Review

Our Lady’s Hospice

A Dream, A Vision unfolding...
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Our Lady’s Hospice, Harold’s Cross
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It is over three years since we published our last Hospice Review and, as I glance through pages of diaries and records, I am overawed by all that has happened since 1990. There are pages of the many happy events - garden parties in summer, Christmas parties, outings, concerts and much more - which have helped to provide the best possible quality of life for our patients and make the Hospice what it is. Cultural events such as the patients' Arts and Crafts Exhibition are also recorded. Fundraising events hit the headlines. There are also happy community occasions which the patients and their families joined in with great delight.

The refurbishing and building programme which continues unabated gets space in our records. During the past two years St Joseph’s Rehabilitation Unit has undergone extensive refurbishment resulting in a complete “new look”. Then there was the decision to build a new purpose-built, 36-bed, Palliative Care complex. The building contractors, with their vast array of machinery, moved in during the autumn of 1991, causing one Sister to remark wryly how Sr. Mary John Gaynor got a building erected for 110 patients between 1886-1888! The Palliative Care Unit, named CARITAS, was formally opened and blessed in June 1993.

The records highlight the movement of Sisters and staff, with some coming and some going, as always. Some have moved to other locations, some have retired, and some have been called home to the Lord. All have given of their best to build up the spirit of care and compassion that is to be found throughout the Hospice.

Our Lady’s Hospice, established over one hundred years ago, has been the source of undiminished care and loving support to thousands of very sick people and their families. We, the Sisters and staff, have been helped in our endeavours by the wonderful support of many good friends. We have been enthused by words of encouragement and gratitude to continue and develop the work started with only nine beds so many years ago.

This Review gives us a chance to say “thank you” to the officers of the Department of Health for their encouragement and assistance in developing our Palliative Care programme, our care of the frail elderly and chronic sick, and the development of our very active Rheumatology Unit. Our thanks also reaches out to the many voluntary groups for their help, and not least to our numerous individual supporters and well-wishers who have contributed so generously to the Hospice during the past three years, and without whose assistance it would be impossible to continue our role of compassionate care.
All Hospice care and activity was started by someone yesterday and will be continued by someone tomorrow. Today is ours.

“For yesterday is but a Dream
and tomorrow is only a Vision
But today well lived
Makes every yesterday a Dream of happiness
and every tomorrow a vision of Hope.”
(Sanskrit Proverb)

Sr. Eilis
Superioress

Some of the Administrative Staff celebrate the opening of CARITAS
Three years have gone by since the last review was produced in Our Lady's Hospice and our yearly expenditure has continued to increase because of higher salaries, wages and inflation. Therefore, it is important that we are not complacent about funding as most of our donated funds are already committed to pay for the new Palliative Care Unit, extra running costs for that building and the major refurbishment of St Joseph's Unit and the old Hospice building. Unfortunately, our allocation from the Department of Health towards running costs did not quite cover our gross expenditure over the past four years and a shortfall of £348,000 has been recorded. As a result we are acutely aware that one of the greatest challenges facing us will be to match our commitments and aspirations to the resources available to us.

The redevelopment programme, by providing the Hospice with excellent new facilities and necessary refurbishment, has splendidly transformed the ageing building complex into a suitable Hospice for today's needs. A more welcoming physical environment has also been created, thus enhancing a proud tradition in the healthcare sector. The ever-present qualities of humanity, care and respect for patients is demonstrated through the sensitive design of the new Palliative Care Unit, the refurbished older buildings and by the embellishment of the grounds with trees and landscaping. In financial terms, this represents a major investment in healthcare by the Sisters of Charity and was made possible by selling certain lands and buildings, with the balance coming from donations, fundraising and a loan which has to be repaid over the next few years.

Despite the difficulties we are experiencing in relation to funding, the workload statistics for 1990/1993 reflect a very determined performance by both the inpatient and home care services. Careful and regular monitoring regarding activity and workload is required as additional services develop around us. However, the true value of the services offered by Our Lady's Hospice can never be calculated purely in financial or numeric terms as 'cost' efficiency versus 'care' efficiency reflects the conflict which arises when the rationing of resources under the principle of maximising benefits meets the most absolute moral persuasion of duty and respect for individuals, their needs and autonomy.
The services provided by Our Lady's Hospice are not static and, as in the past, will continue to change and expand as we identify new needs and develop better ways of meeting them. This, in turn, necessitates close liaison between the Hospice and the community to help identify these new areas of on-going specialist care.

I hope that we can look forward to a continuation and expansion of the fruitful relationship which we have with the statutory services to ensure that Our Lady's Hospice will continue in the vanguard of development in its unique role in our country.

Michael Murphy
Secretary Manager
It seems safe to say without fear of contradiction that a wonderful time was had by all at Our Lady's Hospice, Harold's Cross, on 10th June, 1993 when the new Palliative Care Unit - aptly named CARITAS - was officially opened by President Mary Robinson.

This splendid, red-brick, red-roofed, low-slung building, built in only two years with extraordinary care and attention from the foundations up is, as St. Francis Rose said in her welcoming speech, a work of art, with its bright foyer, wide, airy passages, beautiful rooms and wards, all of which open out onto landscaped gardens and scenes of gentle rural peace. To add to our good fortune the sun shone from the arrival of the President at 11 o'clock until the departure of the last guest in the late afternoon.

