessions listed below are to be chaired by Janet Muchengwa CICIAMS National Executive and National President Association of Catholic Nurses England and Wales

Tuesday, 23 September	09.00 –17.00 hours Registration, 18.00 hours Mass, 19.00 hours Welcome Reception
Wednesday, 24 September	Family Life: International and Regional Perspectives 08.00 – 08.40 Registration, 08.45 Morning Prayer followed by Opening Ceremony 10.30 Tea/Coffee Break 11.00 <i>Protecting Family Life: International Perspectives</i> Keynote Speaker 1: His Excellency Archbishop Zygmunt Zimowski, President, Pontifical Council of Health Care Workers and Keynote Speaker 2: WHO Regional Office for Europe 13.00 Lunch 14.30 <i>Protecting Family Life: Regional Perspectives</i> Round Table Presentations from CICIAMS Regions: Africa, Asia, Europe & Pan-America 16.00 Coffee/Tea Break 18.00 Mass 19.00 Supper 20.00 Concert: Dublin Diocesan Choir
Thursday, 25 September	Family Life: Ethical Perspectives 08.00 – 08.40 Registration 08.45 Morning Prayer 09.00 <i>The Nurse as Promoter of the Family: Ethical Challenges and Opportunities</i> Fr Thomas Nairn OFM, PhD, Acting ecclesiastical Adviser, CICIAMS 10.00 <i>Domestic Violence: the challenge</i> Ms Reiko Joh, National President, Japan Catholic Nurses Association 10.45 Coffee/Tea Break 11.15 <i>Faith based intervention: HIV/AIDS and Abortions</i> Ms Justina Mooya Yamba, National President, Catholic Nurses Guild of Zambia 12.00 Open Discussion 13.00 Lunch 14.30 <i>Support Structures for Families in Crisis</i> Round table presentations from Africa, Asia, Europe and Pan-America 16.00 Coffee/Tea 16.30 <i>Catholic Nurses & their Role in Ethical Decision Making</i> Fr Anslem Etokakpan, Nigeria, 18.00 Mass 19.30 Hospitality Night
Friday, 26 September	Healthy Family Life 08.00 – 08.40 Registration 08.40 Morning Prayer 09.00 <i>Education & Support of the Family: the role of the nurse & midwife</i> Ms Anne McDonald RGM, RM, PHN, MSc Community Health, Adjunct Lecturer, University College Dublin 09.45 <i>The Family as Carers of the Elderly</i> Round table presentations from Africa, Asia, Europe and Pan-America 11.15 <i>Catholic Solidarity in Health Care</i> Mrs Mary Farnan, National Secretary, Catholic Nurses Association of England & Wales 13.00 Lunch 14.30 hours Review of the Congress Mrs Jane C Harkin. Chairperson, CICIAMS Professional Committee 15.00 Closing Ceremony 17.00 Closing Mass

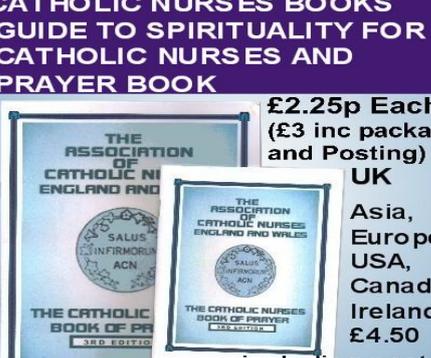
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MEMBERSHIP FORM

DON'T FORGET TO PAY YOUR ANNUAL SUBSCRIPTION BY MARCH 31ST
ALREADY A PAID UP MEMBER ? –IF SO WHY NOT PASS THIS FORM ON TO A COLLEAGUE ?

**ASSOCIATION OF CATHOLIC NURSES ENGLAND AND WALES
(FORMERLY CATHOLIC NURSES GUILD)**

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DIARY	2014	DIARY
<p>NATIONAL RETREAT WALSINGHAM Tuesday June 10th 5pm Mass- 12midday Mass Wednesday 11th June Accommodation can be booked on www.walsingham.org.uk</p>	 	<p>AGM LONDON AGM Hinsley House (Next to Westminster Cathedral) 12.30-4.30pm Saturday 18th October</p>