

**Past, Present & Future**  
directions of palliative care



Grampians Regional  
**Palliative Care Team**



**Back**  
to the  
**Future**  
Palliative Care

CONFERENCE  
2024

**1-3 May 2024**  
RACV Goldfields Creswick

**Program** | Abstract Book

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# Welcome

## Welcome to the Grampians Regional Palliative Care Conference.'

The Grampians Regional Palliative Care Team has worked diligently to ensure that your time in the Grampians is both enjoyable and educational. This is a time to network, to discover new ideas and evidence, and to renew friendships and make new ones. Conferences are important for their content and the exchanging of ideas. This conference theme affords us an opportunity to look beyond the normal boundaries of our practice and to dream just a little.

A very special welcome to our speakers who have given their time generously to provide such a great learning opportunity. And thank you to our sponsors and exhibitors whose financial support

has greatly assisted in keeping the cost of attending this conference to a minimum.

May your stay with us be filled with all things loving and playful and add breadth to your knowledge.

I hope that this conference will be a source of challenge and reflection as you return to your work.

Kind regards,

*Grampians Regional Palliative Care Team*



Moments  
like this are  
too important  
to miss.

Dissolves  
breakthrough  
cancer pain<sup>\*1</sup>



PBS LISTED

**Abstral**<sup>®</sup>  
SUBLINGUAL FENTANYL CITRATE TABLET

\*Significant pain relief from 10 minutes (p<0.05 vs. placebo)

- ▶ Start all patients with Abstral 100 µg and titrate to an effective dose<sup>1</sup>
- ▶ Abstral has an adverse event profile typical of the opioid class<sup>1</sup>

**PBS Information:** Authority required for the treatment of breakthrough pain.  
Refer to PBS Schedule for full authority information.

Please review the full Product Information before prescribing.  
The Product Information can be accessed at [www.menarini.com.au/pi](http://www.menarini.com.au/pi)

**Minimum Product Information: Abstral<sup>®</sup> (fentanyl citrate) 100 µg, 200 µg, 300 µg, 400 µg, 600 µg & 800 µg sublingual tablets.** **Indication:** ABSTRAL is indicated for the management of breakthrough pain in adults with cancer who are already receiving maintenance opioid therapy for chronic pain. Breakthrough pain is a transient exacerbation of otherwise controlled chronic background pain. **Contraindications:** Hypersensitivity to active substance or to any excipients; non-opioid tolerant patients due to risk of life-threatening respiratory depression; severe respiratory depression or severe obstructive lung conditions; use in patients not receiving opioid maintenance therapy for cancer-related pain. **Precautions:** Stabilisation of chronic opioid therapy required before initiation; use in patients not receiving maintenance opioid therapy for cancer-related pain carries a risk of dependence (in addition to risk of life-threatening respiratory depression); repeated administration can result in tolerance and physical and/or psychological dependence; cessation of treatment may cause symptoms of withdrawal such as anxiety, tremor, sweating, paleness, nausea and vomiting; clinically significant respiratory depression can occur in patients with chronic obstructive pulmonary disease or other conditions predisposing to respiratory depression (e.g. myasthenia gravis). Use with caution in patients with head injuries or raised intracranial pressure; history of bradyarrhythmia, hypovolaemia and hypotension; co-administration with a serotonergic agent; elderly patients; patients with hepatic and renal impairment; mouth wounds or mucositis; prolonged use may result in sexual dysfunction, infertility or impairment of fertility in both sexes and menstrual disturbance in women; pregnancy (Category C); lactation; use in children and adolescents below 18 years not recommended; driving or operating machinery not recommended. See full PI. **Interactions:** metabolised by CYP3A4; concomitant use with macrolide antibiotics (e.g. erythromycin); azole antifungal agents (e.g. ketoconazole, itraconazole); certain protease inhibitors (e.g. ritonavir); grapefruit juice; CNS depressants such as other morphine derivatives (analgesics and antitussives); general anaesthetics; skeletal muscle relaxants; sedative antidepressants; sedative H1 antihistamines; barbiturates; anxiolytics (i.e. benzodiazepines); hypnotics; antipsychotics; clonidine; alcohol; monoamine oxidase inhibitors within 14 days; or partial opioid agonists/antagonists (e.g. buprenorphine, nalbuphine, pentazocine) not recommended. Co-administration of fentanyl with a serotonergic agent may increase risk of serotonin syndrome, a potentially life-threatening condition. See full PI. **Adverse Effects:** nausea, dizziness, headache, somnolence, dyspnoea, stomatitis, vomiting, constipation, dry mouth, hyperhidrosis, fatigue. See full PI. **Dosage and Administration:** tablets should be administered directly under the tongue at the deepest part until fully dissolved; tablets should not be swallowed, chewed or sucked; do not eat or drink until tablet is completely dissolved. Initial dose: 100 µg, titrating upwards as necessary. See full PI for dose initiation, titration and maintenance. **REFERENCE:** 1. Abstral Product Information, November 2015. A. Menarini Australia Pty Ltd, Level 8, 67 Albert Avenue, Chatswood NSW 2067. ABN 62 116 935 758. Medical Information: 1800 644 542 or [med.infoau@menariniapac.com](mailto:med.infoau@menariniapac.com). ABS-AU-0661. April 2017. MEAB12778W

