

BOARD OF DIRECTORS

Joan Marston - Chief Executive
International Children's Palliative Care Network
joan.marston@icpcn.co.za

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Deputy Chief Executive
Together for Short Lives, UK
lizzie.chambers@togetherforshortlives.org.uk

Barbara Gelb - Co Chair
Chief Executive
Together for Short Lives, UK
barbara.gelb@togetherforshortlives.org.uk

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kraft@bundesverband-kinderhospiz.de

Richard Carling - Treasurer
Finance Officer
Together for Short Lives, UK
richard.carling@togetherforshortlives.org.uk

Sharon Baxter
Executive Director
Canadian Hospice Palliative Care Association
SBaxter@bruyere.org

Dr Delia Birtar (MD)
Paediatric Project Coordinator
Hospice Casa Sperantei, Brasov, Romania
birtardelia@yahoo.com

Dr Hanneke Brits
Principal Specialist
Department of Family Medicine
University of the Free State, South Africa
hannekebrits@gmail.com

Dr Ross Drake (MD)
Clinical Director - PPC & Complex Pain Services
Starship Children's Hospital, Auckland, NZ
RossD@adhb.govt.nz

Dr Sue Fowler Kerry (PhD)
Chair - Education & Research, ICPCN
Professor, College of Nursing
University of Saskatchewan, Canada
susan.fowler.kerry@usask.ca

Dr Anna Garchakova (PhD)
Director
Belarusian Children's Hospice, Belarus
hospicepall@mail.belpak.by

Dr Rut Kiman (MD)
Chief of Paediatric Palliative Care
Professor A. Posadas Hospital, Argentina
rkiman@gmail.com

Fatia Kiyange
Director of Programmes
African Palliative Care Association
fatia.kiyange@africanpalliativecare.org

Dr Maryann Muckaden (MD)
Medical Professor Radiation Oncology
Tata Memorial Hospital, India
muckaden@vsnl.net

LETTER FROM THE CHIEF EXECUTIVE



Dear Friends

Spending time with programmes providing palliative care to children in Africa and India this year, I have been deeply affected by the children we have met, many living in abject poverty, moving from family to family, undernourished and disabled, and often unable to visit health care centres because of lack of funds to pay for transport.

There are many challenges to providing palliative care, even in well-resourced countries, but when children live in poverty, those challenges are magnified. The palliative care community is rightly fighting for improved access to pain medication, especially opioids, but to this we need to add strong advocacy for nourishing food for the children we care for; funding for transport so that families can take their children to clinics and hospitals; improved access to therapies to relieve disabilities, and expanded training opportunities for professionals and community health workers.

So how can we help? Funding is wonderful but at the end of the day, it is people who bring about change.

1. We can share our experience and expertise. Just as the partnership between Belarus Children's Hospice and Richard House in London have shown, established children's hospice and palliative care programmes could make a very real

difference to children and staff in developing hospice programmes. Through the ICPCN Partnership initiative, I encourage members of the ICPCN to consider providing advice and encouragement to your colleagues in developing countries, who share our vision to relieve suffering and improve quality of life.

- 2. We can become advocates for the relief of pain and suffering in children.** By widely distributing the new WHO Pharmacological Guidelines for Persisting Pain in Children with Medical Illnesses, and encouraging health care professionals to complete the e-learning module on pain assessment and management, we can all help to increase the number of children receiving effective pain relief.
- 3. We can listen to the voices of children and their families** when developing new programmes to meet their - and not our - needs.

And in the words of Patch Adams we can: "Share the compassion. Let that be contagious."

Joan

Welcome to Busi Nkosi - ICPCN Advocacy Officer and newest staff member



We are pleased to introduce to you the newest member of the growing ICPCN staff. Mrs Busisiwe (Busi) Nkosi is a nurse who has been involved in the field of paediatric palliative care since her appointment to Cotlands Children's Hospice in Soweto as the National Health Manager. Her responsibilities

while in this position included caring for children living with HIV & AIDS and other life limiting illnesses, the development of annual health activity plans, monitoring and evaluation, conducting research and the development of programmes to meet the changing health needs of the children and their families and the training of staff and community members in health issues. She was a member of the team that developed Palliative Care Guidelines for children living with HIV and AIDS for the South African Department of Health in 2001, was a consultant advocacy officer for Hospice

Palliative Care Association of South Africa in the Gauteng Province, has mentored hospices in Gauteng to strengthen their Paediatric Palliative Care Programmes, and is a clinical instructor and trainer for health professionals doing the HPCA Paediatric Palliative Care Short Course in the Gauteng region. She has also presented a number of papers at both national and international conferences.