In her opening address, President Robinson spoke of her delight at being present to perform the ceremony, and praised the work of the Sisters and staff, and all involved in the fulfilling of this new phase in the life of the Hospice. She remarked on the beauty of the surroundings, both outside and inside, and of how the attention given to the planting-out of the grounds reflected the love and care which is the hallmark of Hospice Care. She spoke of the living out by the Sisters and staff of a holistic approach in Palliative Care, and all present were moved as she held little Glenn, a much-loved five-year-old in the care of the Home Care Team. Glenn had been in line to present the President with a posy, but, in the event, was glad of the support of his older brother, Keith, who on Glenn's behalf, performed this important duty with aplomb.

The Unit was blessed by the Archbishop of Dublin, Most Reverend Dr. Desmond Connell, and he gave generous and fitting acknowledgment to the fact that from early Christian times it has always been women who have been to the forefront in this very special ministry of caring for the sick and dying.
Sr. Francis Ignatius, Superior General of the Sisters of Charity, thanked President Robinson for her words of encouragement, and also thanked all those who had brought this project to fruition; she also spoke of the work of all the Sisters, past and present, since the foundation of the Order.

Dr. Michael Kearney, Medical Director, spoke of the importance of creating an environment of love and care, amply demonstrated in this beautiful and generous Unit, so that patients, their families and friends might have the opportunity to experience within themselves a deep inner healing and a sense of peace at this crucial stage of their journey, and he quoted Henri Nouwen, who says that the real meaning of Hospitality (or Hospice) is "not to change people, but to create a space where change can take place".

A delicious meal was served to almost 500 guests, some of them availing of the tables outside, festooned with coloured umbrellas, others content to wander through the wards, the extensive Day Care Centre, the Home Care Unit, and the beautiful and restful Chapel with its Harry Clarke studio windows, and all commented on the feeling of light and space, enhanced by the clever overhead pyramids of glass which caught the sun at every angle, allowing it to light up the soft yellows and mauves of the beautiful decor. And everywhere there were flowers, echoing the beauty of the trees and shrubs outside.

To this staff member, the abiding memory is of the consummate ease with which everyone mingled; Sisters, staff, and servants of the State; patients and prelates; consultants, carpenters, caterers and clergy; nurses, administrators and, above all, the intrepid members of the "back-room team", those who, day after day, year in, year out, keep the wheels of the Hospice turning; who keep the shine on the floors, the bulbs in the lights; the furniture and fittings in constant repair; who cut the grass, sweep the paths and paint the rails; who hammer and saw, who cut and iron and sew; hosts all, on this auspicious day, yet at the same time guests themselves. And I marvelled again at the reciprocity of this wonderful ministry of hospitality, where to be received is to give, and to give is to be received. I wondered
Opening of CARITAS the New Palliative Care Unit

at the continuity, as I looked across at the elegant house where, over a century ago, the Sisters of Charity received their first patients, nine terminally ill people from the city who in their final weeks came here to be accepted and cared for with love. And I was conscious that here, in the most up-to-date Palliative Care Centre in Ireland, the same spirit of love continues to reach out, unbroken and undiminished, for more than a century.

By accident, the following day I chanced upon a snatch of conversation between a Sister and a staff member, which went as follows:

"Wasn't that a lovely Opening Day, Sister?"

"That was not just an Opening Day; that was a Festival".

And so say all of us!

Betty Maher
Secretary, Home Care Service

An abridged version of this article first appeared in the Dublin Diocesan Magazine LINK UP in July 1993 and is published again with the permission of its Editor.
Medical Report

It seems like a lot has happened on the medical side of the Palliative Care service in the last few years. However, the essential nature of the work remains very much the same, that is using medical skills as part of a multidisciplinary approach in caring to the best of our ability for patients with advanced and terminal illness, and their families. The emphasis at this stage is on the quality of living and this means doing all we can to remove the pain and fear that may be there, while encouraging individual choice and personal growth.

Nature of the Service

The vast majority of patients cared for by the Palliative Care service have been and will continue to be patients with malignant disease. An important and timely development is the establishment of a Home Care service for people with advanced HIV and AIDS-related illness. It is hoped that in the very near future there will also be a similar facility for this group of patients in the wards of the Palliative Care Unit.

A further development in recent times is that Dr Denis Donohue and the nursing staff in the chronic care wards have developed considerable expertise in caring for patients with advanced Motor Neurone Disease so that these patients are no longer cared for in the Palliative Care wards.

In May 1993, the Palliative Care service - Inpatient and Home Care - moved into the new CARITAS Unit. The spacious wards and single rooms have undoubtedly enhanced the quality of service on offer and provide a wonderful working environment for doctors and staff. The move has meant a small reduction in bed numbers to 36 inpatient beds. We hope that this will be compensated for by an increasing emphasis on respite and rehabilitation admissions so that patients can return home again, perhaps with the involvement of the Home Care Team or, hopefully in the near future, involvement in the Day Care Programme.

During the past four years the Home Care Team has expanded to almost double its size. Five years ago the Team comprised 3 nurses, 1 doctor and the Nursing Director, whereas currently the number has risen to 7 nurses and 2 doctors, in addition, of course, to the Nursing Director. This reflects the increasing demand for the type of skilled support that the Home Care Team provides for patients with advanced and terminal illness who are being cared for in their own homes.

