

DOES QUALITY MATTER?

By Dr Ednin Hamzah, Chief Executive Officer, Hospis Malaysia

For most of us, quality does matter on a daily basis. Either consciously or subconsciously, we are concerned about the quality of what we consume, the air we breathe, our mode of transportation, the services we use and so forth. Our lives matter and so does the lives of those that we care for. So, in our daily lives, we strive to choose to use things and services that we feel meet with our perception of quality, perhaps subject to their affordability.

How do we decide or measure what the best quality is for our use? Institutions, governments or consumer groups may assist us. Otherwise, friends and perhaps the world wide web have become a source of information. Rating agencies may suggest quality e.g. a five-star hotel will have better facilities than a two-star hotel. Universities have degrees and diplomas that suggest students possessing them have achieved a minimum standard. There are many such examples.

Consider the situation when patients are afflicted with a serious illness such as cancer or organ failure. In hospitals, quality standards may serve to assure us through the operations of the institution and the doctors that treat us. However, once we move into care in the community, things are rather vague.



Palliative care strives to alleviate the suffering of the most vulnerable. Patients seen are usually at advanced stages of diseases and often have been told by hospital doctors that 'there is nothing more that they can do...'. Yet, over the years, palliative care as a medical speciality has proven that it can reduce pain, the symptom burden of disease, reduce unnecessary medical intervention, reduce caregiver distress, improve the quality of life and in some cases, even prolong life.

It has been about 25 years since community palliative care started in Malaysia, in Penang and Kuala Lumpur respectively. Since then, services have been initiated in many other towns.

continues on page 2

IN THIS ISSUE

EDITORIAL NOTE

Does Quality Matter? 1

EDUCATIONAL NOTES

What are standards of care in palliative care, and why are they important? 3

PAST EVENTS

Standard Chartered KL Marathon 2017 (SCKLM 2017) 4

THANK YOU

5

ADVOCACY

A Public Dialogue: 'Pain and Suffering – Whose Responsibility Is It?' 6

Palliative Care Awareness Campaign 2017 8

PAST EVENTS

16th Annual Charity Treasure Hunt 2017 10

ANNOUNCEMENTS

Join Our Team! 11

UPCOMING EVENTS

12

continues from page 1

The nature of what constitutes as palliative care vary significantly. A general tendency over the years is that new palliative care services are to be encouraged and that something is better than nothing....

Quality may be represented by the experience of a service, its effectiveness and by the outcomes that is to be expected. What is expected if a patient with advanced cancer suffering from pain, poor appetite and weakness is sent home from the hospital with a family that is anxious about providing care?

Would a visit from a volunteer who is kind and compassionate but has no access to medication or a palliative care physician suffice? If such a patient was in severe pain, it is likely that the advice would be to readmit the patient to the hospital. What about a service that has a multi-professional team, has access to medication and available for emergencies? Does cost matter? If a service is at no charge, does it mean there should not be any expectation from such a service?

It has been very difficult to have an agreement in measuring the quality of palliative care services. It may be possible to look at the structure of an organisation or service, the processes it uses in dealing with patients, its work output of whether there are any patient outcomes that it measures e.g. symptom control. Ultimately, it falls on the expectation of the patient and family as to whether their needs are met.

About ten to 15 years ago, most Malaysian patients were grateful to have someone just visit them at home at no cost. A kind soul who listens was more than enough. In recent years, as more and more are made aware of 'palliative care' and some have friends and family experiencing palliative care abroad, expectations are growing.

With the suffering of a loved one, care needs to be provided as quickly as possible. The pain needs to

be relieved, medication provided, information given, medical equipment provided and skills taught. And often much more. Only a few community palliative care services are able to meet such needs all the time.

But what are the minimum standards for community palliative care services in Malaysia and perhaps by extension, hospital palliative care? Many countries have adopted some measurement of standards so that the community has an idea of the level of care that could be expected.