We are sure you join us in welcoming Busi onto the ICPCN staff and we look forward to hearing great things from her in the future.

INTERNATIONAL EVENTS CALENDAR: FEBRUARY - APRIL 2012

More information and contact details for all these conferences, courses and events can be found on our website. Go to www.icpcn.org.uk

March

14	Saying 'No' workshop	Derian House Children's Hospice, UK	patricia.clarkson@derianhouse.co.uk
14 - 16	9th Palliative Care Congress	Gateshead, United Kingdom	http://www.pccongress.org.uk/
14 - 17	VI Latin American Congress for Palliative Care	ExpoUnimed Curitiba, Brazil	http://vicongresoalcp.org/sede-congreso
18 - 19	Paediatric Palliative Care Masterclass	São Paulo, Brazil	http://www.icpcn.org.uk (Events)
21 - 23	SIOP Congress 2012 Celebrating African Excellence	Cape Town, South Africa	http://www.uicc.org/siop-africa-congress-2012
26	When a baby or child dies - Supporting Families	Perth, Australia	http://www.childbereavement.org.uk

April

11	Workshop: Working with bereavement	Derian House Children's Hospice, UK	patricia.clarkson@derianhouse.co.uk
12 - 13	Historical Conference - The first on Paediatric Palliative Care	Kristiansand, Norway	http://palliativbarn.no/konferanse/index.htm
17 - 21	Kenya Paediatric Association Annual Scientific Conference	Mombassaa, Kenya	info@kenyapaediatric.org
18	Sibling Support	Derian House Children's Hospice, UK	patricia.clarkson@derianhouse.co.uk
19	Grief and Bereavement in Early Years setting	Buckinghamshire, UK	http://www.childbereavement.org.uk/Training
19 - 20	Current Issues in Palliative Care - 7th National Conference	London, UK	http://www.mahealthcareevents.co.uk/
21 - 1/5	Pediatric Academic Societies Annual Meeting (PAS 2012)	Hynes Convention Center, Boston, USA	http://www.pas-meeting.org

May

05 - 11	International Multi-Professional Paediatric Palliative Care Course	Haltern, Germany	B.Huebner-Moehler@kinderklinik-datteln.de
14	Promoting Choice for End of Life Care for Young Adults (16 - 25 years)	Chorley, Lancs, UK	patricia.clarkson@derianhouse.co.uk
16	Building a balanced personal/Work Lifestyle	Derian House Children's Hospice, UK	patricia.clarkson@derianhouse.co.uk
17 - 18	'Touching Rainbows' Children's Hospice congress	Budapest, Hungary	touchingrainbows@szememfenye.hu
17 - 20	The 2nd Global Congress for Consensus in Pediatrics and Child Health	Moscow, Russia	http://www.cipediatrics.org/a

June

05 - 11	7th World Research Congress of the EAPC	Trondheim, Norway	http://www.eapcnet.eu/
12 - 15	3rd South African TB Conference	Durban, South Africa	http://www.tbconference.co.za/



ICPCN Paediatric Palliative Care Multi-Professional Masterclass

Improving children's quality of life through Paediatric Palliative Care

19 - 20 March Sao Paulo, Brazil

Topics to be covered include:

- ▶ Types Of Interventions: Oncological and Non-Oncological Diseases
- ▶ Paediatric Palliative Care In Newborns
- ▶ Paediatric Palliative Care In Cancer
- ▶ Paediatric Palliative Care In HIV/AIDS
- ▶ Paediatric Palliative Care In Neurological Diseases
- ▶ How to Communicate Bad News
- ▶ Symptom Control
- ▶ Pain: Definitions; Total Pain
- ▶ Who Analgesic Ladder
- ▶ Non- Pharmacological Methods
- ▶ Complementary and Alternative Treatment
- ▶ Drugs And Routes of Administration
- ▶ Opioids Initial Dose, Rescue, Presentation
- ▶ Concept of Agonist - Antagonist.
- ▶ Different Routes Of Administration
- ▶ Psychosocial Aspects: Family And Siblings
- ▶ Spirituality
- ▶ Ethical Considerations in Paediatric Palliative Care



6th International Cardiff Conference on Paediatric Palliative Care

The ICPCN is thrilled to be partnering once again with Cardiff University and Dr Richard Hain for the 6th International Cardiff Conference on Paediatric Palliative Care.

