

## DO NOT LEAVE THOSE **SUFFERING** BEHIND...

By Dr Ednin Hamzah, Chief Executive Officer, Hospis Malaysia

A tenet of the development of mature, civilised societies is a nature of inclusiveness, in dealing with those with needs and their access to care. In a social context, this usually applies to those with educational needs, poverty, employment and many others. In the area of healthcare, a common example is the development of universal healthcare and the right of access to maternal health, child vaccination programmes and public health.

Yet, not a day passes where examples of individual and family suffering are brought up in pages of our newspapers or social media.

Globally, it is recognised that in developing the Sustainable Development Goals, no one should be left behind. This has also been accepted by the palliative care community as a focus of care for this year's World Hospice and Palliative Care Day, which falls on the second Saturday of October each year.

Health is a concern for everyone. We care for our own health and the health of our family and friends. The government through the Ministry of Health and the private sector has established hospitals and clinics. However, faced with an ageing population, Malaysians will increasingly suffer from the ravages of the spectrum of non-communicable diseases (NCDs) such

*continues on page 2*



*Jennifer Nai with her mother – supported by Hospis Malaysia*

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as cancer, cardiovascular diseases, kidney failure and many others.

Cancer remains an emotive subject. It brings connotations of pain and suffering, with an association of suffering and death. The treatment itself, such as chemotherapy and radiotherapy, is preconceived to bring suffering to the patient. At least for some cancer patients, their suffering may be alleviated through the inclusion of palliative care as part of the care they receive.

There are 2 aspects of hope for cancer patients. Cancer, when diagnosed early and with certain types, has a significant cure rate. And secondly, the availability of palliative care has enabled patients to have better pain relief as well as better quality of life. In recent years, there is increasing evidence that the integration of palliative care to cancer care improves survival.

Amidst the public and policy maker concerns about the prevalence of cancer, many more in Malaysia suffer from chronic cardiovascular disease, lung and kidney failure and other chronic diseases. For these patients, the two aspects of hope identified through cancer, is less clear. A curative goal for these patients is less clear and though there are several treatment options, these patients are expected to mainly survive multiple episodes of illness necessitating hospital visits, but gradually succumbing to their illness.

These patients often suffer from pain and other symptoms as much, if not more, than cancer patients. Yet for them, access to good symptom control and support through palliative care may be denied as most still assume that palliative care is only for cancer patients. Why should cancer patients receive better care than those suffering from the same symptoms but caused by other illnesses?

“ Amidst the public and policy maker concerns about the prevalence of cancer, many more in Malaysia suffer from chronic cardiovascular disease, lung and kidney failure and other chronic diseases. ... A curative goal for these patients is less clear and though there are several treatment options, these patients are expected to mainly survive multiple episodes of illness necessitating hospital visits, but gradually succumbing to their illness. ”

In the Palliative Care Needs Assessment in 2016\*, the major need for palliative care is mainly by patients with cardiovascular illness. Yet, many patients with cardiovascular and other chronic diseases are not aware that palliative care may alleviate their suffering. Similarly, their doctors are also not aware that there are other options that may assist in the care of their patients.

If we are truly a caring society and have a framework for inclusiveness, access to care for those who are suffering needs to be addressed as a matter of urgency.

The knowledge and services may already be available in some areas but the willingness to engage may not.

Do not leave those suffering behind.... they may be you or your loved one, one day. ■

\*Palliative Care Needs Assessment Report 2016: Malaysia – published by Hospis Malaysia

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#### HOSPIS MALAYSIA (223675-X)



2 Jalan 4/96,  
Taman Sri Bahtera,  
56100 Kuala Lumpur  
Tel: (03) 9133 3936  
Fax: (03) 9133 3941  
E-mail: info@hospismalaysia.org  
Website: hospismalaysia.org

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an initiative by Hospis Malaysia

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## UNIVERSAL HEALTH COVERAGE AND PALLIATIVE CARE

By Dr Lim Zee Nee, palliative care doctor, Hospis Malaysia

A Hospis Malaysia patient informed: *"I was the one who requested for a palliative care referral. The doctor asked, why do you need palliative care when you can still walk and talk?"*

In a recent conversation, a family caregiver said *"The doctor declined to refer my mother to palliative care because he said she is not on a ventilator"*.

It is disheartening to still see so much ignorance amongst the healthcare professionals after years of practicing palliative care in Malaysia.

