



## June 2019 Newsletter

Providing a supportive and informative environment for people with a variety of lung conditions and their carers.

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**NEXT MEETING:** Thursday 13 June 2019  
10:15 am - 12 noon  
Weston Creek Labor Club  
Teesdale Close  
Stirling ACT 2611

**Guest Speaker:** Claudia Cresswell on "What to do when you go into hospital".

### Dates for your diary

Thursday 11 July 2019 CLLSG Meeting 10:15 am Weston Creek Labor Club, Stirling, ACT

### May Meeting

#### Helen Cotter

About 25 people attended today's meeting with a few very new faces featuring. It's really wonderful to report numbers for our Support Group are constant. Topics discussed:

- The lunch we had at the Jamieson Southern Cross Club Fish 'n Chip Lunch was a great success particularly as the weather was a bit cool and we could lunch inside (Plan B). We could also have the fish'n chips or regular meals. About 15 people turned up to enjoy the day.
- Kaye spoke about a conference she recently attended on medical marijuana for pain presented by HCCA. It's a complicated process to get a prescription, taking a lot of paperwork, time and money. The States and Territories have different regulations. In the ACT, however, you need to show you have used all other options and then work your way through a couple of committees.
- Kaye also told us about (and showed us) the new diabetic blood glucose reader which eliminates the need to prick one's finger for a drop of blood to apply to the strip which reads your blood glucose level. From this reading the number of units of insulin to be administered is based as well as keeping track of BGLs (blood glucose level) and consequently diabetic control.

- Helen Cotter reported on the recent CPAG teleconference she and Kaye were part of. These teleconferences are organised every two months by Lung Foundation Australia in which representatives from the States and Territories get together to talk about LFA and local issues.
- Lung Life has been in existence for over 20 years. The group discussed proposed celebrations of this mile post. No date has been decided yet, so any suggestions on how to celebrate it, give to John or send to [lung.life1@hotmail.com](mailto:lung.life1@hotmail.com).

Then it was over to our speakers.

## Wills and other matters

### Helen Cotter

*Rehana from the Public Trustee Office, assisted by Luke, talked to us mainly about wills, Power of Attorney, and the role of the Public Trustee Office. Rehana, a lawyer, is the Senior Trust Officer, administering deceased estates and trusts established by wills. Luke, also a Senior Trustee Officer, meets the people and prepares wills and Power of Attorney.*



The Public Trustee Office is now called the Public Trustee and Guardian (PTG). It is an independent decision making authority. It works for the citizens of the ACT by making wills, administering deceased estates, taking a guardianship role and being the substitute decision maker. It has financial services units and will act as attorney under Power of Attorney authority. It also works for the Government trust funds, such as dealing with criminal assets, unclaimed money etc.

### Why make a Will?

- Wills tell how to allocate your estate after your death. There are laws about what makes a will legal and effective. For instance, it has to be signed by the will maker in the presence of two adults. It needs to appoint an executor and to confirm that all assets of the estate are fully dealt with. And the person has to have the capacity to understand when dealing with the will making.
- There are other types of wills eg the DIY wills that you can get on line or at the Post Office etc. If they are filled out correctly – ie meet the formal requirements of a will - they are legal.
- Another type of will is a Statutory Will, one that can be applied for from the Supreme Court if the person doesn't have the mental capacity to personally make a will.
- If you die without a will, the estate will be administered under the **laws of intestacy**. The court will chose an administrator – commonly the Public Office and Guardian. If there are no identifiable heirs, even remote cousins, the ACT Government will be the beneficiary.
- If you have assets jointly held, the survivor automatically gets the benefit.

## Other points from questions

- A person with Power of Attorney cannot make a will for another person.
- If you add a codicil to the will, the same rules apply to the codicil that apply to the validity of the will eg needs to be signed by the person and witnessed by two people at the same time.
- If two people who are beneficiaries to each other die at the same time, the will of the younger person prevails.
- If you change address, there is no need to update your will. The address when you made the will is the valid address.
- If there are significant changes to the will, you need to update it. For example, marriage automatically invalidates a will.
- You can leave children and others out of the will but they have the right to fight it in the Supreme Court but courts take into account the will maker's intention.

## Costs

If you are over 60 years of age, preparation of your will at Public Trustee and Guardian is free. If under 60, it's currently \$210. A percentage is taken from the estate, varying according to the value of the estate.

For guardianship services, regular fees apply while the service exists, based on income with a capital charge at the beginning.

For more information: **Public Trustee and Guardian, Ground Floor, 221 London Circuit, Canberra ACT 2600**  
Phone: 02 6207 9800 Email: [ptg@act.gov.au](mailto:ptg@act.gov.au) Web: [www.ptg.act.gov.au](http://www.ptg.act.gov.au)

## Musical Interlude - from last month

### Helen Reynolds

Joanne (Jo) Glasson is Chris's neighbour. Jo recently resumed playing the flute after a long break, and is preparing for a Grade 7 exam. She gained a distinction and the highest mark in Canberra for her Grade 6 exam. Good luck again Jo. We were entertained with a range of pieces from the classics to Abba. Needless to say we, and in particular Peter, sang along to the tunes we knew, while Chris tripped the light fantastic on the dance floor. All in all, we thoroughly enjoyed the musical interlude.