Conference Venue

The conference will be held at Cardiff University, Main Building. The conference will commence on Wednesday 11th July and end Friday 13th July 2012. The venue is a short walk from the city centre and hotels. There is a train station opposite the building and a frequent bus service from the city centre which stops outside the building.

For more information

You are welcome to contact the conference management team on:

Phone: +44 (0) 29 2087 5508

Email: PPC2012@cardiff.ac.uk

Website: www.icpcn.org.uk

Historical Spring Conference 2012
Kristiansand, Norway
12 - 13 April

The very first Paediatric Palliative Care Conference to be held in Norway



kontakt@palliativbarn.no

www.palliativbarn.no/konferanse/index.htm



The Children and HIV: Closing the Gap - Ending Vertical Transmission through Community Action international symposium will be held at the Georgetown University Hotel and Conference Centre in Washington D.C. on July 20th and 21st, 2012. This two-day symposium, jointly hosted by The Teresa Group, the Coalition on Children Affected by AIDS (CCABA), and the Global Fund for Children will once again bring together hundreds of service providers, researchers, donors, advocates and policy leaders from around the world, presenting on the topic of ending vertical transmission through community-based efforts. Abstract submission extended to 18 March 2012. Scholarships available. Find out more at: <http://www.teresagroup.ca/washington/abstracts.html>

New Publications

New WHO guidelines on the pharmacological treatment of persisting pain in children with medical illnesses are now available for download

This package consists of four publications and four tools. These are:

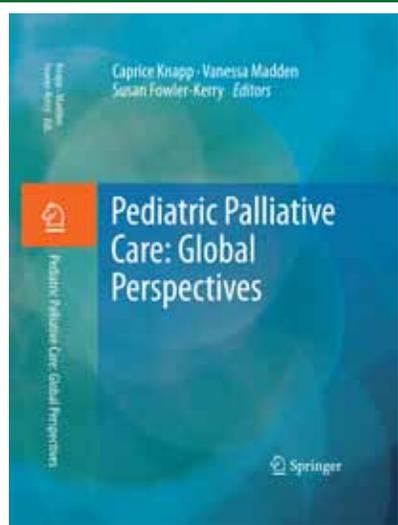
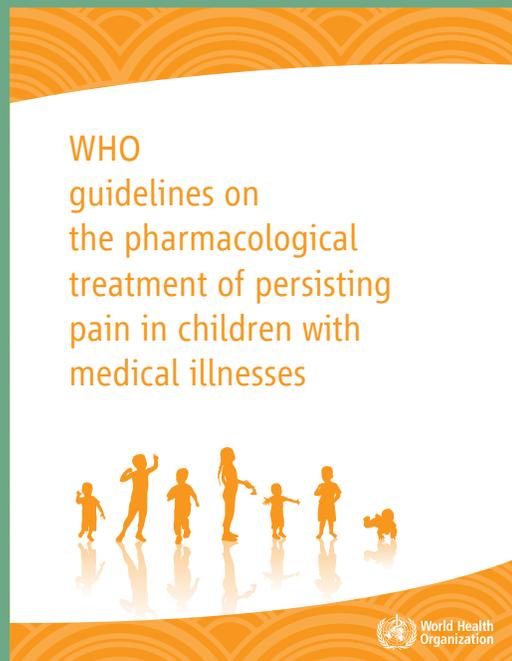
- ▶ WHO guidelines on the pharmacological treatment of persisting pain in children with medical illnesses
- ▶ Three brochures with important information for
 - physicians and nurses
 - pharmacists
 - policy-makers and medicines regulatory authorities; hospital managers and health insurance managers
- ▶ Dosing card
- ▶ Wall chart for waiting rooms

The pain scales, as they were not part of the evidence evaluation, are not part of the guidelines, but are provided to facilitate pain assessment in children. WHO did not assess the evidence behind the pain scales in full. We refer to the guidelines for more information. The wall chart is intended to promote familiarity with pain control among the general public, and more particularly among caregivers, who should be encouraged to ask for pain management for the child.

The brochures provide important background information on the treatment of pain in children that can be helpful for ensuring adequate access to pain treatment. The dosing card provides brief information on the dosing of the substances described in the guidelines.

The WHO advise that the brochures be shared with as many relevant colleagues as possible. However, they are not a substitute for the more detailed information contained in the guidelines document. Health-care professionals should read the guidelines document if possible.