In 2012, a resolution to progress towards Universal Health Coverage (UHC) was passed in the United Nations General Assembly. The World Health Organization (WHO) described UHC to include access to all types of health services from health promotion to prevention, treatment, rehabilitation and palliative care for all individuals and communities without suffering from financial hardship.

Malaysia is a signatory to the WHO resolution to integrate palliative care into national health services at the 67th World Health Assembly. But what strides have we made to achieve this?

Common issues encountered by our clinical team over recent years include:

*"The hospital did not supply enough morphine for the patient."*

*"The patient and family cannot afford to purchase fentanyl patches prescribed by the hospital."*

*"The patient wants to go back to her hometown but there is no access to community palliative care."*

*"The patient and family are having financial difficulties now because of the money spent in treating the cancer. They cannot afford to hire a private caregiver; the family caregiver has to work and they cannot afford to put patient into a nursing home."*

These are just some examples of the hardship faced by palliative care patients and their family members living in Klang Valley.

Palliative care delivery in Malaysia is patchy and inconsistent. There are currently no minimum standards of practice. The need for palliative care will grow with our population ageing and non-communicable

*"It is the vision of Hospis Malaysia that as the country grows, as a nation, suffering of all palliative care patients can be reduced by ensuring equal access to palliative care regardless of logistics, delivered by competent health care teams with excellent standard of care."*

diseases (e.g. cancer, dementia, heart disease) rising, but can the Malaysian health care system effectively alleviate pain and suffering in this vulnerable group of people?

The Malaysian population needs to be able to access palliative care to ensure that Malaysians who are suffering from life-limiting illness are able to live as actively as possible, without suffering, with pain and symptoms controlled and emotional and spiritual needs attended to. In addition, supporting family members, including providing bereavement care, is also unique to palliative care.

However, lack of funding, lack of a strategic plan to integrate palliative care into the healthcare system, lack of awareness and training amongst health care professionals, and a general apathy amongst the general public about palliative care are just some of the factors that can affect the development of palliative care provision in Malaysia.

It is the vision of Hospis Malaysia that as the country grows, as a nation, suffering of all palliative care patients can be reduced by ensuring equal access to palliative care regardless of logistics, delivered by competent health care teams with excellent standard of care. This can be achieved with active support and participation from policy makers, the public, patient advocates, as well as the health care professionals and allied health professionals.

Everybody needs to get involved in order to not leave anyone suffering behind! ■

## SEEING THE FOREST FOR THE TREES – THE PALLIATIVE APPROACH TO PATIENT-CENTRED CARE

Quite often in hospitals, doctors focus on a topic or case, look at the evidence, and discuss its management. During the Continuing Medical Education (CME) presentation to medical professionals at Hospital Selayang on 6 September 2017, Dr. Cindy Teoh, palliative care physician with the Palliative Care Unit (PCU) at Hospital Selayang and Dr Sylvia McCarthy, Medical Director of Hospis Malaysia, asked their audience to take a step back from the bark and to look at the forest. They reminded attendees to look at patients holistically and question what happens to patients through various disciplines, because very often, by the time patients reach the palliative care team, they would be managed by a number of medical and/or surgical teams and probably be on a multitude of medications. So how do doctors manage patients holistically? How do they see the forest, and not just the bark?

*“Quite often we stare at the bark of the tree, looking so closely at the tree, that we sometimes forget that we are standing in the forest. We’re missing the forest for the trees.” - Dr. Cindy Teoh*

During the CME, a case was discussed, involving a patient who received treatment from Hospital Selayang and Hospis Malaysia. This patient had been in and out of more than one hospital for many years, with admissions getting frequent and reasons for admission also increasing. Eventually, the patient and family opted for management at home, and through a referral from the PCU at Hospital Selayang, she was referred to Hospis Malaysia. The all-important Goals of Care Discussion was facilitated with the patient and the family. This was the crucial turning point which resulted in the patient’s quality of life vastly improving, and in the patient’s own words, “Life is much more meaningful now.”

*“This was a case of a patient who was exhausted of being in hospitals. The patient had declared that ‘If I die, I die. It’s not a problem. All I want is to be comfortable at home’ because she had been in and out of hospitals for years.” - Dr. Sylvia McCarthy*

Access to the PCU at Hospital Selayang meant the ability to walk-in directly to the ward, instead of going to the emergency department. This made things easier for the patient and family. When at home, symptom



*Dr. Sylvia McCarthy (centre) and Dr. Cindy Teoh (3rd from right) with the Hospital Selayang palliative care team*

control and emotional support by Hospis Malaysia included acknowledging and listening to the frustration of the patient about her frequent admissions, around spending so many years in hospitals and the difficulty the patient and family have had, to access treatment and care.