Doctors

Since 1990 a total of 20 junior doctors have worked in the Palliative Care Unit. Sixteen of these have been Senior House Officers on a one-year medical rotation. In
addition to this one SHO post, there are two Registrar posts which rotate from inpatient unit to Home Care Team on a six monthly basis. While the majority of the SHOs passing through the service are training for general practice or general medicine, the majority of the Registrars, on the other hand, take these jobs as a first step towards training in palliative medicine. Having said that, our first Registrar, David Power, is currently doing research in family practice in the United States. His successor, Sheila Kelly, went from Our Lady's Hospice to a Consultant post at St Gemma's Hospice in Leeds. The other two Registrars, Mary Miller and Emmet Walls, are still in post. It is true to say that each and every one of these doctors brought something unique to the Unit and their enthusiasm, as well as their medical expertise and hard work, is much appreciated. On the senior side, Michael Kearney continued in post as Medical Director of the Palliative Care service and Veronica Hanley as Medical Director of the Home Care service.

Links with Other Services

While it is hoped that the Palliative Care service at Our Lady's Hospice will continue to be a centre of excellence in its own right, it is also our objective to provide an integrated service by establishing new, and strengthening existing, links with primary care services in the community and nearby hospitals.

The community links are an integral part of the day-to-day functioning of the Home Care service, while formal links have now been established with St Vincent's Hospital, St Luke's Hospital and St James's Hospital.

Education and Research

Postgraduate and undergraduate teaching of doctors is an essential part of the Palliative Care service. The postgraduate teaching programme is organised by Anne Hayes, Nurse Tutor.

During the past four years over 70 doctors have attended one-week multidisciplinary intensive courses in 'The Essentials of Palliative Care', with many more attending one-day seminars on 'Moving Points in Palliative Care', AIDS and Motor Neurone Disease. Medical staff continued to be involved in teaching in other parts of the Ireland, as well as outside the country. Undergraduate medical education links exist with University College Dublin and Trinity College Medical Schools involving lectures, patient-oriented seminars and visits to the Hospice.

During his brief 9-month appointment as Research Registrar, David Power completed two short, but important studies, both of which have since been published. In one of these he examined common symptoms in the last 24 hours of life and their management and, in the other, described simple screening tests for confusion and depression in patients with advanced malignant disease.
**Administration**

Working with colleagues from other Palliative Care services throughout the country, members of the medical staff, together with members of the nursing and administrative staff of Our Lady's Hospice, have been involved in establishing a national structure for Palliative Care services known as the Irish Association for Palliative Care. Michael Kearney also sat on the 'Europe Against Cancer' Subcommittee on Palliative Care which published its Report in 1993 and which no doubt will be influential in the development of Palliative Care throughout the European Union.

**Plans for the Future**

At this point in time our immediate priority is to develop an inpatient facility for sufferers of advanced AIDS-related problems. As part of this development, we hope to appoint a second Consultant in Palliative Medicine, with particular expertise in HIV and AIDS in its later stages. This appointment would consolidate the existing medical service and further strengthen links with St James's Hospital. Other hopes for the future include the opening of the Day Care facility in the new Palliative Care Unit, and to initiate further research projects in different aspects of medical care for the terminally ill.
When I pause after a busy day I am filled with admiration and appreciation for all the people, throughout the years, who have contributed to the building up of Our Lady’s Hospice. Its long history since 1879 is admirably recorded in annals and other documents and can be explored at leisure.

To concentrate on the period since the last Review, the Hospice at Harold’s Cross has kept pace with these rapidly changing times. The challenge for healthcare workers is to remain person-centred in the midst of technological advancement. As the Hospice has a strong tradition of keeping close to the patients and their families there is little chance for any carers, whatever their role, to forget the earthy reality that human suffering teaches.

The patients are most helped by having a caring, skilful and knowledgeable staff attending to their needs. In the last few years there has been an increase in the number of nursing staff with upgrading on skill mix. Medical and para-medical complements are currently under discussion for expansion. Educational opportunities have been opened up in many areas. All the nursing staff have taken part in a comprehensive “Patient, Lifting and Handling” study day. A pilot training programme for Hospice Attendants has been developed. It was initially undertaken by twelve Hospice Attendants. A modified programme is currently being offered to the remainder of this group.

Both premises and facilities have been constantly under review. The Palliative Care service and the Home Care offices had outgrown the space available to them. After the necessary deliberations, a new complex CARITAS was planned and built. It is situated adjacent to the existing Hospice buildings, and has been designed to be bright, spacious and attractive internally with access to pleasant landscaped gardens. The extra space to meet and work with patients is much appreciated and enables staff to respond to the changing needs and developments within their specialty. From October 1992 people with AIDS-related diseases have had the services of the Home Care team.

In turn the Chronic Long Stay Unit has gained from the space vacated. While one refurbishing programme was being carried out, the patients were transferred into the empty ward. The process will be repeated for another ward in the near future. Eventually it will be possible, it is hoped, to provide extra beds in this area.

St Joseph’s Rheumatology and Rehabilitation Unit has maintained its service while its three floors have been under refurbishment. This work began on the middle floor, then moved to the top floor and has now reached ground level. In addition to the existing accommodation and the revamping of the reception area, there are new offices, a conference hall and modern changing facilities for staff.
Families and friends have always taken a part in the care and comfort of patients. Over the years some people have offered their services whether or not they had a relative in any of the units. In early 1993 this offer of help was given a more structured form through the appointment of a Volunteer Coordinator. Now there are a number of volunteers working throughout the Hospice every day. Perhaps the most welcome of their services is the provision of a coffee shop, which, while primarily for visitors, is also used by patients and staff. The Volunteers have also been responsible for what will become an annual fund raising event, entitled “Light Up A Life”. Last Christmas the lights were switched on by the late Fr. Michael Cleary just weeks before his death. His message was particularly touching as he described his own probable need for care and his only wish to be ‘free of pain’.