To download go to: www.icpcn.org.uk/page.asp?section=000100010033§ionTitle=Resources

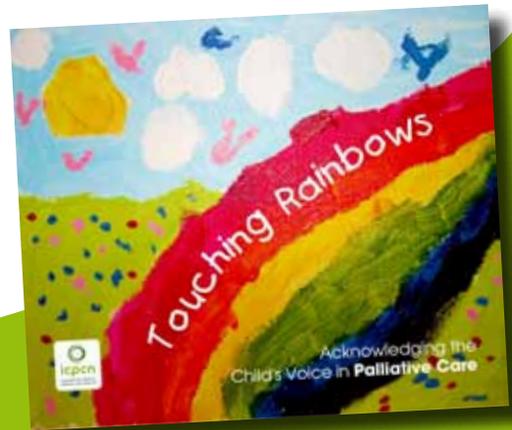


Dr. Caprice Knapp, Dr. Sue Fowler-Kerry, and Mrs. Vanessa Madden are proud to announce the publication of their book *Pediatric Palliative Care: Global Perspectives*. This book describes pediatric palliative care in 23 countries around the world. Chapter authors describe characteristics of children with life-limiting illnesses, services available, organization of care at the local and national levels, relevant legislation, and pioneers in the field.

This book is the first to offer a systematic approach to understanding pediatric palliative care as it is delivered around the world.

Available from Springer
ISBN 978-94-007-2569-0

Don't forget to order your copy of **Touching Rainbows** by emailing Barbara at admin@icpcn.co.za



Lessons learned from a partnership (twinning) between two children's hospice services: The Belarusian Children's Hospice Service (Minsk, Belarus) and Richard House Children's Hospice (London, England)

Written by: Anna Garchakova, Director, The Belarusian Children's Hospice Service and Peter Ellis, Chief Executive, Richard House Children's Hospice

Anna Garchakova and Peter Ellis first met in early 2005, at a conference in Edinburgh. They were introduced by Anthea Hare, the founder and life president of Richard House Children's Hospice. Anthea had already made a personal commitment to development of children's palliative care in Eastern Europe.

Anna was very keen that a partnership should be established, and due to her persistence, Peter arranged to visit the Belarusian Children's Hospice Service in the country's capital Minsk in May 2005.

Following the visit, Anna and Peter agreed that a Twinning Agreement should be drawn up to formalise the working relationship and help manage expectations for both parties involved. The agreement was signed in 2006, using a format recommended by Help the Hospices, the umbrella body for hospices in the United Kingdom.

The Belarusian Children's Hospice



To start their twinning arrangement, Anna and Peter agreed to set up exchange visits of staff, initially care staff, between the two hospices. They also agreed to exchange information that might be helpful between the two hospice services.

Anna explained the benefits of the arrangement: *"The essence of the partnership itself is interaction with common goals and interests and the exchange of experience."*

However the history of partnerships

of hospices shows us that this cooperation often turns into a one-way process, when one of the parties tries to benefit from its partner while having nothing to give back.

Despite the differences between the organisations as well as our individual circumstances we were nevertheless able to monitor and find our commonalities.

In time we have realised that the most important issue for us was that of an exchange of knowledge. Naturally England has a longstanding background within the children's hospice movement and we did what was possible to adopt their model, while also adapting this knowledge to the socio-economic climate and conditions of Belarus."



Richard House in London

An important additional factor was that Peter linked up with the **Friends of the Belarusian Children's Hospice Service**, and in particular, Daryl Ann Hardman, the Chair of this UK based charity. The Friends involves a small group of people who support, both financially and in an advisory capacity, the Belarusian Children's Hospice Service.

Peter has now established a positive working relationship with Daryl Ann and whenever he travels to Belarus he goes with Daryl Ann.

Exchange visits

Since the arrangement began, six visits have taken place. Five of these visits have seen BCH care (nurses and social worker) and fundraising staff visiting Richard House. One visit saw a nurse from Richard House travel to Belarus. Visits have lasted between one and two weeks. Each visit has had

set learning objectives. A key factor in the success of the visit is to ensure that an interpreter/advocate is available. We are also especially grateful to the Victor Zorza Trust, who funded two of the exchange visits.

Following these various visits, Anna and Peter reflected on the learning they had gained. While there had been some benefits, especially for the newly appointed BCH fundraisers, we agreed that there could be more impact and that there could be a more strategic approach. Peter was already discussing with Anna questions about how to develop the service in Belarus, thinking about the future and how to plan for this.