In recent years, Hospis Malaysia has gradually put together some measures of quality of care. This includes the time we hope to see patients, access to care, assessing patient and caregiver needs, preferences to care and advance care planning as well as pain and symptom control. Unlike many of the services we use or consume, our community palliative care services remain unregulated.



Hospis Malaysia has been campaigning for standards in palliative care for Malaysia. In 2016, an attempt was made to look at broad standards in Malaysia. On the 23rd July, an international symposium on Standards and Quality of Care Indicators in Palliative Care was held at Hospis Malaysia. ■

COUNCIL MEMBERS

Chairman:

Brig. Gen (Rtd.) Dato' Richard Robless

Vice-Chairman:

Datin Kathleen Yeoh

Secretary:

Dr Michael Adaikalasamy

Treasurer:

Ms Fairly Yap Swee Eng

Members:

Mr James A. Menezes

Dr Ednin Hamzah

Dr Azlina Abdul Aziz

Ms Ho Chee Kit

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



HospisMY



HospisMY



@hospismalaysia

PALLIATIVE CARE MALAYSIA

an initiative by Hospis Malaysia

Website: palliativecare.my



PalliativeMY



PalliativeMY

WHAT ARE STANDARDS OF CARE IN PALLIATIVE CARE, AND WHY ARE THEY IMPORTANT?

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

As a patient receiving palliative care, how do you want your healthcare professionals to care for you? Does the quality of care provided to you meet your expectations? What should your expectations be?

To help a patient determine if he/she is receiving palliative care at some minimum standard, here are some common themes identified when it comes to standard of care from the patients' perspective:

1. COMMUNICATION

Good communication skills are essential to providing high quality of care. Patients often report the following: lack of information about diagnosis, prognosis and options; lack of skills in breaking bad news and dealing with patients' emotions; lack of time to have in-depth discussions.

2. CONTINUITY AND CONSISTENCY OF CARE

There should be continuity of care for patients in transition between the hospital and community. Continuity and consistency of care ensures that patients have good symptom control and allows patients to be cared for at their place of choice.

3. DECISION-MAKING

Patients would like healthcare professionals to guide them in decision-making, taking into consideration their values, beliefs and preferences. Healthcare professionals should give information in the way that patients can understand.

4. HOLISTIC NEEDS OF THE PATIENT AND CAREGIVER

Healthcare professionals should focus on the whole person and the impact of illness on the person's life. Patients often appreciate healthcare professionals taking the time to address their physical, psychological, social and spiritual needs.

5. SUPPORT TO CAREGIVER AND FAMILY

Caregivers and family need support from healthcare professionals. Support can be in the form of information giving about medical condition, practical help in nursing care, education on the indications of medications, listening to their emotional concerns as well as providing support through the patients' journey. Bereavement support to caregiver and family continues after patients have passed away.

6. NAVIGATING THE HEALTHCARE SYSTEM

Patients often have difficulty navigating the healthcare system. Healthcare professionals should ensure

According to the World Health Organisation's definition, 'palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-limiting illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.'

that the healthcare system should work towards the betterment of the lives of patients and families, rather than causing more stress and burden to them.

7. ACCESS TO ON-CALL IN CASE OF EMERGENCIES

An after hours emergency call service is important in ensuring unnecessary hospitalisations, as well as maximising patients' comfort should crises occur outside office hours.

8. GOOD SYMPTOM CONTROL

The core of palliative care is ensuring symptoms are controlled throughout the patients' journey. Healthcare professionals should undergo continuous professional development and training to provide good evidence-based symptom control while remaining compassionate, empathetic, and respectful of the preservation of the patients' dignity.

9. ADVANCE CARE PLANNING

Advance care planning is a series of conversations, which occur between the patients; their families and healthcare professionals to shape future clinical care when patients lose the capacity to decide. The palliative care team can facilitate these discussions.

