



# Palliative Care Nursing Interest Group newsletter )))

December  
 2021

## Message from the President of PCNIG

Palliative care remains not only an important part of health care, but an essential one. Hospitals have been trying to make people better and healthier, also to keep people alive. In palliative care, we are providing an environment of compassion and care that support sick individuals and their families through their journey. In the 60's, Cicely Saunders and Elisabeth Kübler-Ross have brought to the forefront the need to provide quality care and to understand, in different ways, what individuals are experiencing. In Canada, the Royal Victoria hospital in the 70's has worked at developing such services in Montreal. Let's look at them a little more.



- In 1967, Dr. Cicely Saunders opened her own palliative care services. "St. Christopher's Hospice became the first hospice to link together expert pain and symptom control, compassionate care, teaching, and clinical research." She has been recognized for the work on the concept of "total pain" and she inspired the creation of many palliative care services, units, programs and hospices through out the world.
- Dr. Elisabeth Kübler-Ross is well known on her work on the five stages of grief. Her model has provoked many discussions and writings about these stages, helping us to develop a greater understanding of what individuals are experiencing while face death themselves or being a witness to it. David Kessler indicated in his book, "Kübler-Ross remarked that the five stages are "not

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### Upcoming events:

– **Compassion** –  
**Tuesday, January 11, 2022**  
**from 7:00 - 8:30 pm**

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stops on some linear timeline in grief. Not everyone goes through all of them or goes in a prescribed order.” These stages are definitely not linear, and we know that for a fact, but her writings inspired may more over the years on the same or similar topics... on death and grieving.

- In Montreal, Dr. Balfour Mount has founded in 1974 a palliative care unit at the Royal Victoria Hospital. He is known lately of saying, “The suffering of people at the end of life has been enough to legalize euthanasia and physician-assisted suicide but interestingly, not enough to mandate excellence in palliative care for all Canadians. This is an ongoing need and in my view, a tragedy.” He is well known in palliative care in Canada. He has received numerous distinctions for his work and also for hosting international palliative care conferences in Montreal that I had the privilege to attend a few.

I was fortunate of doing my clinical placement in 1990 during my Master’s diploma program in Palliative care (UQAM) at the Royal Victoria Hospital with Dr. Mount and Rhoda Hoffman, assistant head nurse of the palliative care unit. Their philosophy was that everyone is part of the team supporting patients and their family. In regarding the comment of Dr. Mount about euthanasia, I will add: What have we learned after legalizing euthanasia? Analysis of request of euthanasia or MAID reveals way more than expected. This is one part of the work I have been doing for the past 30 years as a specialist in palliative care. Individuals are concern with the care received when it is not really “palliative care” and lacking the need of proper care and services that is often required. In palliative care units and hospices, we are offering services that respond to the various needs of individuals, bio-psycho-social-spiritual and other aspects that may be required. Individuals have fears and concerns that are poorly addressed in our health care system and they require to be heard and discussed... as needed, if needed.

During my second graduate program (1991-MN), I used of my skills and knowledge of the first program while doing counselling with individuals with HIV-AIDS at the Hotel-Dieu de Montréal. The need for individuals to share their concerns is also present in all areas of health care. Palliative care is needed not only for oncology patients but for all patients, clients, residents, that have been diagnosed with a terminal disease.

So, compassionate care is one aspect that we are embarking as an association, to provide more resources to our members and hopefully helps provide a greater understanding of what we do every day.

Sincerely,

**Paul-André Gauthier**, Inf./RN, CNS; B.Sc.N., TCC, DMD, MN, PhD (nursing).

**President for Ontario.**

Palliative Care Nurses Interest Group (PCNIG)

Association des infirmières et infirmiers en soins palliatifs de l’Ontario.

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**Dr. Cecily Saunders (1918-2005):**

<https://www.crossroadshospice.com/hospice-palliative-care-blog/2017/july/13/remembering-dame-cicely-saunders-founder-of-hospice/>

<https://www.bmj.com/content/suppl/2005/07/18/331.7509.DC1>

[https://en.wikipedia.org/wiki/Cicely\\_Saunders](https://en.wikipedia.org/wiki/Cicely_Saunders)

**Dr. Elisabeth Kübler-Ross (1926-2004):**

[https://en.wikipedia.org/wiki/Elisabeth\\_K%C3%BCbler-Ross](https://en.wikipedia.org/wiki/Elisabeth_K%C3%BCbler-Ross)

<https://www.psycom.net/depression.central.grief.html>

<https://www.mcgill.ca/oss/article/health-history/its-time-let-five-stages-grief-die>