Peter subsequently became a member of the newly formed BCH advisory council. Peter also held workshops for senior staff at the Hospice in strategic and business planning.

Anna says: *"Peter Ellis has taken a lead within the Advisory Council since 2011. His role has involved assisting us to reach stability and self-sufficiency. A well known proverb says: 'You may give a hungry man fish to eat or you can give him a fishing rod and teach him to fish...' Well, that is exactly what we have been given – a fishing rod! Peter Ellis did the structuring of the organization, held a series of training sessions and undertook a process of monitoring."*

The Belarusian Hospice Service had been reliant on the majority of their income from abroad, a significant proportion arising from the efforts of the Friends of the Belarusian Children's Hospice, who raised the majority of the staff salaries budget. In recent years, the Hospice developed its own fundraising function.

Anna explains: *"The development of a fundraising stream was extremely important for us. We now have two fundraisers, and they have visited Richard House for some experience and tuition. The results have not been long in coming. Now, up to 55 per cent of the financial support we receive has been provided by the sponsors from the Republic of Belarus. Before this it*

had only amounted to 13 per cent.”

Reflections

Since starting on this journey of twinning, there have been a number of learning outcomes:

- ▶ **A shared learning about children’s palliative care**, using the opportunity to reflect on this across cultures considering the similarities and differences. Children’s palliative care continues to evolve and develop in approach across the world, and it is vital that we share this learning from perspectives outside of our own individual cultures and traditions. A good example of this is the different philosophies of care. The care of children with disabilities varies considerably between countries. In the UK, the child remains with the family where at all possible. In Belarus, this is different, and often children are looked after by the State. However, this is changing and there are a number of organisations supporting Belarus in their approach.
- ▶ **The philosophy and attitude in dealing with loss and grief** and with death and dying varies between the two countries. Again, this is something we are aware of, but as yet we have not discussed at length to consider the two approaches.
- ▶ The recognition that **greater impact in the longer term can be achieved by working on the strategic aims and objectives** of service development. The support offered to the Belarusian

Children’s Hospice service we hope will have a longer lasting effect for their sustainability and resilience.

- ▶ **Culture and language differences** play a significant part in determining the success of the twinning arrangement. Unless these are positively handled, it can cause difficulties, promote misunderstanding and create boundaries.
- ▶ **Time and commitment** is a factor that must be considered. There is inevitably a level of commitment that needs to be given to ensure that the twinning continues and achieves positive outcomes. It does take additional time and effort on the part of all those involved.

Both partners have been positively involved in some of the wider developments for children’s palliative care in Eastern Europe.

Anna comments: *“The Belarusian Children’s Hospice functions as an independent and self-contained organisation nowadays. We are planning to start building a new hospice (with eight wards) and now we are actively engaged in fundraising for this purpose. In October 2011 we held the fifth International Conference Palliative care for children in Eastern Europe. The Conference turned out to be far larger than we thought with presenters from 136 countries taking part including: Belarus, Russia, Ukraine, Poland, Lithuania, Latvia, Tajikistan, Hungary, Italy, Switzerland, the USA, and South Africa.*

“We also plan to organise an Association of Paediatric Palliative care in the Commonwealth of Independent States (CIS) countries in the near future. In the course of this Association we intend to support the development of palliative care in the CIS countries.”

In conclusion

The twinning of two hospices from different countries is a real commitment and takes time to develop if it is to have some real impact. Inevitably, the relationship has to be based on trust

and respect for each other, and there has to be good working relationships in order for the partnership to be sustainable.

Anna and Peter recommend twinning, although it comes at a cost.

Peter Ellis
 Chief Executive
 Richard House Children’s Hospice
 petere@richardhouse.org.uk

Anna Garchakova
 Director
 The Belarusian Children’s Hospice Service
 hospice.belarus@gmail.com



Peter Ellis



Anna Garchakova and Maksim Padbiarozkin stand on the land on which a new children’s hospice will be built in Minsk.

Why not consider partnering with another children’s hospice programme?



The ICPCN Guide to Children’s Hospice & Palliative Care Partnerships



The ICPCN Guide to Children’s Hospice & Palliative Care Partnerships can be downloaded from the website at: www.icpcn.org.uk

About the Author:

Simon Rothwell LL.B (Hons) MBA is an ex Police Officer (British) who often had to deal with bereavement issues. He is now the Director of Flexmort Ltd, an organisation which is part of a Warwick University Science Park programme specialising in the development and manufacture of portable body storage systems for hospices, hospitals, and funeral homes.



