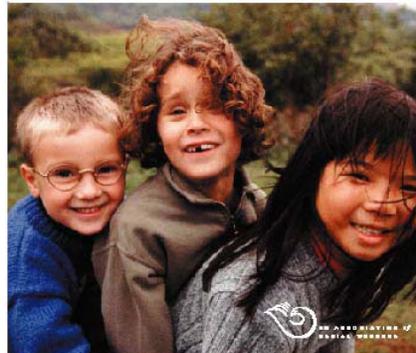


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THE VOICE



SOCIAL WORKERS MAKE A DIFFERENCE



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Social Workers: www.bcsw.org

CANSW CELEBRATES!

Our new website www.cansw.org

*The first CANSW Conference held
in Vancouver*

Our new Executive

*The winner of the Jane Dicks
Award*

*The Kidney Foundation of Canada
Patient Services Award given to
Ontario Renal Social Workers*

*The George deVeber Distinguished
Service Award given to a Renal
Social Worker*

*Increasing membership from
across the country*

*Our commitment and dedication to
renal patients in Canada*



Go to www.cansw.org to browse our new CANSW website! You can find a section “About Us” which clearly outlines the organization, our standards, mandate and strategic plan. There is a section about membership, one for patients and families about the emotional impact of Chronic Kidney Disease, and one on how a social worker can help you. The new pamphlet on “Stopping Dialysis” will be in the Members Section soon.

For members only there is a list of all members’ coordinates, access to the listserv, policies and procedures and copies of “The Voice”.

A Toolbox is being developed for provincial resources.

Thank you to Gary Petingola, Web Administrator, the CANSW Executive and the web-designers for this great addition to our organization.



Submitted by Sonya Solman, CANSW Vice-President. Sonya will begin her term as President in September, 2005.

...Words from the Editor

The Vancouver Conference was the first CANSW conference I attended and it was delightful to meet so many colleagues. The only regret was not having enough time and opportunity to talk with more CANSW members over the course of the two days. For those who were not able to join us, I've summarized a few speakers' presentations on page 3.

This will be my last edition as Editor of "The Voice" but I'll look forward to watching the newsletter develop. Thank you for your patience and support during my learning curve. There are still a few kinks to work out to send the newsletter electronically, but I believe it is worthwhile to persevere as it is a savings to CANSW.

I especially want to thank everyone who sent me submissions, articles, and ideas. There have been so many well written and thoughtful pieces sent my way. My apologies if I missed or omitted anyone's work along the way.

Lastly, a special thanks to Shirley Pulkkinen whose energy and enthusiasm are truly remarkable and who sent so much my way.

Lorraine St. Martin, MSW
"The Voice" Editor

Hard to believe the Vancouver Conference 2005 has come and gone. Feels like I'm just getting over the whirlwind and still so much more to do. Maybe I'm a bit out of sorts with the break in tradition with a spring conference rather than a fall one...but what a break in tradition it was. And with the annual conference comes, you guessed it, the ELECTIONS of CANSW Executive and Regional Representatives. Although elected, the new Executive takes effect beginning in September 2005. It is a pleasure to introduce your new CANSW Executive and Regional Representatives:

President: Sonya Solman, North Bay, ON (2-year term)

Vice President: Mary Joan Brinson, Belleville, ON (2-year term)

Treasurer: Diane Boisjoli, Ottawa, ON (2-year term)

Secretary: Lise Ross-Lalande, Timmins, ON (1 year served of 2-year term)

Past President: Shirley Pulkkinen, Sault Ste Marie, ON (2 year term)

Atlantic Rep: Linda Geyer, Halifax, NS (2-year term)

Northern Ontario Rep: Laura Devereaux, Thunder Bay, ON (2-year term)

Eastern Ontario Rep: Sylvia Jurgutis, Ottawa, ON (2-year term)

Southern Ontario Rep: Debbie Hodgins, Windsor, ON (1 year served of 2-year term)

Alberta/Sask/Manitoba Rep: Colleen McShea, Calgary AB (2-year term)

BC/Yukon Rep: Zhila Schofield, Penticton, BC (1 year served of 2-year term)

With the election of new members comes saying so long to others;

To Shirley-you are amazing in every sense of the word. You have left some big shoes to fill as "El Presidente". I am grateful for the opportunity to watch, listen and learn from such a strong, focussed and passionate woman and leader. I am thankful that I will have you by my side for my term as President as a mentor, a colleague and a friend.

