



FULL CIRCLE

The Voice of Hospice Palliative Care in British Columbia



BRITISH COLUMBIA
HOSPICE
PALLIATIVE CARE
ASSOCIATION
SPRING 2006

BC Hospice Palliative Care Association – 2006 Conference

“Freedom lies in being bold.” – Robert Frost

We achieve our highest goals, our greatest contributions to the world by being bold. We cannot achieve everything we want by sitting quietly on the sidelines, hoping life will point the way for us. People who make things happen are bold in their actions.

How do we become bold? To some, it means to be fearless. It is acting on what you believe and what you believe is important, always ready to face the consequences, having considered them in your decisions and in your plans. It means doing whatever it takes to meet your goals, and make your dreams come true.

Bold Steps: Becoming Our Best is the theme of the 2006 BCHPCA Conference and will provide the inspiration to become the best we can be as we go about our work in hospice palliative care and bereavement care. It is an opportunity to recognize achievement and aim for the new.

At last year's conference the BCHPCA Board presented the new mission and vision, and unveiled the "bold steps" for our organization to manifest and further our dream of becoming our best. BCHPCA is committed to these **five bold steps** which form the theme for our 2006 Conference:

1. Advocating for Quality Hospice Palliative Care
2. Expanding and Supporting the Membership
3. Strengthening Our Funding Base
4. Developing Our Board
5. Enhancing Our Communication

Bold Steps: Becoming Our Best acknowledges our commitment to this vision as an Association.

[continued on page 3 ...](#)



**Bold Steps:
Becoming Our Best**
May 26 – 28, 2006

The Sheraton
Guildford Hotel
Surrey, BC



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Editorial Policy of Full Circle

Full Circle is a members' forum for issues related to hospice palliative care and the activities of the British Columbia Hospice Palliative Care Association. Opinions expressed do not necessarily represent official policies of the Association. Acceptance of an advertisement in the newsletter does not indicate BCHPCA endorsement of that product or service.

Submissions are welcome and will be published at the discretion of the Editor.

Submissions to: bchpca@cheos.ubc.ca

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President's Message



Let's get ... Political!

In taking the Bold Steps necessary to improve end of life care in BC, your Board is moving proactively over the next year to advocate for substantive change that will provide "real" and visible change in the supports to patients and families and providers.

In early February, Janice and I met with the Minister of Health George Abbott and presented him with our vision for hospice palliative care in BC.

The document which accompanies this newsletter and can be downloaded at www.hospicebc.org is entitled "Still Not There: A Call to Action in BC." We were encouraged by Minister Abbott's comment about anticipated changes in BC and have asked him to address our annual conference in May and share with you how this government plans to enhance hospice palliative care.

We encourage you to share this document with the political and health decision makers where you live and work and together with them, make change happen in BC. BCHPCA supported a motion to form an End of Life Coalition in BC similar to one which CHPCA spearheaded on a national level, in the hopes that the many voices of a variety of organizations speaking out for change would be heard.

Recently you would have received a template letter that could be sent to the Attorney General's office related to a call for consultation on advance directives. We hope to be able to provide you with similar opportunities in the future that support you in making your voice heard.

Thank you for your ongoing membership in this organization. Your Board is committed to making change happen!

Carolyn Tayler
President, BCHPCA

Executive Director's Message



In the years of achievements by BCHPCA, countless accomplishments mark the path to where we are today, and even more are on the horizon. With this issue, you will see evidence of important initiatives driven by the Strategic Plan Bold Steps as adopted by the Board and actively under implementation. The Board Task Force work in Communications unveils a brand new look and name for this newsletter. Today, Full Circle becomes the publication name for our Association.

Significant achievements mark our work with community partners as well. This winter, BCHPCA served as the catalyst for meetings across the province to better understand hospice palliative volunteer practice standards and their development nationally. Members helped shape that process. In May we bring you our 2006 Conference "Bold Steps: Becoming Our Best" with top notch presenters and workshops, and time for fun and conversation. Registration begins in early March, and we hope to see you there.

