

Connections

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Cabrini
Health



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BUILDING A STRONG FOUNDATION

How much do you know about our Cabrini Foundation? When I ask this question it receives a mixed response. Some have heard of it but don't really know what it does. Some get it confused with the Cabrini Institute, our research and education arm. And some have never heard of it.

Quite simply, the Cabrini Foundation is the fundraising arm of Cabrini Health. It was established in 1995 to raise money for research and clinical education. That changed in 2001 with the decision to broaden the Foundation's mandate to raise money for the development of new services or the purchase of new surgical equipment and technology.

A decade on, it is timely to review and reinvigorate the role of the Cabrini Foundation and restate its purpose.

Today, the Cabrini Foundation is a department of Cabrini Health, working closely with the Cabrini Health Board of Directors (the Board), the Executive Committee and clinical leadership to actively seek philanthropic donations, sponsorships and bequests from individuals, corporations and trusts. Given we don't receive funding from any other source, donors' generosity is vital to our future plans for service development.

We have established a voluntary Foundation Committee, chaired by Sylvia Falzon, who is a member of the Board. As Chief Executive, I sit on the Committee together with Foundation Director, Sue James.

The Committee's role is to provide advice to the Board on all fundraising activities for and on behalf of Cabrini Health and to ensure that donated money is properly managed and used for the purpose intended by the donor. The Committee makes recommendations to the Board for the distribution of donated funds to support programs that provide healthcare, clinical research, health promotion and professional education.

With a new Foundation Committee, a new Foundation Director and a new Foundation team, we celebrate the generosity of people who have contributed to Cabrini Health during the past decade and we look forward to building on this generosity and commitment in the months and years ahead.

Dr Michael Walsh,
Chief Executive.



DR RANJANA SRIVASTAVA IS AN ONCOLOGIST AT CABRINI'S PALLIATIVE CARE CENTRE IN PRAHRAN.

Ranjana Srivastava, author of 'Tell Me the Truth', outlines what she's learnt as a mother, daughter, wife and doctor.

I have learnt many things from being an oncologist but the most important of them is that I have connected with people who have allowed me to borrow their wisdom ahead of my time. A diagnosis of cancer does not come bundled with extra wisdom, but there is something about doing battle with the disease which brings out the inherent resilience, spirit and wisdom of people.

One of my favourite patients is Irma, who was diagnosed with an incurable cancer. She pleaded with me to give her the benefit of the doubt, convincing me to treat her aggressively. To my disbelief, she barely suffered a side effect and lived on to relish her life. What inspired me much more than the course of her disease was the spirit with which she approached the catastrophe. Irma had had a difficult life – an abusive first marriage, being a single parent and her second husband falling seriously ill. No one deserved a break more than Irma. Yet this was never how she chose to view her misfortune. Instead, she threw herself into the fight with gusto, maintaining that her positive attitude had helped her in the past. She did not display false bravado but rather an understated courage.

What I have learnt from my patients

Like every mother, I wonder whether my parenting is adequate and whether I am teaching my children everything they need to know. What I have learnt from these women is that it's important sometimes to stop choreographing the children's lives and simply love and cherish them. The rest will follow.

In this day of loud claims and counter-claims over just about anything, Irma has taught me the value of going about life with quiet determination and dignity.

From Alana and some other mothers in my book, I have learnt about the sanctity of motherhood. When cancer intruded upon their lives, their immediate response was to protect their children. The same disease comes with different scripts for different patients – for these remarkable women, the most important thing to safeguard was their children's future. They left the hospital bed early to make scrapbooks; they recognised and stopped futile treatment and instead went to the beach and thought of their children's happiness even as they felt miserable. Like every mother, I wonder whether my parenting is adequate and whether I am teaching my children everything they need to know. What I have learnt from these women is that it's important sometimes to stop choreographing the children's lives and simply love and cherish them. The rest will follow.

I was driven, in part, to become an oncologist because I experienced the death of my beloved grandmother from cancer, in India, when I was quite young.

I don't remember the details, but my enduring memory is that of her being stuck in a hospital bed with a drip in her arm. In keeping with the custom at the time, she was not told of her diagnosis and she died with many shattered hopes about going home and resuming the things she liked to do best – cooking, fussing over her grandchildren and praying. She left behind some gold beads for me, beads she never had a chance to make into jewellery. Holding these beads now, I try to remember that, just like my grandmother, my patients yearn for the security of home. Like her, they want their doctor to tell them if their illness is not curable and their life limited because they would spend that time not mourning their imminent demise but optimising their quality of life. For many of my patients, this would mean stopping unnecessary chemotherapy, taking a last holiday and getting their affairs in order.

I have learnt that although people may find these initially confronting, they are almost always relieved to have had a chance to do them.