To Lyle- you are a breath of fresh air. Thank you for your sense of humour, fresh perspective and patience with all of us gals.

To Natalie- thank you for your insight and voice in bringing to the table the reality of life in Nephrology in Western Canada.

Welcome and congratulations to our newly elected members, to the new Executive and Regional Representatives. What a great team of outstanding, passionate professionals you are and what an honour it will be to work with all of you!

Sonya



Cecil Green Park House where CANSW's 27th Annual Conference was held May 1-3rd, 2005 in Vancouver, B.C.

“Whispers From The Totems”

The speakers were well chosen and very varied in their areas of specialty. Our major sessions were with three clinicians: Dr. Kuhl, a Palliative Care Doctor and Psychologist; Kathleen MacKay, a Domestic Violence Social Worker; and Bob Martel, a Social Worker who specializes in working with gay men with addictions and chronic illness.

Our first day started with Dr. David Kuhl talking about his research where he interviewed dying people. Dr. Kuhl was with us for most of the morning so we had a rare opportunity to discuss clinical viewpoints and the way Dr. Kuhl talks with the dying. He shared with us some of his thoughts about the important role social workers have in the hospital and what qualities and perspectives we can bring to the team. He talked about having respect and listening to what dying people say. If we listen, dying people will tell us what they need and want. Dr. Kuhl has collected his qualitative research findings and impressions in a book called “What Dying People Want” if you wish to read more about what this thoughtful and gentle doctor has to tell us.

We had another lengthy session with Kathleen MacKay, the Domestic Violence Social Worker for 2 lower mainland hospitals. Kathleen also does research on domestic violence and started a screening program at the Emergency Departments of both hospitals. Kathleen reviewed some of the statistics about domestic violence and definitions. She talked about the importance of screening for domestic violence in our work settings and how to do so to create safety for the victims of this situation. Kathleen talked about the importance of keeping charting separate so as not to endanger the victims further. Kathleen also talked about how we should recognize our own goals and think about “harm reduction” in situations rather than seeing success only in situations where the victims of domestic violence leave the situation.

Bob Martel gave us a glimpse of how gay men are affected by chronic illness and addictions. He talked about particular aspects of the gay culture that interplay with how gay men view and feel about how they are treated by the health care system. The information highlighted many implications for our clinical practice. Some of the issues Bob said gay men deal with that we need to be sensitive to are - isolation from family, worry about being judged, feeling invisible to health care providers, financial issues and fear of loss of attractiveness and self worth. Bob made a connection between the gay community, drug use and the model of addiction from which he works. Again, the message was to be respectful, don't be afraid to ask questions of gay men's experience of their lives, relationships, social situation and what they need. They will often share their beliefs and concerns about health care.



During the rest of the conference we were treated to other sessions and poster displays by our own members. Mary Joan Brinson explained the very creative and energetic project she worked on in her dialysis unit to deal with high fluid gains for some patients. Donna Klinck presented some thoughtful approaches and suggested some tools for us to use to assess depression in our patients and some ideas for follow-up. Cathy Mosher told us about how she organized and carries out her peer support group in an extremely large rural area where travel is part of the challenge. Karen Ahola and Colleen McShea from Calgary which is another large and growing area presented their attempts to triage patients most in need of social work services and the assessment forms they tried for this purpose. Janet Silver talked about the not so obvious issues that impact home hemodialysis patients and their families.

We were treated to breakfast, lunches and an absolutely wonderful wild salmon BBQ. The AGM although scheduled early had great attendance and the new Executive was elected. Gary unveiled the new website during the meeting which is already very impressive and still has lots of room for growth. Sadly the weather didn't cooperate but the setting was beautiful and meeting renal social workers from across the country was a terrific benefit. I think it is a tribute to the Executive and to the BC Conference Organizers that the conference went so well having had 2 groups work on its planning from 2000 miles apart.

Hats off to Michaela Leicht (Chair), Sylvia Lai, Tanya Strubin - (BC) and to Shirley Pulkkinen, Gary Petingola, Lyle Stockwell - (Ontario) for a great learning and motivating conference. The Committee made sure to thank the list of sponsors and other helpers who gave time and money toward our goal of having the conference out west this year.