10. DYING WELL

Patients are often fearful of suffering in pain during the dying phase. Healthcare professionals should ensure that pain and symptom control continues even when patients are too weak to take oral medications. Patients often want to know what to expect during the course of their illness and may want to plan for events following their death. Family and caregivers want information about the changes that occur in patients as they deteriorate further. Healthcare professionals also need to support family and caregivers who care for patients who wish to die home. ■

STANDARD CHARTERED KL MARATHON 2017 (SCKLM 2017)

By Rini Vella-Gangnè, Advocacy & Media, Hospis Malaysia



Close to 36,000 runners converged on Dataran Merdeka to take part in the Standard Chartered KL Marathon 2017 ('SCKLM 2017'), Malaysia's largest sporting event. Individual marathoners and corporations are able to raise funds for the charity of their choice under the marathon's charity initiative, 'Run for a Reason' ('RFAR') or through the 'Corporate Challenge' category. This year marks Hospis Malaysia's fifth consecutive year to be included as a beneficiary of the marathon. As an organisation which relies almost entirely on donations from the public to sustain its operations, we are grateful for this inclusion.

Public engagement platforms such as the SCKLM give Hospis Malaysia's fund-raising efforts a sustainable boost. However, recruiting participants year after year is not easy, with primarily the same pool of supporters to approach. In an attempt to recruit a fresh batch of participants, Hospis Malaysia teamed up with the Soul Society group to engage in a participant recruitment drive across SOULed Out outlets in the Klang Valley. To entice participants, goodies were offered to those that registered during this period. The goodies were sponsored by various organisations such as CHI Fitness, Amazin' Graze, K-Fit, Perskindol and more. 181 individuals and 6 corporates participated in support of Hospis Malaysia this year.

This year, event organisers Dirigo Events went an extra mile to help the charities recruit participants. Through their partnership with ASTRO, each charity was assigned an Astro SuperSport celebrity-host to ring in participants, encourage donations and raise

awareness. For each charity, the partnership resulted in the production of a five-minute video that received three-week air time on Astro SuperSport. (View the video here: <http://bit.ly/2t0BzJQ>). Hospis Malaysia's designated celebrity-host, Nadia Nash, helped create awareness of Hospis Malaysia through her social media posts and by raising funds through her participation in the RFAR.

Race-day offered an outlet to create awareness of Hospis Malaysia and of palliative care. Our team of volunteers carried awareness raising placards, driving in the message that 'Living & Dying in Pain, Does Not Have to Happen' (see more pg. 8-9). Our paediatric palliative care mascot, and character of the children's book 'Mr Monty's Treat' made an appearance at the Kid's Dash category, boosting the spirits of the young runners before the race, whilst raising awareness of palliative care.



"Hospis Malaysia currently accepts over 2,000 patient referrals per year. The money raised through SCKLM 2017 will go towards funding Hospis Malaysia's domiciliary patient services" says Ms Tham, General Manager of Hospis Malaysia. "The SCKLM has once again proven to be a tremendous boost to Hospis Malaysia's fundraising efforts - a valuable platform to engage a different segment of the community and their network, one which we may not otherwise be able to reach for greater public awareness on palliative care" adds Ms Tham. ■

Thank you!

To achieve our vision of making palliative care accessible to all in need, we are aware that we cannot do this alone. 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 March 2017 to June 2017 we would like to thank:



The KL Piano Trio 'An Evening of Mendelssohn' – A big thank you to Beatrice Cheah, Winnie Cheah, Thevi Thanigasalam and guest artist, Tunku Sara Ahmad for a brilliant performance in support of Hospis Malaysia!



Diebold Nixdorf – Thank you for your fundraising efforts, visiting us at our establishment to find out more about us and how you can help and for dedicating your company's Treasure Hunt theme around raising awareness for palliative care!



WESLEY METHODIST SCHOOL
KUALA LUMPUR
(INTERNATIONAL)



Happy Science

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

A PUBLIC DIALOGUE: 'PAIN AND SUFFERING – WHOSE RESPONSIBILITY IS IT?'

