

CONTACTS

Volume 14 No. 2
APRIL/JUNE 1988

Donor House
Ballsbridge
Dublin 4

Dear Reader

The Irish Kidney Association are delighted that you are being given the opportunity to become either a kidney or multi-organ donor by having inserts in this edition of *Contacts*. We would like to thank your colleagues who produce your Newsletter.

Yours sincerely

Patricia Doherty
PRO



9 - 16
October
1988

Further information from

NORAH GREENE

Emmet House

Tel 719222

country. In addition, the purchase of Dr Steevens will prove a most cost-effective acquisition.

The hospital building itself is of immense historical value having been designed by Thomas Burgh, who is regarded as being the first Irish architect. He died in 1730 and his successor, Edward Lovatt Pearse, completed the building in 1733. The main building and the boardroom which housed the former Worth Library are included in List 1 Buildings to be preserved.

The location of Dr Steevens is one of the main reasons for its purchase, as it is directly opposite Heuston Station which in time may further develop the Rapid Rail Transport system. It is also close to

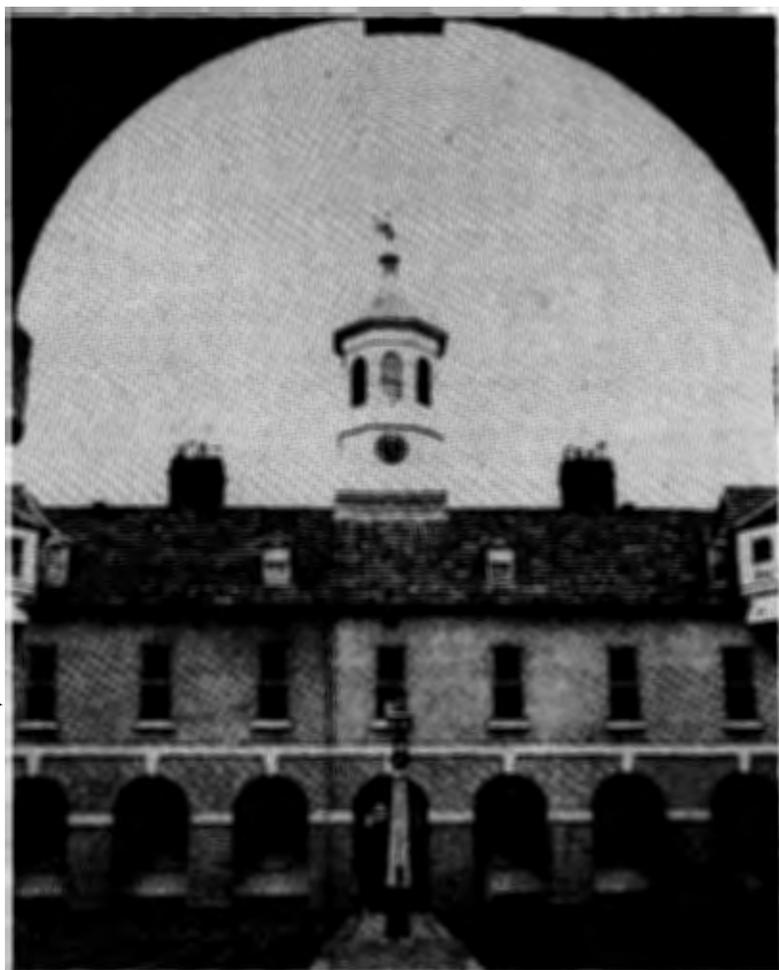
the main arterial roadways and is easily accessible by all forms of public transport. There is ample car-parking space.

It is planned to refurbish the hospital on a phased programme over a number of years and to transfer the various sectors within that programme. The opportunity

Cont. page 2 . . .



- Dr Steeven's - NEW HEALTH BOARD HQ



A view of the central courtyard.

In a recent announcement it was confirmed that the EHB were the successful tenderers for the former hospital at Steeven's Lane.

For many years the Board had been aware of the need to centralise administrative and other services in one principal centre rather than the fragmented system of dispersed office locations as at present.

It had been planned to construct a purpose-built headquarters building on our own site at Nth Circular Road and,

indeed, the £4.5m plan had been taken to a successful design/construct stage in the mid-1980s.

Unfortunately, the current economic climate made this proposal unlikely and when Dr Steeven's came on the market the Board decided to investigate its suitability as an alternative.

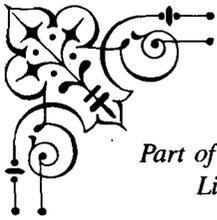
The Board undertook lengthy and thorough professional investigation into Dr Steeven's and were fully satisfied that the hospital is one of the best maintained and finest examples of its kind in the

DR STEEVEN'S
New Health Board HQ

. . . Cont. from page 1

will also be taken to provide some health service facilities such as a 'one stop shop' for the public for a range of health service entitlements.

The acquisition of Dr Steeven's is a tremendous boost for the EHB and the preservation of the main building for civic use is in keeping with similar projects throughout Europe and indeed is a fitting contribution during the Millennium year.



Part of the original Worth
Library (Boardroom)



Rococco limestone arch and gateway entrance to central courtyard.



OBITUARY

Mr John O'Brien, Ambulance Transport Supervisor for the Dublin area, died on 30 May last at the early age of 60.

John was a father figure in both the Board's Ambulance Service and indeed in the service throughout the Country. He started his career with the Board in 1950 and had many intriguing stories to tell of those days in the then St Kevin's Hospital and Dublin Board of Assistance. Following the establishment of the Dublin Health Authority in 1960, the Ambulance Transport Section gradually developed and John was singled out at an early stage for the position of special responsibility. At all stages, he more than fulfilled the level of trust placed in him.

In 1977, the grade of Ambulance/Transport Supervisor with county-wide responsibilities was formally established and John became the first holder of this position in the Dublin Area. In this role, John undertook a wide range of duties with direct control over a large body of men and vehicles. His range of duties was even further extended in 1981 when the EHB assumed responsibility for the organisation and delivery of training on a national level for all Ambulance Personnel.

John excelled in the role of Training School Supervisor, being able to control in true military fashion and yet earn the trust and respect of personnel from every part of Ireland.

Personnel from all areas continued to call on John at every opportunity long after their training courses were completed.

In his role as Supervisor, John was required to carry out specific and onerous roles in major emergency situations and his organisational abilities, coolness under pressure and leadership was exemplified at such incidents as the Stardust Disaster in 1981 and the Dalkey Train Crash in 1979.

During his years as Supervisor, John came in contact with most areas of the Board - medical, nursing and administrative - and those who did not know him personally came to know him as the blunt but helpful voice who, invariably, was able to organise even the most difficult request to move either patients or goods.

John's death has removed from us an officer of exceptional qualities and he will be sorely missed by many for a long time to come.

We offer our sympathy and ongoing support to his wife, Maura, and all the O'Briens.

Since 1 January 1988 a new structure for health promotion has been introduced.

The new structure comprises:

- (1) A Health Promotion Unit at 34 Upper Mount Street, Dublin 2, telephone 761116. The Dept of Health has assumed the responsibilities of the former Health Education Bureau. The Unit also has a role in the development and implementation at national level of a wider policy of promoting health.
- (2) An Advisory Council on health promotion which is a broadly based group set up to make recommendations to the Minister on public policy measures which impact on the health of the population.
- (3) A Committee of Ministers comprising the Ministers for the Environment, Agriculture, Labour, Education, Energy and chaired by the Minister for Health. This committee will deal with major inter-sectoral policy issues which may arise.

The following is a statement approved by the Minister for Health of the role and responsibilities of the Health Promotion Unit.

(1) Objective

The objective of the Health Promotion Unit (HPU) is to devise and implement a set of policies to promote health. The concept of health promotion adopted is based on that set out in 'Health - The Wider Dimensions' and 'Promoting Health Through Public Policy'.

(2) Specific Functions

Among the specific functions of the HPU during 1988 will be: - taking a lead role in implementing health promotion policies including those arising from recommendations of the Advisory Council on Health Promotion (ACHP);

- establishing targets for health promotion in Ireland as part of a longer term work programme;
- the continuation and development of health information and education programmes;
- leading the development of a health promotion outlook in the Department of Health and in the health services generally, and with particular emphasis on the development of the health promotion function in the Health Boards;

(4) Strategies for Health Promotion

PUBLIC POLICY - by direct approaches to other departments and statutory agencies in relation to the health impact of their activities or policies, and through the Committee of Ministers and Advisory Council on Health Promotion.

DEPARTMENT OF HEALTH AND HEALTH SERVICES - by leading the development of health promotion policies in co-operation with the relevant line divisions/units and health agencies. In this context, the aim will be for health promotion to become a priority, and an integral element of all health services, rather than remain as a separate function.

VOLUNTARY ORGANISATIONS - by supporting their activities, as appropriate, and availing of their expertise and organisational networks, in tackling particular topics and targeting particular sub-populations;

PROFESSIONAL GROUPS - by working with selected groups in confronting the challenge of incorporating health promotion into their roles in the health system, and by implication into their basic and post-graduate training programmes.