I have recently had the privilege of being missioned to this Hospice. As I attempt to continue the work of my predecessors, I take courage from the fruits of their labours which I see all around me. They drew their inspiration from the teachings of our Foundress, Mary Aikenhead, who constantly reminded her Sisters that ‘truly it is by a miracle of Divine Providence that our poor endeavours have always been blessed’. (Teaching of Mary Aikenhead)

Sr. Helena
Matron
In November 1993, fifteen members of staff from various departments, undertook an intensive one-week course in Patient Lifting and Handling run by NIFAST, Fire, Health and Safety Consultants. The objective of this course was to train the participants in the necessary skills to enable them to implement a One-Day Manual Handling Techniques Course. Each participant had to arrange and conduct at least three courses prior to assessment by the National Ambulance Training School. Seven members of the group opted to go forward for assessment. This group held a series of study days and approximately 90% of staff participated. The objectives of the course were to ensure the necessary skills to:

1. Handle patients securely
2. Handle patients safely
3. Handle patients comfortably
4. Suffer less backache
5. Feel less tired
6. Reduce accident rate
7. Set an example worth following
8. Obtain increased pride, confidence and job satisfaction

Topics included ergonomics (the practical and scientific study of people in relation to their working environment), the skeletal system, anatomy of the spine, injuries to the back from lifting, and flexibility. There was also a practical session incorporating many types of lifting used at Our Lady’s Hospice, including shoulder lift, through arm lift, turning patients etc.

In February, following the course, an assessment took place and all seven members of participating staff were successfully awarded training certificates by the National Ambulance Training School. There has been great support from all levels of staff for this course. Participants have evaluated the course positively and the momentum continues, with plans afoot to implement further updates, develop equipment, reference policies etc.

Adeline Cooney
Nurse Tutor

Mary Flanagan
Administrative Sister
I joined the staff of Our Lady's Hospice as Medical Director of the Chronic Care Unit in November 1990. Developments and changes continue to take place at a fairly rapid pace each year.

In this short period of time, what has impressed me most is the high level of cooperation between all categories of staff: sisters, nurses, household, medical, paramedical, administration and maintenance. Some are more directly involved in patient care, but all have the interest of the Hospice and all that hospice means at the centre of their activities.

Gloria Smythe from the Occupational Therapy Department and Brid Wylde from the Physiotherapy Department, together with some volunteers, continue their valiant efforts to keep our chronic sick and frail elderly patients as active as possible. Wednesday is always a day to look forward to as the exercise of 'movement to music' takes place. Great is the disappointment to the patients if perchance the hall is booked for other programmes on that day. With the help of the sisters and nurses, Gloria has also planned many exciting outings for the patients, especially during the summer months and at festive seasons.

More removed from direct patient care is the office staff. Peggie Toomey and her outstanding team must be complimented on their continued support to all other grades of staff in the delivery of patient care.

Another vital support is provided by the maintenance team, with Ned Ryan as the leader. Keeping a building of over a century old refurbished, modernised, up-dated and in good working order requires a high level of skill and - need I say - a lot of patience. May I also pay tribute to our untiring laundry and cleaning staff. The standards in both laundering and cleaning and the manner in which the staff involved carry out their duties would be difficult to emulate.

Greater cooperation between the medical personnel in the different care areas of the Hospice has also come about. A meeting of the five doctors is held each month. This is also attended by Michael Murphy, Secretary Manager. The development has greatly assisted the integration of services provided by Our Lady's Hospice. During 1992 we initiated a medical conference to be held in the spring, summer and autumn of each year. To date the feedback from the 75 staff members who have attended has proved the conference to be a worthwhile initiative.

In 1992 Sr. Eucharia, Sr. Agnes and I attended the International Conference on Motor Neurone Disease in Birmingham. In 1993 the Annual Motor Neurone Conference was hosted by the French Motor Neurone Society in Chantilly and
Sr. Agnes and I attended. Participation in these conferences was a most rewarding experience and greatly enhanced our knowledge of this very tragic disease. At any given time we have five or six patients in our wards suffering from MND and our level of expertise in caring for these sufferers is improving all the time. We have been tremendously supported in our endeavours by Eithne Frost and her associates in the Irish Motor Neurone Disease Association.

In May 1993 a major change in Our Lady's Hospice took place. Dr. Kearney with his palliative Care Team moved out from St. Charles and St. Anne's Wards to CARITAS, the newly built Palliative Care complex. For some time those of us who continued in the main Hospice experienced a sense of loss, but with the passing of over a year we have recovered. The vacated wards have given scope for the refurbishment of our Chronic Care wards and at a later stage we look forward to the re-opening of St. Charles and St. Anne's.

In my short experience of working at Our Lady's Hospice I can only conclude that there is no standing still. Care of the frail elderly and of those who suffer from chronic illness demands our continued efforts to improve their quality of life and so we, the staff, move forward into the future as a deeply caring community.

Denis Donohue
Medical Director
Chronic Care Unit

Barbara, one of our youngest chronic sick patients enjoys an outing
St Joseph’s Unit for the rehabilitation of Rheumatic Disease has undergone major refurbishment between 1991 and 1993. This has resulted in the creation of two modern and beautifully appointed wards, which include private rooms, semi-private and public accommodation. In addition, these wards have been carefully planned for disabled persons.