Janice Waud Loper

2006 Conference continued from cover ...

Whether the work is being carried out by our Board or by our membership, it is clear that there have been many exciting successes in the past year. The 2006 Conference will feature seminars, keynote speakers and information on how the Bold Steps for BCHPCA are being fulfilled and how

your work, as a member of the Association, aspires to and achieves these goals. You will hear the stories of colleagues and will have an opportunity to tell your own.

There is still time to submit applications for the awards. Go to www.hospicebc.org for details.

2006 Conference Schedule

Friday, May 26

- 0700 – 0830** Registration
- 0800 – 0900** Opening Ceremony – BC Minister of Health, the Honourable George Abbott (Invited)
- 0900 – 1015** Opening Keynote: Dr. Ross Gray
- 1015 – 1045** Refreshment Break
- 1045 – 1215** Concurrent Sessions Block 1
- 1215 – 1345** Lunch and Regional Meetings
- 1345 – 1500** Concurrent Sessions Block 2
- 1500 – 1530** Refreshment Break
- 1530 – 1630** Concurrent Sessions Block 3
- 1645 – 1845** AGM & Awards Presentations

Saturday, May 27

- 0800 – 0900** Registration and Breakfast
- 0900 – 1015** Concurrent Sessions Block 4
- 1015 – 1045** Refreshment Break
- 1045 – 1215** Concurrent Sessions Block 5
- 1215 – 1345** Luncheon and Interest Group Meetings
- 1345 – 1515** Keynote Speaker: Jim Miller
- 1515 – 1545** Refreshment Break
- 1545 – 1715** Concurrent Sessions Block 6
- 1800 – 2200** Dinner with Entertainment by Jake & Elwood's Blues Brothers Revue

Sunday, May 28

- 0730 – 0830** Breakfast
- 0830 – 1030** Workshops
- 1030 – 1100** Refreshment Break
- 1100 – 1215** Closing Keynote:
The Extreme Kindness Tour
- 1215 – 1300** Closing Ceremony

2006 Conference Presenters

Friday, May 26



Dr. Ross Gray is the Co-Director, Psychosocial & Behavioural Research Unit, Toronto-Sunnybrook Regional Cancer Centre (TSRCC), Co-Director, Canadian Breast Cancer Foundation Community Research Initiative, and Assistant Professor, Public Health Sciences, University of Toronto.

He holds a PhD, 1987; Applied Psychology, from the University of Toronto. His research focus is psychosocial and supportive care related to cancer.

Dr. Gray's current and future work falls into four main categories:

- 1) Men's health and men's cancers
- 2) Breast cancer
- 3) New approaches to dissemination of research findings
- 4) Community-Based Supportive Care in Oncology

Saturday, May 27

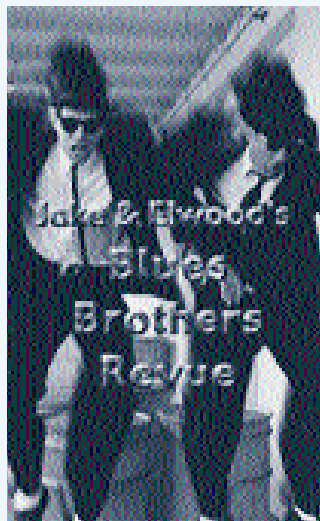


Jim Miller is known for his speaking and stunningly creative photographic presentations throughout North America. He leads workshops and retreats on a host of topics often built around themes of healing presence and spirituality. Jim's unique audiovisual approach is often incorporated in the design of his retreats, including

photography done on location. Laughter flows as easily as serious thought, and participants leave feeling refreshed and inspired. The Conference will feature a presentation by Jim Miller entitled **Beautiful Like Summer Flowers, Beautiful like Autumn Leaves: A Tribute to End-of-Life Caregivers in Photography, Word and Music.**

Saturday, May 27

2006 Conference Entertainment



The hilarious high-energy antics of the Blues Brothers captivated a generation of viewers.

And Jake and Elwood's Blues Brothers Revue is the TOP Blues Brothers Revue in the Pacific Northwest.

Jake and Elwood bring with them a smokin' show band, high-voltage dance routines, top-notch vocals and hilarious skits. It's all part of the non-stop, high-octane entertainment.

Like Jake says: "This ain't no lipsync, baby ... we're totally live and totally cool!"

