



## July 2021 Newsletter

**Our mission is to provide a supportive and informative environment for people with lung conditions and their carers.**

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**NEXT MEETING:** Thursday 12 August 2021  
10:15 am - 12 noon  
Weston Creek Labor Club  
Teesdale Close, Stirling ACT 2611

Guest speaker: Tracy Gillard from Palliative Care ACT

### Vale Ebba Marrington

Having reached the ripe old age of 101, Ebba Marrington passed away on 9 July 2021. It is amazing to think that Ebba has lived through much of what we learnt about in our history lessons. The Great Depression and WW2 were parts of Ebba's life. Indeed, during the war Ebba, who was of Norwegian descent, worked for the Montreal office of the Norwegian Shipping and Trade Mission keeping track of the merchant vessels navigating the seas in the war effort.



Ebba lived a full and active life, after growing up in Canada, she worked in a variety of cities including Washington DC. In 1955 she moved to Canberra, where she met and married her husband, Geoffrey.

Ebba had emphysema for many years and was a popular member of our group. She helped with various duties over the years, most notably organising guest speakers. Our sympathies are extended to her family.

*Information supplied by Chris Moyle and Helen Cotter*

## July Meeting Helen Cotter

About 15 people attended our July meeting. The mask wearing requirement is causing concern for some members. Although we all know that you do not have to wear them if you have breathing difficulties, many of us feel uneasy about the attitude and behaviour of other people if you are out without a mask.

There was not a lot of business to deal with. Lyn reminded us of the lunch at the Burns Club on Thursday 22 July – a report of which will be in the next newsletter. She also reminded us of the Seniors Expo - called **Silver is Gold on Thursday 16 September**. We will talk about it more at the August meeting, as we need volunteers to help set up and to look after the stand during the day.

In the past, we have been ‘guinea pigs’ with the physiotherapy students at the University of Canberra (UC) and the trainee doctors at the Canberra Hospital. That stopped last year with Covid – but recently, Lyn Morley was asked to be a ‘pretend patient’ for doctors training to be lung specialists. She was first examined by a respiratory specialist, Dr Ansari, then the trainee specialists examined her and reported what they found to Dr Ansari. As with all these interactions it is nice to be able to help. Then it was over to our editor, **Geoff Cox to tell us about his double lung transplant.**

We have previously published a report of Geoff’s transplant journey in the October 2019 newsletter, this can be found at [October 2019 Newsletter \(creationcorporation.com.au\)](https://creationcorporation.com.au). In the almost two years since that article was written Geoff has been doing well despite a few hiccups along the way. He has been back to St Vincent’s Hospital (SVH) on a number of occasions as a result of pneumothoraxes (collapsed lungs). This has resulted in him undergoing two surgical procedures called a pleurodeses, which are designed to prevent the lung collapsing again. He has also had a blood clot on the left lung which was treated at Canberra Hospital. Overall, however, the transplant has been very successful allowing him to live his life to the full – and here he is hiking at Fitzroy Falls in the Southern Highlands of NSW.

Quite a bit of time was spent answering questions from the group. Here is a summary.



**Q: How did you transfer to St Vincent’s from Canberra Hospital when you had a collapsed lung?**

A: I went by patient transfer ambulance (which had to come from Sydney first). Some patients are flown – but these are urgent cases. It is also probably not advisable for a patient with a lung condition to fly.

**Q: As transplant patients and their carers spend time in Sydney, how is the cost of accommodation met?**

A: The ACT Government does provide some financial assistance for petrol and accommodation – but not much. There is some relatively cheap hostel style accommodation provided near the hospital for outpatients and family members if you need to use it. All transplant patients are public patients.

**Q: Do they always do double lung transplant?**

A: No, they can do single; and can do heart and lung. It all depends on what the patient requires.

Q: [What do you know about the lungs you received?](#)

A: You learn little about the donor – we assume he was a man as I needed large lungs. You can write to the family via Donate Life. Any identifiable bits of information in your letter or their reply are censored out. Both the donor family and the recipient are asked if they would like to receive the letter before it is passed on.

Q: [What scars do you have, and how was the initial recovery?](#)

A: I have two reasonably small scars on each side of my chest – one for each lung. After the transplant I did not feel a huge change in my breathing but over time that improved. The body had a lot of healing to do.

Q: [The medication?](#)

A: I am on medication for life – especially the ones preventing the body from rejecting the lungs. Initially there was additional medication, and the doses were higher, they are gradually being reduced. One drug (Prednisolone) has given me diabetes – but it wears off in the evening. So, I must be careful during the day, but at night I can relax and eat a greater variety of foods without spiking my blood sugars.

