



*Putting heart  
and soul into care*

# Heart & Soul

**The NurseLink  
Foundation Newsletter**

Issue No. 5

Summer 2007/08

Some say love, it is a river that drowns  
the tender reed.

Some say love, it is a razor that leaves  
your soul to bleed.

Some say love, it is a hunger, and  
endless aching need.

I say love, it is a flower and you its only seed.

It's the heart afraid of breaking, that  
never learns to dance.

It's the dream, afraid of waking,  
that never takes a chance.

It's the one who won't be taken,  
who cannot seem to give.

And the soul, afraid of dyin',  
that never learns to live.

When the night has been too lonely,  
and the road has been too long,

And you think that love is only for the lucky  
and the strong,

Just remember in the winter  
far beneath the bitter snows,

Lies the seed, that with the sun's love,  
in the spring becomes the Rose.

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*Words as sung by Bette Midler in the movie  
The Rose, 1978*



End of Year Celebrations this year brought together Practice Members and Foundation Members. Anne Smith (left) a registered nurse specializing in palliative care, education and counselling is seen with team member Alex Kelly.

# If there is no hope of recovery what is the place of artificial nutrition and hydration?

*By Joy Nugent in consultation with Emeritus Professor Ian Maddocks*

When a person has a major illness requiring highly specialized management a referral to the appropriate specialist is usually recommended. That specialist will be skilled in his/ her area of medicine but may not seek to understand also that person's values, spiritual beliefs or philosophy of life.

The discipline of palliative care aims to provide care that considers all these facets and acknowledges individuality—that what is right for one person may be wrong for another. The question of artificial nutrition or hydration by the intravenous route is an area where information concerning burdens and benefits needs to be given to the person who is dying and to the family helping making decisions. 'Nutrition', the provision of calories and protein by special intravenous formula, is intrusive, expensive and quite difficult to accomplish out of hospital. It is hardly ever appropriate in a person close to death. 'Hydration' means the provision of water and minerals, and because thirst can be a discomfort, is more often seen as a useful measure contributing to patient comfort.

In some cases dehydration may be looked upon as a natural process, when it occurs in the last few days of life. Its benefits may include: less vomiting, decreased urine, drier lungs for easier breathing and a diminished level of consciousness. One discomfort may be a dry mouth but that will usually be readily kept moist. Giving hydration only by mouth—sips of water—may be the best choice if a person is close to death and if those supporting the person are ready to accept death's proximity and agree on peace and comfort as a common goal. A question to ask is: 'Is artificial nutrition/ hydration making the patient's discomfort and suffering last longer?'

In what circumstances is hydration by artificial means a benefit? It can sometimes correct electrolyte imbalance resulting in the patient being more alert, feeling better, having less nausea and stabilising cardiac arrhythmia. Intravenous fluids may seem to prolong life—but only for a brief time, since death will soon result from the patient's underlying terminal disease. But hydration may contribute to quality of life, giving an extra day of alertness, time perhaps, for a precious visit or connection.



**‘The utility of living consists not in the length of days, but in the use of time; a man may have lived long, and yet lived but a little.’**

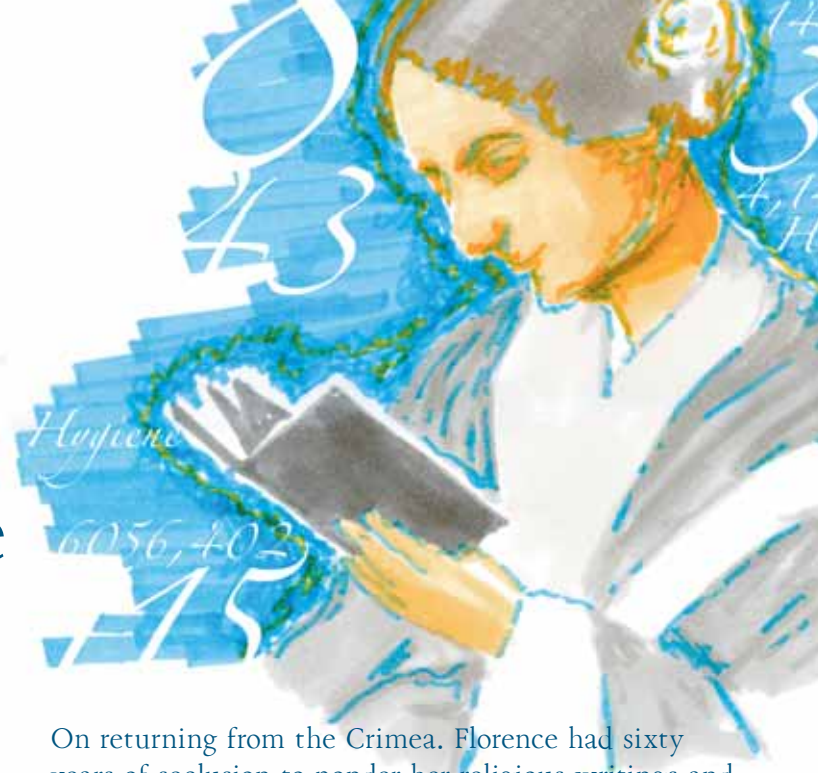
*Sixteenth century social philosopher  
Michel de Montaigne*