My work appeals to me because inherent in it are opportunities to observe and learn from human nature. Faced with their own mortality, people are forced to reduce their life to its most meaningful – and for me to be granted access to their thoughts and actions at this time is an enormous privilege. Of course, hand in hand with the privilege comes the responsibility of guiding people through some profound decisions with honesty, sensitivity and compassion. I misjudge situations at times and get things wrong, but I am constantly learning. I learn not only how to be a good doctor but also a good parent, daughter and wife. As a doctor in training, I used to worry incessantly over never having command of all the diseases and their treatments, the so-called science of medicine. But I realise now that what is most important in medicine is empathy and understanding, because everything else can be looked up in a book.

Excerpt from on-line magazine Your Life Choices (Spring 2010).

Spotlight on bowel disease



LEFT: ASSOCIATE PROFESSOR PAUL MCMURRICK PERFORMS BOWEL SURGERY.

The surgeons of the Cabrini Monash University Department of Surgery have deservedly earned a national reputation for advanced clinical management of bowel disease. Led by Associate Professor Paul McMurrick, they are involved in surgical practice, multi-centre collaborative research, including three major NHMRC studies, development of a collaborative colorectal cancer database and postgraduate teaching.

The Department's treatment and research focus is predominately diseases of the bowel including bowel cancer. Cabrini Health has been a leader in the management of bowel cancer for several decades, treating more colorectal and prostate cancer cases than any other hospital in Melbourne.

The wealth of information these cases provide will now be captured by the Cabrini Colorectal Registry and will provide vital information for future bowel cancer research and patient treatment in Australia and New Zealand. The database was made possible with support of Cabrini Health's Let's Beat Bowel Cancer program and Johnson and Johnson.

Research and treatment by department members includes other disease processes, such as:

INFLAMMATORY BOWEL DISEASE

Inflammatory bowel disease (IBD) includes a group of disorders that have unpleasant symptoms and complications and in which the intestines become inflamed. The cause of these conditions is not known. IBD includes both Crohn's disease and ulcerative colitis

“Both Crohn’s and ulcerative colitis are debilitating forms of inflammatory bowel disease that make life miserable for sufferers, who are mostly young people. We need to learn more about them to improve treatment and patients’ quality of life,” said Associate Professor Paul McMurrick.

Ulcerative colitis is limited to the colon, or the large intestine. It is a difficult disease to diagnose because many of its symptoms mimic other intestinal disorders. The disease destroys the cells in the lining of the large intestine, which causes inflammation and results in the development of ulcers or sores. As a result of this inflammatory reaction, the intestinal wall is damaged leading to bloody diarrhoea and abdominal pain

Crohn’s can affect any portion of the bowel. It can occur in people of all age groups but is more often diagnosed in people aged 20-30 years. If present in young children, it can hinder their growth. As patients are often affected in the prime of their lives, the impact on society outweighs its overall incidence.

RESEARCH PARTNERSHIPS IN BOWEL CANCER

Cabrini Health is a member of the Monash Comprehensive Cancer Consortium (MCCC), which includes Monash University, Southern Health, Alfred Health, Monash Institute of Medical Research, Peninsula Health

and Prince Henry’s Institute, as well as Southern Melbourne Integrated Cancer Services. Together they harness the research and clinical strengths of these organisations to deliver an internationally recognised cancer research program that complements a world class system of integrated clinical care in south-eastern Victoria.

Cabrini Health’s Department of Surgery played a central role in the formation of the Colorectal Neoplasia Translational Research stream within the MCCC.

Together with our partners at the Monash School of Biomedical Science and the Monash Institute of Medical Research, the Department has received National Health and Medical Research Council (NHMRC) grants for the next three years. The grants will fund studies into colorectal cancer growth; the role of stem cells in the formation of bowel cancer; using human faeces as a model for early detection of cancer; and novel tumour markers as indicators of outcomes after cancer treatment.

POSTGRADUATE TEACHING

Professor McMurrick and his team are committed to mentoring young doctors. In partnership with the Peter MacCallum Cancer Centre, in 2011 two young Colorectal Fellows, William Wallace and Tim White, both from UK, will divide their time between both organisations. Their supervision at Cabrini Health will be undertaken by Mr Peter Carne.

“This is a tremendous opportunity for William and Tim. As Cabrini Health is a Monash University teaching hospital, we will be able to provide them with postgraduate exposure and clinical experience in the surgical management of the

full range of diseases of the colon, rectum and anus,” said Mr Carne.

Cabrini Health was the first private hospital in Victoria to successfully secure accreditation of a surgical training position under the auspices of the Royal Australasian College of Surgeons and currently supervises training of two registrars.

INTERNATIONAL VISITOR

In June 2011, the Department will again welcome Professor Bruce Wolff, who is Head of Colon and Rectal Surgery at the Mayo Clinic in the USA. During his visit, Professor Wolff will deliver a public lecture on treatment of bowel cancer.