Sunday, May 28

The Extreme Kindness Tour

The Extreme Kindness Tour is a three-month non-profit marathon: its mission is to connect the world through kindness. Four friends in one motorhome will be committing random acts of kindness in as many Canadian communities as possible. They'll be knocking on your door offering to cook you dinner, dragging you out for a game of hockey on your coffee break, or entertaining kids at the children's hospital. Kindness 24/7.

These young men will delight, inspire and enchant you with their enthusiasm and their commitment to kindness.

BCHPCA Pre-Conference Day

Thursday, May 25, 2006

The Sheraton Guildford Hotel, Surrey, BC

Sponsors: BCHPCA and Griefworks BC

Bold Steps: Achieving Our Best in Bereavement Care

Join us for a day of meeting colleagues from around BC; gathering knowledge & skill & making history.

Morning Program

- 0830 – 0900** Welcome & Networking Activities
- 0900 – 1030** Murder, suicide, accident, & other tragedies: Trauma-Informed Bereavement Support - Part 1
Jessica Easton & Toby Snelgrove
- 1030 – 1050** Nutrition Break
- 1050 – 1215** Trauma-informed Bereavement Support Part 2
- 1215 – 1300** Lunch

Afternoon Program

- 1300 – 1315** Introduction to Networking Activities
- 1315 – 1430** I Want to Leave Here Knowing ...
- 1430 – 1500** Nutrition Break
- 1500 – 1600** Whole Group

Facilitated Summary – What next steps do we need to do to start our interest group?

Sunday, May 29th – Join us at the Roundtable Discussion to continue our work and make concrete plans for the future.

BOLD STEPS: Our Plans in Action

Communications Task Group Takes First Bold Steps



From L to R, Wendy Pratt, John Dalziel and Janice Waud Loper.

The BCHPCA Board Communications Task Group headed by President-Elect, Wendy Pratt, and Executive Director, Janice Waud Loper has been busy since the strategic plan was announced at the 2005 Conference.

In collaboration with

John Dalziel and his creative team at Cause & Effect Communications, the first **Bold Steps** have been taken. The first bold step was to develop a new 'look' for BCHPCA; the second was to redesign the website and the third was to create a new and exciting newsletter. Everyone has heard the terms 'branding', 'key messages' and 'target audiences.' These words have great significance in the world of communications today, but they are only words until they are brought to life by people who have a dream and a goal. Our goal is to become the *Voice of Hospice Palliative Care in B.C. by 2010*. Can we do it? Absolutely! The Communications Group is looking forward to sharing these bold steps with you at the conference in May so start making plans to join us!

Expanding and Supporting Membership

The Membership Task Group of the BCHPCA Board chaired by Darcee Bidgood, Regional Director for Vancouver Island is forging ahead to develop new strategies to serve the membership of BCHPCA, keeping in mind the Bold Steps of the Strategic Plan. Conversations with the CHPCA office provided insight into member benefits on a national level, and how best to administer member services. Terms of reference are established and a planning framework developed by the Task Group guides their work. A member survey is planned for March to obtain BCHPCA member views and create appropriate benefits. Plans are to work with the Communications Task Group to create key messages, develop benefits of membership information, define the role of Board members in promoting and recruiting members, and develop opportunities for members to provide feedback.



Membership Task Group members, from L to R, Darcee Bidgood, Sandra Castle, Yvon Thibeault.

You are encouraged to respond to the Survey on Member Services when it comes to you via email in early March.

Full Membership Task Group planning will be presented at the May Conference.

Advocating for Hospice Palliative Care Volunteer Best Practice

Task Group Inukshuk, guided by Jerry Rothstein, Chair, Task Group on Volunteer Best Practices and Quality, Health Canada Secretariat on Palliative and End-of-Life Care, in partnership with BCHPCA conducted four consultation workshops with volunteers, volunteer managers and educators in Kelowna, Langley, Nanaimo and Victoria. 75 participants represented about twenty-five organizations. The mix generated excellent discussion, and allowed input from a range of environments in which hospice palliative care is delivered, from well-resourced urban areas, to grass-roots-inspired smaller communities with long hospice palliative care histories, to more remote and under-resourced areas.

The Task Group purpose is the development of national standards of practice for the hospice palliative care volunteer component in the domains of clinical practice, education, and organizational structure.