In some instances a limited amount of fluid given by a cannula into the subcutaneous tissue will reduce the discomfort of thirst and dry mouth. Many patients, however, do not report thirst as a discomfort, and prefer to avoid that measure. It is important that the dying process be as peaceful as possible, and unnecessary intrusions are to be avoided. Sometimes the artificial injection of fluids can increase anxiety, and peace is destroyed by fear and anxiety.

Emotions are not always rational, and the individual facing death may bring to this important experience patterns and beliefs of a lifetime that are unhelpful, and do not serve well-being at this time. All who are providing care need to listen to individual concerns and assess them sympathetically in the light of the medical and nursing realities. Grief accompanies loss, and may affect decision-making. Giving informed choices to the patient and family is a complex matter, something not for quick judgments, but requiring time and the presence of trusting relationships. Patients and families also need to know that they can change their minds.

The Consent to Medical Treatment and Palliative Care Act 1995 (South Australia) states that Medical Practitioners caring for people who are dying are not obliged to use life-sustaining measures if there is no prospect of recovery.

‘Masterly inactivity’ has always been an essential component of good medicine. But it does not mean doing nothing; it means holding back from unnecessary measures and unhelpful rituals, so that all may focus on what really matters to the patient and the attending family.



# Getting to know the woman at the centre of our logo

Florence Nightingale is perhaps best known as the founder of nursing. As well as being the lady with the lamp she was described by her first biographer, Sir Edward Cook as the lady with the brain. He had this to say about her:

‘She was not “the lady with the lamp”, she was the lady with the brain — one of those rare personalities who reshape the contours of life.’

Florence Nightingale was certainly one of the most educated women in the world in her day. Before the age of 30 she started writing down her ideas which finally comprised an 800 page manuscript. She privately published only a few copies of this manuscript yet her ideas and writings are still relevant today.

At a Nursing Conference in New York I was fortunate to meet Nurse Janet Macrae who, with Egyptologist Michael Calabria, was working on the Nightingale manuscript. In 1994 these researchers published their work and titled it ‘Suggestions for Thought — Selections and Commentaries’. Nightingale did not like editing but simply presented her ideas. She also wrote many letters on philosophy and religion to her friends which she pasted into her book.

A more recent publication, Florence Nightingale — the making of a radical theologian was written by Val Webb and published in 2002. Webb included ‘Suggestions for Thought’ in her research which she says showed Florence as a woman in love with, and loved by God, and absorbed in deepening that relationship. Until these recent publications little had been known about her world view.

On returning from the Crimea. Florence had sixty years of seclusion to ponder her religious writings and reforms. Her proudest achievements were in: social reform of the health within the British Army, farming systems in India, the construction and administration of hospitals, sanitation and nursing. Florence loved animals and had a pet owl that she found after it fell out of a tree in Italy. She wrote articles on the extinction of birds and her designs for barracks gave every horse a window! She wrote copiously in her effort to unify science and religion in a way that would bring order, meaning, and purpose to human life.

## Family life

Florence was the daughter of a wealthy landowner. She was born in Italy on 12 May 1820. Her father owned two large estates and the family spent the social season in a London hotel. Her father, a Unitarian, was educated at Cambridge University and was a liberal far ahead of his time. As a child, Florence was very close to her father, who without a son, treated her as his friend and companion. Her father would have let Florence do what she wanted, but not so her mother.

Florence’s mother, Fanny Nightingale, also came from a staunch Unitarian family. Fanny was a domineering woman who was primarily concerned with finding her daughters good husbands and wanted them to shine in social life. Florence’s mother was a great organizer and could organize social functions on a grand scale. She wanted to launch her daughters into London society and was therefore upset by Florence’s decision to reject an offer of marriage from Lord Houghton. Florence refused to marry several suitors, and at the age of twenty-five told her parents she wanted to become a nurse. Her mother was totally opposed to the idea as nursing was very much associated with working class women.



### **Florence's views on marriage**

Florence Nightingale strongly voiced her objection to family life in England at that time and took the view that family could be a prison, as it robbed daughters of all their time and murdered their potential. Nightingale wrote that daughters are their mothers' slaves and are considered their parents' property. They have no other pursuit, nor power, nor independent life, unless they marry. She is recorded as feeling that it was not good enough to merely protest against ordinary life, for that would only shock people — you must show a better life. She wrote that family life was not to be destroyed, but rather expanded. She felt that monasteries, according to their original plan, were a much larger circle than a traditional family and were a more desirable way to live.