FOB TEST FRIDAY: 25 FEBRUARY 2011

A unique health promotion campaign created awareness of bowel cancer and encouraged people 50 years and older to do a FOB Test every February.

An advertising campaign throughout Victoria culminated on 25 February with the inaugural launch of ‘FOB Test Friday’, an event to encourage people 50-plus to complete a simple faecal occult blood (FOB) test in the privacy of their own home. Kits can be purchased online via www.letsbeatbowelcancer.com or freecall 1800 55 65 75. Supported by Let’s Beat Bowel Cancer Ambassadors Daryl Somers OAM, Geoff ‘Coxy’ Cox, Dr Sally Cockburn, Melissa Monks and Liz Smart, the ‘FOB Test Friday’ campaign was a huge success generating thousands of orders for FOB Tests, and no doubt saving many lives.





JESSE HAS A LOT OF FAMILY SUPPORT, ESPECIALLY FROM HIS MUM, KERRY (PICTURED)

Jesse, 16, jokes that with his first-hand knowledge of the hospital, he could conduct tours of Cabrini Hospital Malvern.

Jesse has been a patient of Cabrini Health for 13 years, since being diagnosed with a serious colorectal condition, initially thought to be Crohn's disease. For ten years, he was under the care of paediatric gastroenterologist, Don Cameron. For the past three years, he has been cared for by colorectal surgeon, Associate Professor Paul McMurrick.

"The first indication that something was wrong was when Jesse's crèche noticed that he was limping," says his mother, Kerry. "We took him to a hospital where he underwent all sorts of tests, but came out none the wiser."

Ten months later, other symptoms became obvious including severe stomach pain, rectal bleeding and poor bowel control. The limping had occurred because of the build up of colitis in his colon.

"He was in a lot of pain ... acute pain," says Kerry, "but he still kept going to crèche and kindergarten."

"Cabrini is just part of my life"

As Jesse became older, his condition did not improve. He had many emergency department and hospital admissions, colonoscopies, blood tests and transfusions, and an endoscope camera called a pill camera which records the activity of the digestive tract, as well as a regime of medication. By his early teens, he had experienced many school absences and withdrew from favourite sports due to the risk of injury.

Eventually it was found that Jesse's condition was not Crohn's disease, but the closely related ulcerative colitis, a chronic inflammation of the large intestine; the cause is not known and it is more prevalent in western countries and in people of Jewish descent. When uncontrolled for ten years or more, ulcerative colitis can lead to colon cancer.

"In Jesse's case, it was absolutely rare for one so young," says Kerry. "His condition was uncontrollable and acute all the way along."

With no significant improvement in his condition, Associate Professor Paul McMurrick discussed the option of colectomy surgery with his parents. This complex surgery, usually in three stages, was a serious step because of Jesse's young age. Before consenting, Jesse's parents sought the advice of eminent specialists overseas who agreed with Cabrini Health specialists that this was the best option.

In 2008, Jesse underwent the first of a three-stage operation procedure – the youngest person at Cabrini Health to have had the operation.

The first operation was to remove the large colon. Eighteen months later, he underwent another operation, and four months after that, an operation to reconnect his colon with the rectum.

"Jesse seemed to be in the operating theatre forever. Paul went so cautiously and slowly. We think he's a genius," says Kerry.

It has been a long journey, but for Jesse's parents, having the best care for their son was critical.

Kerry says Cabrini Hospital Malvern is a good hospital.

"We've been to the emergency department so many times, the doctors and staff are familiar with us. We are confident in the care we get for Jesse," says Kerry.

Jesse still has specialist appointments every three months but his condition and quality of life has significantly improved.

"His body is still adjusting to the rearrangement of his bowel but he doesn't have the pain; and the disease has gone. The important thing now is that Jesse can move on with life," says Kerry.

Jesse's aim is to study medicine.

"I'll strive to be either a gastroenterologist or a colorectal surgeon," he says. "I think they are amazing people. My own experiences have definitely influenced my decision. I hope to help people get through the same things I've been through," he says.

With the support of his family and his own determination and courage, one suspects that Jesse will achieve his goal.

Written by Patrice Scales

A medal connects the past

When Mike Kinsella bought an ornate medal in a Perth antique shop simply because he liked the look of it, he had no idea that 30 years later, it would lead him to the medal's oldest surviving relative and be featured on a television program.

Intrigued by the medal, which was awarded to Captain Malcolm Hipwell at Broken Hill in 1899 for rifle shooting, Mike eventually felt it should be returned to the Hipwell family and contacted the ABC's 'Can We Help' program to see if they could help to locate the family.

Meanwhile, and with no knowledge of Mike's purchase, a resident of Cabrini Health's aged care residential home, Dorothy Wright, 92, had placed an ad on Ancestry.com to find a relative with whom she had lost contact, mentioning her uncle Malcolm Hipwell as the family connection.