After all the time spent in and out of hospitals and coping with the illness, Hospis Malaysia acknowledged and respected that the patient (and her family) have a certain level of knowledge about how she wanted to be cared for and how she wanted her illness to be managed. It also tries to work with the patient and the family to determine the best option in every situation, given the resources available. And together with the palliative care team in hospital, to deliver care to the patient as seamlessly as possible. “A palliative approach to care relies on patient-centred care and the philosophy that, no matter how ill a person is or what stage of their journey they are in, they are always a person first,” says Dr. McCarthy. ■

### AN EXPLANATION ABOUT DISCUSSIONS ON GOALS OF CARE AND SHARED DECISION MAKING

One of the most important conversations that Hospis Malaysia has with patients and their families is on Goals of Care. This helps the patient establish what they want for their care and where they want to spend their last days. The practise of palliative care encourages a shared decision-making approach for care. This is helpful for patients with chronic illnesses. The Hospis Malaysia clinical team acknowledges that often patients and their family will know their own values and preferences, and have their own personal circumstances that will help determine their goals of care. By working with the patient and family, the clinical team brings medical expertise and options for care into this mix, to help the patient reach some decisions on what their goals of care and treatment decisions may be. Having a shared decision-making approach to treating patients has helped Hospis Malaysia manage some of the more difficult situations with patients and their families.



Hospis Malaysia is grateful for the continuous support it receives from individuals and corporations through the years. We are constantly looking for ways to increase our reach in the community by engaging in collaborative partnerships with others. In our work on public awareness and fundraising, we are always thankful for the many partnerships we build with our regular and new supporters.

During the period of August 2017 to November 2017 we would like to thank:



Blossom Art Festival Malaysia

**Blossom Art Festival Malaysia** – Thank you for the opportunity for Hospis Malaysia to be a part of this year’s Malaysian Chinese Art Culture event and to our very dedicated team of volunteers who made our participation possible!



Setia Eco Glades Artisan Night Market

**ParkCity Medical Centre: Opening Pandora’s Health Box** – We are grateful for the opportunity to display our photo exhibition for greater awareness about palliative care during the event and for the generous contribution to Hospis Malaysia.



ParkCity Medical Centre: Opening Pandora’s Health Box

**Setia Eco Glades Artisan Night Market** - Thank you to Setia Eco Glades for organizing this 2-night event and to participating artisan vendors for their contributions.

**Kelab Sosial Asian Pac Holdings Berhad & South Malaysia Industries, Selangor (APSMI)** – Appreciate your visit to find out more about us and your fundraising efforts in support of Hospis Malaysia.



Kelab Sosial Asian Pac Holdings Berhad & South Msia Industries (APSMI)

**Tenby International & Private Schools Setia Eco Park** – Bravo to Tenby Sixth Formers for spreading awareness on men’s health with their ‘No Shave November’ fundraising efforts for Hospis Malaysia.



Tenby International & Private Schools Setia Eco Park

**DeGem LAZARE Diamonds® 2017 Wing of Hope CSR Campaign** – Thank you to DeGem and Lazare Kaplan International for electing Hospis Malaysia as the beneficiary of this year’s Wing of Hope CSR Campaign.



DeGem Mock Cheque presentation

**Asian Finance Bank** – Thank you for visiting us and for the generous donation.



Asian Finance Bank

*.. and thank you to the many individuals and corporate donors who continue to support us with your donations.*

## VOICES FOR HOSPICES 2017: WITH YOU – Let Us Not Leave Anyone Suffering Behind

27 October 2017, The Majestic Hotel, Kuala Lumpur: Over 150 events in more than 45 countries around the world celebrated World Hospice and Palliative Care Day and Voices for Hospices in October this year. In Malaysia, celebration took place in the form of the biennial Voices for Hospices Gala Dinner, which brought together 750 friends and supporters of Hospis Malaysia to celebrate the work of local hospice and palliative care, in tandem with the global movement, whilst helping raise vital funds and spreading public awareness.