Check CANSW's website at www.cansw.org in the very near future for promotional items including great golf shirts for men and women with our new logo, CANSW document bags and lanyards and pens. The golf shirts are pictured below but more details, pictures of all items, and order forms are on the website. Contact Shirley at pulkkinens@sah.on.ca if you have questions.



This article reflects some of the practice issues, responding to expressed needs and some personal feelings this writer has in her social work role, that Dr. David Kuhl discussed at our Conference. This story contribution comes from Linda Bentley who is a social worker at London Health Sciences.

A Story of Social Work Principles

The black wall clock, with a hesitant arm, hung clicking the seconds away like the circle of life jerking relentlessly forward.

I first met Lanna in April 2003 when I had been in my position as a Social Work specialist in Nephrology for only 25 days. ***Social Work at***

London Health Sciences Centre is committed to the provision of exemplary psychosocial practice with patients, their families, and the community.

I was called by nursing staff to see Lanna due to her tearful response to being in hospital. Lanna reported having a long history of panic attacks and

undiagnosed anxiety, and was feeling homesick. She sounded like a child of eight years on the second night of summer camp.

She shared some of her personal history with me. A litany of facts included that she had been married three times, and currently was living with her third husband of 10 years. Jeff needed her at home, she admitted, to think for him. She was worried about him. He was her Power of Attorney. Lanna said there were a lot of bad feelings between her and her biological children, causing her distress. She had one good friend, Karen who visited her all the time and took her shopping. Lanna admitted that Karen began seeing her in an official role as a “friendly visitor” but had become her personal friend. Lanna embraced Karen as her daughter. Lanna had four heart attacks beginning at age 42, she was insulin dependent, and had just started hemodialysis. Prior to this admission, she had been feeling quite ill - unable to void, vomiting, feeling tired and loss of appetite. She was receiving home care, and VON Services. She said she was resolved about needing dialysis and was attempting to learn what she needed to know about her diet changes. I planned to talk with Jeff, Lanna’s four children, and Karen, the friendly visitor.

In May 2003, Lanna was re-admitted and was again tearful and homesick. She was falling at home and her decreased level of mobility was concerning. Her blood levels were high and were being monitored. Lanna was holding on to the comment from her doctor that she would be in hospital only one or two days. ***Social Workers are committed to providing quality social work services in the areas of adaptation to illness, crisis, loss, and rehabilitation. Social Workers also assist with other psychosocial situations, discharge planning, promoting health and wellness by making links to community supports and resources.***

I spoke to Jeff who informed me that he was mentally handicapped. He admitted that he did not understand the information about dialysis and why Lanna was still in hospital. Karen was concerned about Lanna’s safety at home. Apparently, Jeff provided personal care for Lanna and was vigilant regarding her needs; however, he

did not seem to understand Lanna’s need for rest. Jeff explained that he became worried when Lanna’s eyes were shut as he was fearful that she had died. It was his practice to wake her in an attempt to feel reassured. Lanna lovingly explained to me that Jeff was her ‘legs’ and she was his ‘brain’. Jeff smiled and said: “Yup”, I run the errands and do just what she tells me to do. Lanna thinks things out.” Both were adamant that Lanna would return home. ***Social Workers promote partnerships and continuity of care by networking with community and government agencies, professional organizations and health institutions.***

The subject of nursing home care rang out first from Karen, then from the Nephrology team and nursing staff. Occupational Therapists and Physiotherapists completed mobility and safety assessments. A family meeting was held to discuss the concerns as well as a possible transfer to a home area hospital. *This was offering a compromise.*

Lanna experienced a further coronary event June 4th and was on oxygen when I visited her. She was afraid and wanted her husband and ‘adopted daughter’ to visit. I called Jeff and Karen, and asked the resource nurse on the floor if they could be placed on an exceptional visitor list. Lanna set her focus on returning home. My thoughts and dreams were full of Jeff and Lanna. I met with them and talked about Lanna’s medical needs and problems with mobilizing. I wondered out loud about them both going to a nursing home. *Offered yet another compromise.* Then Jeff brought up the issue of Sammy. The dog would need them. Lanna started to cry about Sammy, sharing stories with me about her pet’s daily activities and his importance in her life.