Q: [Do you feel any change of personality from your new lungs?](#)

A: No, I still have the same interests as prior to my transplant. However, I have a lot more energy.

Q: [Are you involved in organ donation and transplantation now?](#)

A: Yes, I have been involved in several ways, both through Donate Life and St Vincent's. I have been fortunate enough to see what goes on behind the scenes at the hospital from a philanthropic perspective.

Q: [Can your new lungs be transplanted to another person and who can be a donor?](#)

A: While I am not certain, I think my lungs could potentially be used again. There are limitations to organ donation. For instance, you must die in a hospital with otherwise healthy organs. Your next of kin must also give consent to the donation.

The hospitals in Australasia that do lung transplants are Sydney, Melbourne, Brisbane, Perth, and Auckland. Geoff is incredibly grateful to the donor, and his wife, Dianne, who has been through his journey with him.

**Editor's Note** - Sam Chisholm had the same genetic 'flaw' as your editor (Geoff) namely **Alpha-1 Anti-trypsin Deficiency**, and like your editor had a lifesaving double lung transplant. Sam had to wait nearly two years for his transplant while your editor waited just 12 days. The transplant gave Chisholm an extraordinary 15 extra years of mostly 'quality life'. Not all transplantees are that fortunate but all are thankful that they have been given a second chance. You can read about his interesting life below.

## [Sam Chisholm \(1939 – 2018\) Kerry Packer's 'right-hand man'](#)

*'He was born with an enzyme deficiency (Alpha-1 Anti-Trypsin) which affected his lungs'.*

*'After nearly two years on a waiting list, in March 2003 Chisholm received a bilateral lung transplant at St Vincent's Public Hospital in Darlinghurst, Sydney, thanks to the Federal Government's transplant program and the country's organ donation system'.*

<https://www.mediaweek.com.au/sam-chisholm-death-media-tributes-sky-foxtel/>

Sam Chisholm, the former CEO of the Nine Network in Australia, and Sky Television in the UK lived - thanks to his life saving transplant - until he was 78 years old.

In 2018 Chisholm passed away at the Sydney Adventist Hospital in Wahroonga, following a short illness. His wife Sue and his daughter Caroline, from his first marriage to Ronda Chisholm, were by his side.



**Sam Chisholm.**

Sue Chisholm described her husband as ‘larger than life, an extraordinary man’.

‘He was as much at home in the world of media as he was at his beloved farm,’ she told Fairfax Media. ‘He was the love of my life’.

Born Samuel Hewlings Chisholm in Auckland, New Zealand, in 1939, Chisholm was one of the most colourful figures on the Australian media landscape. He led the Nine Network during its ratings and revenue dominance during the 1970s and 1980s. He later moved to the United Kingdom to lead Sky Television during the merger which created BSkyB.

In 2003, Chisholm was the recipient of a bilateral lung transplant at St Vincent’s Public Hospital in Sydney; a statement issued by his family acknowledged both the Federal Government’s transplant program and Australia’s organ donation system.

Between 2000 and 2007, Chisholm served as a director of the Victor Chang Cardiac Research Institute; from 2009 to 2012 he was chairman of the Australian Organ and Tissue Donation and Transplant Authority.

Chisholm’s daughter Caroline Jumpertz acknowledged the part that transplant played in extending Sam’s life.

‘It’s difficult to put into words how grateful we all are for the 15 extra years that Sam enjoyed thanks to the lung transplant team at St Vincent’s and to the anonymous donor and their family,’ she told Fairfax Media.

Jumpertz said her father had ‘embraced his second chance at life, enjoying every single day and endeavouring to give back wherever he could’.

In 2004 Chisholm was inducted into Australian television’s Hall of Fame and awarded a Gold Logie.

In the 35-year history of that award, it has been given to a television executive on only a handful of occasions; previous recipients have included the television pioneer Bruce Gyngell, and two of Australia’s legendary television producers, Reg Grundy, and Hector Crawford.

In 2013 Chisholm was awarded an Order of Australia (AO), for his corporate leadership and his service to medical research and health organisations in Australia.

Though Chisholm had a fearsome reputation, he was also known for his discreet charity; he notably

supported television legend Graham Kennedy when he encountered financial difficulty in his later years.

One of Nine's current personalities, presenter Ben Fordham, also revealed Chisholm had donated \$10,000 for a charitable cause he was helping, on the condition that Fordham not disclose that Sam had made the donation.