COMMUNITY PROJECTS - by offering support - advisory, practical, and/or financial - to suitable projects, recognising that health promotion is dependent on community participation. A successful working model already exists in the Kilkenny Health Project.

FAMILIES AND INDIVIDUALS - by supporting a range of activities targeted at specific sub-populations, based on a self-help/mutual aid model, through initial stimulation in the form of financial support and/or training and education.

THE GENERAL PUBLIC - by addressing mass media campaigns on specific topics to the entire population, stimulating interest in, and coverage of health topics.

The terms of reference of the Advisory Council on Health promotion are: to examine those public policies which impact on health and, where desirable, to make recommendations for the re-orientation of these policies with a view to promoting the health of the community.

New Health Promotion Unit formed to replace HEB

- leading the development of an inter-sectoral approach to health issues - stimulating the involvement of voluntary organisations self-help/mutual aid groups, and professional groups, in health promotion;
- servicing of the Advisory Council on Health Promotion;
- undertaking and/or commissioning research studies in the area of health promotion;
- evaluation of programmes and activities sponsored by the unit;
- ensuring an adequate library service to support the Unit's main functions;
- maintaining liaison with health promotion agencies in other countries and relevant international organisations.

(3) Working Relations

The Unit will act in concert with other divisions and units of the Department and will seek the collaboration of health and non-health statutory and voluntary agencies, as well as professional bodies, in the execution of its functions.

The Unit will promote inter-sectoral collaboration on health issues through direct approaches to other departments and statutory agencies, and through the activities of the Committee of Ministers.

While the Unit will have a close working relationship with the Council, it will have an autonomous work programme, agreed within the Department.

Within the parameters of the overall budget and broad policy guidelines, the Unit will have the freedom to take initiatives, and to incur and approve expenditures within defined limits.

The Unit will, within the confines of its budget, have the freedom to engage outside support, within established departmental procedures, in the execution of its functions.

The facts about
**SEXUALLY
TRANSMISSIBLE
DISEASES**



Take a clean look
at your shopping



Dept. of Health
Home Accident Leaflet

INTER HOSPITAL SOCIAL CLUB

How about a mid-week break in **COPENHAGEN**

Depart **MONDAY 26 SEPT** (approx 7 am)
Return **WEDNESDAY 28 SEPT** (approx 9 pm)

Cost £164 (approx) - deposit £30
Cost includes return flight, transfers and two
night's bed & breakfast.

MEMBERS ONLY

Ring Jimmy at tel 562201 or 744545 after 7 pm



PJ retires from the Board

Many stalwarts of the EHB turned up to wish Mr P J Swords, retired General Administrator, General Hospital Programme, every happiness on the occasion of a presentation ceremony to mark his retirement, held in the Staff Restaurant, St James's Hospital.

Mr Kieran Hickey, Acting CEO, described PJ as a builder - 'Everywhere you go, through Dublin, Kildare and Wicklow, you find hospitals that have the stamp of PJ Swords. Wicklow and Rathdrum were perhaps the places closest to his heart - the old workhouse in Rathdrum was removed when Paddy got going on it, and that in many respects, Rathdrum was now the flagship of the EHB. Paddy did much quietly and without fuss - he was a great family man who didn't neglect any side of his life - he gave to everybody'.

Mr JJ Nolan, former CEO of the EHB said Paddy Swords possessed two qualities which he particularly looked for in a man - humanity and integrity. 'Paddy's results were always good, and his interior goodness was reflected in the way he carried out often difficult tasks'.

Cllr Sam Carroll, representing Health Board members, in the course of his remarks said: 'One of the magnificent

things about Paddy was that no consultant, no nun, no ordinary member of the Board could influence him in any way - he was always his own man'.

Other speakers who paid tribute to Paddy included Miss Tess McDonagh, Mr Tom McManus, Miss Maeve Keane, Mr Seamus O'Brien and Mr Tom Gorey.

In his reply, PJ said that he wished to remember particularly his parents whose early training had helped him so much in his career. He recalled memories of his father who had worked in the Forestry Service for 45 years.

Paddy briefly referred to his career in the local government service where he had progressed through the ranks up to management level.

One of his regrets was that St James's Hospital became a separate authority when the Health Boards were established: 'It was a pity to take the hospital off us', he said, 'the momentum was there and we could have done a good job on it...'

We wish Paddy Swords well in his retirement, and feel confident that his memory will live for many years - his crowning achievement, Rathdrum Hospital will always be associated with his name.

Archbishop's tribute to nurses

Archbishop Desmond Connell addressed the Irish Guild of Catholic Nurses (Dublin Branch) at a Mass held recently at Beaumont Hospital attended by student nurses from all parts of the country.

Dr Connell said nurses fulfilled their purpose in society in their service of the sick but it was their sense of vocation which gave ultimate meaning and value to their lives spent in the service of their suffering brothers and sisters.

Dr Connell continued: 'Nurses live close to the Cross and its mystery comes daily before them in the pain and suffering of their patients, in the fear and bewilderment and even the bitterness they might express to nurses, and in the anxieties of those dear to the patients.'

The Archbishop recalled that Pope John Paul II had emphasised that the sick, the elderly, the handicapped and the dying taught us that weakness is a creative part of human living. He had said: 'We begin by imagining that we are giving to them. We end by realising that they have enriched us.'

Dr Connell concluded: 'You will give yourselves generously in the service of the sick, but always remember that you yourselves receive much from them, particularly through the example of the courage and resignation with which they accept their illness in union with Christ.'

MONTESSORI EDUCATION CENTRE

41-46 Nth Gt George's
Street
Dublin 1

Tel 213306/256314

Education for Life

Montessori Day Care Training
Courses (2 year)

covering the psychic and
physiological development of the
child

Contact above address for details

In a paper read recently to the Conference on Crime organised by Probation and Welfare Officers, Dr T K Whitaker said the Committee of Inquiry into the Penal System set up early in 1984 came very quickly to the view that imprisonment should be a last resort, reserved for grievous offences against the person and major property crimes; non-custodial forms of punishment should be the favoured option for other types of offences . . . Imprisonment was an expensive sanction costing in 1985 an average of £29,000 a year per prisoner.

Reports on offenders

The principle enunciated by the Committee was that a sentence should be imposed only if the offence were such that no other form of penalty would be appropriate: normally it should be imposed only after consideration of a full report on the offender from the Probation and Welfare Service, supplemented where appropriate eg a psychological and medical/psychiatric report; and the length of sentence should take into account the personality of the offender and the risk he or she poses to society as well as the nature of the offence itself.

A measure of the significance of recourse to imprisonment for the less serious offences is the fact that one-half of all prisoners are sentenced for less than six months.

Prisons not holiday camps

To correct the not untypical view that Irish prisons have become 'too much like holiday camps', the Committee's report says: 'It would be a strange holiday camp indeed which did not permit association with the opposite sex, which required its residents to work at labour not of their choice, locked them up for sixteen hours a day, insisted on solitary dining, offered crude and insufficient toilet facilities, provided no beer, no money, no privacy, restricted and censored letters, limited and supervised visits, confiscated watches, recycled clothing, and subjected its occupants to random searches of their person'.

Bishop Carroll's diocesan letter on Prisoners' Sunday, 1987, reinforced the Committee's approach: 'As a Christian society we need to explore with great care and a sense of urgency the many alternatives to imprisonment: fear of failure should never hold back new initiatives. At great cost, the lessons of the past have taught us that a prison sentence seldom reforms or deters the particular people we are attempting to rehabilitate'.

Community Service Orders

Discussing Community Service Orders as an alternative to imprisonment, Dr Whitaker said, 'A social enquiry report must be obtained by a Court before making a Community Service Order. The Committee considered that it should also be mandatory where a Court is contemplating a prison sentence unless the Judge or Justice is prepared to state in writing the reasons why it is judged undesirable or unnecessary in the particular case. The Committee, indeed, recommended, that the report should be supplemented,

DR T K WHITAKER, Chairman of the Inquiry into the Penal System, in a recent paper sees imprisonment as a last resort.



Dr T K Whitaker

A prison sentence - is it appropriate in all cases?

where the Court so directs, or the Welfare Officer thinks it advisable, by medical, psychiatric and psychological reports.

These recommendations reflect the Committee's aversion to imprisonment except as a last resort and only for extreme cases . . . Personal observation of work in progress at various locations under Community Service Orders leads me to confirm that most participants seem to find it a worthwhile experience and to derive some personal satisfaction from the work. In some cases also, I would think, an increased sense of personal responsibility is developed . . . it is clear already that community service is a practical and cheaper alternative to imprisonment and that there is considerable scope for further recourse to it by the courts'.

Fines

Like community service, fines have the dual elements of penalty and reparation. They are normally fixed by statute and under District Court Rules must be related to capacity to pay.

Non-payment entails imprisonment at an 'exchange rate' which equates non-payment of a fine of, say, £10 to three month's imprisonment. Dr Whitaker remarked - 'My first comment must be on the utterly disproportionate cost to the taxpayer - well over £5,000 - of this punishment for non-payment of £10, or, as might equally be the case, for stealing a few hundred pounds.