These include:

- A response to and modification (from the perspective of the Volunteer Component) of the CHPCA's Values, Guiding Principles and Foundational Concepts as found in *A Model to Guide Hospice Palliative Care: Based on national Principles and Norms of Practice (2002)*.
- A set of Overarching Concepts that govern the work of volunteers in hospice palliative care.
- An expanded understanding of the Essential Components of volunteer clinical practice.
- The beginnings of a set of competencies required by volunteers in order to engage in their clinical practice.
- A model for the advancement and continuing education of volunteers.

We learned that the Task Group scope needs to include development of standards of practice in the domain of community collaborations and partnerships.

The Task Group has done much work in expanding our understanding of volunteer clinical practice. Combined with knowledge of volunteer practice, the goal is to turn to education and ask what volunteers need to learn in order to be able to practice, and to the organization and ask what it must do to support volunteer practice.

Thank you to all who participated in the Workshops. Your insights add to the development of national standards of volunteer practice in hospice palliative care.

From a report written by Jerold Rothstein.

Circle of Friends: News From BCHPCA Members

Beds Open at Marion Hospice

Providence Health Care, in collaboration with Vancouver Coastal Health and Windermere Care Centre, opened 12 new hospice beds for the terminally ill at Marion Hospice, on November 30, 2005. The beds represent a 75 per cent increase from the 16 hospice beds currently available in the City of Vancouver, and are the first to be located on the city's Westside. It is expected that Marion Hospice will reduce the time patients wait for hospice beds and free up palliative beds in acute care settings. It accepted its first patients on December 1, 2005.

Marion Hospice is named after Sister Marion MacDonald of the Sisters of Charity of the Immaculate Conception. During her twenty-three year tenure as administrator of St. Vincent's Hospital Sister Marion was among the first in Vancouver to initiate hospice care in a hospital setting.

Excerpt from a press release – Providence Health Care Communications

In the 1970s, she designated palliative care beds in Vancouver at St. Vincent's Hospital to care for terminally ill patients. It is this legacy that has provided the inspiration for this facility, says Carl Roy, President and CEO of Providence Health Care. Sister Marion MacDonald is honored to have the facility named after her and says, "Hospice care puts the patient back in the centre of health care by respecting the dignity of the individual."

Providence Health Care will operate the hospice and will benefit from support services at Windermere Care Centre where the hospice is located.

Marion Hospice is located on 12th Ave. and Laurel across from Vancouver General Hospital. The hospice beds are situated on one, self-contained floor that includes dining and lounge facilities.

Accreditation Team Visits Delta Hospice

Excerpt from a story by Sandor Gyarmati, The Delta Optimist, Dec. 3, 2005

The Delta Hospice Society is helping lead the way in the creation of new standards of excellence in care for the dying and their families.

In January, a team from the Canadian Council on Health Services Accreditation visited the Delta organization to see how the local group operates and the various comfort and bereavement services are offered.

The Council chose Delta Hospice as one of 11 hospice organizations in Canada (Canuck Place is the only other in B.C.) to measure how they do against a draft set of standards the national organization has come up with for hospice care.

"They're actually standards of excellence, so they're not minimum standards," said Nancy Macey, Executive Director of the Delta Hospice Society.

Other sectors in health care, including hospitals and care homes, obtain accreditation from the council, all on a voluntary basis because it's not a provincial or federal requirement.

Macey noted those standards help organizations see how they're doing and how they can improve.

The national non-profit organization is only now entering into the field of hospice and palliative care.

Other than the usual provincial license requirements, Macey noted there aren't any nationally recognized



Dr. Charmaine Jones (left), Madame Lyse Houle and Toby Yan are surveyors with the Canadian Council on Health Services Accreditation.

standards of excellence for hospices in Canada.

"The formal delivery of hospice in the mainstream of health care is relatively new, so it's important that standards are set up and people try to achieve them ... we're quite excited to be a part of this."

Toby Yan, an accreditation specialist, accompanied by several surveyors with the national group, said they were looking at two specific areas: the delivery of hospice services to clients and how the organizations themselves function.

"Really, what is underpinning all of this is the philosophy of quality improvement, so that the organization is assessing itself against these standards," she said, "but these are standards of excellence, so we expect that the organizations can identify strengths and areas for improvements."