In Florence's time, women could not vote or go to University. She wrote that a married woman did not exist in the eyes of the law. If a married woman was to follow her own interests these had to be done at odd moments. Creative work, writes Nightingale, requires the whole of one's time. 'Everything that has ever been done at "odd moments" had better never been done.' She said that it would spoil a painting if it were to be painted at odd moments. She wrote: 'Imagine Michael Angelo touching up his painting in the Sistine Chapel at odd moments!' She questioned: "Would a man become skilled in his profession by working only at odd moments?" She wrote that women abandon their dreams of an intellectual, artistic, or active life because they know they must sacrifice such a life in marriage. By contrast, she felt that a man gained everything by marriage.

Nightingale had a drive to accomplish something in the world. She wrote that the idea of entertaining guests and polishing china was boring. Her act of leaving home caused a dramatic situation: her mother screamed and lamented, her sister Parthenope had hysterics and her father, unable to tolerate the situation, withdrew to the Athenaeum Club. He agreed to give her a yearly allowance of 500 pounds.

### **Education**

Florence's father gave her and her sister a classical education. They were taught Greek, Latin, French, German, Italian, history, philosophy and mathematics. The German diplomat and scholar, Bunsen also was important to Florence's intellectual and spiritual development. When she visited his home in London, which had become a centre of scholarly activity, he introduced her to the works of the great German philosophers, historians and theologians of the day. As he studied Jewish, Christian, Islamic, and Hindu scriptures as well as the Persian mystic Rumi, Florence was exposed to Buddhism, Sufism and Christian mystical traditions. Her education made her one of the foremost thinkers of her time.

Florence also had a great interest in mathematics and in particular, statistics. She loved reading statistical tables, especially public health statistics, which became important for her interactions with the Public Health Authority.

Florence prized freedom of thought. She is recorded as saying: 'No one who has not known and sadly felt the want of freedom in word and action can tell how to value enough the freedom of thought as a privilege for oneself, and to respect it in others, and to love it till it becomes a personal presence — I have known too well the want of Liberty in word and action ever to forfeit that of thought.'

*Continued on following page*

*'Getting to know the woman  
at the centre of our logo'  
continued...*

## Calling

Following a trip to Egypt and on her 30th birthday, Florence wrote in her diary: '...Now no more childish things, no more vain things, no more love, no more marriage. Now Lord, let me only think of Thy will, what Thou wilt me to do. O, Lord, Thy will, Thy will.' The mystical union with God gave guidance for her to go forth into the world and work. She was a worker. She wrote that men and women have souls to unfold and have a part to play in God's great world. Although Nightingale believed that human progress requires a change in the consciousness of the race as a whole, she wrote that certain individuals, or 'saviours must serve as facilitators.' She also wrote that before responding to her calling she had felt dead inside.

## Learning to be a nurse

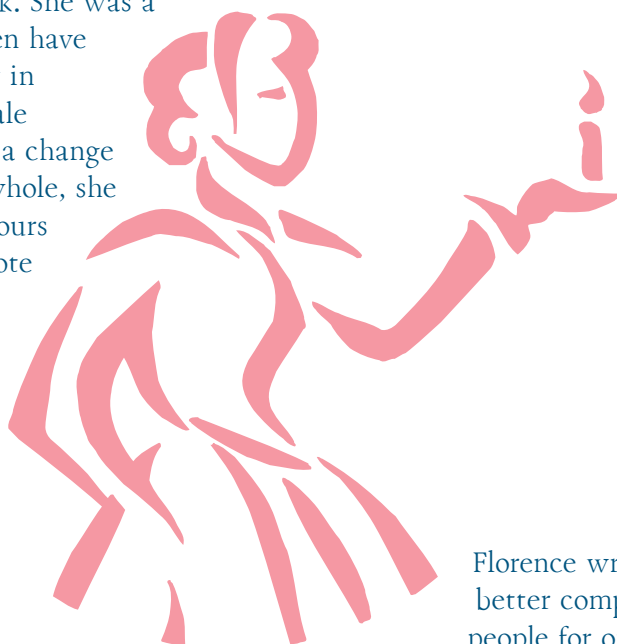
Florence's desire to have a career in medicine was reinforced when she met Elizabeth Blackwell at St. Bartholomew's Hospital in London. Blackwell was the first woman to qualify as a doctor in the United States. Blackwell, who had to overcome considerable prejudice to achieve her ambition, encouraged her to keep trying and in 1851 Florence's father gave her permission to train as a nurse. She was thirty-one.