This leads to my second comment which is to question the good sense of imprisonment being the only alternative to non-payment of a fine. Too many - about one-sixth of all committed - go to prison for this offence. Why not give the Courts the discretion to impose non-custodial penalties, such as community service or attachment of income? This was one of the recommendations of the Penal System Inquiry Committee'.

Confiscation

The Penal System Inquiry observed that drug trafficking and various white-collar crimes, such as embezzlement, may allow the offenders to profit substantially from their criminality and it is unacceptable that offenders or their immediate families should be allowed to retain such ill-gotten gains, whether or not the offenders are given prison sentences. The Courts should have the power - and access to any financial advice needed - to ensure confiscation of assets of this kind.

Confiscation of the offender's vehicle also seems appropriate as an alternative penalty to imprisonment for non-payment of a fine in serious road traffic offences. Temporary impounding of a boat or vehicle involved in an offence could also be an effective sanction.

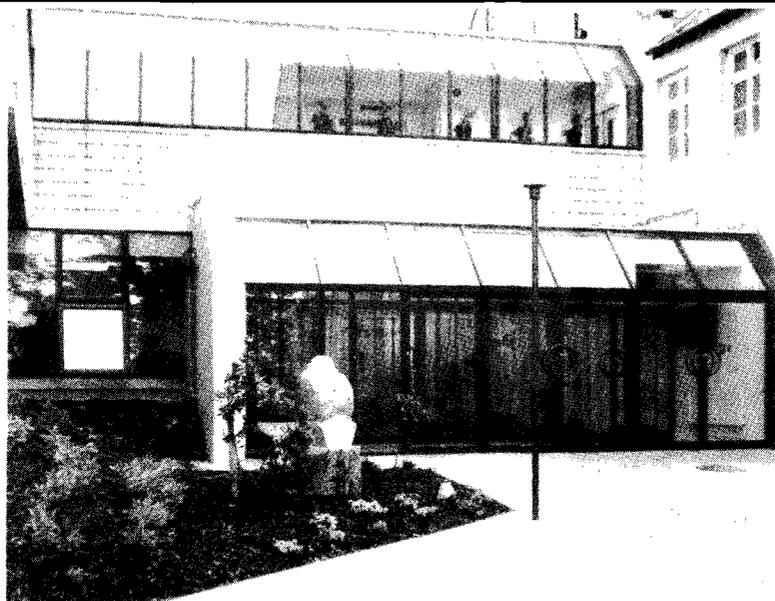
Other alternatives to incarceration

Under this heading come various options which may be valid in particular cases. These include suspended sentences (on which reservations have been expressed), disqualifications and non-renewal of licences, and restraints on personal freedom other than incarceration . . . modern technology is extending the range of possible alternatives to incarceration: electronic monitoring, for example, of persons on bail or parole is being tried in North America but has been criticised as an undue curtailment of the right to privacy.

Conclusion

Ending his address, Dr Whitaker said: 'There are so many suitable alternatives to imprisonment for lesser offences, so many cases coming before our courts where non-custodial penalties would be appropriate, and so much public money to be saved by recourse to such penalties, that public policy should be clear and effective in reserving imprisonment for major offences only. The Judiciary and the public should be in no doubt that this is the policy to be followed and should understand the reasons for it. District Justices, in particular, have it in their discretion to carry this reform much further. I hope that this conference will help to accelerate the movement of understanding and of policy towards more enlightened, more appropriate and less expensive ways of dealing with offenders'.

New unit opens at St Columcille's



Entrance to the new unit at St Columcille's

On 9 June the Minister for Health, Dr Rory O'Hanlon TD and the Chairman of the EHB, Mrs Dymphna Clune opened the new extension to St Columcille's Hospital, Loughlinstown, Co Dublin. The date chosen for the opening was the feast day of St Columcille, and the opening was preceded by a thanksgiving Mass at which the Bishop of Glendalough and Auxiliary Bishop of Dublin, Dr Donal Murray was chief concelebrant.

The extension which was built to a very high standard by MI McNamara & Co Ltd at a cost of £2.8 million, incorporates two operating theatres at first floor level and an out-patient's suite on the ground floor.

The new link block with the existing hospital buildings forms a new entrance to the hospital and a new Accident & Emergency Department.

The external works associated with the project comprised the construction of new car-parking and access road facilities to serve the new extension and to replace existing car-parking.

The Minister for Health, Dr Rory O'Hanlon TD, in his remarks said: 'St Columcille's, with the benefit of the new facilities, will play its part in providing a co-ordinated hospital service for the people of the catchment area, in conjunction with St Michael's and St Vincent's Hospitals.

The out-patient department will provide a wide range of clinics and is designed to allow certain procedures to be undertaken on a day basis rather than on an in-patient basis.

For the patient it avoids unnecessary admissions to hospital, an event which many patients find stressful and somewhat traumatic.

For the Hospital, it enables the beds to be used more effectively, in that only those who require in-patient care are admitted.

Mrs Dymphna Clune, Chairman, EHB said the new development was but another milestone in the long and distinguished history of St Columcille's Hospital which had served the community since its establishment in 1841.

Mr D Magee responded to the addresses on behalf of St Columcille's Hospital, and Sr Mary Barry, representing the Superior General of the Poor Servants of the Mother of God who have been associated with the Hospital since the end of the 19th century, replied on behalf of the nuns at the Hospital.

Mr Kieran Hickey, Acting CEO, introduced the different speakers.

JAMES CONNOLLY MEMORIAL HOSPITAL Prize-giving day

Matron's Gold Badge (presented by Ms K A Sheeran, Matron) was presented to Nurse Margaret Mallen, first in State Final Examination, and the Hyacinth Browne Gold Badge was presented to Madeline Ryan, first in Hospital Examination, on 29 April at James Connolly Memorial Hospital.

Hospital Badges and Certificates were presented to 15 nurses who had successfully completed the four-year integrated course, 22 nurses who had successfully completed the post-registration course and 4 nurses who had completed the post-basic geriatric course.

Mrs Dymphna Clune, Chairman, EHB, took the chair at the formal proceedings which followed a Mass of Thanksgiving at which Dr Dermot O'Mahony, Auxiliary Bishop of Dublin was chief celebrant.

Mrs Clune congratulated the students and extended thanks to Bishop O'Mahony. In the course of her address, Mrs Clune said that from the 1 October 1987, management of the James Connolly Memorial Hospital reverted to the EHB. The former Board of Management had introduced a number of cost-saving measures in an effort to cope with its critical financial situation.

These measures were, of course, introduced with the greatest reluctance, as they involved the closure of wards and the curtailment of services.

'I am very pleased to state on this occasion that my Board has been in a position to restore the services which had been discontinued - the dental service,

the amputee service for patients over sixty-five who are promptly fitted with prostheses, thus ensuring early rehabilitation and discharge back into the community - and I am also pleased to state that a unit of 20 acute beds, Unit 8 West, was re-opened on 1 December 1987.

In addition, the hospital now provides an accident and emergency service from 9.00 am to 5.00 pm Monday to Friday as well as a 24 hour on-call service on certain days as indicated by the roster for the North City hospitals.

I can now announce that two further units will be re-opened very shortly - Unit 10 which will result in the provision of an additional 30 acute psychiatric beds, and Unit 5 which will involve the re-opening of 28 acute geriatric beds. I think it is fair to say that these developments are a clear indication that the future of the hospital is now secure.'

Bishop O'Mahony, addressing the graduate nurses and their relatives, recalled that last year the hospital was really feeling the very severe effect of the cutbacks, but today he sensed a much less tense atmosphere, and it was wonderful to know that the future of this much-loved hospital was now secure.

Votes of thanks were proposed and seconded by the Matron of James Connolly Memorial Hospital, Ms K A Sheeran, and the Medical Administrator, Mr H Browne. Mr Liam Logan, Secretary/Manager of the Hospital introduced the speakers.

Former United Kingdom Health Personnel Group

For recognition of years of service for superannuation purposes.

ATTENTION!

All persons who formerly worked in the Health Services fields in the United Kingdom

A meeting has been held and an action group formed to obtain recognition for years of service in the UK. It is envisaged that this will involve seeking legal advice.

Membership Fee is £10.

Those interested please contact:

Miss P O'Donnell
169 Biscayne
Malahide
Co Dublin



Colm with his wife Violet at the presentation

Colm bids the Board farewell

Miss Peig Bennett of St Brendan's Hospital presided at a function in the hospital recently to mark the departure of Mr Colm McQuaile, Hospital Administrator, after nearly forty years public service.

Miss Bennett said: 'My recollection of Colm is that of a golden-haired young man in Dublin Corporation days - I think I've been following or chasing Colm ever since . . . not alone here, but around America and most parts of Europe . . . In more recent years we have been playing scrabble together, and hopefully Colm will come back one night a week to a scrabble club we propose establishing in the Complex . . .

I wish you and your wife Violet well in your retirement, and know that you will make your own luck . . .

Dr Jim O'Boyle, speaking on behalf of the medical staff of St Brendan's, said

that when somebody like Colm McQuaile retired, a lot of experience was lost that was valuable in developing the health services. Colm's wisdom and experience had been obvious in the difficult situation which occurred from time to time in the venerable institution of St Brendan's. . . It was perhaps a characteristic of medical staff not always to conform to administrative requirements, but it had to be admitted that Colm kept them between the ditches . . .