# Day 1

May 2, 2024



Thursday Guest Speaker

## **Liese Groot-Alberts**

‘The power of love’



## **Bio**

Liese Groot-Alberts was born in Fryslân, part of the Netherlands, is living in New Zealand and works internationally as a public and keynote speaker, palliative care educator, presenter of loss, grief and bereavement trainings and clinical supervisor for Healthcare Professionals.

In 1972 her eldest daughter, aged nearly 3, died suddenly 2 days after the birth of her son.

Hope and despair, joy and sorrow!

Out of this life changing experience came her passion for working with healthcare professionals and volunteers.

Over a period of many years she worked with and for Dr. Elisabeth Kubler-Ross as a workshop leader and staff member presenting workshops in New Zealand, Australia, USA and Europe. After Dr. Ross' retirement she has continued to develop her

own workshops and has specialised in conducting trainings in trauma, loss, grief and bereavement, Palliative Care, as well as Self-care for the Carer, resilience, spirituality, and working with difference, finding strength and hope in connectedness. She has conducted lectures and workshops in the USA, Australia, Malaysia, the Philippines, Indonesia, India, Singapore, Samoa, Zimbabwe and New Zealand.

In her presentations and workshops she uses images, poetry, humour and music as well as sound theoretical underpinning of the material presented.

[www.liesegrootalberts.com](http://www.liesegrootalberts.com)

## Abstract

What is love? What is the meaning and purpose of love?

In palliative care we are continuously witnessing manifestations of love – or the lack of it – between patients and families.

We talk about the importance of love, empathy, compassion and self-compassion. They have become buzz words in healthcare.

So how do we integrate love into our practice?

And why is it so hard for people who are highly compassionate to others, to be kind to themselves?

This presentation will endeavour to explore ways in which we can thrive in our work-life and personal life through practicing loving kindness and compassion, as well as identify and work through barriers that get in the way of compassion for self and others.



**In palliative care we are continuously witnessing manifestations of love - or the lack of it - between patients and families.**



# Supporting the Supporters



Western Victoria Primary Health Network (PHN) is funded to support an integrated approach to implement Optimal Care Pathways (OCPs) for cancer. OCPs are national guides for the best possible care for patients with specific types of cancer, and describe key stages in a patient's cancer journey - from diagnosis to survivorship or end-of-life care. OCPs also outline expected optimal care at each stage.

Western Victoria PHN also delivers practice support for Advance Care Planning and Palliative Care in Primary Care. HealthPathways contains Palliative Care and Advance Care Planning resources for health professionals. Patient information is easily accessible through the information platform, Go Share. The free audit tool PenCat helps practices with quality improvement by identifying claimable MBS items associated with palliative care and advance care plans.

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

[www.westvicphn.com.au](http://www.westvicphn.com.au)

**phn**  
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