By Rini Vella-Gangne, Advocacy & Media, Hospis Malaysia

As part of Palliative Care Awareness Month 2017, Hospis Malaysia partnered with the YTL Foundation, to spark conversations around the question 'Pain & Suffering, Whose Responsibility, Is it?'. This is a third in the YTL Dialogue series, which aims to provide insights into topics of public interest. Pain is perhaps the symptom that most people dread to have, from the thought of getting an injection, to perhaps pain associated with cancer.

Keynote speaker Professor Wee Bee Leng ('Prof Bee'), National Clinical Director for End of Life Care at the UK's National Health Service ('NHS'), highlighted that Malaysia has the potential to become a leader in palliative care, but greater efforts need to be made to ensure people of all ages and at any stage of a serious illnesses are aware of palliative care and its proven benefits. A serious illness affects everyone in a patients' social circle, from their loved ones, carers and more. Diseases that will benefit from palliative care include cardiovascular diseases, cancer, AIDS, organ failure, and certain neurological conditions.

"We need to think, what kind of society do we want to live in? Do we care only for pain and suffering if it affects us or those we love, OR do we care about pain and suffering that affects our fellow humans? You want a population that is happy, healthy, productive, able to live well and ultimately, to die well. That is the kind of society I want to live in", Prof Bee shares.

Is pain & suffering the responsibility of healthcare providers alone...

Prof Bee went on to share her experience in the United Kingdom ('UK').

In the UK, with Universal Health Care ('UHC') in place, everybody who needs healthcare gets it for free at the point of delivery and that includes healthcare, medicines and social care. In England, in 2008, the government published a National End-of-Life ('EoL') Care Strategy. The strategy looked into ways to create a system that provides good EoL care for those in need. In 2013, the government (of England) brought in a new system for healthcare – 'no more command and control from the department of health' - now, each area needs to work out how best to meet the needs of the people within their own communities.

..Or is it the responsibility of all of us?

That year, an independent review of the Liverpool Care Pathway ('LCP') recommended that it be removed. The LCP was a tool in dealing with patients at the end of life. However, it was often used as a checklist that codified palliative care for the dying (at a person's last few days of life). "The problem with checklists is that people become very dependent on them. People stop thinking, and stop responding as human beings. The focus is on ticking off boxes on a checklist" added Prof Bee. The recommendation to remove the LCP approach brought about a real risk, that most healthcare providers were not going to know what to do next.

Attempting to address this, 19 organisations involved in caring for dying people in some way came together to figure out how to simplify and unify



Malaysian-born Professor Bee Leng Wee is the National Clinical Director for End of Life Care at the UK's National Health Service (NHS)



How do you get general practitioners in the Klang Valley to engage with delivering palliative care services - asks Professor Anthony Cummins of PU RCSI



A mini palliative care awareness exhibition was set-up at the event



... National Clinical Director for End of Life Care

things. The collaboration resulted in the report ‘One Chance to Get It Right’ (2014). “If someone is dying, we only have one chance to get it right’ - that struck a chord with people” Prof Bee explains. The report focused on five patient-centred priorities. The message was to respond to the person as an individual and not respond to a list.

Following that, many organisations shared their opinions to further improve EoL care and in 2015, 27 organisations formed a partnership with the NHS, this time - it involved ambulance services, general medicine councils, palliative care nursing and doctor specialists, patient services, health services regulators, patients’ associations and NGO’s. They had a shared vision that said: **‘I can make the last stage of my life as good as possible, because everyone works together consistently, confidently, honestly – to help me, and the people who are important to me, including my carers’.** The collaboration resulted in Six Ambitions¹:

1. Each person is seen as an individual
2. Each person gets fair access to care (regardless of diagnosis, social standing, etc.)
3. Maximise comfort & wellbeing (symptom control, to address spiritual and emotional distress)
4. Ensure care is coordinated
5. All staff are prepared to care (have the right skills & training, right behaviours, etc.) and;
6. Each community is prepared to help



What type of support is available for caregivers. What are the resources available to deal with this as a family, asks Sasi Kimis of EarthHeir

The NHS continually challenged themselves, question their own assumptions and pursue partnerships with their stakeholders to provide the best possible care experiences and outcomes. Emphasis is put on evidence based practices, training and education, maintaining the sustainability of its staff and in recognising the importance of effective leadership. To enable change, we have to think differently. Prof Bee asked the question: “Can we incorporate these practices in Malaysia?”