Mr Dick Bennett, Chief Nursing Officer, recalled some battles when integration was being talked about - 'and the battle always ended up with a shake-hands, and a cup of tea together which was very healthy'.

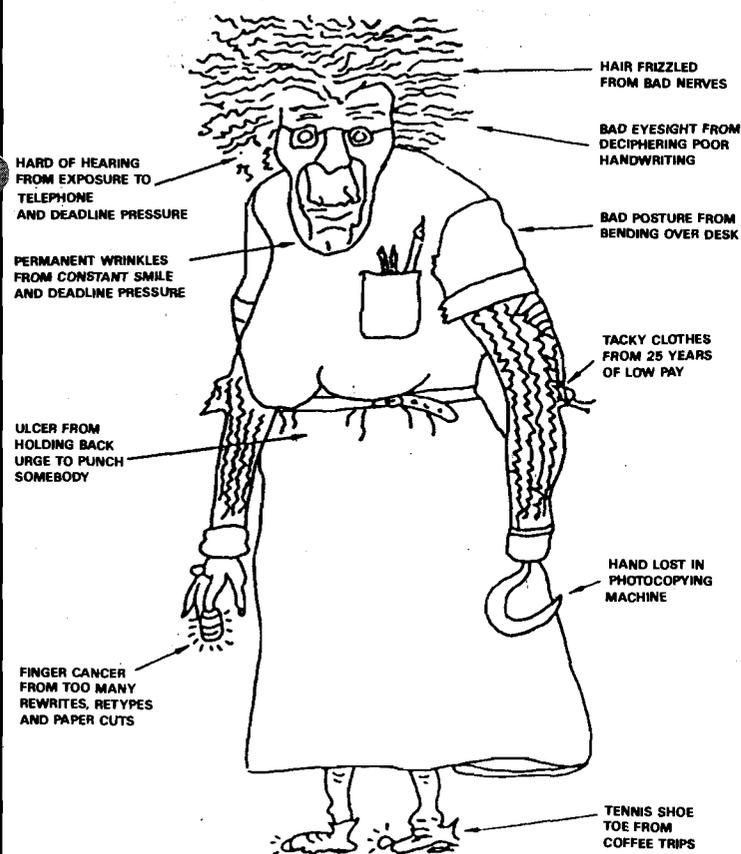
Mr M Walsh, Acting Programme Manager said the only problem he had with Colm was when they were out on the roads: 'I, the county-man, used show him short-cuts but he, the Dubliner, would never take my advice . . .

Mr Walsh also referred to the work Colm had put into the fine restaurant in which the function was taking place - a grand legacy to St Brendan's . . .

Colm, replying said: 'Early on in life I was told it was a privilege to work in the Public Service; without being stuffy I would like to pass on that thought. In my years in the service I learned that the first rule was to remember the patient . . . our reason for being here, whether in the front-line or not, is to give our fellow citizens the service to which they are entitled . . . Secondly, we should remember our colleagues - every employee's role is just as important as anyone else's, no matter what the formal grading . . . Lastly, I would encourage everybody to take an interest in their trade union - without unions, employees are deprived of protection and might be working for buttons.

I'm very grateful to Michael Walsh and others who helped me out - literally helped me out when I decided to retire. I bring with me many happy memories, and I thank you all, friends . . .

SECRETARY BURNOUT



'Preparing your child for hospital

How would you cope if one of your children had to go to hospital - how would your child cope?

In most families in Ireland at least one child will spend a little time in hospital. Are you familiar with your local hospital?

Could you stay overnight if your child is nervous and upset?

How would your child react to suddenly being in a strange environment . . . it can be frightening.

But if both you and your child are well prepared it need not be frightening.

Preparing children for hospital can be fun.

For instance, play doctors and nurses at home and read stories about hospital. It's a good idea to get your child used to separation so leave him with relatives or close friends from time to time.

When preparing your child for hospital - make sure he understands that he has to go in order to make him better and that he will come home again.

Make arrangements for the rest of the family so that you can spend as much time with him as possible.

Before a child is admitted to hospital bring him there for a visit so that he knows what to expect.

Day of admission

If your child is very young it would be a great advantage if you could stay with him during his hospital stay. Many hospitals now provide this service - check with the hospital concerned. If necessary, get the support of your local GP or AWCH branch.

Ask the doctor exactly what treatment your child will be getting so that you can prepare your child in simple but honest terms.

Your child will need you especially before and immediately after an operation. Reassurance and lots of love is often the most important medicine for a nervous and sick child.

Prepare yourself - find out if you will be able to have a bed beside your child until he has settled in. If not, be prepared to sit up beside him for at least the first night.

Bring your child's favourite toy or blanket no matter how scruffy, also his soother or bottle if he uses one. Don't forget simple toys and games to help pass the time.

Also remember to bring something to keep yourself occupied as the hours can seem very long - especially if your child is asleep.

Check if you can get tea or coffee - if not, bring a flask.

In hospital

Organise friends or relatives to look after the rest of your family while you are there. It is not necessary to stay all day with an older child, once he has settled in. But if your child is very young or insecure you will probably spend most of the day in hospital.

Cuddle your baby, play with your toddler, help them through examinations and

CHILDREN DON'T HAVE TO BE AFRAID IN HOSPITAL



injections by explaining what is going to happen and comforting them when it does.

Encourage your child to get involved with other children in the hospital playgroup - it will allow you time to relax also.

If you cannot stay with your child all the time, organise other people he knows to visit him.

Leaving

When leaving your child, whether it's just to nip out for a cup of tea or to go home - be honest.

Do **not** promise to return at a certain time unless you are sure that you can.

Leave him something to mind for you, so that he is certain you will be back.

Back home again

Before you leave the hospital, check that you know when your child has to return for check-ups and what medication he will need.

Some children are often difficult when they get home - this will pass in time.

Talking about their hospital experience sometimes helps - but the best cure of all is lots and lots of love.

'It is the policy of the Dept of Health that hospitals should encourage parents to be with their children during their stay in hospital and should assist in arranging for the accommodation of a parent or guardian with a young or vulnerable child wherever possible.'

Dept of Health
August 1985

This information is taken from a leaflet *Children don't have to be afraid in hospital* issued by the Association for the Welfare of Children in Hospital (Ireland), (AWCH), and is intended to help you and your child cope with a hospital stay.

AWCH will arrange for a substitute mother to visit your child if you cannot organise a friend or relative to help.

If you live a long way from the hospital, local branches of AWCH may be able to help you by - meeting you at the train or bus and driving you to hospital; arranging overnight accommodation.

For more information, contact:
Joint Honorary Secretary,
National Executive, Joanna Byrne,
1 Rock Lodge, Killiney, Co Dublin.
Tel 851660

EAMONN HUNT, Hospitals Dept, visited Denmark on an EEC Exchange Programme for Young Hospital Administrators. He compares the Irish health services with those of that very wealthy country. Below is a summary of his views.

How the Danes organise their health services

Ireland and Denmark are relatively small countries - Denmark has a population of 5.1m and Ireland 3.8m. They both experienced large scale migration from rural areas to the cities. And they, like us, reorganised their health service in 1970.

The Irish government, faced with increasing expenditure on health, decided to control costs by centralising power. Accordingly, they transferred administration of health services from county councils and other bodies to eight newly created health boards. The spending by these boards has to be approved by the Minister for Health.

The Danes did the opposite; they decentralised their services. Their government was pursuing a policy aimed at achieving social equality by means of redistribution of income.

The Danish public administration operates at three levels - state, county (average population 300,000) and municipality (av. pop. 90,000). There is no government department dealing solely with health. The system allows for the devolution of executive power from central government down to the basic level of the municipality. This is achieved mainly because counties and municipalities raise their own finance by way of income and land tax on the residents of their particular area. With this money they fund 70% of the services and the rest comes from central government.

The Danes seem willing to accept an extremely high level of taxation in return for a very good public service. An effective tax collection system ensures that evasion is negligible.

Denmark differs somewhat from Ireland in that it is one of the wealthiest members of the EEC; its population enjoys the second highest level of income per head in the community. However, even in such a wealthy country, the ever-increasing cost of health services is a problem.

ROLE OF POLITICIANS

The Danes have found that one of the causes of this growth is the lack of any separation between those responsible for providing finance and those responsible for providing the service, i.e., local bodies raise the money and spend it. The members of these bodies are all local politicians and they appear to be unable to resist the demands of their constituents, especially in the area of hospital services. The government tried to curtail expenditure on hospitals by reducing the number of hospitals with less than 100 beds and with limited facilities. However, due to pressure from local politicians, these hospitals continue to exist and all offer a 24-hour accident and emergency service irrespective of the fact that there may be a major hospital within a reasonable distance to which the patient with serious injuries will have to be transferred.

PRIMARY CARE

This is run by the municipality and includes a number of services, the general practitioner service being the more important. Individuals may choose their GP but cannot change for at least a year. The service is free of charge to everyone. Mostly GPs are paid by a combined system of capitation fee and fee for service, which provides a certain incentive.

They usually operate from a group practice and often carry out minor operations in their own surgeries. Many GPs also deal with their patients by telephone and this reduces attendance at their surgeries and ensures a more cost-effective practice.