'Everyone thinks I'm a prick and I plan on keeping that reputation,' Chisholm reportedly said to him.

<https://www.smh.com.au/entertainment/tv-and-radio/australian-television-legend-sam-chisholm-dead-aged-78-20180710-p4zqmo.html>

## PALLIATIVE CARE ACT

Our speaker in August is Tracy Gillard from Palliative Care ACT. Palliative Care ACT is a not for profit community based organisation that aims to promote palliative care in the community and deliver volunteer palliative care services to support clients and their families. The organisation advocates for and promotes provision of best quality palliative care services. Tracy will let us know more about its work and about palliative care in the ACT. [Palliative Care ACT \(pallcareact.org.au\)](http://pallcareact.org.au)

The **Canberra Health Services** provides the palliative care to all in the ACT who need it. They link primary care services with health professionals to improve quality of life for you and your carers.

[End of Life and Palliative Care | Health \(act.gov.au\)](http://act.gov.au/End-of-Life-and-Palliative-Care)

Palliative care does more than we generally think, and Tracy will give us a good picture of what it actually is and does.

## Jokes about Birthdays and Life

The best way to remember your wife's birthday is to forget it once.

[H. V. Prochnow](#)

Birthdays are good for you. Statistics show that the people who have the most live the longest.

[Larry Lorenzom](#)

Life is a moderately good play with a badly written third act.

[Truman Capote](#)

The old believe everything  
The middle-aged suspect everything  
The young know everything.

[Oscar Wilde](#)

Time flies like an arrow  
Fruit flies like a banana.

[Groucho Marx](#)



...and thanks to Pam Harris who sent us this delightful photo

**Editor's note – I'm looking for more personal photos so please share them with us.**

# Combating Cold Dry Air Chis Moyle

Monitoring the weather forecast and preparing accordingly can help avoid unwanted flare-ups.

This is especially true of cold weather. As winter sets in and the temperature drops, typically, the air becomes drier. And for people with asthma, COPD, or bronchitis this dry air means throat irritation, wheezing, coughing, and shortness of breath. Cold weather and respiratory disorders are linked for a number of reasons. Let's look at what those are and how to deal with them.

## Why Does Cold Air Irritate Respiratory Disorders?

It all comes back to dry air. Naturally, our airways are lined with a thin layer of fluid, and when we inhale dry air that fluid evaporates quicker than normal. In some cases, the fluid evaporates faster than it can be replaced. This causes the throat to become dry, and a dry throat leads to irritation and swelling which worsens the symptoms of COPD and asthma.

Cold weather also increases mucus production. Mucus is the protective layer of the throat, however, the mucus produced in cold conditions is thicker and stickier than normal. This can cause blockages in the respiratory system and also increases your likelihood of catching a cold or other infections.

## [Tips For Dealing With Cold Weather](#)

There are certain ways to help cope with the cold, dry air that winter brings. For people with respiratory problems, it may be wise to take extra precautions during these months to avoid an onset of symptoms. Let's look at a few precautions:

- **Take all medication as prescribed** - If you have a respiratory condition, then it is wise to do this always. But in the cold months, it could pay off to be doubly aware of your medication and treatment regimen.
- **Cover your nose and mouth with a scarf** - Wrapping a scarf around your nose and mouth warms the air before it gets to the lungs. This can help prevent the symptoms associated with cold, dry air.
- **Breathe in through your nose and out from your mouth** - Your nose has blood vessels that warm and humidify the air before it gets to your lungs. Increased mouth inhalation brings the irritating cold, dry air straight to your lungs.
- **Avoid outdoor exercise in the cold** - If you suffer from respiratory problems, then outdoor exercise in severe cold weather can really hurt your lungs. As your breathing and heart rate increase during strenuous exercise, people tend to inhale through their mouth, which brings on irritation and swelling.
- **Keep quick-relief medication on hand** - If you begin to display respiratory symptoms, it can be very helpful to have quick-relief medicine nearby and accessible.
- **Monitor the forecast** - Being prepared is a great way to prevent respiratory symptoms. Make sure you dress weather appropriate. Carry a scarf if you need to. If you get cold, then your immune system slows down and makes you more susceptible to lung infections.

[https://floridachest.com.pulmonary-blog/How Cold Weather Causes Trouble For Your Respiratory System — Pulmonary Associates of Brandon \(floridachest.com\)](https://floridachest.com.pulmonary-blog/How Cold Weather Causes Trouble For Your Respiratory System — Pulmonary Associates of Brandon (floridachest.com))