### EVERYBODY NEEDS TO GET INVOLVED

The theme of the night, “WITH YOU... NOW, HERE, ALWAYS – Let Us Not Leave Anyone Suffering Behind”, served as a reminder that in order for every person suffering a serious illness to receive the support they need, everybody needs to get involved. This meant that it is a basic human right for people to access palliative care as soon as they are diagnosed with a life-limiting condition, and not just at the end of life. Therefore, everyone should be able to access palliative care services when they need it.

Datin Kathleen Chew, Organizing Chairperson of Voices for Hospices 2017 and also the Vice-Chairman for Hospis Malaysia said that “Every year, more than 55,000 Malaysians will require palliative care. This number is expected to grow as more Malaysians live longer. Currently less than 10% have access to it. What many people may not know, is that almost 67% of patients requiring palliative care are those suffering from non-cancer related illnesses\*.”



Throughout the night, the running theme was with a life-limiting illness - an issue too big to discuss.

“Can our healthcare system ensure that all people can access the promotive, preventive, curative, rehabilitative and palliative care health services that they need without facing impoverishment and financial hardship?”

*Datin Kathleen Chew, Organizing Chairperson of Voices for Hospices 2017*

### PREMIERE OF I WISH I HAD CANCER – A PALLIATIVE CARE ADVOCACY FILM

In line with the theme of ‘not leaving anyone suffering behind’, Hospis Malaysia premiered a short advocacy film on palliative care entitled ‘I Wish I Had Cancer’ during the gala dinner. The film, a collaboration with local filmmaker, GRIM FILM, was commissioned by Hospis Malaysia to highlight how palliative care helps improve quality of life by alleviating distress and suffering, and differentiating between those who have access and those who may not. The message to the audience that night was simple: EVERYONE should have access to palliative care according to their needs, preferences and wishes and no one should be left behind. After the movie was screened, the thought-provoking question was then raised by the emcee, Anita Woo, “If these needs are currently not being met, then as a society, we need to get involved to ensure the inequities are addressed.”

\* Palliative Care Needs Assessment Report 2016: Malaysia – published by Hospis Malaysia



## TACKLING THE ELEPHANT IN THE ROOM

Throughout the night, the running theme was about ‘the elephant in the room’ – living with a life-limiting illness - an issue too big to ignore, and unfortunately a topic that many feel too difficult to discuss. To counter this, Hospis Malaysia visited the topic and begged the question – “Is it too difficult to discuss? Should it be discussed?”

Model elephants were planted across the event venue to encourage conversations about ‘the elephant in the room’. Guests got to take home an elephant each as a reminder to have the conversations and to celebrate being with their loved ones. The message was to take time to discuss things which are important with loved ones, especially if they have been diagnosed with a serious, life-limiting illness. Emphasis was put on why it was important to have those difficult conversations in the present, rather than later, when it may be too late.

Guests were also asked to play a bigger part in ensuring that “no one suffering is left behind” and to collectively help make palliative care available to everyone in need, echoing the theme “WITH YOU - Let Us Not Leave Anyone Suffering Behind”.

Guests were encouraged to take photos throughout the evening with the elephants to help create a social media buzz on “what about the elephant in the room?” and by sharing the message with friends, colleagues and family about why it was so important to have those conversations. In addition to the elephants, each guest also received copy of Hospis Malaysia’s 2017 Annual Report to take home with them.

On a lighter note, the legendary Datuk Sheila Majid mesmerized guests with some of her all-time favourites such as ‘Aku Cinta Padamu’, ‘Sinaran’ and ‘Legenda’. The Malaysian Queen of Jazz, who is a keen supporter of the work of Hospis Malaysia endorsed that “Palliative care helps Malaysians facing life-limiting illnesses live with dignity. We know that everyone faces death in his or her own way. Retaining the power of individual choice about the medical settings, about the care settings, and about practical, emotional and spiritual support is essential. An event such as this gives the opportunity for people whose lives have been affected by serious illnesses to make their voices heard.”

The night ended with guests being reminded on why being with our loved ones, being with the people we care for, being with the people who are facing a life-limiting illness, being with the people who are serving those suffering is so important. ■



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o ignore, and unfortunately a topic that

# I WISH I HAD CANCER – AN ADVOCACY FILM ON PALLIATIVE CARE BY HOSPIS MALAYSIA



Every year more than 55,000 Malaysians require palliative care at the end of their lives. Of

this, almost 67% suffer from non-cancer illnesses. That is the premise of the short film entitled 'I Wish I Had Cancer' that premiered during the Voices of Hospices Gala Dinner on 27 October at the Majestic Hotel Kuala Lumpur, in conjunction with World Hospices and Palliative Care Day.