While the ad never yielded the missing relative, it was noticed by



DOROTHY WITH A PHOTO OF HER UNCLE MALCOLM AND HIS LONG-LOST MEDAL

the researchers of 'Can We Help', who promptly contacted Dorothy to tell her that someone was trying to find a descendent of Malcolm to return the medal. As it turned out, Dorothy is Malcolm's oldest surviving relative and the connection was made. The program arranged for Michael to travel from Perth to Melbourne to meet her.

While she freely admits her short-term memory is not what it used to be, Dorothy has vivid recollections of conversations she had with her mother about Malcolm.

He was a crack shot and fine horseman who died during the Boer War in 1901 at Kroonstadt.

“For some unexplained reason, I’ve always felt a special affinity with him and now, with the return of what must have been one of his special keepsakes, the story has come full circle,” said Dorothy.

Family comfort

Family members are always welcome to stay overnight with their loved ones at the oncology ward. In the past, it meant spending the night in an upright chair, which has not been the most comfortable prospect.

Now, through a generous donation from Jennifer Johannesen and her father Ian Dicker AM, relatives can sleep soundly on new sofa chairs donated by the Dicker family.

“When Mum was a patient last year, Dad stayed with her and was lucky enough to have one of the sofa chairs. He noticed that only half the rooms

had them, so he made some enquiries and decided he wanted every room to have one,” said Jennifer.

The sofa chairs have been a huge hit with families. Jennifer herself is no stranger to the hospital, having been a patient on and off for several years. She knows how important it is for patients to have their loved ones with them for that little bit of homely comfort and support.



JENNIFER JOHANNESSEN PRESENTS THE SOFA CHAIRS TO THE EXECUTIVE DIRECTOR HOSPITALITY & RETAIL SERVICES, RALF PELZ.

Stories worth sharing

“The service enables people in our care to reflect on a life well lived and as a personal story, the content is whatever the person wants it to be,”...



PATIENT SHARES HIS STORY WITH A VOLUNTEER BIOGRAPHER.

In February 2011, the Cabrini Health Volunteer Biography Service was launched.

The free service will be available to patients in our hospitals, residents in our aged-care facility and people receiving our care in the community, beginning with patients in our palliative home care program.

“We are pleased to introduce our volunteer biography service,” said Cath Garner, Executive Director Mission Integration.

“At Cabrini Health, we strongly believe that every person is special and each story is worth telling.

“Based on the tradition of oral story-telling, the Cabrini Health Volunteer Biography Service will help people in our care to record their stories – for themselves and perhaps their families and future generations.”

The service is coordinated by Cabrini Health Volunteer Services and staffed by specially trained volunteers who are supported and supervised by Cabrini Health. It works by the volunteer biographer visiting the person at their home or place of care to hear their stories.

The volunteer biographer records the storyteller’s recollections using a digital recorder and after each session, the volunteer transcribes the recording and lightly edits the text. At the next visit, the volunteer biographer reads back the text to the storyteller, in order to confirm its accuracy.

Importantly, ownership of the biography remains with the storyteller – it is their story, told with the help of the volunteer biographer.

BENEFITS FOR THE STORYTELLER

Ms Garner says there are many benefits for the story teller.

“The service enables people in our care to reflect on a life well lived and as a personal story, the content is whatever the person wants it to be,” she said.

“It is an opportunity for the storyteller to remember happy times, record their memories, share their anecdotes and pass on information – often touching on things that they might not have considered important enough to share in the course of their busy everyday lives.

“The biography is a wonderful gift for the storyteller that they can share with others if they choose.”

BENEFITS FOR THE VOLUNTEER BIOGRAPHER

“The volunteer biographer benefits from time spent and stories shared by people who have often lived long and interesting lives,” said Ms Garner.

“Through a process of listening, recording, note taking, developing the text and confirming information with the storyteller, the biographer has the opportunity to develop a significant and rewarding piece of writing.”

MORE INFORMATION

For more information contact Cabrini Health Volunteer Services on ph 9508 1084 or email volunteers@cabrini.com.au

CALLING ALL MEN... YOUR HEALTH DOESN'T JUST AFFECT YOU!

Consider just how many people are affected when the men in our lives die from preventable conditions. That’s the question posed by Foundation 49 in its national advertising campaign that emphasises the importance of regular checkups.

“Many men know within themselves that their symptoms might be serious but delay seeking help until they are pushed by their families or become so frightened and ill that they finally seek help. We are used to being the strong ones and find it hard to admit we are struggling,” said Foundation 49s Chairman Associate Professor Gary Richardson.

A successful gala evening was held at the Grand Hyatt on 26 February 2011 to raise awareness and funds to support the ongoing work of Foundation 49.

Foundation 49 is an initiative of Cabrini Health.



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