A panel discussion offered deeper insights as to how the greater community could contribute towards reducing suffering

Almost 200 people who attended the event had the opportunity to hear from other thought leaders. Dr. Ednin Hamzah, Chief Executive Officer of Hospis Malaysia moderated a panel discussion that involved Puan Hajah Yatela Zainal Abidin, Chief Executive Officer of Sime Darby Foundation, Dr. Mary Suma Cardosa, President of the Malaysian Association for the Study of Pain (‘MASP’), and Ehon Chan, Executive Director of Social Entrepreneurship at the Malaysian Global Innovation & Creativity Centre (‘MaGIC’). Some topics that were discussed include ways to engage all healthcare professionals to practice palliative medicine, how to educate children on palliative care and EoL discussions, and supporting caregivers of patients with life-limiting illnesses.

¹ *Ambitions for Palliative Care and End of Life Care. A National Framework for local action 2015-2020*

LIVING & DYING IN PAIN, IT DOESN'T HAVE TO HAPPEN | PALLIATIVE CARE AWARENESS CAMPAIGN 2017

By Rini Vella-Gangnè, Advocacy & Media, Hospis Malaysia

In April 2017 Hospis Malaysia launched the country's first 'Palliative Care Awareness Month', adopting the global theme "Living & Dying in Pain, It Doesn't Have to Happen". As pain is one of the most common and distressing symptom that patients with life-limiting diseases such as cancer, cardiovascular diseases or organ failure will face, the campaign aims to raise greater public awareness and understanding that alleviating pain is a basic human right and an integral component in palliative care.

In order for the public to fully appreciate the benefits of palliative care, it is necessary that they understand what is required to support and improve the quality of life of people with life-limiting diseases. Data from the National Palliative Care Needs Assessment (2016) reveals that every year approximately 55,000 Malaysians will require palliative care (4 out of 10 Malaysians at the end of their lives), yet, only about 8% of the country's palliative care needs are met.

Through a recent Public Awareness Survey, we found that the public's understanding of the term 'palliative care' and how it could benefit both patients' and their families are low - almost 90% of the population have not heard of palliative care. Yet, more than half the population (53%) lives with someone with a life-limiting disease. Where possible, survey respondents indicated that they would like their care to be in the community, and that they would prefer to die at home rather than in a hospital. When given some information, they agree that palliative care is important and should be available to those in need.

Presently, most community palliative care providers in the country are run by non-profit organisations and are limited to major cities. The level and standard of care is uneven, and the services available are inadequate to deal with the needs.¹

There is therefore a strong case for appropriate measures to be implemented to support the growth of community-based palliative care in the country. Some recommended measures include regulating and imposing minimum standards in palliative care service provision, improving service delivery and measuring to improve clinical outcomes. It is also important to integrate palliative care as mandatory curriculum for all nursing and medical schools, with assurance that

sufficient number of hours are allotted to fully grasp the subject matter. Smart partnerships will need to be developed between the public and private healthcare sectors in an effort to ensure the sustainability of palliative care provision nationwide.

The inaugural Palliative Care Awareness Month is strategically delivered in collaborative-partnerships between Hospis Malaysia and various stakeholders nationwide, in an attempt to optimise its reach. The campaign aims to challenge the misconceptions in public understanding of palliative care and spawn public debate around these issues. Activities that took place throughout the month serve as an opportunity to develop deeper relationships with various stakeholders including the public, healthcare providers, opinion leaders, patients and families and policy makers.