Macey said it's important for the Delta Hospice Society to be recognized as an organization of excellence.

The Council plans to have a final set of standards in place by April.

The Delta Hospice Society, meantime, is continuing its fundraising efforts in the hope of building a comprehensive hospice care centre in Delta. Neither the land nor operating funding has been secured for that project as of yet.

Circle of Friends: News From BCHPCA Members

Hospice Through Other Eyes: A Volunteer Story

My name is Louise. I am a Volunteer with the Kamloops Hospice Association and the Marjorie Willoughby Snowden Memorial Hospice Home in Kamloops. My duties while at the Hospice Home include staffing the front reception desk, answering the phone, greeting family members as they come in and sign the book ... many of the things associated with a front reception area. I also do a little library work, and some community visitations. My experience has been most rewarding, but in July and August of last year I was able to look at all this from another perspective.

My sister Dorothy entered the Hospice Home on July 14th, 2005. She became a client/patient – I became a family member.

From the start, just signing the book at the front reception area every time I came was “different”. I was made comfortable by whoever was there. Walking down the hall to her room was like looking at this beautiful home with new eyes. Now I know what some of the relatives were saying when they voiced opinions like “This is an awesome place”, or “Do you feel it? That wonderful ambience?” “Yes”, I would say with sincerity, “Yes, I feel it too”.

Dorothy was treated like royalty, whatever she wanted, and whatever we wanted for her, was immediately granted, changed or found. The Staff and Volunteers were truly ministering angels. I never realized just how much they do, not only for those who are dying but for the family as well – they are included in this “angel packet”. Dorothy's husband, sons, grandsons, daughter-in-law and many of her friends were always greeted warmly, hugged and made to feel ‘at home’.

Let me tell you of Dorothy's last days (she died on August 15th.) My sister Dody and I had spent many hours at Hospice Home in the previous week, and had a fair idea of how things went. But in those last days we were to really

encounter those “ministering angels”. After spending two sleepless nights at Dorothy's bedside, I am sure neither Dody nor I were thinking straight or acting normally. When one of us would stumble out of the room at 2,3, or 4:00 in the morning, they were there. When we needed a shoulder, a hug, they were there. Did we need a pillow, a drink, something to eat? When we needed to ask questions, voice an opinion, or just vent, they were there. In Dorothy's last hours she was not conscious, but they treated her like she was ... always talking to her and with her and, most of all, loving her. It was always a great concern for Dorothy that she not die choking to death, that her death would be peaceful. Those wondrous Nurses and their assistants were there to make it just as she had prayed for.

Dody and I wanted to wash Dorothy – ‘make her pretty’. They found special soap for us to use, and left us to minister to our dear sister who had just left us.

My view, my expectations, my perceptions have all changed somewhat with this experience. When a family member seems confused, tired, grouchy, I will give them some of those hugs ... I've been there. When they don't want to eat, sleep or rest – just want to cry – I will give them some of those hugs ... I've been there. When they want to cook at odd hours, as Dody did – she made comfort food like potato soup, at midnight – I'll help them ... I've been there.

My humble thanks and gratitude to these “ministering angels” of our Hospice Home seem so inadequate.

I see the staff and volunteers in a new light. They do so much more than what is required, they go that extra mile and then some. I felt the love and concern myself – it's genuine – I know ... I'VE BEEN THERE!

Submitted by Louise Overli, Volunteer, Kamloops Hospice Association

The Arts support Hospice Yukon

We at Hospice Yukon were honoured to be the recipient of a fund raising event that was the vision of Whitehorse actor Mary Sloan. Mary played the lead role in the Guild Hall's theatre production, *Wit*, directed by Libby Mason. *Wit* is a powerful drama about dying and death that softens the heart of anyone who sees it. For this performance Mary had her head shaved, and she offered to raise money and public awareness for us. We were delighted in this collaboration with the Arts Community. Mary said about her performance, “Because Vivian is undergoing aggressive treatment for cancer, it is necessary for me to shave my head to play the performance. When I realized this was the case, it provided me with the chance to make a small contribution to Hospice Yukon, an organization that provides invaluable support, comfort and dignity to individuals and their friends and families in our community. I chose to contribute my donations to Hospice Yukon because I feel that we all deserve flights of angels to sing us to our rest. This kind of connection is what makes the Yukon such a special place to live.” We at Hospice Yukon thank you Mary.