Another conference was planned for June 11th and guidance was requested from the Community Care Access Centre regarding Lanna’s wish to go home. It became clear to me over time that Lanna was not going to tolerate kidney replacement therapy as her heart was not strong. The timing of when to withdraw dialysis was discussed with Lanna and Jeff. Jeff initially believed that if he were to agree with Lanna to stop the dialysis he would then be responsible for

her death. He believed that if he agreed he would be murdering Lanna. Over time he came to understand that it was the dialysis treatment that was straining Lanna's heart.

Lanna was transferred to the Cardiac Care Unit on June 17th. I was called to see Jeff who was visiting and was upset. Jeff was lovingly touching his wife, patting her, stroking her arm, kissing her head. He didn't notice that these actions upset Lanna, that she would be emotionally and physically stressed by his ministrations. He was encouraged to sit beside Lanna and to let her relax or sleep. ***Social Work demonstrates strengths in leadership, interpersonal skills, advocacy, problem-solving, communication, crisis intervention and group dynamics as integral members of the interdisciplinary team.*** The couple was desperate to have Lanna return to her home.

The resident nephrologist entered the Cardiac Care room and told Jeff and Lanna that he could no longer continue to dialyse Lanna. No one had told me this was going to happen that day and even though I expected that Lanna would die I was not prepared to hear this ending statement. I looked from Lanna to Jeff. Lanna accepting, Jeff rejecting and I started to cry. Jeff was patting Lanna's shoulder repeating "no".

The social worker is not supposed to cry, she is supposed to provide support, remain strong. I was angry that I had not been warned, I was embarrassed that I was crying, I was flooded with compassion for this couple whose life was about to change forever. My own feelings of helplessness were abruptly awakened.

I left the room briefly, only long enough to regain my composure and to resolve to help Lanna die at home as she wished. I sucked back all of my own feelings of loss and fear, packaged them neatly inside for later reflections and focused on Lanna. She painted the picture by saying she wanted to sit on her back patio deck and eat a bacon and tomato sandwich, toasted. I could smell it and I smiled. I could practically see

Sammy jumping around wanting some of that treat.

June 23rd another meeting was called with Palliative Care staff, her four adult children - yet unnamed, Karen, and Jeff. The assessor said the plan was too risky, that Lanna would be unsafe at home. She may fall, Jeff was not capable, and Lanna was not able. We were standing in the hall between the patient's room and the family meeting room. The children were on one side; Lanna, Jeff and Karen on the other. I argued with the assessor for palliation saying that this woman's last wish was to be at home. She argued that Lanna needed two people to transfer her, and would increasingly need more assistance. Whispered comments continued about the level of care needed and the fact that Lanna had felt abandoned by her four children who had not been there to help thus far. Jeff reported feeling responsible, saying Lanna's children rejected him because he had established the rules in his house.

Angry adult children burst from the room making claims of love and commitment, claiming their place in the discharge plan. Lanna's son reported that his sister had always been there for their mother and although he had not always been on good speaking terms he could vouch for her reliability. Only a moment of silence followed. *Thank you. Is it possible for you to bring together a plan that will allow your mother to have her wish? So that she might go home to sit and look through the box of pictures her own mother gave to her. Sit in her comfortable chair that overlooks the window to the back yard. Talk with Jeff and die at home?* Yes, they made a plan, got a hospital bed in place, and drafted a schedule to take turns staying with their mother. Jeff promised her he would make it happen, and now he visibly relaxed. Together we convinced the team to let it be. ***Social Work: Together we care, we learn, we discover.*** On June 24th, Lanna was transferred to her home with the Community Care Access Centre organizing palliative care and family members - both biological and chosen - assisting. Lanna died July 6th, 2003.



CANSW President's Report May 2005

Medical Advisory Committee-Kidney Foundation of Canada

We are continuing to commit to our CANSW 2004 Strategic Plan to keep us in focus as our professional roles in our own units increasingly demand our undivided attention. Several subcommittees are regularly communicating to produce our organization's collective thought on such things as standards, mentoring and on the psychosocial impact of kidney disease.

