

Report by Arvydas Šeškevičius, Professor at the Lithuanian Health Sciences University and President of the Lithuanian Palliative Medicine Association, on his trip to Northern Ireland.

Aim of trip – to become acquainted with the structure of the palliative care network in Northern Ireland – the assistance offered, organisation of volunteers, palliative care provided in a hospice using a holistic approach.

Duration of trip – 6th to 13 November 2011

Supporters of trip – British-Lithuanian Society and the Tiltas Trust

Madeleine Mulgrew, Chief Executive Officer of Cancer Choices, a voluntary organisation, provided information about its structure, the specifics of how work with cancer patients is organised, the printing of booklets, financing, voluntary activity within the community, consultations with specialists, alternative treatments (beauty therapy, massage, fitting of breast prostheses, choice of wigs) and rehabilitation (physiotherapeutic procedures). It is important for volunteers to maintain links with GPs and to maintain accurate documentation when providing assistance in patients' homes. Preventive activity is carried out: meeting with men and women, distribution of information booklets (which provide information about testicular, prostate, skin, mouth, ovarian, cervical and breast cancer and about early symptoms.) There is a library, leaflets on the harm done by alcohol, the need for healthy eating). There is encouragement for cancer check-ups several times a year. Complementary therapies are practised. Relations are maintained with the community, TV and journalists.

I visited the St. Vincent charity shop, which is staffed by volunteers. I found out about the particular means used by the committee running the shop - for example organising events to raise money, how links with the community are maintained, and how financial assistance is provided to patients. Advice is also given to patients with particular financial problems. We were acquainted with the rules [of Cancer Choices]. There is a Pioneer programme, for those with alcohol problems.

Seamus Donnelly, the volunteer Coordinator of Cancer Choices, told us how volunteers are selected, and with the rules they have to keep (e.g. maintaining confidentiality). Seamus Donnelly demonstrated the “Good Morning Neighbour” system. Volunteers at the Centre ring patients every morning, wishing to find out how they are feeling; if there is a worsening, volunteers and medical staff provide the appropriate assistance in the patient's home.

We visited the Macmillan Support and Information Centre at the Belfast City Hospital, where we became acquainted with the service development work and associated documentation, consultations with specialists, the staff, complementary therapies (visualisations, gentle yoga, hypo-relaxation ,Inner Peace Meditation, Tai Chi), and funding.

We found it useful to find out about the work at the Northern Ireland Hospice, where patients and their families receive the appropriate palliative assistance. Patients and their family members are provided with information about falling ill, potential treatments, the team of specialists, the organisational structure, the outcome, audit and follow-up assistance - for example the Day Hospice or the Supportive Out-Patient Service. We were

also told about how services are financed and the role of volunteers. There are about 1,200 volunteers, who help in preparing food, meet visitors and keep them informed, use complementary therapies, work in the grounds, fundraise and help with fundraising events. Prof. Max Wilson told us about his studies on palliative care.

We were told at the Macmillan Palliative Care Unit in Antrim how the work is organised, the personnel structure, outpatient assistance, the role of volunteers, how staff are trained, finance, contact with patients and their families. The hospice uses not only drugs but Complementary Therapy: aromatherapy, Indian head massage, reflexology, reiki. We were told about rehabilitation methods, eating issues, spiritual assistance, clinical pharmacology, and the role of speech and language.

We visited Armagh City Council, where we met Mayor Freda Donnelly and trainee volunteers. The trainees presented programmes for the prevention of cervical, breast, prostate and testicular cancer.

What can be applied in our own country?

Taking account of the experience of those working in palliative care in Northern Ireland, with the aim of improving the system of palliative care in our country, the following could be adopted:

- To use various methods to attract more volunteers, to train them, to organise their work in the palliative care system in a methodical way with the aim of improving the quality of palliative care
- To set up cancer information centres for cancer patients
- To encourage the community to take a more active role in the work of preventing cancer
- To educate the community, explaining the philosophy of palliative care, its aim and its problems, making use of the press, etc.
- The Lithuanian Palliative Medicine Association together with the Ministry of Health should review the legal provisions relating to palliative care and volunteers
- The Lithuanian Palliative Medicine Association together with the Ministry of Health should formulate a set of standards and norms in relation to palliative care
- To make wider use of complementary therapies in hospices
- Universities should arrange for the training of new specialists, and set up post-diploma palliative care studies
- Scientific research into palliative medicine should be expanded

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