Echoing the Voices for Hospices theme this year "Let Us Not Leave Anyone Suffering Behind", the advocacy film focuses on how palliative care helps improve quality of life by alleviating distress and suffering, differentiating between those who have access and those who may not.

'I Wish I Had Cancer' was commissioned by Hospis Malaysia in support of palliative care development in Malaysia, with the help of local filmmaker GRIM FILM. A key driver to the production of the film was to highlight the value of good palliative care and the tragedy of limiting palliative care support to only specific diseases such as cancer.

Visit [hospismalaysia.org](http://hospismalaysia.org) to watch 'I Wish I Had Cancer'.

## WHAT ABOUT THE ELEPHANT IN THE ROOM?

A successful life-coach and certified counsellor in the U.S. once cited the similarities between the elephant, the largest land animal, sitting in a living room where everyone can see it, to families facing a huge issue, but no one is willing to talk about it. Psychologists call this dysfunction in the family. For if you were living through this, you will know it as totally disheartening, discouraging and sometimes even dangerous, as the family does not want to talk about it, think about it nor want to feel it.

In the practise of palliative care, our clinical team are often faced with "the elephant in the room" – a family unit with a loved one diagnosed and living with a life-limiting illness. The illness is serious and will be life-changing for the patient and often the family. It is certainly too big to ignore. But there is often an inability for family members to begin talking about it, and to address the issues that may arise or have already arisen.

THE  
**ELEPHANT IN THE ROOM**  
too big to ignore... is it too difficult to discuss?

Have those conversations (before it's too late)

I wish I could tell someone about my fears...  
But they don't seem to want to listen

I wish I can explain how much pain I have...  
But they think they have taken care of it

There is so much I want to say...  
But they seem to think there is another time for that

I am suffering. I need to talk to someone  
But no one wants to discuss it with me

HOSPIS MALAYSIA  
GRIM FILM

Yet often, the patient will have many questions. The family may have many questions.

To support the patient and family as they process the seriousness of the illness, our nurses and doctors often find themselves in a situation where they may have to help them confront the elephant in the room. They will have to help the family tame the elephant by naming it and begin talking about it. They will act as counsellors to the patient and family to enable these conversations so that it no longer is "The Elephant in The Room".

Some of the common 'elephants' that a patient may face are:

- How serious is my illness?
- Can it be cured? Can we afford the treatment?
- How will I cope? Will I be a burden to my family?
- Will I suffer?
- How much time will I have?
- I have so much to say. There is so much to do to make things right.



# HOSPIS MALAYSIA IS PROUD TO PRESENT ITS 2017 ANNUAL REPORT!

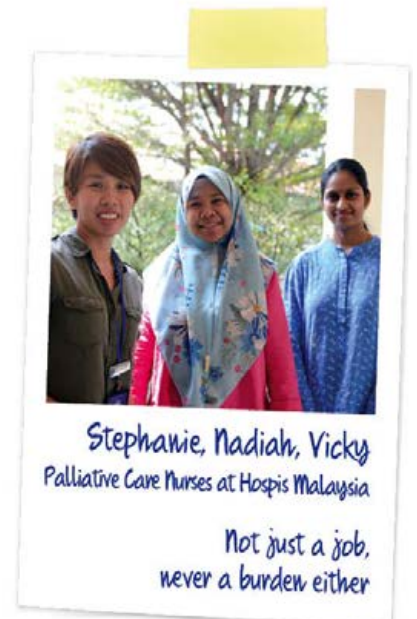
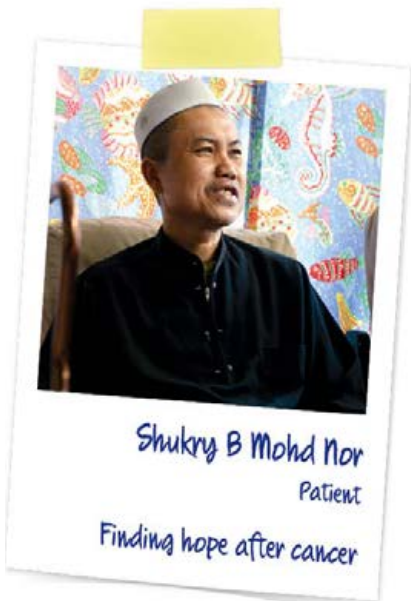
This is our first Annual Report in almost ten years and we are excited to share the work that Hospis Malaysia has been undertaking since inception but more importantly in the last decade.