We have adopted a logo for our organization that we hope identifies us as professionals in the renal world but also as uniquely Canadian. Our biggest achievement this year is our new website (www.cansw.org). Many hours were dedicated to collaboration, revising information and examining the goals of this website. In the website, we promote the goals of our profession and highlight our services. We plan to have a members only section for resources as well as "toolboxes" containing provincial-specific items (such as forms, advocacy letters, contact information). We are also developing a Patient and Family Section to provide further psychosocial information and links to other relevant information sites (such as KFOC).

We have finalized the "Choosing to Stop Dialysis" brochure with CANNT and KFOC and have recently received full endorsement and support from CSN. We hope to start work on an "Opting for NO Treatment" pamphlet with our renal partners in the near future. Recently CANSW made a three-year financial contribution towards the KRESCENT program, an innovative and collaborative approach to training nephrology researchers in Canada. A CANSW subcommittee is also finalizing a recommendation that will commit monies towards our own CANSW researchers in our field. Continuing our partnership with key renal stakeholders, input was provided as well into the Kidney Foundation of Canada's "Living with Kidney Disease" manual, specifically on areas related to emotional & psychological well being.

In May 2005, Vancouver, BC hosted the CANSW Annual Conference to over 56 registrants. This is the first time our membership has gone to the West Coast of Canada. Our theme "Whispers from the Totem: Challenges in Nephrology Social Work" had speakers such as palliative care physician Dr. David Kuhl who spoke on "What Dying People Want", as well as speakers on Domestic Violence & Chronic Illness, Addictions & Chronic Illness and Gay Men & Chronic Illness. Our own members presented on a wide variety of topics, including "Depression vs Healthy Sadness", a "Phosphorus of the Seas" contest for hemo patients, details about a Peer Support program in rural Nova Scotia, High Risk Screening Questionnaires for renal social workers and Social Work Impact for Home Hemodialysis Programs. With our venture into the West, we have encouraged an all time high of 110 members from across Canada. We have also had some interest and membership from some Quebec counterparts which we hope will further enhance our Association. It has been an honour and a privilege. Respectfully submitted. Shirley Pulkkinen

Shirley Pulkkinen is the current CANSW President and works as a renal social worker in Sault Ste Marie. Shirley's term ends this fall Shirley is also the designer of the new CANSW logo.

ANNOUNCEMENTS!

❖ This year the Patient Services Award of the Greater Ontario Branch of The Kidney Foundation of Canada was given to Renal Social Workers in the Greater Ontario Branch catchment area. The Awards Committee wishes "to recognize the outstanding service and contribution of a committed group of men and women, the social workers show their commitment to the health and welfare of their patients time and time again by advocating on their behalf and doing all they can to meet the patient's needs both financially and emotionally. This group of individuals works hand in hand with the Foundation and help provide a crucial link to the patients explaining our services and programs as well as following the new guidelines of the Financial Assistance Program."

🌟 **Doug Parsons was given the George deVeber Distinguished Service Award from the Kidney Foundation of Canada, Greater Ontario Branch. Doug is from the Southwestern Ontario Chapter and has been a Board Member since the 1980's. His committee work is impressive at the Chapter, Branch, Provincial and National Levels. He sat on and Chaired the Chapter Fundraising and Nominating Committees. "His unwavering dedication to the Foundation and to the well-being of kidney patients makes Doug Parsons a natural choice for this year's distinguished Service Award". Doug is also a long standing CANSW member!**

WORTH READING! An article in Journal of Medical Ethics Online by S. Giles "An antidote to the emerging two tier organ donation policy in Canada: the Public Cadaveric Organ Donation Program" J.Med.Ethics 2005;31;188-191

🌟 **Access Wear at www.accesswear.com was created by two Connecticut dialysis nurses. Based on their genuine concern and patient advocacy, their goal is to help dialysis patients "Keep their shirts on" during treatment. They have clothing that keeps dialysis patients warm, neat and comfortable!**

❖ *George Lopez who is a comedian and the star of the ABC show "George Lopez just underwent a kidney transplant in early Spring donated from his wife, Ann. He says he feels better than ever "It hasn't even been a month and I feel alive". He was interviewed on ABC Primetime Live to talk about kidney disease and transplantation. He co-stars in the film "The Adventures of Shark Boy and Lava Girl in 3-D which opens June 10th.*

Winner of the Jane Dicks Award 2005



Cathy Mosher (left) and Robert Fraser (center) – both previous winners of the Jane Dicks Award - present Amy Canter (right) with the Jane Dick's Award 2005.

