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Amaranth FOUNDATION

Amaranth welcomes our Patron: Senator Fiona Nash

In 2012 National Senator for NSW, Fiona Nash, accepted the role of Patron of Amaranth Foundation. Senator Nash and her family live on a property at Crowther, near Young, in the south-west of NSW. Balancing family with the business of running a farm and representing the people of NSW shapes and influences everything Senator Nash does on professional and personal levels. (http://www.fionanash.com.au/AboutSenatorNash.aspx)

A 'Patron' is a public figure who is willing to become a figurehead for a particular charity or cause. This is usually an ongoing relationship and the Patron and organisation build a working relationship. The purpose of the Patron is to lend their credibility and their high profile support to the organisation and this should support fundraising, campaigning and public relations.

Senator Fiona Nash, Senator for NSW, Shadow Parliamentary Secretary for Regional Education, Deputy Leader of the Nationals in the Senate.

Introducing our CEO, Julianne Whyte.

RN, BSW;

MHSW (Accred) MAASW;

PhD Candidate;

OSWA– Education and Palliative Care Chair: CSU—Academic Liaison Officer

Interests: my husband, children and grandchildren; and when there is time gardening, reading and study.

I was a nurse for 30 years and loved being in a profession that allowed me to listen to and hopefully provide compassionate care for, the many patients and families at St Vincent's Hospital in Melbourne and following that, those associated with the local Area Health Service, now known as the Murrumbidgee Health District. In 2000 I changed focus and graduated as a Social Worker from LaTrobe University in Wodonga. Alongside my responsibilities and work with the Foundation and balancing my growing family's needs, I am now working on completing my PhD which is a rewarding but challenging endeavour.

Inside this issue:

Allied Health in Palliative Care

"Allied Health professionals are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others.

Allied health professionals, to name a few, include dental hygienists, dietitians, occupational therapists, physical therapists, radiographers, pharmacists and speech language pathologists.

Individuals with life-limiting illnesses often have complex and multifaceted needs. In most cases, these needs are best managed using a multidisciplinary approach to care that includes opportunities for multidisciplinary discussions and care planning.

Effective multidisciplinary care embeds collaborative and patient-centred approaches to care planning and provision, and leads to the achievement of care goals that are unlikely to be achieved by health professionals acting in isolation. (Care Search.org.au)

Benefits of a multidisciplinary approach to care include:

*increased patient perception that their care is being managed by a team

*greater likelihood of the delivery of care in accordance with national standards and clinical practice guidelines

*increased patient satisfaction with care provided

*increased access to information, psychosocial and practical support for patients and their families

"...the majority of people would prefer to die at home rather than in a hospital based setting..."

(pg3 The Senate; Community Affairs References Committee; Palliative care in Australia; October 2012)

Occupational Therapy

The focus of the care provided by an Occupational Therapist is to enable clients' participation and engagement in everyday occupations across the life span.

' Occupation' is defined as everything that people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity) (CAOT, 1997; 2002).

Occupational therapists propose that 'occupation' is a basic human need across the life span, including end-of-life.

Although the role of occupational therapy at end-of-life is diverse, occupational therapists are primarily concerned with enabling and improving quality end-of-life experiences through occupation. This can be achieved through a number of therapeutic interventions.

Commonly cited interventions include addressing: activities of daily living (ADLs), psychological and emotional issues (including stress and anxiety), exercise programs, splinting and positioning, energy conservation, relaxation techniques, seating and mobility, comfort, adaptive and assistive equipment, support and education for the family caregivers, connecting the patient with community services and supports, and conducting home assessments.

These types of interventions play a major role in assisting individuals to live safely and comfortably at home, preventing injury, and controlling pain.

Occupational therapists are able to provide their clients with unique services that are focused on enabling meaningful occupational experiences.

Some might question whether rehabilitative professions, including occupational therapy, are appropriate in end-of-life settings. However occupational therapists are trained to deliver care that is attentive to the unique and individual needs of their clients.

Occupational therapists value and implement client-centered and holistic approaches to care that attend to the client first, versus the diagnosis.

At end-of-life, such approaches would involve reframing and tailoring interventions to adapt to the client's changing goals, as well as addressing the client's physical, social, emotional and spiritual needs and occupational pursuits over time.

While the focus of care at end-of-life may not be on rehabilitating clients back to a former state of health, occupational therapists play an important role in supporting clients in maintaining and fostering a sense of cohesion, participation, and living, even in the midst of dying.