Submitted by Cathy Routledge, Executive Director, Hospice Yukon Society

BCHPCA 2006 Call for Awards

BCHPCA Award of Excellence

The **BCHPCA Award of Excellence** is presented in recognition of outstanding personal achievement in the field of Hospice Palliative Care in British Columbia, and to promote awareness of Hospice Palliative Care in the province. Nominees exemplify excellence in Hospice Palliative Care, in either a paid position or as a volunteer. The individual must be involved in Hospice Palliative Care for a minimum of five years, and demonstrate leadership and commitment through outstanding achievement in clinical practice, education, research, advocacy or resource development. Their contributions positively affect quality of life for patients and families facing death, dying and bereavement and/or have enhanced the profile of Hospice Palliative Care in their community, British Columbia, Canada or Internationally.

BCHPCA Award in Honour of Michael Downing

First awarded in 1997, and named in honour of Dr. Michael Downing for recognition of his contributions and leadership in the pursuit of excellence in Hospice Palliative Care. Submissions should describe either a study or project related to Hospice Palliative Care; an evaluation of some aspect of a hospice related program; or a descriptive study of patterns of care or community linkage or partnership. These initiatives must have been completed within the last 2 years. Submissions that focus on the volunteer role are particularly encouraged.

Awards Recognizing Enhanced End-of-Life Care for British Columbians

These Awards, generously funded by the **Sovereign Order of St. John of Jerusalem, Knights Hospitaller**, and administered by the BC Hospice Palliative Care Association, are intended to supplement direct care to patients and families at the end of life. Usually four or five grants will be made available with each grant valued at \$1000 - \$2000. Applications should include the objectives of the initiative and identify how the target audience will benefit.

BCHPCA Volunteer Award in Memory of Shara-Lee

The Award recognizes the outstanding personal achievements of volunteers working in the field of Hospice Palliative Care in British Columbia. This award is named in honour of **Shara-Lee Coupal Franking**, who exemplified the generosity of spirit that is the foundation of volunteerism. Individuals can be nominated in two categories: Volunteers who exemplify excellence in the field of Hospice Palliative Care through commitment and leadership in providing direct care to patients; or Volunteers who exemplify excellence in organizational support through fund development or board activities/administrative activities. Nominees have demonstrated exemplary commitment in terms of time, responsibility and/or longevity; have made an impact by significantly strengthening a Hospice Palliative Care program and/or the lives of the patients and families served; reflect the concept of volunteerism in its truest meaning and have provided inspiration to others; and have enhanced the profile of Hospice Palliative Care in the community, region or province.



SHOWCASE ACHIEVEMENT
IN YOUR WORK.

BCHPCA 2006
CALL FOR AWARDS

BCHPCA seeks nominations for Awards to be presented at the BC Hospice Palliative Care Association Conference in May. Go to the website at www.hospicebc.org or contact BCHPCA at 604-806-8821 or 1-877-422-4722 for more details on how to apply. Deadline for submission is Monday, April 3, 2006.

Cultivating My Personal Death Awareness



Talking about our own death is something we often avoid because it reminds us of the parts of ourselves not actualized and of our own unreconciled life issues.

To think about and plan for my death, while I am healthy, requires a certain comfort or acceptance of my life. I need to feel that my life has been lived to its fullest right now, no waiting around for tomorrow. I need to feel and think that the choices I have made were made with good intentions and whatever my mistakes are; I have and am learning from them. To think and talk about my death today I need to feel fulfilled.

This self-fulfillment or self-actualization must first come from a base of personal esteem or self-love. Without a positive regard for myself I am incapable of making life-altering decisions but will perpetually see myself as the victim of circumstance. I must accept that life is not fair or just and that things happen that I have no answers for or control over. I must learn to live with change and the uncertainty of every day.

Talking about my own death is best done while I am psychologically, physically, emotionally and spiritually healthy. If I am clinically depressed, thinking and talking about death is a dangerous activity. My own personal safety may already be compromised with thoughts of suicide and feelings of hopelessness. If I am physically unwell, my energies are spent trying to stay alive and focus on a healthy outcome. I only want to entertain thoughts of recovery. Dying is the last thing on my mind.