There was no nursing training in England. Florence spent three months at the Institution for Deaconesses at Kaiserswerth, Germany in 1851 and a short time at the hospital of the Sisters of Charity in Paris in 1853. Florence wrote that she was impressed with the high tone and pure devotion she found in Kaiserswerth. However she was largely self-taught and practised by taking care of the poor on her father's estates.

Nightingale understood the essence of natural healing and the use of the scientific method. She dared to move forward and make a difference. She believed that a stress free environment was needed for patients. Her nursing work was a result of her philosophy. For example, she wrote that badly constructed houses do for the healthy what badly constructed hospitals do for the sick. If the air in a house is stagnant, sickness is certain to follow.

**'May the methods by  
which every human being  
will have the best chance  
of health be learned and  
practised!'**

*Florence Nightingale 1893*



Florence wrote that there is no better company than babies and sick people for one another. Of course this must be managed so that neither suffers from it, which is perfectly possible. If the 'air of the sick room' is bad for the baby, it is bad for the invalid too, and must be corrected for both. A sick person's whole mental state is freshened by seeing 'the baby.' And a very young child will generally adapt wonderfully to the ways of a sick person, if the time they spend together is not too long.

Florence believed that a small pet animal is often an excellent companion for the sick, for long chronic cases especially. For example, a pet bird in a cage is sometimes the only pleasure for an invalid confined for years to the same room. And if he can feed and clean the animal himself, he ought always to be encouraged to do so.

Florence needed to present the world with a different sort of nurse and said: 'Nursing is a progressive art, in which to stand still is to go back'.

*In the next Newsletter readers will learn about Florence Nightingale's time in the Crimea, her return and her world view.*



Joy Nugent, Founder of NurseLink Foundation, was awarded Social Entrepreneur of the Year for the Central Region of Australia by Ernst & Young in 2007. This accounting and business advisory firm has, for more than 20 years and in more than 50 countries, been honouring the world's leading entrepreneurs through their Entrepreneur of the Year program. Social Entrepreneur of the Year has become a category in this program in its own right. It applauds entrepreneurs for applying practical, innovative and market-orientated approaches to effect positive social change. Joy was recognized for her achievement in providing a model of care, pivotal on nurse supervision, for people receiving a palliative care approach to care in their own home. Her motto — 'Give and don't count the cost'.

Joy is seen here receiving the Award with Nurselink Foundation member Bill Wood. Bill has known Joy since she was his student at the School of Business, University of South Australia in 1988. Since that time he has been involved with writing and maintaining the NurseLink software. The organizers surprised Joy by asking Bill to introduce her.

**‘The quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavour.’**

*Vince Lombardi*

# New membership application

To become a General Member of the Foundation, fill in the form enclosed within this newsletter and send it to us. Please include your membership fee of \$25.00 per person (GST inclusive).

As a Member of the Foundation you will receive the **Heart&Soul** newsletter sent out in the mail on a quarterly basis.

## Please support Pot-Pourri concert.

With 35 overseas tours and 6 CDs under their belt including Europe, Asia and USA, Melbourne's Pot-Pourri presents their unique and innovative blend of music theatre, cabaret, opera, magic, didgeridoo and comedy in a superbly entertaining show that is so hot it sizzles! These talented artists hit those high C's in Opera, belt out Broadway, seduce with song, dance up a storm, create magic and stir your soul with haunting ballads! Described as brilliantly talented, funny, fresh, moving and must-see...do not miss them! Bring a rug and enjoy the vineyard setting or inquire about a VIP table.

Sunday 9 March 2008 @ Bird in Hand  
Cnr Bird in Hand & Pfeiffer Roads,  
Woodside SA 5244 (enter from Pfeiffer Road)  
Gates open 6pm, concert commences 8pm  
Two 45 minute sets with 30 minute interval  
General Admission \$50 per person  
Phone the office to book your ticket 8232 0211



**BIRD**  
*in*  
**HAND**

Bird in Hand giving part proceeds of the concert to NurseLink Foundation.

## Progress of projects for 2007/08

TV commercial encouraging nurses to consider community practice  
*completed 1st Feb 08*

DVD on the history and type of care the Foundation promotes  
*completed 1st Feb 08*

Website update  
*to be completed by 1st March 08*

Packaging of software and manual to support nurse practice  
*to be completed 1st March 08*

Packaging of training material and support  
*to be completed 1st April 08*

Publication of booklet for those inspired to work in hospice  
*to be completed 1st August 08*

The NurseLink Foundation newsletter **Heart&Soul** will be published four times a year. The next edition will be released in Autumn 2008.

If you would like to receive our newsletter, or have something you would like to contribute, send us your details:

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The publishing of newsletter contributions is subject to consideration by the NurseLink Foundation Board.

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