HEALTH PROMOTION

While there was a high level of preventive services in the areas of antenatal care and child health, there appeared to be an absence of publicity designed to make people aware that they are primarily responsible for their own health to the extent that they can control the influencing factors. Heart disease and cancer cause 60% of deaths in Denmark. Eamonn could

not get any data, but there appeared to be a high level of alcohol consumption and smoking and yet, even such basic measures as the printing of health warnings on cigarette packets had not been introduced. When he was there about 20 people had died from AIDS and in recognition of the serious threat facing the Danes from AIDS, an intensive campaign had begun to educate the population about the dangers of AIDS and the means of its prevention.

HOSPITALS

There are approximately 100 hospitals in Denmark. The smaller local hospitals have up to 300 beds and provide the usual range of medical and surgical facilities; regional hospitals with up to 900 beds offer a wider range of facilities and specialities and national hospitals, such as the Rigshospital in Copenhagen which has 2,000 beds provide specialised facilities to the whole country.

Hospital treatment is free of charge and there are no private beds; single rooms are allocated purely on medical grounds. Most hospitals are owned by the counties and the remainder are owned by religious bodies and funded by the counties.

Medical staff are employed on a full-time basis through they are free to operate private clinics once they have completed their hospital duties. However, these clinics must be outside the hospital and medical staff are allowed no access to public facilities to treat private patients.

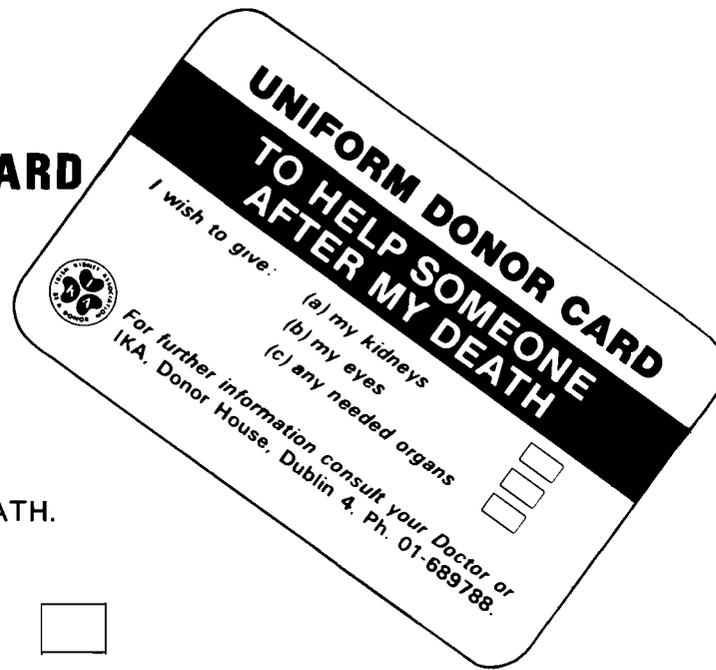
Danish hospitals do not engage in organ transplants other than kidney transplants. This is because they still operate on a heart death criteria and organs are, therefore, unsuitable. There is a movement among medical staff to adopt a brain death criteria which is common in the rest of Europe.

PSYCHIATRIC SERVICES

The Danes are moving their psychiatric services away from the large Victorian-type institutions and, instead, providing community-based facilities with in-patient

UNIFORM DONOR CARD

APPLICATION FORM



I WISH TO HELP SOMEONE TO LIVE AFTER MY DEATH.

I WISH TO GIVE (A) MY KIDNEYS

(B) MY EYES

(C) ANY NEEDED ORGANS

NAME OF ORGAN DONOR _____

ADDRESS OF ORGAN DONOR _____

AGE _____

DATE _____

Signature of Organ Donor

NOTE – Organs are only taken from people who die in hospital – usually as a result of a head injury, brain haemorrhage, brain tumour.



To receive your card, return completed form with Stamp Addressed Envelope to the IKA, DONOR HOUSE, BALLSBRIDGE, DUBLIN 4.



NATIONAL ASSOCIATION FOR
THE DEAF, 1000 km SPONSORED
CYCLE 9-16 JULY 1988

Cyclist (Receipts Unit)
taking part in a sponsored
cycle 9 - 16 July
in aid of the
National Association for
the Deaf.

It's an 8-day event starting
in Dublin with nightly
stopovers in Wexford,
Tipperary, Newmarket,
Ennis, Galway, Sligo,
Longford and Finishing in
Dublin.

ANY SPONSORSHIP
MONEY RECEIVED WOULD
BE GRATEFULLY
APPRECIATED.

Contact Geraldine O'Shea
Receipts Unit
Tel 537951 ext 2794/2795

Altered telephone procedures in James's Street

To transfer an incoming call to another extension, you should press the white button on your phone and dial the number of the extension to which it is to be transferred. Previously, it was the button on the extension receiving the call which had to be pressed.

James's Hospital can be contacted on the internal EHB phone system by dialling 3 before the extension number.

New laser equipment arrives at St James's

The Cavan Association, through a variety of fund-raising events, including running in marathons, raised £25,000 towards the cost of the new unit, and the Minister for Health provided, from National Lottery funds, the remaining £13,000 to cover the total cost of its purchase.

Outlining the procedure, Mr Matt McHugh, Consultant at St James's, said that 'The new hand-held unit possesses a laser beam which coagulates the underlying blood vessels and so removes the colouring and the port wine stain disappears. Prior to the purchase of this unit the patient's skin had to be cut away'.

Dr O'Hanlon said that the treatment of port wine stains was a field in which, until relatively recently, results of plastic surgery, even in the most sophisticated units, was very disappointing. 'People with the typical port wine distribution stay virtually unchanged and have defied any attempts at treatment. At least that was the situation until the advent of the laser which for the first time introduces the possibility of improving the quality of life both for the children affected by this condition and also for their parents because of the hope that the treatment brings'.

The Minister thanked the Cavan Association for their assistance and support in providing the new facility and said we were fortunate to have so many voluntary organisations who see genuine need and through their effort alone or with state aid make a valuable contribution towards the provision of service to those in need.

The Minister for Health, Dr Rory O'Hanlon TD, officially launched new laser equipment at the Department of Plastic and Maxillofacial Surgery at St James's Hospital recently.

People with the skin complaint commonly known as 'the port wine stain' will be the main beneficiaries of the new laser equipment.

The £38,000 Israeli-made unit incorporates a hand-held laser 'knife' which can be used to remove a very thin layer of skin from the affected area. This gives substantially better results than the conventional method used to remove the discoloured skin, plastic surgery. The equipment is the only type of its kind in Ireland.

... from page 9

treatment in psychiatric wards of general hospitals. A further advance has been the introduction of a psychiatric casualty unit where facilities were similar to those in a somatic hospital and were provided on a 24-hour basis.

GERIATRIC SERVICES

Somatic hospitals in Denmark are finding it difficult to cope with the increased demands from geriatric patients, particularly for orthopaedic facilities. They have a major problem with geriatric patients who, when ready for discharge, block acute beds because of the lack of suitable alternative accommodation. Their solution has been to establish separate wards for these patients. These wards provide a non-hospital environment and are geared towards helping the patients achieve maximum independence. Community services such as home helps, meals on wheels, and home nursing care are available to all elderly people.

HOSPITAL PHARMACIES

Hospital pharmacies in Denmark differ from those in Ireland in that, apart from dispensing drugs, they also manufacture drugs. The central pharmacy in Copenhagen county is one of the largest in Denmark. It issues drugs to all the hospitals and nursing homes in the area and also to the Danish armed forces and medical services in Greenland. It manufactures 60% of the drugs it distributes.

CONCLUSION

Eamonn visited a number of hospitals in Denmark as well as studying the structure of the health service. He found that he had ample opportunity to observe an alternative type of system in operation, to evaluate its benefits and inadequacies and to compare it with the system in operation in Ireland. While there, he also had the opportunity to investigate other areas for which the Danes are justifiably famous - including the Tuborg and Carlsberg breweries. However, a detailed analysis showed that St James's Gate is still the best!

CARELINK

New Service for the elderly launched

Dr Rory O'Hanlon TD, Minister for Health, recently launched the new CARELINK Service. The Service is a good example of how advances in technology can be used to improve the care of the dependent elderly and indeed the disabled generally.

The Minister said: 'We wish to avoid admitting elderly people to long-stay accommodation until every effort has been made to maintain them in their own home.'

This is where the new developments in telecommunications, such as CARELINK can help. An increasing number of elderly people are living alone. They may have no relatives or their children may be living some distance away. They may be able to manage the tasks of everyday living but because of a medical condition, are fearful of living on their own. They are afraid that should an emergency arise that no one will be there to help them.

The ready availability of an alarm system allows the elderly person to summon help at once in an emergency. Not least of the benefits of such an alarm is the reassurance it gives elderly people and indeed to their families.

I am glad to say that considerable progress is being made in this country towards providing vulnerable elderly people with alarm communications.

My Department has funded the purchase by the EHB of a central control unit to be operated by ambulance staff at St James's Hospital. The control unit is capable of receiving calls for help from telephone or radio-based alarms in elderly people's homes in the Dublin area.