When I am emotionally spent by grief, thoughts of death only remind me of what I don't have. My focus is on recovering what I think I have lost and regaining my sense of purpose or hope for the future. When I am exceedingly happy, my thoughts turn to playful activities like long walks on the beach or planning my next holiday.

When I feel loved by or in communion with the divine presence as I experience it to be, or know intuitively that the world is unfolding just as it should, in spite of its tragedies, I don't want to think about my own death either. I want to relax, contemplate, and enjoy this sense of wonder and awe that is alive within and around me.

The best time to contemplate my personal mortality is day by day, during sad times and happy ones; when the car doesn't start, when I don't want to get out of bed, when my husband and I have had an argument, when I am among friends, when I am here, alone, thinking, planning and remembering.

Norma Wellwood is a Certified Celebrant whose role is to facilitate the creation and performance of end of life ceremony that celebrates the life journey of a deceased loved one. For more information about Celebrants you may visit the website: www.funeral-celebrant.com

Team Vulnerability: Helping Families on Their Spiritual Journey

In the past 10 years, I have grown in my understanding of spiritual care through my involvement at Canuck Place Children's Hospice as chaplain, or spiritual care leader. During that time my teachers have been my colleagues on the care team, as we have worked together to provide pediatric palliative care to children and their families.

Understandably, many people assume that spiritual care has to do primarily with religion. The awareness of religious influence permeates our society, even though the majority might not identify with any one religion or faith tradition. At the same time, the word spirituality conveys both a search for meaning and a sense of personal significance which may or may not be linked to a traditional religion. In practical terms this means that whether people are religious or not, everyone is spiritual.

Spirituality is meaning-making. What gives your life direction and purpose, what motivates you in your relationships, what you think of your past and future in relation to the wider human community - these are easily identified with spirituality today. For religious people, there is an obvious connection between a faith perspective and their own approach to spirituality; the same may not be said for non-religious people.

Related images may help delineate the differences and the possible connections: religion might be said to be a pathway, with signposts, direction-finders, stop-lights, and other objective supports. By contrast, spirituality is the experience of journeying. Whether the journey occurs on a particular religious path or not, it is still an ongoing experience of movement which involves choice, meaning-making, the expression of values, relationships, and significance.

Whether a person can verbalize that they are on a spiritual journey is secondary to their actual experience of living.

In other words, whether a person can verbalize that they are on a spiritual journey is secondary to their actual experience of living. Thus it is possible for a care-giver to come alongside another person as they experience their journey and begin to know them, to listen to their self-expression, enjoy their sense of discovery and sympathize with their regrets, to identify with them in their visioning and support them in their meaning-making; these are important aspects of spiritual care.

From this vantage point, we see how different individuals may be involved in spiritual care, each one contributing in a personal way to the meaning-making journey of another. Yet I have sometimes felt that there was another quotient involved in the care of children and their families at Canuck Place which we have not been able to put into words. It is very much a situation where the sum of individual contributions from professionals in different fields, together with the involvement of volunteers, friends and family members, add up to a "whole" that is much greater than any of us might have anticipated.

For example, a couple in extreme marriage crisis clearly expressed renewed hope in their relationship during their daughter's last months of life. Or a father, musing on the long years of family struggle with a son's progressive illness, quietly affirmed his own and his wife's appreciation for all they had learned and how they had grown through this time and then said, "We wouldn't have changed a thing." Or a small group of parents coming to the realization that they all had similar feelings of direction, purpose and significance in the midst of the long years of their children's illness.

Most often, I have been aware of a paradox which seems to hover at the centre of our work. The worst possible circumstance is sometimes experienced in close juxtaposition with hopeful insights, new significant personal relationships, or a sense of positive spiritual destiny which seems out-of-keeping with the experience of loss and grief which inhabits every day. But beyond these seeming miracles, I have also come to identify that there is a quality of team relationship which may, in fact, unlock spiritual potential for the children and families who are involved in our programs.

“I am convinced that personal vulnerability ... is the mysterious gift which creates not weakness, but strength, for the families.”