OUR CAMPAIGN DELIVERY

1. MEDIA ENGAGEMENT



Awareness posters & flyers in multiple languages



Media coverage

Campaign flyers and posters are an efficient tool to raise awareness and focus discussions around them. These materials were prepared in multiple languages and disseminated in strategic public places. To help make the topic familiar and heighten the educational impact,

1 Palliative Care Needs Assessment Report: Malaysia (2016)

awareness articles and full paged advertisements prepared by Hospis Malaysia were published by various collaborating media partners such as The Star newspaper, The New Straits Times, The Malay Mail and Utusan Malaysia.

2. CAMPAIGN VIDEOS AND A DEDICATED WEBLINK



30 sec campaign video screening at TGV Cinemas across Malaysia

A 30 second campaign video was developed which received close to 1000 views online. Through our partnership with Redberry Ambient, we were able to reach our target demographics through various TGV Cinemas, Giant Supermarket and Executive TV screens nationwide. Similar partnership with LEDTronics saw our campaign video and poster appear in their public screens at key prime locations in Kuala Lumpur. Targeted campaign messaging on social media reached over 14,000 unique visitors to Hospis Malaysia’s Facebook page during the campaign period. Through a dedicated Awareness Month page, we shared information on the campaign, downloadable campaign materials, and others. Visit hospismalaysia.org/stoppain/ to view the video and materials.

3. COLLABORATING PARTNERS



We partnered with schools and organisations to raise awareness of palliative care

To create greater social awareness regarding the important role of palliative care to younger generations, we reached out to students and teachers of schools such as Stella Marris High School and International Modern Arabic School (IMAS). Companies such as Diebold Nixdorf, artist Philip Wong, food outlets such as Inside Scoop, Nutmeg and Soul Out Restaurants disseminated our campaign flyers and fundraised in support of the campaign and Hospis Malaysia. We partnered with the YTL Foundation for a Public Lecture (see more on pg 6-7). We also collaborated with the KL Piano Trio to bring ‘An Evening of Mendelssohn’ and engaged with over 150 guests, many of whom were thought leaders and business owners who attended the fundraiser held at Wei-Ling Contemporary at The Gardens.



A talk on palliative care held at SJMC



Panel discussion during a public lecture on palliative care

Additionally, we reached out to medical professionals by delivering a palliative care talk the doctors and nurses at Subang Jaya Medical Center (SJMC) as part of their Continuing-Medical Education (CME). We also collaborated with Tung Shing Hospital and SJMC to bring our awareness booths to these hospitals. To spread awareness amongst the communities they serve, we partnered with our colleagues from the Perak Palliative Care Society (Perak), Charis Hospice (Penang) and Palliative Care Association (Sabah). ■

16TH ANNUAL CHARITY TREASURE HUNT 2017

By Rini Vella-Gangnè, Advocacy & Media, Hospis Malaysia

April 2017 – Over 179 individuals took part in Hospis Malaysia’s 16th Annual Charity Treasure Hunt. Ranging from long-time supporters to first-timers, participants braved the rain at dawn to feast on breakfast sponsored and hosted by Chawan Café in Bangsar. A final briefing session was held at the parking lot of Bangsar Village, our flag-off venue sponsor. Indocafe sponsored a truck of unlimited coffee to our participants as they mentally prepared for the upcoming hunt. Participants then began their hunt that would end at their final destination at Syuen Hotel, in the historical city of Ipoh.

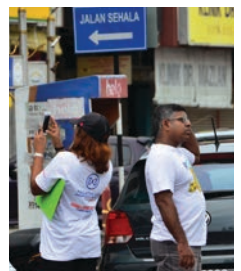
Hunt-Master YS Kong has been the mastermind behind the cryptic and engaging hunt for 16 consecutive years, together with Hunt-Master Liew Kok Seng and the entire team at EUROSCALE, once again pulled-off a challenging and interesting hunt this year. A special thank you to our repeat Platinum Sponsor, Pestech International Berhad and repeat Silver Sponsor Rainbow Lighthouse Kindy - and to all who participated and contributed to making this event a success!