The Sacred Heart Ward was opened in May 1992 and St Teresa’s Ward opened in February 1993. The Minister for Health, Mr. Brendan Howlin, visited St Joseph’s on the 29th April, 1993 to officially open St Teresa’s Unit and this was followed by a tour of the Unit. Following the opening, a most enjoyable reception was held for the staff of St Joseph’s.

Sr. Bernie Hogan was appointed Rehabilitation Unit Sister on 1st September, 1992, following the retirement of Sr. de Montfort after many years of dedicated service to St Joseph’s.

Despite the on-going refurbishment, large numbers of patients continue to be admitted to St Joseph’s, with figures totalling 588 in 1991, 526 in 1992 and 619 in 1993. With refurbishment to the ground floor well on the way to completion, 1994 promises to be another busy and exciting year.

Oliver Fitzgerald
Consultant Rheumatologist

The President greets patients and staff in St Joseph’s Rehabilitation and Rheumatology Unit
The Occupational Therapy Department currently has a staff complement of 4.5 therapists and provides a full-time service in the Rheumatology and Palliative Care areas and a part-time service in the Chronic Care section of the Hospice. The number of volunteers has risen in the past few years and they provide valuable assistance to the professional staff in Chronic and Palliative Care.

The past three years have seen many structural changes and developments in all three specialist areas and these have contributed greatly to the quality of care we offer to patients. In 1992, as part of the International Occupational Therapy Conference to celebrate Trinity 400, the O.T. Department was invited to host an educational field trip for visiting delegates. We were delighted to welcome colleagues from Ireland, England and the U.S.A. on this visit. Each specialist department organised lectures and pictorial displays to illustrate the work of the O.T., and the feedback we received was very positive.

Highlights of the 1992/93 social programme provided for patients in the Chronic Care and Palliative Care units included trips to the Mansion House and Aras an Uachtarain, where a group of patients and staff had the opportunity to meet President Mary Robinson.

The O.T. Department continues to promote and participate in in-house and external education programmes. We provide clinical training placements for O.T. students from Trinity College as part of the BSc degree. In addition, staff deliver specialist lectures on our work to the students in the College as part of the O.T. Professional Studies Programme.

I would like to take this opportunity to thank all the Occupational Therapists for their continued commitment to one shared goal of providing the highest level of quality care to our patients.
Over the past three years we have seen many changes and developments take place in Our Lady’s Hospice. Those of us who are closely linked with the Education Department have been involved in similar changes in the educational programmes. What is unchanging is that spirit of peace, hope, compassion and love which permeates the Hospice.

Since 1987 the Education Department has offered a wide variety of courses to nurses. Until 1990 these courses were titled ‘Continuing Care of the Dying Patient and the Family’. Since then the title has been changed to that of ‘Palliative Care’. This is not just a change of title. It underlies a very important change of emphasis, namely the broadening of scope from care of the dying to the relief of suffering in all its aspects for the patient and the family well before the terminal phase of illness is reached. With this broader dimension has come a greater desire on the part of course participants for a deeper knowledge and understanding of the process, problems and effects of advancing malignant disease for the patients and the carers.

Interdisciplinary teamwork is an essential aspect of palliative care. It is, indeed, the essence of good palliative care. Multidisciplinary learning has become an integral part of the Hospice education programmes during the past three years. A one-week module is arranged for doctors, social workers and therapy radiographers to join with the nurses who are already taking the eight-week course. The participants share their experiences, discuss and reflect on the essential components of palliative care, such as knowledge of good pain and symptom control; the skill of applying theory to practice; communication skills and the affective domain ‘who am I who cares?’. Participants also reflect on the learning of teamwork, the practice and roles of other disciplines in palliative care and the difficulties experienced by each profession. Other topics addressed include spiritual and ethical issues, breaking bad news and caring for the carers.

In addition to specific courses, conferences and workshops are organised. These focus on specific aspects of care rather than concentrating on ‘hospice’ as in the past. The palliative team members of Our Lady’s Hospice have also extended their teaching programmes throughout the country. These are attended by medical students, student nurses and other healthcare professionals.

Looking to the future, plans include the development of a specialist modular course for nurses already experienced in palliative care. This advance in palliative care education will reflect the shift from the general to the specialist nurse.

It is now seven years since the establishment of Our Lady’s Hospice Education Department. It is my hope that in the coming years this department will continue to grow and meet new challenges that confront us in this important area of care.

Anne Hayes
Nurse Tutor
Several notable events have taken place in the Home Care Unit since our last Hospice Review. Catherine Donnelly was appointed to assist me in the administration of the Home Care Services. Her skills and experience in this area have been most beneficial. We were delighted to welcome Kay Kealy and Hilary Brady, the latter having had vast experience in our Palliative Care Unit. Maureen Keane has taken two years’ leave of absence to work in Honduras; we hear regularly from her and look forward to her return in 1995. We also welcome Martha Downey, Mary Woods and Mary Healy as the new/old members of our team and, of course, Morna Hogan who returned from Australia last Spring to join Sister Muriel on the AIDS team.

The stork came to us with the arrival of Kay Kealy’s baby son, Darragh, and we kept Cupid busy with the marriages of Mary Breen to Fintan McCauran and Anne Quinn to Paschal Lacey. Happily, both Mary and Anne are staying with us.

Our Medical Director, Veronie Hanley, is doing trojan work with Sr. Muriel and Morna in developing the AIDS Service. We welcome our Registrars, Emmet Walls and Mary Miller, who alternate between the Palliative Care Unit and the Home Care Unit. It gave us all great joy when Betty Maher, our Secretary, had a success with the publication in January of her book “Woman Journeying”, comprising a series of short reflections which she gave on radio and which is well worth reading.