While I am still attempting to identify all the components of this teamwork, I am convinced that personal vulnerability within the team at Canuck Place is the mysterious gift which can create not weakness but strength for the families. Because we clearly share in a common vision of providing excellent care, and we know that the journey for each child and family is both unique and uncertain, we must work from a place of humility, listening to family members, attempting to support them in ways which are congruent with their values and character. Although we have considerable experience and the accumulated expertise of 10 years of teamwork, we have come to respect the unique intrinsic wisdom within families when it comes to discerning what is happening as their child nears the end of life. Our team role resembles that of a midwife, offering help and support, but trying not to get in the way of natural processes.

That families are vulnerable in many different ways during their child's illness is not a surprise. What is surprising is that our multidisciplinary team seems to play a key role in whether the family can access their own resilience, their hidden spiritual resources. When the family discovers that one or another team member identifies closely with them in more than a clinical professional way, it is as though that caregiver has entered into the vulnerability of the family. When this paradoxical "weakness" is accepted or affirmed, the result is an increase in trust, a breakthrough willingness to express what had never before been said, to risk a closer form of teamwork between family and professionals.

Within the interdisciplinary team, the challenge is to maintain a sense of balance and respectful personal boundaries in the midst of the pull between professional and personal. Tensions within the team must be addressed with the same spirit of vulnerability and boldness with which we approach the families. As we do so, we are in fact creating a hospitable place within which children and families are strengthened to do the difficult work involved in living with dying.

Eric Stephanson
Spiritual Care Leader
Canuck Place Children's Hospice, Vancouver



PARTICIPATE IN THE 2006 HIKE FOR HOSPICE PALLIATIVE CARE



Sunday, May 7, 2006

Are you interested in joining thousands of others across Canada on Sunday, May 7, 2006 for the fourth annual Hike for Hospice Palliative Care? Don't know where to start? It's easy! All you have to do is contact one of the participating Hike host sites and they will provide you with details regarding their specific event and assist you with your registration. Go to the CHPCA website at www.chpca.net/events/hfhpc/participate_hfhpc.htm for further information.

Thank you for your interest in this year's Hike. This major fundraising initiative will benefit important improvements to help advance hospice palliative care in YOUR community and right across Canada.

Thank you to Generous Friends of BCHPCA

- The Sovereign Order of St. John of Jerusalem – Knights Hospitaller
- The Province of British Columbia – BC Gaming Commission
- Kim-Hung Hum
- Kwan Lihuen
- Ms Ying Kwan
- Yvon Thibeault
- Esther Wong
- David Zee
- Anonymous (2)

Donations received from December 2005 – March 2006.

Notice of the Annual General Meeting of BCHPCA

The Annual General Meeting of the BC Hospice Palliative Care Association will take place on Friday, May 26, 2006 at the Sheraton Guildford Hotel, Surrey, BC at 16:45.

Meeting business will include presentation of the Annual Report, Reports of the President, Executive Director and Task Groups, Nominations Committee Report and Treasurer's Report. 2006 Awards will be presented and the AGM will be followed by a Reception.

MISSION STATEMENT

The British Columbia Hospice Palliative Care Association (BCHPCA) is an umbrella organization whose purpose is to ensure the quality of life for all British Columbians affected by life-limiting illness, death, and bereavement. BCHPCA serves its members in British Columbia and the Yukon by:

- Building and supporting the capacity of the hospice palliative care community, and,
- Providing strategic leadership and advocating for hospice palliative care at all levels as the collective voice in BC.

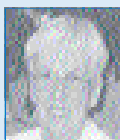
In fulfilling this mission, BCHPCA is guided by these core values:

- **Excellence:** We strive for excellence in all we do.
- **Collaboration:** We work in partnership and teamwork in a spirit of cooperation and involvement.
- **Accountability:** We are accountable, committed and responsive to our members and stakeholders.
- **Integrity:** We are transparent, respectful and uphold the highest ethical standards.
- **Diversity:** We honour and respect diversity

BC Hospice Palliative Care Association Board of Directors for 2005 – 2006



Carolyn Tayler
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Wendy Pratt
President-Elect



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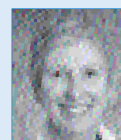
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