In the evening, the hunt questions were dissected, discussed and explained over dinner. As always, most answers left many in awe, team members either rejoiced or sighed as they tallied up their scores. Raffle tickets sold at RM 10 garnered many interested buyers who hoped to stand a chance to win sponsored prizes including the latest iPhone,

a luxurious stay at the Four Seasons Langkawi and a Seiko watch. Results of the event were announced, and every participant was rewarded.

The evening ended on a high-note with an unexpected performance by a participant, Ms Kim, who impressed the crowd with her polished beat-boxing skills.

Hospis Malaysia would like to thank all individual donors and sponsors for their generous contributions which helped make our 16th Annual Treasure Hunt yet another success! ■



JOIN OUR TEAM!

AS A NURSE:

If you are a registered nurse with the Malaysian Nursing Board and have relevant experience or have a keen interest in community palliative care, then we want to hear from you! A good training and development programme awaits suitable applicants and in addition, you can look forward to the following benefits:

- Opportunity to work with patients and their families in their own homes
- Opportunity to be part of a dynamic palliative care nursing team
- Continuous training and education opportunities
- Comprehensive remuneration package

Submit your resume to info@hospismalaysia.org or if you would like an informal discussion with our Medical Director, please feel free to contact us at (03) 9133 3936.



AS A VOLUNTEER

If you are 18 years old and above, has strong integrity, respect confidentiality, and would like to volunteer your time to work alongside our staff, please get in touch with us. We are looking for volunteers to support us in the following areas:

- Patient care support
- Fund raising and public awareness projects
- Photography, creative designing and/or copy writing
- Pharmacy support
- General administration

All volunteers will be required to undergo a half-day induction session prior to being assigned to any area of work within Hospis Malaysia. If you are interested in patient care support, you will then be required to undergo further interviews and training to ensure that you embark on this area of work with the appropriate attitude and skills to support our patients. *Please note that volunteers do not get involved in the clinical aspects of our work with patients.*

Please visit hospismalaysia.org/volunteer to check on our next scheduled volunteer induction session and fill out an application form. You may also contact us at pr@hospismalaysia.org for further information.

SPONSORS & VENDORS NEEDED

Hospis Malaysia's Annual Charity Bazaar 2017

19 November 2017

– Save the date for our end-year fundraiser!

We are seeking an assortment of vendors from nail art, handicrafts & arts, food & drinks, clothes and many more! Corporates and individuals are encouraged to sponsor Raffle Draw Prizes, or to contribute packed food and other items to sell at Hospis Malaysia's stall.

Contact us at pr@hospismalaysia.org

CALENDAR OF EVENTS

| MONTH | DATE | EVENT |
|-----------|---------|--|
| AUGUST | 4 – 6 | Workshop: Suffering & Hope |
| | 9 | Caregivers Workshop: Palliative care for Children |
| | 23 | Caregivers Workshop: Helping Patients with Mobility |
| SEPTEMBER | 27 | Caregivers Workshop: Caring for Loved Ones & Yourself |
| OCTOBER | 13 – 15 | Workshop: Paediatric Palliative Care |
| | 25 | Caregivers Workshop: Care in the Final Hours |
| | 27 | Voices for Hospices 2017 – Hospis Malaysia’s bi-annual Gala Dinner featuring Datuk Sheila Majid. |
| NOVEMBER | 11 – 13 | Workshop: Pain & Symptom Management |
| | 19 | Annual Charity Bazaar 2017 |
| | 29 | Caregivers Workshop: Understanding Morphine |
| DECEMBER | 16 – 17 | Workshop: Grief & Bereavement Care |
| | 20 | Caregivers Workshop: Problems with Eating & Drinking in Palliative Care. |

For up to date events, follow us on Facebook: @HospisMY or visit our website: hospismalaysia.org

VOICES FOR HOSPICES 2017

27th October, Majestic Hotel (KL) – This year, Hospis Malaysia’s biennial gala-dinner will feature a musical performance by Datuk Sheila Majid, dubbed as Malaysia’s ‘Queen of Jazz’. To support our fundraising effort through this charity dinner, contact us at pr@hospismalaysia.org or (03) 9133 3936 and speak to a member of the Communications Department.