I would like to pay tribute to the extraordinary dedication of all who work here in the Hospice community and who, together with our patients and the Sisters, make up the “Hospice Family”. I salute them for their wealth of love, compassion and concern which has enabled us to undertake this further reaching out to patients and families in their homes.

Sr. Ignatius
Nurse Director, Home Care Service
The appointment of a social worker to the Hospice team in June 1990 was a recognition of the psycho-social aspect of pain relief and family support.

While social work itself is not medically oriented, the social worker fulfills an important role by offering a service to patients who are living with a chronic or terminal illness, and to their families and friends.

The Hospice social worker, as part of the Hospice Team, is available to patients and their families by way of a direct service. This service is provided in a strictly confidential and friendly manner and takes the form of listening and offering advice, support, information, assessment and counselling.

Of course, there is a practical side to this help such as assistance with medical certificates, application forms, travel arrangements, pensions, and advice of all kinds, even on the individual’s rights as a consumer of the health service. Sometimes a patient may just want to have a chat and the social worker always finds time to lend an ear.

A major part of the social worker’s function is in helping both the patient and family to come to terms with the diagnosis of a terminal illness and to begin to plan for the special care which will be needed. This is a very intensive and sensitive area of work. The Hospice social worker is specially trained for this job where the focus of support is to facilitate the patient and family come to a greater understanding and acceptance of the diagnosis. In response to ever-changing demands and needs of families, particularly young families, this service has been extended to preparing children and teenagers to cope with the terminal illness of a family member or close relative.

### Bereavement Counselling/Support

In the past eighteen months, the Social Work Department has focused on responding to the needs of bereaved children and teenagers. While offering bereavement counselling to a limited number of bereaved adults, it soon became obvious that children and teenagers had special needs.

In 1993, an important and successful pilot programme was initiated in the coming together, in a safe and facilitated environment, of seven teenagers who had suffered the loss of a parent in the Hospice. This pilot programme proved to be a powerful and effective way of helping young people to cope with their loss by self help and self support. A second teenage group has since completed a support programme and it is hoped that these two groups may pool their combined experiences and publish a booklet to offer support and guidance to other teenagers in a similar situation.

Encouraged by the positive feedback of these programmes, it is also hoped that in the coming months a pilot bereavement support programme may be offered to the six to twelve-year old group.
The Hospice social worker is also involved in the education activity of Our Lady's Hospice, and outside agencies, and has contributed to the formation of a training programme for healthcare workers.

In recognition of the changing psycho-social needs of families availing of the services in the Hospice, and the heightened awareness of all healthcare professionals of the need for a holistic approach to healthcare, it is hoped that in the near future a comprehensive social work service will be provided, not only in the Palliative Care Unit, but also in the Chronic Sick Wards, the Rheumatology Department, and all areas of Hospice care.

Ann Keating
Medical Social Workers
The pastoral care of patients and their families has always been regarded as a very high priority in the Hospice. At present this aspect of hospice care is entrusted to Fr. Pat Fitzgerald, C.P., from Mount Argus, and Sr Anne Doran, a member of the Congregation of the Irish Sisters of Charity, ably assisted by a hard-working group of Eucharistic Ministers.

Among the services provided for the patients and their families are: daily Mass in the Hospice Chapel at 10.00 a.m.; daily Communion for all the patients; Mass and the Sacrament of the Sick in each ward at least once a month and the Sacrament of Reconciliation on request. Mass is celebrated twice weekly in the Palliative Care Unit and each patient is individually blessed each evening.

In addition to these regular services, both members of the Pastoral Care Team constantly visit the patients, and are available 24 hours a day to patients and their families should they require a friendly ear. As well as the Chapels that are situated in each of the three units and are available at all times to staff, patients and their families, there is available in the main Hospice building a small, simple and intimate Prayer Room for those who may wish to get a quiet moment away from the hustle and bustle of normal routine.

A Church of Ireland chaplain, Canon Neil McEndoo, is also appointed to the Hospice and is available on request. Patients' priests or ministers of all denominations are welcome to visit at any time.
A Reflection

I have never met a Struldburg, and I doubt if you, the reader, has either. They were amongst the people that Gulliver met on his travels. What was unique about them was that they were immortal, one of the few people who lived forever. There were only a few of them in each generation. As they grew older they developed the infirmities of old age, but without the comfort of knowing that one day they would die. They ceased to be able to communicate after 200 years as language changed.

It was Jonathan Swift’s reply to those who thought that it would be marvellous to live forever. Gulliver, on meeting them remarked: ‘My keen appetite for perpetuity of life was much abated.’ Reading his account it becomes clear that our lives, and the way we live them, are shaped by the fact, and the reality of death. It is an event that is often welcomed by people in old age, or who have been suffering greatly. People, older than myself, often remind me that, amid all the changes they see around them, it is the one certainty that remains.

Our part of the world has seen life expectancy rise by 25 years on average. Yet strangely, a doctor writing about death and dying recently remarked: ‘No one dies of old age, or so it would be legislated if actuaries ruled the world. Everybody is required to die of a name entity, by order of the global fiat of the World Health Authority.’