Social Work

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being...Social work utilises a variety of skills, techniques, and activities consistent with its holistic focus on persons and their environments."(http://ifsw.org/policies/definition-of-social-work)

Palliative care will affect all of us at some stage in our lives whether as a patient, carer, family member, neighbour or friend. Many do not understand what palliative care is. When an illness cannot be cured, the focus of care changes to helping patients have the best quality of life possible while managing their symptoms. Palliative care maintains quality of life by addressing physical symptoms such as pain or nausea as well as helping with emotional, spiritual and social needs. (http://www.caresearch.com.au/caresearch/WhatisPalliative Care/ tabid/63/Default.aspx)

The involvement of social work in palliative and end of life care has been poorly defined and undervalued. It is through organisations such as Amaranth Foundation that promote and provide training in assessment and interventions and have respectful, holistic, person centred, multidisciplinary teams, that greater understanding and appreciation of the role of this professional is achieved.

The principal social work task in palliative and end of life care concerns itself with the social and psychological health of the patient and the family, before and after death and requires the skill of both assessment and intervention .

Social work includes a holistic ecological and psychological assessment and involves the patient as an individual, the family as a unit and the social and physical resources available to support the care effort.

The Social Worker develops a relationship with the patient and their family/carers and facilitates discussions about values, preferences and decisions regarding preferred place of care.

Different interventions are required for different people, and the skill of the Social Worker lies in identifying and facilitating a range of practical and psychosocial support options from which the patient can chose. The scope and complexity of supportive care demands that a range of disciplines and organizations work together to provide the necessary services.

"Patients and their families recognize the importance of supportive care approaches in meeting their needs during their experience with [life limiting illnesses such as cancer, dementia, cardiovascular and respiratory diseases]. But these approaches have been an undervalued and underfunded aspect of the … care system….patients and families describe not knowing where to turn for help, what help is available or how to access it."
Margaret Fitch (pg **44** , Hospital Quarterly, Summer 2000)

Speech Pathology

A Speech Pathologist is a specialist who evaluates and treats patients with speech, language, cognitive– communication and swallowing disorders in individuals of all ages.

Four primary roles of the speech pathologist in palliative care can be described.:

(1) To provide consultation to patients, families, and members of the multidisciplinary team in the areas of communication, cognition, and swallowing function;

(2) To develop strategies in the area of communication skills in order to support the patient's role in decision making, to maintain social closeness, and to assist the client in fulfillment of end-of-life goals;

(3) To assist in optimizing function related to dysphagia symptoms in order to improve patient comfort and eating satisfaction, and promote positive feeding interactions for family members and

(4) To communicate with members of the interdisciplinary palliative care team, to provide and receive input related to overall patient care. Further development of the speech pathologist as a participating member of the interdisciplinary palliative care team would support the overall goal of providing quality care for patients and families in this vital core area.

"HOW PEOPLE *Live* MATTERS"

… it really does.

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The Amaranth plant (below) is often shown in the Foundation's literature. It has become the symbol of hope and immortality. It grows easily across the Riverina and is known locally as *Love Lies Bleeding*.

The Foundation's name, *Amaranth,* comes from the Greek word 'amarantos' which means never fading or everlasting. This underlies the philosophy of Amaranth Foundation; that people can live a full life which does not end with a terminal diagnosis. Dignity and purpose can be maintained in the final months, weeks and days. The person they are and the memories of their living and their dying will never fade, but remain with those who loved and cared for them.

Amaranthus caudatus

What is Amaranth?

Amaranth is a very popular food source used in Africa, Asia and South America. This seed was popular with many ancient civilizations including the Aztecs.

Amaranth is an exceptionally complete protein, at between 15-18% protein and containing the amino acids lysine and methionine, amaranth's amino acid/protein profile is even higher than that found in meat and other animal products. Amaranth provides a good source of dietary fibre as well as iron, phosphorus, copper and especially manganese. (www.glutengrainfree.com/faqs/what-is-amarnath)

Recipe: Hummingbird Muffins

Makes 12

3/4 cup **amaranth flour**

1 cup organic unbleached white flour

1/4 cup raw sugar

2 teaspoons baking powder

1/2 teaspoon sea salt

2 organic free-range eggs, beaten

1/3 cup cold-pressed macadamia nut oil

3/4 cup pineapple juice, fresh or tinned

1 large banana, finely chopped

3/4 cup pineapple pieces, fresh or tinned, drained

- Preheat oven to 180°C (160°C if fan-forced).
- In a glass bowl, mix all dry ingredients together with a wooden spoon.
- Add eggs, oil and pineapple juice and mix until just combined.
- Add banana and pineapple and mix in lightly.
- Spoon into lined muffin trays and bake for 30 minutes (20 minutes if fan-forced) or until golden on top.

If you do not have amaranth flour in the cupboard replace it with organic unbleached flour.

Page46 : Cyndi O'Meara; *Changing Habits Changing Lives Cookbook* Changing Habits 2002