CANSW is proud to announce that this year's recipient of the prestigious Jane Dicks' Award is Amy Canter from Sunnybrook Hospital in Toronto, ON. The Jane Dicks' Award was created in 1995 to recognize the significant contributions to the field of Nephrology Social Work in community work, clinical work, to CANSW and/or in education.

Here are excerpts from the nomination letter submitted by Pat Reed, also a Renal Social Worker at Sunnybrook and last year's winner:

- Clinically Amy is "gifted with the skills"...advocacy and resource coordination, validation of patients in a teaching role, supportive of teaching others
- Sensitive and respectful in end of life issues
- STAR of SARS at Sunnybrook
- Formatting and developing the patient newsletter
- Commitment to Patient/Family Council
- Co-author of an article published in CANNT journal
- Great ideas and generous with recommendations for CANSW
- Co-creator of the first CANSW calendar
- She has a way of "being there" for staff as well

Submitted also was a letter of commendation from Roslynn Liadsky from the Kidney Foundation of Canada, Central Ontario Branch. She commented on the following "Amy Canter is an enthusiastic and committed advocate for the Peer Support Program of The Kidney Foundation of Canada" who "has brought some wonderful, dedicated individuals and couples into our Program". Amy's support and understanding of the Peer Support Program, along with her appreciation of the services offered by the Foundation, makes her a very worthy recipient".

Congratulations Amy! You are truly a recognized professional in our field and a wonderful asset to the CANSW Organization.

REGIONAL UPDATES

British Columbia

*Submitted by Lorraine St. Martin, MSW
Vancouver General Hospital*

The Provincial Health Services Authority (PHSA) is one of six health authorities in B.C. The other 5 are geographic regions of B.C. PHSA's primary role is to ensure that B.C. residents have access to a coordinated network of specialized health care services. PHSA operates provincial agencies including BC Transplant Society and the BC Renal Agency.

The mandate of the BC Provincial Renal Agency (BCPRA) is to plan and coordinate the care of patients with kidney disease throughout the province. BCPRA does not micro-manage and each health region and program/hospital is run according to their own management and directives. BCPRA is made up of committees/groups from all the health regions to represent different points of view but they are trying to standardize renal care in the province. Some of the standardization approaches are consensus guidelines for patient care, identification of key elements important to evaluate patient outcomes, and an information system for clinical, research and administrative purposes.

Through PRA a certain amount of money is transferred to the health regions and each hospital for each renal patient. They are looking at a different funding model than they had previously. They also fund some of the medications for patients in the CKD, hemo and peritoneal programs.

Through our individual hospital committees/management...the mandate to regionalize is becoming very strong. We are involved with various committees to work as a region and in some circumstances provincially for the following programs:

- ⇒ *-Home Dialysis Options – the focus through PRA is independent dialysis*
- ⇒ *Standardize Educational Materials for Patient Teaching*
- ⇒ *A residential project for Peritoneal Patients in Vancouver Coastal*
- ⇒ *A Chronic Disease Management approach*
- ⇒ *Advance Care Planning*
- ⇒ *BC Summit – Chronic Kidney Disease Summit, June 23 & 24th – goal is to develop an integrated approach to patient care for those with diabetes, heart & kidney disease.*
- ⇒ *Polyclinics – Clinics where patients with heart, kidney & diabetes problems are seen by the 3 specialties instead of separately.*

For more information about any of BC's programs contact The Voice Editor, Lorraine St. Martin; Zhila Schofield, CANSW's BC rep; or Sylvia Lai, The Provincial Renal Agency Social Work Rep.

Eastern Ontario Region Update

Submitted by Dianne Boisjoli, MSW Ottawa General Hospital

In Ontario the government through the Ministry of Health provides for a video conferencing service which allows different health care facilities to connect for information sharing between health care professionals. In April the Eastern Ontario Region Nephrology Social Workers held their first Care Connect meeting. We encountered a few kinks but overall it worked well. Unfortunately no one from the Kingston area was able to join in. We will be having a second meeting in June and hope they will be able to participate at that time.