With the installation of the central control unit, I am pleased to announce support for a pilot project sponsored by the South Inner City Development Association to provide telephone or radio-based alarms in the homes of dependent elderly in the inner city.

I have made a sum of £50,000 available from the National Lottery Funds to support the development of this worthwhile project and in addition, to further explore the potential of radio-based alarms for elderly people living in sparsely populated rural areas where there are few telephones.'



Credit Union moves to new premises

*Credit Union staff -
(l-r) Sean Hosford,
Anne-Marie Kelly, Vivienne
Rafferty, Pat McDermott.*

The new offices of the Health Services Staffs Credit Union in St Brendan's Hospital were officially opened at a function on 18 May last.

The attendance included the Chairman of the EHB, Mrs Dymphna Clune, and the Acting CEO, Mr Fred Donohue as well as representatives of St James's Hospital, the Federated Dublin Voluntary Hospitals, the General (Medical Services) Payments Board, the Meath Hospital and Leopardstown Park Hospital, a gratifying indication of the recognition of the Credit Union in these organisations. Representatives of other Credit Unions in the Dublin area were also present.

Mr John Moloney, President of the Health Services Staffs Credit Union Ltd, addressing the gathering, said the members of the Credit Union had savings in excess of £3,500,000 with all the benefits such a pool provides. Membership now exceeded 4,000 spread over 180 locations in the region.

Due to the providence of members it was possible to provide almost £75,000 for adapting and renovating the new offices when the EHB made them available through the good offices of Mr Michael Walsh, Acting Programme Manager.

Mr Sean Flanagan, President of the Irish League of Credit Unions formerly declaring the new offices open said that for too long in the past, the Credit Union movement had operated from poor

premises. One of the features of the 1980s was that Credit Unions were obtaining premises worthy of the movement.

The Health Services Staffs Credit Union, one of the largest and strongest in the Irish League, had done a marvellous job. A good Credit Union well run is an example to others, and in a changing world the Health Services Credit Union should consider these changes and not leave it to the League Board to be the think-tank for the movement.

The Health Services Staffs Credit Union was welcome to come into the conventions of the movement with proposals to meet change and help lead the entire League.

Spirit of Dublin Award goes to Ron McClean

An Award Scheme for people in Dublin who are deemed to carry out their duties beyond the minimum letter of their employment has been introduced as part of the overall Millennium celebrations.

Ron McClean, employed in Transport Section, EHB, as a mini-bus driver received one of these awards at a ceremony held recently in the Mansion House.

His award was one chosen from an entry of 300 for the month of March, and he will also participate in the selection of an overall winner at the end of the year. This winner will travel to San José, California, Dublin's official twin city.

Ron was nominated for his efforts on behalf of 85 year old Teresa Bracken from Drimnagh. Following an accident on a bus, Teresa was required to attend hospital three times weekly, and Ron used to drive her to and from her home. Not content to leave Teresa at the door, Ron used to ensure that the house was secure, warm and comfortable before he left.

His kindness was rewarded when he received an engraved Spirit of Dublin crystal trophy from Lord Mayor Carmencita Hederman in the Mansion House.

Ron was surprised at winning the award and said 'I still have not recovered from the shock, but I really believe that a simple little chat with an old person can mean the world to them. I see too many old folk trapped by fear and loneliness in their homes and minds.'

Entry forms for the Spirit of Dublin awards are available at any Superquinn Stores and at the Sunday Independent offices, co-sponsors of the awards.

STAFF, PLEASE NOTE -

ST CLARE'S HOME

Former address:

Griffith Avenue Extension
Dublin 11

NEW ADDRESS:

Griffith Avenue
Dublin 11

Cardio Pulmonary Resuscitation

Would you know what to do?



by Kathleen Kirwan RGN,
Dip. Community Health &
Preventive Medicine RCSI

A very important part of the Irish Heart Foundations' educational programme is the provision of classes in Cardio Pulmonary Resuscitation for the public.

Prevention of heart disease remains the ultimate goal of the Foundation. The teaching of CPR does not conflict with this goal, rather it complements it and supports it.

The objective of CPR is to save the life of an unconscious victim of heart attack. This can only be achieved if there are people trained in CPR in the home, the work place and the community.

WHAT DOES CPR MEAN?

In many cases it may mean the difference between life and death. Sudden death from heart attack is still the most common medical emergency today and the number one cause of death. Approximately 10,000 people die from coronary disease annually in Ireland. More than half of all heart attack victims die outside hospital, most within two hours of the initial symptoms.

Data from Seattle, USA, shows that survival of the unconscious victim is closely related to the time lapse between circulatory arrest and the institution of CPR.

Cardio Pulmonary Resuscitation is a simple first-aid measure for keeping the brain of an unconscious heart attack victim alive till professional help arrives. **By learning the basic ABC steps of CPR you can deal with an emergency due not only to heart attack, but drowning, electrocution, drug overdose, suffocation, smoke inhalation and 'cot death'.**

CPR consists of recognition of unconsciousness, opening and maintaining clear airway, providing artificial ventilation by means of rescue breathing, providing artificial circulation, by means of cardiac compression. Brain death in the unconscious victim will occur in four minutes. Thus, the prompt response by the bystander trained in CPR may mean lives saved.

A most important part of the message of the course is prudent living and recognition of early warning signs and what to do if they occur.

Participants are encouraged to be active change agents in their home or place of work. **As a person trained in Cardio Pulmonary Resuscitation we hope you would encourage the setting up of a plan of action for cardiac emergencies at your work place.**

Encourage and support the provision of no smoking areas and the development of healthful recreational facilities at break time.

WHO IS LEARNING CPR?

As well as nurses, medical students and dentists, to date, one thousand lay people have participated in the afternoon courses held at the Irish Heart Foundation. The general response has proved to be overwhelmingly positive.

Participants are from all sectors of industry as well as teachers, hotel staff and the Public Service. Groups also attended from supermarkets - eg Quinnsnorth and Superquinn have been to the fore in sending several groups from their various centres. The Lions Clubs (Ireland) were one of the first community groups to avail of the courses. Under the direction of their then dynamic and energetic District Governor, George Glendon they launched operation 'Life Saver'.

Others to attend the course are housewives and relatives of heart attack victims. The latter felt the knowledge obtained gave them a more positive attitude to their loved one's illness and rehabilitation, and helped allay anxiety on both sides. They felt they would like to be able to try CPR even though they might not always revive the victim.

The course provided is in accordance with the standards laid down by the American Heart Foundation. **A very useful item on the programme is how to recognise and deal with a choking victim.** Nurses Karen Mooney, Carol Pye and myself conduct the courses at the Irish Heart Foundation.

CPR is not the panacea to the heart attack epidemic, rather it can, as well as saving lives, provide a mechanism for community penetration. CPR may serve as a means of disseminating not only the knowledge and performance skills in Basic Life Support but also knowledge of risk reduction and primary prevention to the largest numbers of persons possible.

Coronary Heart Disease is nurtured in the community, it can be prevented there by the action of a motivated and receptive population to preventive knowledge and committed to healthy lifestyles.

WHY NOT ENROL FOR A CPR COURSE?

Stop and think: 'No man is an island, entire of itself' (John Donne)

Extracts from
EDDIE MATTHEWS'
Diary of a Bord Failte
Rep. in Germany
 (edited version).

Follow me up to STÜTTGART



'Where've we been ... ?'

Day 1, 10 June '88

Assemble Dublin Airport for flight to Luxembourg via Heathrow. We have a few drinks 'for the runway' and merrily set off.

Arrival in Luxembourg: first major achievement - the Irish party passes a bar and arrives at our hotel.

A quick wash and off to the local English pub (the White Rose) to regale the local English with a few choice songs ie 'A Nation Once Again' etc.

Off to bed at 3.30 am, but typically one of the party decides to venture out again; he finds the White Rose after approximately 30 minutes even though it is only 100 yds away. The door is closed and he enters by the window. He eventually arrives home at 5.45 am after attempting to enter six hotels - he had forgotten the name! A good start.

Day 2, 11 June

9 am. Party of ten catches train to Stuttgart. A seven-hour trip but there's a bonus - a bar on (p)train. Flags out the window and we settle down for a long trip. In Stuttgart the station is a sea of courteous and apologetic green. A group of chanting English 'supporters' are kept in the background.

That night Stuttgart is alive with singing and flag-waving. After a few drinks, confidence is on a high, two bottles of champagne at 80 marks a bottle are downed to toast the impending victory - God save the credit card. Early night 4.30 am.

Day 3, 12 June

Day of Destiny. The Irish are on the streets in full regalia and singing at full blast. There is a very heavy police presence. Some English bait the Irish with National Front salutes and sing the national anthem. The Irish politely applaud, the English are astounded and the laughing policemen move them on.

In the Neckarstadion the atmosphere is electric, all neutrals are shouting for Ireland. Houghton upsets the plan and scores after six minutes. Ecstasy and threatened angina follow; it seems like an eternity. One of the party spends the second half watching the floor. An odd nudge reassures him that the Irish have crossed the half-way line and its safe to look. At the final whistle everyone is in a state of shock, physically and emotionally drained and many crying openly.