A friend read a poem recently about a reversed life, from old age back to the womb. We journey through life in the womb of this earth looking forward to the greater life in the nearer presence of God, and yet knowing something of it here and now. Jonathan Swift reminded us in 1726, as he sought to ‘vex the world’, to be realistic in our expectations, and to reflect more deeply on the meaning of both life and death.

Canon Neil McEndoo
I look forward to my Monday evenings in Harold’s Cross. It is the only time that I can take for myself without feeling guilty. I know that when I go there I can be exactly as I feel. If I want to talk about Michael’s death, no one will be bored and tell me that I should be over it by now. If I want to laugh, I know that no one will consider this strange and wonder whether I have forgotten Michael or didn’t really care for him at all. I return home with a sense of relief, secure in the knowledge that I am normal. These comments from a young widow with three children reflect the difficulties experienced by bereaved people today through lack of understanding of their reactions to loss, and the great sense of relief which they experience when those reactions are understood and accepted.

The Volunteer Bereavement Service in the Hospice has now entered its eighth year. The service is provided by volunteers who undertake a six months’ special training course and who continue to have ongoing supervision and training while contributing to the service. Each year, the service appears to become busier and to have to deal with more complex issues.

In 1993, there was a total attendance of 339 at the monthly sessions provided on the 2nd and 4th Monday evenings of the month and on the afternoon of the 1st Friday of the month. In addition, there were large attendances at the family afternoon held in July, and at the pre-Christmas Mass in December, bringing the total number of attendances for the year to over 500.

Individual contact is maintained by volunteers with bereaved individuals between meetings, if desired. A 24-hour on-call telephone service is provided through the Irish Hospice Foundation permitting contact to be made with a volunteer at any time.

Unfortunately, the fact that one loses someone close is not a deterrent to other difficulties presenting themselves. These now often seem to precede the onset of the terminal illness, as well as to follow on as a result of the death. Because of this, we are finding increasingly that many people coming to the Bereavement Service have a range of difficulties with which to cope. When it seems appropriate, we try to help them to become linked into other services which may also help them. Such services are seen as supplementary to, rather than as a replacement of, the bereavement service. Those attending the bereavement service appreciate the Hospice’s ongoing concern for them which the service reflects. They know that the bereavement service volunteers are there specifically for them and that they can call on them as they wish without feeling under compliment. The work of the volunteers derives much from the support and encouragement received from the Hospice staff.

*Therese Brady*
*Honorary Director*
*IHF Bereavement Service*
I joined Our Lady's Hospice as Volunteer Coordinator in August 1993. Volunteers have always been part of the Hospice philosophy and the foundress, Mary Aikenhead, recognised their role over one hundred years ago. Volunteers come from all walks of life, but the common denominator is one of care and compassion, combined with a sense of humour and sound commonsense. To enable Volunteers to provide the best possible support service, we have established a framework for induction and ongoing training courses.

The first group of Volunteers joined us in October 1993 and were ready to start work that Christmas. Since then, “the Golden Oldies”, as they call themselves, have been joined by several other groups, and we are now getting a steady stream of people who are ready and willing to lend a helping hand.

What do volunteers do? They push wheelchairs; help at meal times; assist with artistic and social activities; help at reception; run the coffee shop; drive patients on errands; act as librarian and help in a thousand and one other ways. They also just sit quietly, listen and talk to the patients.

Probably the outstanding highlights of our involvement to date have been the “Light Up a Life” Christmas tree celebration, which was inaugurated on the 8th December 1992, and repeated last year, and the opening of CARITAS, the Palliative Care Unit, in June 1993. In the move to this splendid new building, the Volunteers rolled up their sleeves and helped to effect a smooth transition with minimum disruption to patients and staff.

There are many new projects in the pipeline. We are establishing a Music Library, where patients can listen to their favourite music or plays on their own headsets, and a Biography Workshop is also planned. Here, patients can have recollections of their lives recorded and printed, and bound copies of their reminiscences will be available for their families.

It is in the nature of things that Volunteers come and go more frequently than permanent staff; we are very glad to have had them, even for a short stay, and each individual’s contribution is highly valued in helping to improve the quality of life for patients and their families.

Carol Mullan
Volunteer Coordinator
On the 10th December 1993, amidst gales, rain and blustery winter conditions, Fr. Michael Cleary, since sadly departed from us, switched on the lights of a giant 50ft Christmas tree in the Hospice grounds. The music, which had livened the crowds ceased abruptly, and for a few minutes there was silence. Then thousands of little bulbs, each a symbol of love and devotion, radiated their special glow in the dark December night. Many wept silently as a beautiful soprano voice sang “You light up my Life”. Patients and visitors, moved by the shining spectacle of this wonderful tree, were warmed by the almost tangible wave of love emanating from the crowds.

“Light up a Life” originated in Our Lady’s Hospice with the switching on of the first Christmas tree in 1992. The launch proved so successful that it was decided to make it an annual fund raising event. Relatives and friends of loved ones who died in the Hospice have contributed with extraordinary generosity to the cost of the lights, but a debt of gratitude is due to all our kind benefactors, including Dublin Corporation, who donated and erected the tree both in 1992 and again in 1993.

While the event has been a great fund raising success, the tree itself gives so much pleasure to patients, relatives and the public at large that it far transcends any mere fund raising exercise, and is a fitting memorial to all our loved ones.