Two of the Ottawa Hospital Nephrology social workers are supervising MSW students this semester. Eastern Ontario was well represented at the CANSW conference in May.

Sylvia Jurgutis did a poster presentation on Advance Directives. Advance Directives is an ongoing project that Sylvia has been instrumental in getting off the ground here in Ottawa.

Donna Klinck did a presentation on mental health in the dialysis population. Mary Joan Brinson presented on an education program developed to motivate patients to take care of their phosphorus levels.

Michelle Riopelle is very busy trying to finish her MSW while managing the needs of the Renfrew and satellite chronic renal failure population.

I will be leaving the regional rep position to become treasurer in the fall. Sylvia Jurgutis will be the new regional rep. May Joan Brinson will become CANSW's new VP.

Southern Ontario Regional Report

Submitted by Debbie Hodgins, MSW

Regional Rep – Southern Ontario

The new “Southern Ontario” group has met twice since the region was split into two areas. It had been previously decided to add an educational component to these meetings.

The first meeting was hosted by London, in November, and the guest speaker was Dr. Rachel Carson. She gave a very interesting presentation on the Code Status Decisional Template that she has created, entitled TREE. [which stands for Talk, Reassure, Expectations, (yours and pt’s) and Every time]. After her presentation, time was spent in discussion and providing Dr. Carson with feedback regarding the use of this template.

Our second meeting was hosted by the Kidney Foundation, Central Ontario Branch, in February. Susan Mintz spoke about the revised vision/mission and focus of the Kidney Foundation. Janet Bick added information about the background and development of the new vision. A presentation was given by Mary Floro-White regarding the Ontario Renal Voices Program. Also at this meeting there was discussion regarding starting or creating a type of “mentoring program” for new renal social workers. We are hoping to create a resource kit for new social workers. All members were encouraged to forward their ideas, information etc.

Traveling to attend regional meetings still presents somewhat of a problem as there remains a fair distance to travel and depending on the location of the meeting, certain members are often unable to attend. A yearly video/teleconference would allow for all the regional members to have contact with each and provide a more regional sharing of information. This is an idea that will be explored further in the coming year.

Since the CANSW conference was held in the spring of this year, we did not have a regional meeting. Our next regional meeting is being hosted by Credit Valley Hospital on September 30, 2005. Then in February/06 Oakville has agreed to host, and in May/06, Orillia will be the host. We will try to keep the rest of the members updated about our progress through the posting of our minutes on the Listserve.

New Website: The American Psychiatric Association has launched a new consumer-oriented website. Healthy Minds.org provides information on mental disorders and treatment techniques, along with information about the profession of psychiatry.
www.healthyminds.org



LIVE 2 SHARE - THE POWER OF HOPE WRISTBANDS

Last year alone, 250 Canadians died while waiting for an organ transplant. The LIVE 2 SHARE public awareness campaign has been designed to help save the lives of the more than 4,000 Canadians who are now waiting for an organ transplant.

Right now, 75 percent of the Canadians on transplant waiting lists are waiting for a kidney, since a kidney transplant remains the best option for most people whose kidneys have failed. Melinda Fischer is one of the thousands of Canadians now waiting for the gift that will forever change her life.

Melinda has spent the past two years undergoing dialysis treatments as she awaits the transplant that will give her a new lease on life. Her employer, Scotiabank, has joined forces with The Kidney Foundation to develop the LIVE 2 SHARE campaign to raise awareness of organ and tissue donation. LIVE 2 SHARE is a campaign about hope for the future - for \$2, you can purchase a LIVE 2 SHARE wristband that demonstrates you believe in the power of the gift of life.

The LIVE 2 SHARE campaign has been designed to help make people aware of how many lives can be saved or improved through the gift of life. One organ donor has the potential to save up to eight lives, and help 50 to 100 other people.

In Canada, family members make the ultimate decision about whether a person can be an organ and tissue donor. It's important to talk to your family about your feelings about organ and tissue donation, so they can respect your wishes. The Kidney Foundation's **Let's Talk About It** Family Discussion Guide has been developed to encourage people to talk about organ and tissue donation. This guide is sent to every person who purchases a wristband.

LIVE 2 SHARE wristbands are available for order online at www.live2share.ca and will be available in the fall at each Branch of The Kidney Foundation of Canada.