The vision of Hospis Malaysia is to provide access to the highest possible quality of evidence-based palliative care to everyone in need so as to provide relief, and to prevent pain and suffering associated with progressive and life-threatening illnesses. While patient care remains a core part of our service, education and training activities are becoming an important component of Hospis Malaysia's work. Increasingly, we are also finding that public advocacy can play an important role in helping us achieve our vision.

In this report we are giving readers a dimension from behind the scenes on our work by focusing on some patient stories, caregivers' experiences and some insights into what our volunteers and advocates have to say.

In addition, we have also included key facts and figures with regards to our clinical work and financials, as well as highlights of our advocacy and growing public engagement initiatives in the recent years.

You can download the full Annual Report in PDF from: [www.hospismalaysia.org](http://www.hospismalaysia.org). ■



## PAST WORKSHOPS

### SUFFERING & HOPE WORKSHOP: 4 - 6 AUGUST

Facilitators from New Zealand Dr Susan Marsden, Palliative Care Consultant from Otago Community Hospice, Dunedin and Ms Liese Groot-Alberts, Grief Therapist from Cairnhill Medical Centre, Auckland talked about understanding and working with suffering, grief and trauma while maintaining hope and resilience in palliative care. This workshop taught and prepared palliative care professionals to be able to enter the world of their patients and to see the suffering, to bear witness and work to heal, and by doing so, be able not only to cope, but to learn, grow and prosper in their profession.



### PAEDIATRIC PALLIATIVE CARE WORKSHOP: 13-15 OCTOBER



Facilitators: Professor Julia Downing, Chief Executive of International Children's Palliative Care Network (ICPCN), Dr Jenny Hynson, Head of the Victorian Paediatric Palliative Care

Program at the Royal Children's Hospital in Melbourne, Australia and Dr Lynda Brook, Macmillan Consultant in Paediatric Palliative Care, Alder Hey Children's Hospital in Liverpool, UK.

Highlight of this 3-day workshop, as shared by participants, was how case studies that were discussed made participants reflect on the management of their own cases and how they would now handle cases differently with the new knowledge obtained during this workshop. Participants also shared that they gained an increased breadth of information of the whole spectrum of children's palliative care, especially in the areas of communication with young patients and their families.

### HATS ON FOR PAEDIATRIC PALLIATIVE CARE (#HATSON4PC)

The second Friday of October each year is a day for raising awareness of the work of children's hospices and palliative care (CPC) services globally. In conjunction with this, the International Children's Palliative Care Network (ICPCN) spearheaded the campaign called Hats On for Children's Palliative Care, with the hashtag #HatsOn4CPC



Hospis Malaysia staff and participants of the Paediatric Palliative Care Workshop supported this initiative by donning a variety of hats for photos, which were then shared on social media to create awareness of the rights of children with life-threatening illnesses to receive palliative care.

### PAIN & SYMPTOM MANAGEMENT WORKSHOP: 11 - 13 NOVEMBER

Facilitators: Associate Professor Dr. Ghauri Aggarwal, Consultant Physician in Palliative Medicine and Head of Palliative Care Department at Concord Hospital, Sydney and Clinical Associate Lecturer, University of Sydney, and Dr Jan Maree Davis, Area Director of Palliative Care Service, South Eastern Sydney Local Health District, Director of Palliative Care Service, St George Hospital, Sydney and Conjoint Lecturer School of Public Health & Community Medicine, University of New South Wales, Sydney. They were supported by Hospis Malaysia's Medical Director Dr Sylvia McCarthy and palliative care physician Dr Lim Zee Nee as well as Dr. Cindy Teoh and Dr. Siow Yen Ching from the Department of Palliative Medicine, Hospital Selayang.



This workshop focused on management of pain, other physical symptoms and addressed issues on psychological distresses so that patients are given

the opportunity to live their days with meaning during their end-of-life stage. Areas covered included symptom management at the end of life, with focus on hydration, nutrition, anorexia, cachexia, fatigue etc., dealing with terminal restlessness, confusion and delirium, ethical issues in palliative care and dealing with psychological distress.