## Pneumonia Awareness Week: last week of May

Helen Cotter

Pneumonia is not a cold or flu – it can be caused by viruses, bacteria or fungi and can be fatal. There are over 77,500 pneumonia hospitalisations in Australia each year with the average stay rising with age. Adults aged 65 and over, no matter how healthy they feel, are at increased risk simply due to their age. This is because our immune system naturally weakens with age, making it harder for our bodies to fight off infections and diseases.

There are many types of pneumonia, one of the most common types being pneumococcal pneumonia, caused by infection with streptococcus pneumoniae. The infection can come on rapidly and develop in just 1 – 3 days. There are vaccines against this strain that reduce the risk of infection.

Symptoms include:

- difficulty with breathing
- cough
- fever
- fatigue
- chest pain
- all symptoms may not be exhibited.

All Australians aged 65 and over can be vaccinated, free, against it. A second dose of vaccine is also available to some Australians, a minimum of five years following their first dose. The vaccine is also subsidised on the PBS for those aged under 65 who are considered at increased risk for contracting pneumonia, for example if they are immune-compromised.

**Don't wait until you get pneumonia, get vaccinated now.**

Source: [www.knowplanact.lungfoundation.com.au](http://www.knowplanact.lungfoundation.com.au)

## Final Speaker - National Lung Health Consumer Seminar April 2019

Canberra, ACT

Helen Reynolds

### Palliative Care and Advanced Care Planning

"Definition of Palliative Care" -

World Health Organisation, 2013

"Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." Palliative care is not just care provided in the final stages of life, but will help you to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness. There are many elements to palliative care, including pain and

*Rachel Simek, Palliative Care Educator and Emma Awizen, Team Leader of Advance Care Planning dispelled myths about palliative care, discussed working with our doctors in future healthcare decisions and communicating these decisions to loved ones.*

symptom management and advice and support to carer/s. Palliative care ensures you are kept comfortable and that you maintain good quality of life.

Palliative care involves many health professionals who all bring a range of skills to help you manage your illness. These professions include, but are not limited to:

- General Practitioner
  - have a consistent GP, find out if they home visit
  - see them at least every 3 months
  - what are their arrangements for after hours?
- Treating medical team
- Nurses- Chronic care team, community nurses, GP practice nurses
- Community services-Carers ACT
- Physiotherapists- consider Pulmonary Rehabilitation
- Pharmacists
- Occupational therapists
- Social workers/Counsellors
- Psychologists- consider 10 visits covered by Medicare
- Pastoral care team
- Play/Diversional/Music therapists
- Volunteers
- Support workers – cleaning/catering staff
- Palliative care team.

I know what I can do to help myself and who else can help me.

I feel part of a community and I'm inspired to give something back.

I can enjoy life

I am treated with dignity and respect.

Those around me are well supported.

I want to die well.

I understand so I make good decisions.

### What Palliative Care Is NOT!!

- Sitting back and doing nothing.
- Just for people with cancer.
- When you are about to die!
- Passive Euthanasia “filling people with Morphine”.
- Limited to the specialised team at Clare Holland House.

**Mythbusters**

### Respiratory illness

Respiratory illness: The World Health Organisation (WHO) has recognised that the resources and skills of palliative care should not only be provided to those with malignant disease but should extend to those patients with life limiting, non-malignant conditions such as:

- neurological disease
- cardiac disease and
- chronic respiratory diseases. (WHO Global Atlas of Palliative Care)

## Be Your Own Super Hero

- Have someone else know your medications - use your community pharmacist as a resource.
- Conversations about your wishes:-
  1. Where would you like to be cared for?
  2. Who might provide that care?
  3. Where would you prefer to die?
  4. Where do you want your final resting place to be?
  5. What type of service do you want?
  6. Plan your wake - saying a final good bye.
- Focus might be not on a cure but on relieving symptoms.
- Have a record of your treatment - consider a diary of who you see and why.
- Get connected to community services.
- Use the resources - security alarms, Webster Packs, equipment hire, Mediclert bracelets.
- And talk to your family about the tough "stuff" (1-6).

Be your own  
Super  
Hero!!!



## Eight arms of Clare Holland House

1. Inpatient Unit
2. Hospital Consultancy Service
3. Outpatient Clinics
4. Community Specialist Palliative Care Service-Home Base Palliative Care
5. Specialist Aged Care Consultancy Team
6. Bereavement Service
7. Education Centre
8. Research Centre.

### *For more information:*

<https://lungfoundation.com.au/wp-content/uploads/2018/12/Information-paper-COPD-Action-Plan-Kit-Feb2019.pdf>

<https://lifecircle.org.au/talk-to-someone/>

<https://palliativecare.org.au/>

<https://www.calvarycare-org.au/public-hospital-bruce/services-and-clinics/clare-holland-house/>

**Palliative approach can and should be implemented as soon as the diagnosis of a life limiting illness is made.**