THE LAUNCH

Vivian Bullwinkel Chair of Palliative Care Nursing

The recent appointment of Professor Margaret O'Connor DN, MN, B.Theol, RN, FRVNA, AAIM was celebrated at the April launch of the Vivian Bullwinkel Chair of Palliative Care Nursing at the Peninsula Campus. Margaret was warmly welcomed by distinguished guests and benefactors at the formal launch of the new Chair of Palliative Care Nursing that honours the inspirational and courageous life and work of the late Australian nurse, Vivian Bullwinkel.

This was a joyful event attended by distinguished guests, Professor Nick Saunders, Dean of the Faculty of Medicine, Nursing & Health Sciences, Ms Bev Armstrong, CEO, Peninsula Hospice Service, Mr Dan Romanis, CEO, RDNS, Ms Libby Wilson, Director of Nursing Services, Peninsula Health, Mr John Bullwinkel, nephew of the late Vivian Bullwinkel, Ms Ita Buttrrose, Patron of the Vivian Bullwinkel Memorial Fund and loyal benefactor, Mr Bruce Ruxton OBE.

At the Launch, Associate Professor Tony Barnett welcomed more than 120 guests that included nursing and medical academics and clinicians, representatives from the RCNA, members of the RSL from Victoria and members of the community.

In her inaugural address, Professor Margaret O'Connor traced the historical development of palliative care nursing in Australia and presented her philosophy and priorities to take palliative care into the future.

Mr Bruce Ruxton in his usual good humour and enthusiastic address, encouraged RSL members and their families to continue their support for the Chair.

RESEARCH DIRECTIONS FOR PALLIATIVE CARE:

"The accomplishments in palliative care to date have been both more and less than we hoped for. The progress has been staggering; the remaining suffering is unacceptable." (Canadian Palliative Care Association Conference 2002)

These words could be echoed in Australia, where even though palliative care is a relatively new discipline, there have been exponential advances in many areas of research, particularly in areas that influence clinical practice. However, we also know that there are people in our community not dying well, who are not accessing the best care they could, for many and varied reasons. In Australia, geographic factors prohibit many people's access to palliative care, lack of timely referral by health professionals can be another barrier to access and diagnosis can be another (Those people with diseases other than cancer, like end stage cardiac disease or Motor Neurone Disease, still do not get easy referral, or equitable access to palliative care services).

And while there are many success stories in the prevention and treatment of cancer and related diseases in Western countries, in developing countries the number of newly diagnosed cancers is expected to double in the next 20 years.

Thus there is a challenge, to look beyond our shores in the sharing of research, knowledge and expertise.

Because this Chair is a partnership - between Monash University, Peninsula Health, Peninsula Hospice Service and Royal District Nursing Service - there is much strength from which to draw. The partners share a common concern about promoting the best care for dying people on the Peninsula and beyond; it represents all aspects of palliative care service delivery that a person diagnosed with a terminal illness might experience during their illness - home care, in patient palliative care and hospital services.

Research directions:

Palliative Care Australia (1999) has developed strategic research directions from where much of the agenda of this position will be drawn.

Because of our clinical partners, the major emphasis will arise from the clinical area and from the concerns of those practicing palliative care. And the research concerns of clinicians will always be an important aspect of any research framework. This will require collaborative models of research, across the University, with one or many clinical partners, which will add strength and ensure relevance to any research endeavours. Issues about how we can best deliver palliative care are indicative of an evolving discipline and a discipline that can adapt to changing social times and individual needs.

There has been much change in the short life of palliative care in Australia, particularly in the way services have become more part of mainstream health services and palliative care knowledge has become more widely disseminated. But there has been little analysis on whether these changes have improved care for the dying. For example, does the service system work well when a person needs to move from home to the acute hospital or vice versa? Is there enough support for a person receiving care at home and how do we know this?

We need to be involved in research about the applicability of palliative care with those people with illnesses other than cancer, for people dying in aged care facilities; and in addressing some of the ethical issues that arise in end of life care.

Besides undertaking research with the clinical partners there is a wider role for the Chair in engaging with the concerns of particular groups in the community like older people and veterans. There is an imperative to be involved in ongoing developments in dissemination of palliative care knowledge – in education, awareness-raising activities or community speaking.

This position is a unique opportunity in the field of palliative care nursing in Australia, and it is an exciting challenge, to bring together all aspects of the role – the partners, the community, the research, the fundraising, in order to ultimately make a difference for dying people and their families.

Launch