## CAREGIVER'S WORKSHOPS

Being a family caregiver is an important responsibility. Yet, despite this, many receive minimal training and support. To address this, our monthly Caregiver's Workshops are designed to assist caregivers with basic caregiving and nursing skills that will help them better manage their patient's symptoms and effects of illness at home. This is a great avenue for caregivers to gain new insights about care giving, share challenges with other caregivers and receive support from our trained professionals. All our Caregiver's Workshops are offered at no charge to anyone who wants to learn more about caring for patients.

### HELPING PATIENTS WITH MOBILITY: 23 AUGUST



Caregivers are at high risk of injury when caring for patients with limited to no mobility. In this workshop, Hospis Malaysia Occupational Therapist Raymond

Toe demonstrated basic guidelines to caregivers, for their own safety, to minimise injuries and stress while transferring patients with limited functional ability.

### HOSPIS MALAYSIA GETS VISITORS!

Hospis Malaysia recently received the Directors of Nursing from the Tokushukai Group of Hospitals in Japan who were in Malaysia for a visit. Our Japanese visitors had a lot of questions about how Hospis Malaysia nurses operated on a day-to-day basis via Q&A sessions with Hospis Malaysia nurses Emily and Rachel, and our CEO, Dr. Ednin Hamzah.

We thank our new Japanese friends for gracing us with their presence and wish them well. We hope their visit to Hospis Malaysia was an educational one.

### CARE IN FINAL HOURS: 27 SEPTEMBER

Hospis Malaysia Nurse Mastura shared important tips on caring in the final hours for a patient and on bedside care such as pressure sores (also known as bed sores) management and grooming i.e. changing diapers, body sponging and oral hygiene.



### CARING FOR LOVED ONES & FOR YOURSELF: 25 OCTOBER



Caring for an aging parent or an ill or disabled loved one can consume a lot of time, as well as physical and emotional energy. Many may feel overwhelmed by a myriad of responsibilities — home, work, other family needs, and caregiving. That's why it's just as important to care for yourself, whilst caring for your loved one. In this workshop, Hospis Malaysia Nurse Vicky shared self-care tips for caregivers to cope with stress and prevent burnout.



## UPCOMING EVENTS IN 2018

### Palliative Care Awareness Month 2018

1 - 30 April

Do you think you can play a part in ensuring that “no one suffering is left behind?” Would you like to help Hospis Malaysia make palliative care available to everyone in need?

**Then, join Hospis Malaysia as our Palliative Care Awareness Month partner by hosting your own event.**

### Standard Chartered KL Marathon 2018

8 April

Hospis Malaysia is proud to announce that it will return as a beneficiary for the Standard Chartered KL Marathon in 2018 through the Run for a Reason and Corporate Challenge initiative for the 5th year in a row.

**See below for more details.**

### 17<sup>th</sup> Annual Charity Treasure Hunt 2018

5 May

Every year, this event brings participants from all walks of life together for a day of brain-teasing fun!

**Contact us if you would like to participate in the hunt or be a sponsor.**

To find out how to get involved in our upcoming events, call us at 03 91333936 or email us at [pr@hospismalaysia.org](mailto:pr@hospismalaysia.org)



STANDARD CHARTERED  
**KL MARATHON**

Sunday, 8 April 2018

**Run For A Reason**



**Run For**

**HOSPIS  
MALAYSIA**

The Standard Chartered KL Marathon returns to Dataran Merdeka on Sunday, 8 April 2018. To celebrate a decade of excellence, organizer, Dirigo Events will introduce new elements to make SCKLM 2018 truly memorable! Reservation is now open for 2017 Run For A Reason (RFAR) participants! Visit [hospismalaysia.org](http://hospismalaysia.org) for details on RFAR reservation and registration.

### SCKLM 2018 REGISTRATION DATES

RESERVATION BY 2017 PARTICIPANTS

**7 – 31 DECEMBER 2017**

REGISTRATION FOR RUN FOR A REASON & CORPORATE CHALLENGE PARTICIPANTS

**3 JANUARY 2018**

ALL REGISTRATION WILL CLOSE ON 28 FEBRUARY 2018 OR UNTIL SOLD OUT

**First 30 people to sign up to Run For Hospis Malaysia will be eligible for a FREE GIFT (exclusive Hospis Malaysia merchandise)**