**Dr. Balfour Mount (1939- ):**

<https://www.chpca.ca/award-recipient/balfour-mount-2/>

<https://www.mcgill.ca/palliativecare/portraits-0/balfour-mount>

[https://en.wikipedia.org/wiki/Balfour\\_Mount](https://en.wikipedia.org/wiki/Balfour_Mount)

<https://muhc.ca/news-and-patient-stories/articles/muhc-palliative-care-pioneer-dr-balfour-mount-gets-his-own>

<http://www.canlearn.com/pdf-lib/9-0001in.pdf>

<https://pubmed.ncbi.nlm.nih.gov/11982194/>

<https://cdnmedhall.ca/laureates/balfourmount>

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## **Compassionate Care, Compassionate Communities:**

### **What is our next step?**

This year the PCNIG successfully forwarded and was able to get passed the resolution on Compassionate Communities at the RNAO AGM June 2021. But what does that mean? What is compassionate care? What is a compassionate community?

At the root of it, palliative care is truly compassionate care. Compassion defined as “**to suffer together.**” Among emotion researchers, it is defined as the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering. So, if we are as palliative care providers in the business of confronting and motivated to relieve others suffering, how exactly do we go about that?

Dr. Shane Sinclair and the group at the Compassion Research Lab have developed an entire body of science around understanding the phenomenon of COMPASSION

(<https://www.drshanesinclair.com/science>). By the labs ongoing findings, evidence-based research compassion is a catalyst for transformation, they state “compassion overcomes obstacles that even the best health tech, virtual care, app or robotic advancement cannot surmount- simply stated compassion matters” (<https://www.drshanesinclair.com/>). In fact, Dr. Sinclair’s work with the Compassion Research Lab has shown that compassion has been shown to: improve patient outcomes, reduce

healthcare costs and improve quality; improve healthcare provide well-being; improve patient experiences, transform healthcare systems and improved clinical care.

So, what are our next steps? how do we make our PCNIG's resolution of compassionate care actually be the change that we want to see?

Here is some the work that RNAO has already begun:

- Joint Collaboration to write *Nursing and Compassionate Care in the Age of Artificial Intelligence*  
[https://rnao.ca/sites/rnao-ca/files/RNAO-AMS\\_Report-Nursing\\_and\\_Compassionate\\_Care\\_in\\_the\\_Age\\_of\\_AI\\_Final\\_For\\_Media\\_Release\\_10.21.2020.pdf](https://rnao.ca/sites/rnao-ca/files/RNAO-AMS_Report-Nursing_and_Compassionate_Care_in_the_Age_of_AI_Final_For_Media_Release_10.21.2020.pdf)
- Continuing to collaborate with the OPCN and the Ministry of Health of Ontario as RNAO sits at both tables to advance the Palliative Care Framework, and how we can appropriately link compassionate care.
- Work with PCNIG to determine the requirements for a Compassionate Canadian Company (CCC) Designation as part of being a Compassionate Community.
- PCNIG AGM 2021 meeting guest speaker, "From Compassion, to Compassion in Action: How to move from individual action to a global movement" with Bonnie Tompkins.

This is only scratching the surface, as palliative care nurses, nursing students and nurse practitioners, we are the driving force behind the compassion vision and we need to hear your ideas.

One of the places we would like to start is by looking within. Compassion begins with individual action and as we know these past 2 years have not only tried our capacity but for many has emptied the "gas tank". The key to finding our way to compassion is that we need to be able practice compassion for ourselves first. But how do we do that? Where does one start? How do we get to a place where compassion is the language that we live in, breath in, and work in?

PCNIG would like to begin with a webinar that we will provide an introduction to mindfulness and compassion and the importance of "self-compassion" and how it leads to our ability to not only survive, but thrive and in turn help us through our compassion to help patients, families, communities and our healthcare system to thrive.

So as an executive, as a membership, as a collective of passionate individuals looking to build compassion let us take this next step fearlessly and see where it takes us. In the words of Roshi Joan Halifax, author of "**Being with Dying: Cultivating Compassion and Fearlessness in the Presence of Death**" (2009), many of us think that compassion drains us, but I promise you, it is something that truly enlivens us.

We hope that you are as excited as we are to take the next steps, with compassion!

Maria Rugg, MN, RN, CHPCN(c), CHE

Below is the description of the 90-minute webinar where Dr. Wong will introduce us to these concepts.