That night in Stuttgart there is trouble in the streets. The Irish are advised to stay indoors. One tourist is stabbed to death by the English and at least 20 people injured mainly from knifewounds and beatings. In our bar the English seek confrontation, the Irish leave their drinks behind and vacate the pub. The English tabloid pressmen interviewed their 'troops at the front'. It is hard to know who is worse, the morons or the gutter press.

At 3 am the bar runs out of beer. The barman - whom we christened Jack Benny due to his cheerful disposition - did not reckon with the Irish. After numerous schnapps, bottles of wine and 4 more bottles of champagne we ascend to bed at 5 am.

Day 4, 13 June

Early on the train to 'Hangover'; on the way we stop in Wurzburg, a very beautiful town for a quiet night. We find a bar with cassettes of the Dubliners. We proceed to 'entertain' the locals with Irish dancing and singing.

Free drink is offered by the locals and gladly accepted by the Irish. Beer is not the best - like Vinos cough mixture. One of the party in his best German, addresses the bargirl; 'Herr Ober bitter, de Beer it is cloudy'. The girl, not amused at being called a man does not change the beer. Despite our best efforts, one of the party (christened the Angel of Death) refuses to leave the bar every night - the remainder retire at 3.30 am.



Days 5 & 6, 14/15 June

3-hour train trip to Hanover and check into Hotel Flory.

Some of us are in a small attic and are sure it is haunted by the ghost of Anne Frank.

We soon find the centre of attraction, the local Bier Keller, strap ourselves to the bar and set off on a long night of singing and banner-waving. There are very few police and less Russians to be seen in town.

The following day the Irish gather in outdoor cafes in full battle dress for the journey to the Niedersachsenstadion. At the stadium there is a carnival atmosphere. The Germans have laid on elaborate facilities ie volleyball, football, ballad groups etc. The few Russian supporters are met like long-lost comrades with the words 'Glasnost' and 'Pair of Strikers' (Perestroika).

The match itself is the best we play, a superb goal by Ronnie Whelan is cancelled out by a second-half Russian goal. We nearly miss Ronnie's goal doing the 'Mexican Wave'. The Irish are disappointed but not downhearted.

That night the Brauhause is alive with singing; popular songs are 'Are you watching, Jimmy Hill?' and 'Bobby Robson on the dole'. A lone Russian supporter is invited in and obliges with a Russian song and dance. The Irish reply in kind.

The tentative phone calls are made home, hinting that perhaps we may not be home on time - this is met by hushed silence on the other end of the line, luckily the phone is cut off, not before instructions are issued re mortgaging the cat and how to convert the children's allowance into Deutchmarks.

The song of the night goes like this (to the tune of Que sera, sera):

'Tell me Ma, me Ma,

I won't be home for tea'

I'm staying in Germany,
 Tell me Ma, me Ma.'

'Tell me Ma, me Ma,
 To put the champagne on ice,
 We're going to Stuttgart twice,
 Tell me Ma, me Ma.'

We also hear the story of the Irishman who fell into a drunken sleep in a phone box in Stuttgart. The rampaging English wrecked the phone box and left him bleeding and bruised. When he awoke he rang the police to admit his guilt in the devastation of the kiosk. The police reassured him of his innocence and ferried him back to his hotel.

Day 7, 16 June

We move to Cologne for a break from the football but find that the Danes, Italians and Dutch are in town. There is a festive atmosphere with the intermingling of nationalities. However, on one occasion we again leave a bar due to the presence of a few of our neighbours from across the water but quickly find the company of the friendly Danes and sing into the early hours.

Days 8 & 9, 17/18 June

We head on up to Gelsengerschen on what we hope is not the last leg of our trip. The town is quiet - as it is a bank holiday - until we arrive. In a matter of hours the town is a sea of orange and green. In the main square the Irish show the Dutch how to do the 'Hokey Pokey' and the 'Hucklebuck' much to the amusement of the police who are adorned with Irish colours. In the bar that night we remember the Irishman who had a heart attack in Stuttgart and whose first request was for a TV to see the Russian game; we are sure he must be dead by now.

Cont. page 14 . . .

... from page 13

Saturday morning is spent - Visa card in hand - buying the regulation presents ie perfume, sweets, watches etc in approx. 30 minutes.

By this stage the Visa card has nearly melted. Luckily a colleague arrives the same day from home with sealed brown envelopes for us all. Phone calls are made home - obviously it has gotten to the folks at home - the fact that we may be staying over is met with resigned acceptance.

In the afternoon we descend on the Parkstadion where the Dutch and Irish mingle easily in a friendly atmosphere. We are both happy and sing that we both beat the British and wish each other luck. Some smart entrepreneur has produced T-shirts with the logo *We beat the Brits. Deutschland 1988. 1-0.* 14,000 are rapidly sold. Somebody remarks he probably got an IDA grant.

The match is electric. Everywhere there are born-again christians deep in prayer, and one of our party has to leave at half-time as he can't stand the strain. He spends the rest of the half looking into a lake, hands over his ears, praying.

We should have scored early on but fall in the end to a freak goal which as the Germans later declare is 'Off Sites'.

The scene after the match is incredible; the 14,000 stay on for 45 minutes to cheer Jack Charlton and the team individually. Emotions run high and grown men are in tears. That night is probably the best of all - even in defeat.

The Dutch are apologetic about beating us, and insist on buying us large quantities of drink in compensation, the Irish reluctantly accept. Scarfs and jerseys are exchanged and we give our rosettes to some children. Their fathers insist on buying us a beverage in exchange, so one of the party is sent upstairs for more rosettes.

We part at 5 am pledging to meet Peter and Ronald from Holland in Italy 1990. There is a new verse to song first sung in 'Hangover':
'Tell me Ma, me Ma,
I'm home from Germany,
But packing for Italy,
Tell me Ma, me Ma.'

Days 10/11, 19/20 June

At 10 am we make our weary way back to Luxembourg for an overnight stay before our return to Dublin. We are amazed and delighted to read about the welcome for the team at home and are sorry to miss it!

Our last port of call is the George & Dragon English Bar/Restaurant in Luxembourg where we display our newly bought T-shirts to the local English. After a full set of the usual traditional football songs the owner buys us a drink for having a 'hard neck'.

We fly back via Heathrow where the locals are not quite so amused with the same T-shirts.

On the flight home to Dublin, Aer Lingus are excellent hosts and declare that as we are the rearguard of the 'Boys in Green' we must have free beverages - we feel obliged to take up the offer.

In Dublin, the party tired but proud and satisfied with the past eleven historic days make plans for a reunion in Mulligans in July and Seville, Budapest and Italy in the months ahead - God save the Credit Union.

It's home now for an emergency summit meeting with the bank manager and of course to pick up the cheque from Bord Fáilte.

Jottings on forms

by Joe McEvoy

The reaction of many people to an article about forms, and their design is that the subject is trivial and boring - this is certainly not true, because, if you think about it, quite major decisions are often taken in the Public Service on the basis of information contained in a form.

An example of such a form is the Health Board application form for a medical card. A medical card will be issued to an applicant on the basis of information required when filling in the form and the issue of the medical card commits the Health Board to the expenditure of often quite considerable sums, sometimes over a period of years.

Undue hardship clause

In relation to medical card applications and applications for other services provided by health boards, it should always be borne in mind that a service may be refused under guidelines operative for a particular service, but may be granted on grounds of undue hardship if this can be shown to the satisfaction of the health board. Quite often applicants fail to make a proper case for themselves, even when there is a section of the form requesting details of special or unusual circumstances - frequent illness, long-distance travel problems, intermittent unemployment with fluctuating earnings etc.

Applicants for services, and neighbours or community workers asked to assist such persons in completing forms, should be careful to bring out any special circumstances relating to a particular case, using a continuation sheet of paper or writing a letter, especially if the space on a form for special circumstances is inadequate.

Simplicity and complexity

In designing forms, particularly forms used to apply for some public service, a balance has to be struck by the unfortunate bureaucrat between complexity and simplicity - the aim is to have a form that is not too difficult or off-putting for the person filling in the form, but provides all the information required to enable decisions to be made.

Mental block

Many people have a mental block which comes to form-filling - intense irritation arises when it comes to completing forms or questionnaires the point of which is not evident, at least at first sight. An example of a form of this nature would be a form which might attempt to elicit information other than that required for the immediate purpose of the form.

Helping with form-filling

There is a strong case for helping people, especially the elderly, to complete forms. This appears to be particularly appropriate work for voluntary caring bodies, and their members. The need is recognised by public bodies but it would be far too costly for them to employ all but a few full-time on this kind of work.

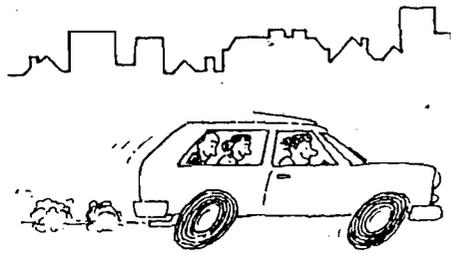
General forms are an important means of communication. The need for good forms design is now widely accepted as vital, and management can ignore or underrate it only at the risk of serious loss of efficiency. Commonsense coupled with an analytical and sympathetic approach can go a long way towards achieving good forms design but some technical training would not go amiss if the job is to be done properly.