Hospice because love never dies.
Dr. John McCarthy

Dr. John McCarthy, or 'Doc', as he was better known to his friends and colleagues at Our Lady's Hospice, died on 13th December, 1991. His death, both sudden and unexpected, brought shock to all who knew and loved him. However, it very soon became apparent that Doc, although no longer present, will always be alive in the hearts and minds of all who worked with him and were touched by his presence. Doc was "hospice" - the skilled clinician with a depth of medical knowledge and experience; his special way with people; who they were; where they came from; what and who mattered to them and how they felt - all contributed towards making patients feel safe and secure.

For staff the sight of Doc at the window just inside the front door at 7.30am every morning was a regular reminder of his interest, care and support. The welcome footstep after a long night's duty was a great comfort to know that he was there to listen, deal with any problem and, most of all, to affirm and offer his support.

Doc brought with him to the Hospice a personal and professional life, rich with knowledge and experience. From Lixnaw in Co. Kerry, he qualified in medicine at University College Dublin in 1945. He spent his early years working with tuberculosis patients in Peamount Sanatorium and, in 1949, was appointed Medical Superintendent of St Senan's Children's Hospital, Foynes, where he also acted as District Medical Officer, building up a considerable general practice over the next thirty years.

In 1980 he was appointed as the first Medical Director of the Palliative Care Unit at Our Lady's Hospice. In the nine brief years until his retirement in 1989, he firmly established the modern Hospice in Ireland, working closely with Sisters and staff.

Words from his memorial card act as a reminder of the rich, enquiring mind he so willingly shared and leave us with an important message and awareness to go on growing.

'Let the thought never arise that my knowledge is complete, but vouchsafe to me the strength, the leisure and the zeal to add to what I know. For art is great and the mind of man ever growing.'

I would like to thank his wife, Nancy, and sons, John and Matthew, who shared this very special man with all of us.

Maura McDonnell
Ward Sister
Every great work grows out of a vision. The Vision of Mary Aikenhead, foundress of the Sisters of Charity, to give skilled and loving care to those with advanced serious illness was based on the motto she adopted for the Congregation: CARITAS CHRISTI URGET NOS. Our Lady's Hospice, founded in 1879, grew out of that Vision. Through the years the Hospice has been a place where hundreds of patients and their families have been welcomed and cared for with love, compassion and expertise.

Our Lady's Hospice has always been alert to new needs. When cures became available for those with infectious diseases the Hospice opened its doors to the chronically ill and frail elderly. In the 1960s, when emphasis was placed on rehabilitating those with chronic disabilities, a modern rehabilitation unit was planned and built to meet the need. With a century of service completed in 1979 it became apparent that cancer patients required more intensive and specialist care than they could receive in general wards. These patients were then transferred to enlarged refurbished wards and a special care programme was initiated.

In 1985 it was decided to bring this specialised care into the community. With the support of the Irish Cancer Society and the Department of Health, the Home Care Service was launched. Could this be provided to other parts of the country? Yes! but this could only come about with further education of healthcare professionals. In 1986 with funding from the Irish Hospice Foundation, the Education and Research Centre was built and courses commenced. To date 160 nurses have completed the eight week Palliative Care Course. Over 50% of this number are currently involved in Hospice care. As a result Home Care Support Services are available in almost every county. With the growing demand for Home Care support in Dublin city and the greater Dublin area a second service was set up in 1989 on the north side of the City by the Daughters of Charity of St. Vincent de Paul. This is known as St. Francis Hospice Home Care Service.

In 1990, in recognition of the commitment of the Sisters of Charity to Hospice Care and the continuing development of palliative medicine, the decision was reached to build a purpose-built Palliative Care complex. This building, aptly named CARITAS, was officially opened on 10th June 1993.

New needs continue to emerge and in 1992 a Home Care Support Service was provided for HIV patients in the late stage of their illness. This service can also avail of the facilities in CARITAS.

What of the future? As we move towards the year 2000, the Vision as it continues to unfold will call us forward to new needs. This Vision will always be influenced by our healthcare philosophy and the people we serve. By careful study, research and listening to our patients, their families and those with whom we work, we will deepen our awareness of the changes in our society, the demands for our services and so receive direction to carry out our Mission in Hospice healthcare for the future. The promotion of this Mission is the ongoing responsibility of all engaged in Hospice service and is accepted by each as a challenge and a privilege.

Sr. Francis Rose
Our Lady’s Hospice receives continuing statutory grants from the Department of Health, but relies on bequests, donations and fund-raising events to meet the cost of building extensions, refurbishment and special items of equipment. All monies received in this way are used directly for improving the patient care units, for on-going development and for providing special comfort equipment, with a view to creating a cheerful and comfortable environment for patients and their families.

Developing always poses challenges. In 1990 a new challenge was faced when a decision was taken to erect a purpose-built Palliative Care complex for patients with advanced malignant illness. Financial implications were daunting, but monies realised from the sale of certain lands and buildings belonging to the Sisters of Charity were allocated to this project. Approximately one-fifth of the total cost was raised through donations, gifts and planned events.

Since 1985, in excess of £9 million, made up of Congregational funds, bequests and donations, has been spent improving the Hospice facilities and keeping pace with ever changing needs for good patient care. We are greatly in debt to you, our friends and benefactors.

Many of you have been associated with the Hospice through our caring for a loved one, and while it is our great privilege to give care and support to the sick person, and the family, we gratefully acknowledge the ways in which you have shown your appreciation.

We very much want all of you who have helped us in small or greater ways to know how much we value your support. Our way of expressing this gratitude is to offer regular prayers for all our friends and benefactors.

As we launch out on another five-year development programme we need your continued help and we know we can count on you.
Our Lady’s Hospice

Staff and friends celebrate the opening of CARITAS