**Tuesday, January 11, 2022 from 7:00 - 8:30 pm**

**Cultivating Compassion and System Thinking to Flourish in Healthcare**

Based on the scientific principles of neuroplasticity, epigenetics, and inborn goodness, Dr. Wong will demonstrate why compassion is both innate and a trainable skill. She will discuss the difference between empathy and compassion, explain why compassion fatigue is a misnomer, and suggest that empathy fatigue/empathic distress are better terms to describe the exhaustion we experience when self-regulation is suboptimal. She will also use system thinking to look deeply into the systemic and structural factors that contribute to distress in healthcare. By cultivating compassion and system thinking, we can transform both ourselves and the system so that we can all flourish in healthcare.

**Brief Biography Agnes Wong, MD, PhD, FRCSC**

Dr. Agnes Wong is Professor of Ophthalmology, Neurology, & Psychology at the University of Toronto (U of T), and an active staff Ophthalmologist and Senior Scientist at The Hospital for Sick Children. She is the former Ophthalmologist-in-Chief at The Hospital for Sick Children and the former Vice Chair of Research in the Department of Ophthalmology at U of T, where she held the inaugural John & Melinda Thompson Chair in Vision Neuroscience for a decade. In her career as a physician-scientist, Dr. Wong has published over 120 peer-reviewed papers in the field of Ophthalmology and vision sciences, and held many prestigious research grants. She has travelled widely as a visiting professor and invited speaker, as well as won many research and teaching awards.

In addition to clinical and academic work, Dr. Wong currently focuses on wellness in healthcare. She received chaplaincy training at the Upaya Zen Center in Santa Fe, USA, with Roshi Joan Halifax, PhD. She also completed intensive teacher training in Mindfulness-Based Cognitive Therapy with its co-founder, Dr. Zindel Segal at U of T. She is currently on faculty of the Mindfulness & Compassion Training for Health & End-of-Life Care Professionals program at the Sarana Institute in Toronto. By integrating mindfulness, compassion, reflective practices, and systems thinking, her approach is to help healthcare professionals develop vital skills to enhance their well-being and to improve the system. Her recent work is encapsulated in her latest book, “The Art and Science of Compassion. A Primer—Reflections of a Physician-Chaplain” published by Oxford University Press.

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**Did You Know?**

Palliative care nursing competencies in Canada have been primarily adult-focused. To facilitate nationally consistent education, a group of 12 brilliant and passionate nurses representing 7 of 19 specialized Pediatric Palliative Care programs in Canada came together to develop a pediatric-focused set of competencies. Using the Canadian Nurses Association’s eight practice domains of hospice palliative care nursing as a starting framework, locally developed pediatric competency documents were collected and mapped to each other and to the adult competencies. It felt important to distinguish

nurses working as generalists (e.g., palliative care is not the primary focus of their practice or they are new to palliative care) or specialists (e.g., primary focus of practice is Pediatric Palliative Care and generally have advanced education or experience). Ten additional nurses from across Canada provided further feedback and endorsed the list of competencies. Under the eight domains, 106 competencies were identified, 50 of which were deemed at the level of a specialist.

Check this website for more information on these competencies:

[https://www.chpca.ca/wp-content/uploads/2021/03/PediatricPalliativeCareNursingCompetencies\\_Jan2021.pdf](https://www.chpca.ca/wp-content/uploads/2021/03/PediatricPalliativeCareNursingCompetencies_Jan2021.pdf)

Sandra Twiner Ross RN, BA, CHPCNc

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### **A Public Health Approach to Palliative Care**

On November 16, I had the opportunity to attend the RNAO Region 10 Fall Tour membership meeting. Maria Rugg (PCNIG executive) gave a short and well received presentation on the work of the PCNIG and there was a presentation from Compassionate Ottawa (<https://compassionateottawa.ca/>). Year three of my nursing program has been about community nursing and the web of forces that shapes the healthcare system. Over the last couple of years, I have heard calls for the expansion of provision of palliative care services within the healthcare system. While I agree that palliative care services are lacking, especially in non-urban centres, I am beginning to wonder if the healthcare system can, and indeed, should be solely responsible for palliative care.

The presentation by Compassionate Ottawa helped me to see a practical way to enact the notion that illness and dying are a normal part of living and should be normalized within our communities. Community members can be empowered to come alongside healthcare to play an active role in supporting and caring for people experiencing illness and dying. If you would like to consider this further, I encourage you to read the paper *A Public Health Approach to Palliative Care in the Canadian Context* (Sirianni, 2020). As a newcomer to this field, I am sure there are projects happening in this vein that I am unaware of. If you know of a project like this (of if you disagree with my viewpoint) I welcome hearing from you!