Even the best of forms are usually in need of improvement from time to time if only because needs and circumstances and legal requirements change with the passing of time. The result of a forms review will naturally depend on the length of time which has elapsed since the previous review and the extent of changes involved, but it is generally worthwhile.

A form should be both a means of getting work done and an aid to getting it done with maximum efficiency. Once forms are established in use, their design and layout may govern procedure for a long period; there are examples of quite unsuitable forms continuing in use for years.

A good administrator ensures that all relevant facts are considered before a new form is designed and that existing forms are regularly and critically reviewed. He or she regards a good form as a valuable tool of administration, a good workman inside the administration and a good ambassador outside the department. He or she does not regard forms design as the cinderella subject of the office.

DRIVERS: VOLUNTEERS NEEDED



Fashion Show

by Grace O'Shaughnessy Promotions

Embankment City
Tallaght

Wednesday
28 September '88
at 8 pm

Proceeds to Patients' Comforts Fund
St Brigid's Home, Crooksling

Tickets £5

BRIDGE CLASSES

commencing at
ST MARY'S HOSPITAL
PHOENIX PARK

SEPTEMBER '88

People interested are invited
to contact
Jim Murphy
or
Joan O'Neill
Tel 778132

Proceeds from activities in aid of
Patients' Comforts Fund,
St Mary's Hospital

Attention! EHB Pensioners

Eoin has been driving for Friends of the Elderly for the past three years. As he has retired from work, he is usually available to drive during the day, a useful advantage and rather rare amongst our volunteer driver's panel. A variety of different driving jobs come his way. He has taken one elderly man out to fit for a suit and then brought him back another day to purchase the finished article. An elderly woman has adopted him as her chauffeur for a monthly visit to a sister on the other side of the City. Eoin finds that this kind of regular contact establishes a rapport, where the job becomes a series of pleasant reunions. Neither is he averse to staying the night at some of the 'socials', energetic occasions where the late-night revellers are finally politely and firmly shown the door by the staff of the establishment.

Volunteer drivers like Eoin are needed urgently, particularly to do driving jobs during the day. Many infirm elderly cannot leave the house to attend clubs which they once attended regularly. Others neglect to attend medical appointments because infirmity does not allow them to take advantage of free public transport. Helping elderly people to get out allows them to help themselves in combatting loneliness and isolation.

Please contact Ruairí at Friends of the Elderly if you can help:
Tel 757818/755500/755774
Monday to Friday - office hours.



'It's a terrible thing having to move after all them years. Sure I'm part of the place.'
'What? James's Street?'
'No ... Kenny's.'

FOR A GOOD NIGHT OUT

Come to

ASTRA'S 21st
ANNIVERSARY

PUB QUIZ

TUESDAY 19 JULY

KENNY'S LOUNGE
James's Street

£10 per team of four

LOTS OF SPOT PRIZES!

ASTRA update

Astra held its AGM on the 30 May last and the following committee was elected:
John Sweeney (*Chairman*)

Tel 537941 ext. 2305

John Byrne (*Vice-Chairman*)

Joyce Mahon (*Secretary*)

Tel 792611

Catherine O'Neill (*Treasurer*)

Catherine Bealin (*PRO*)

Tel 792611

Kathleen Ryder (*Membership Secretary*)

Tel 537951 ext. 2770

Mary Shannon

Tel 776450

Angela Doyle

Tel 520666

Joseph Fearon

Tel 537941 ext. 2241

As we enter the latter half of our 21st year, we have many events planned.

On 19 July next we will be holding a Pub Quiz in Kenny's Lounge, James's Street. Instead of exercising the brawn, exercise the brain over a pint and peanuts!

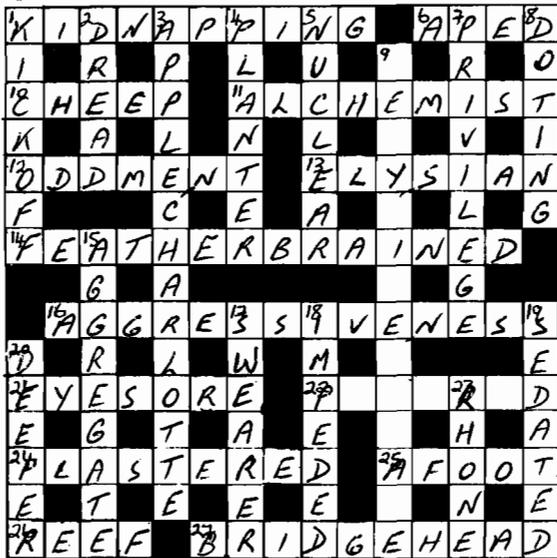
Later in early Autumn we hope to have a Race Night in the Sports Complex, St Brendan's Hospital. Those who were at the last one will know the Budweiser Derby is mild compared to the fun and excitement experienced at our race nights.

Astra has hired a 'travelling troupe' from the Abbey Theatre to put on one of their productions in the Staff Restaurant, James's Hospital, on the 9th September next. There will be cheese and wine and an art exhibition held in conjunction with the performance and maybe a few surprises! A night to look forward to!

Keep a lookout for posters and notices regarding the above.

Membership application forms are available from any member of the committee. Remember! All money received is used to benefit our senior citizens and patients.

CROSSWORD 68



ACROSS

- 1 Capturing a young goat dozing? This can be a serious crime (10)
- 6 Took off part of taped speech (4)
- 10 We can hear vulgar bird call (5)
- 11 St Michael destroyed the gold-maker (9)
- 12 Strange chaps get kind of cross for a scrap (7)
- 13 These fields are heavenly (7)
- 14 Herbert showered after the act - stupid! (14)
- 16 The agitation of rages gives Ness fierceness (14)
- 21 Sees gold, perhaps, in ugly spot (7)
- 22 We drays drunk, and drove! (7)
- 24 Softly preceded, holding flower smoothed down (9)
- 25 Walking a very short distance (5)
- 26 A portion of sail breaks free (4)
- 27 Fortification made by game leader (10)

DOWN

- 1 Recoil violently - not on at beginning of game (4-3)
- 2 Five hundred register fear (5)
- 3 Fruit girl is sweet (5,9)
- 4 Settler, one gasping for breath, embraces pupil (7)
- 5 Belonging to central core - seen in Greek letter, pure and simple (7)
- 7 Gripe freely about base advantage enjoyed by a few (9)
- 8 Confused point on broken trap (6)
- 9 Hamlet's cloud was . . . (4,4,1,5)
- 15 Assemble a horse about the entrance (9)
- 17 Court witness may be a blasphemer (7)
- 18 Little devil, with naughty deed, caused obstruction (7)
- 19 Calmed and satisfied about Edward (7)
- 20 Eccentric peered down lower (6)
- 23 Blood factor on one flower (5)

Name

Address

SOLUTION CROSSWORD 67

ACROSS: 1. Simulators; 6. Clod; 10. Fraught; 11. Special; 12. In times gone by; 14. Addressee; 17. Arena; 18. Visor; 19. Dismissal; 20. Street traders; 24. Hidalgo; 25. Anemone; 26. Eats; 27. Assessment.

DOWN: 1. Safe; 2. Miami; 3. Lightheartedly; 4. Totem; 5. Resisters; 7. Loiterers; 8. Dilly dally; 9. Decorativeness; 13. Canvas shoe; 15. Discredit; 16. Seditious; 21. Abase; 22. Stove; 23. Meet.

Winner: Tom Mernagh, Brú Chaoimhin

Entries to Crossword, Contacts, 1 James's Street. £5 to first correct solution opened on Friday 26 August '88. Prizes for Crossword, and Chess Problem sponsored by Astra and St James's Social & Sports Club.

CHESS

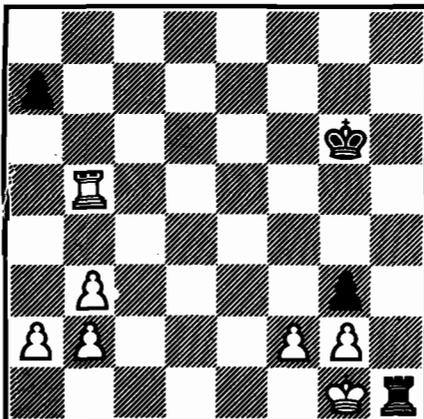
Solution to last problem:

1. Q - K7 ch.; Q - N4
2. Q - K4 ch.; Q - N5
3. Q - K3! Resigns

Black must move either Queen or Pawn which forces him into checkmate.

PROBLEM

WHITE TO MOVE



Black has just decided to sacrifice his Rook with check. In the continuation who gains the winning advantage?

Has your jewellery lost its

sparkle

Bring it to

MONTROSE JEWELLERS

and avail of our

SPECIAL OFFER to EHB staff

All your gold and silver jewellery professionally cleaned and returned to you 'Like New' at a total cost of £2

11 St Andrew Street
(just off Wicklow St)
Dublin 2
Tel 777954

and

Janelle Shopping Centre
Finglas
Dublin 11
Tel 361587

OFFER ENDS 31 AUGUST