Sincerely, Tanya Smith, R. TCMP, BSc Nursing Student Year Three

### **References**

Sirianni, G. (2020). A public health approach to palliative care in the Canadian context. *American Journal of Hospice and Palliative Medicine*, 37(7), 492–496.  
<https://doi.org/10.1177/1049909119892591>

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Please, listen to Mahoganie Hines' interview on **The Waiting Room Revolution**

<https://waitingroomrev.podbean.com/e/s3-episode-26-mahoganie-hines/>

## Paul-André Gauthier, the new President PCNIG.

He is retired as a nursing professor, position that he held for more than 30 years in Northern Ontario. He went to Montreal where he completed in 1990 a Master's diploma in palliative care and in 1991 a Master in Nursing. In 2003, he received a PhD in nursing from the University of Alberta. He is the first man who graduated with a doctorate in nursing from that university. His research was a qualitative study with oncology nurses.

Dr. Gauthier was also selected by his peers on several occasions for his leadership in the political scene. He is a specialist in palliative care and care for persons with AIDS. He has been on many provincial nursing associations, including RNAO's BOD and he sit on many other committees and board of directors at regional, provincial, and national levels.

It is worth noting that the Parliamentary Assembly of the Francophonie awarded Dr. Gauthier the insignia of Chevalier de l'Ordre de la Pléiade in April 2009, he became a knight of the international order.

In April 2014, he received the June Callwood Award from the Hospice Palliative Care Ontario (HPCO). Recognized for his dedication at all levels, he served as a volunteer palliative care professional consultant in Timmins and Sudbury where he continues to accompany terminally ill patients and their families, for example, at the Maison Sudbury Hospice. He received the Joan Lesmond Scholarship/ Award from the Hospice Palliative Care Ontario (HPCO) in 2019 (see picture); and the Honorary Life Membership from the Registered Nurses Association of Ontario (RNAO) in April 2015. And, in May 2015, he was awarded the "Special Contribution to the Nursing Profession – Award" from the Sudbury Chapter of the RNAO.



He has acquired quite lots of experience at presiding nursing associations, sitting on committees or board of directors at all levels, regional, provincial, and national. He is on the Executive of the RNAO Sudbury, the CNS Association of Ontario and CNS Association of Canada. He assumes positions and contribute to the advancement of these nursing organizations. Furthermore, he is a prolific speaker in both official languages at all levels also, and internationally.



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**RNFOO** and the **Palliative Care Nurses Interest Group (PCNIG)**  
are pleased to announce

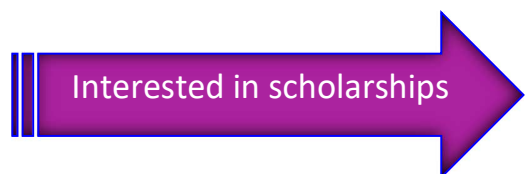
**Three New Scholarships for 2022**

- PCNIG Baccalaureate Scholarship
- Dr. Christine Newman Memorial Scholarship in Palliative Care Education
- PCNIG Graduate Scholarship

Details and application available at [www.RNFOO.org](http://www.RNFOO.org)

Palliative Care Nurses Interest Group (PCNIG)

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# PALLIATIVE CARE NURSING INTEREST GROUP

## PCNIG - RNFOO SCHOLARSHIPS



### **Dr. Christine Newman Memorial Scholarship (1 x \$1,000) in Palliative Care education**

This scholarship honours “Dr. Chris” who was deeply committed to supporting continuing education, particularly for nurses in the area of her passion, palliative care.

To support a practicing RN, or an RPN bringing into becoming an RN who expects to be licensed in time to sit for CNA certification in hospice palliative care (Canadian Hospice Palliative Care Nursing Certification CHPCN) to further their commitment to the care of persons and their families facing a diagnosis that would benefit from a palliative care approach. Preference will be given to those who are members of the PCNIG. If the selected applicant is not a member, part of scholarship will be used to secure their membership.

### **PCNIG scholarship nursing for a RN or Baccalaureate student (1x \$1,000)**

To support a student enrolled in a baccalaureate/ bridging nursing program. Applicants should be able to demonstrate an interest in or understanding of the challenges faced by marginalized communities facing palliative care. Preference will be given to those who are members of PCNIG and are at least 50% completed their program.

### **PCNIG Graduate Scholarship (1 x \$2,000)**

To support a part-time or full-time student enrolled in a graduate level program (Masters or PhD, Clinical Doctorate) with a focus on any area of palliative care. Applicants must be involved in any area of palliative care across the lifespan and continuum of care. Applicants must also demonstrate excellence in palliative care nursing and indicate how they contribute to the advancement of clinical practice, education or research in this clinical specialty. They must also demonstrate membership in PCNIG.

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**Palliative Care Nursing Interest Group**

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<https://chapters-igs.rnao.ca/interestgroup/11/about>