Grieving - Should We Impose Separation or Provide Families with Options?

Rick Santorum (a U.S. Republican Presidential Candidate) and his wife suffered the death of a baby in 1995 and decided to take their baby home before burial. This was exposed by the U.S. media recently, and the family was subjected to considerable criticism. Many comments were not only nasty, but also completely ignorant of current thinking. As pointed out by U.S. bereavement specialists such as Amy Kuebelbeck, spending time with a body after death is normal and healthy, and giving families the opportunity and support to do so if they wish is now the evidence-based medical standard of care.

Families are encouraged and supported in their desire to spend the time they require with a deceased loved one, whether at home, or in a hospice or hospital environment. When a baby dies, parents report that keeping their deceased baby with them from death until burial or cremation can be extremely therapeutic, counter to the trauma of hasty separation by sending the baby off to a cold mortuary or into the care of strangers at a funeral home. There are numerous sources which make this clear including the position statement from an international collaboration of parent advocacy groups (with 20 international contributors representing 17 organisations), as well as recommendations from the American Pregnancy Association and from bereavement care experts. For example, Deborah L. Davis, PhD, a developmental psychologist and author of several books, has included this concept in several publications including her chapter on "Perinatal Death and Bereavement Care," written for the 2010 edition of *The Manual of High Risk Pregnancy & Delivery* (Mosby/Elsevier) and in her book about perinatal hospice, *A Gift of Time* (Johns Hopkins University Press, 2011).

In Practice

In practice, after-death care in the home is the standard of care in Australia and New Zealand but within Europe and the US changes have been slower although progress is being made. Within the UK, there have been considerable developments recently not only due to the work of organisations such as SANDS, but also due to smaller charities such as Towards Tomorrow which actively advocate for parents' rights to spend time with their babies. Furthermore, in the UK's NHS hospitals, there are now an increasing number of bereavement specialists who are driving the change and encouraging families to spend time with the deceased (whether babies or children) not only in the hospital, but also at home.

The Problems

However, the problem is that bodies, particularly babies' bodies, deteriorate if they are not chilled and up until recently the only option has been the use of cold rooms or mortuary refrigerators which do not provide an appropriate grieving environment and are obviously not portable. In the UK, new portable cooling systems (Flexmort's Covercool range www.flexmort.com) have been developed allowing deceased children/adults to be cooled at home in a bed and babies to be kept cool in a Moses basket or crib. These systems have provided significant benefits to UK hospices and hospitals by improving the standard of care afforded to those suffering bereavement.



Developments in Technology

Flexmort has developed its cooling

systems in collaboration with hospitals, hospices, and those dealing with bereavement. Flexmort received assistance with testing from the Thiel Cadaver Facility at the Centre for Anatomy and Human Identification, College of Life Sciences, University of Dundee. The cooling systems have allowed numerous UK hospitals, hospices, and funeral homes to provide families with that option of spending time with their deceased



loved ones in a hospital, hospice, or home environment without the need for traditional cold rooms or mortuary refrigeration. These cold blanket systems have now been recognised in the 2011 NHS hospital Guidance for Staff Responsible for Care After Death developed by the National End of Life Care Programme and National Nurse Consultant Group (Palliative Care). Practitioners' experiences have been very positive with numerous systems now in use throughout the UK.

Feedback from the Professionals

Tracie Dempster, Head of Care at chYps (a UK Children and Young Person's hospice) says the Cold Cot system (for cooling deceased babies) is "simply fantastic and exceeded all our expectations. It preserved the body so well that the family were able to keep their daughter at home for the whole seven days before the funeral... I can see benefits for Flexmort's cooling systems for Hospice Care at home for all families."

Christine Forster, Service Manager at Naomi House & Jackspace (hospices for children and young adults) points out, "There is no doubt that the use of the system helped the parents cope with the bereavement."

The Matron of Maternity at Queen's Hospital told *The Burton Mail* (UK) in Oct 2011, "We're proud to be one of the first hospitals in the country to have one...An

amazing piece of equipment.”

How Do The Covercool Machines Work?

The Covercool systems cool the deceased by using a small cooling machine which circulates cold water through a thin water-filled pad, which is placed in contact with the body (either above or below), resulting in fast cooling as heat is quickly removed from the body. The systems are all portable and range from the “Cold Cot,” a small baby cooling unit, to larger systems that can cool adult sized pads.

The concept of providing bereaved families with options is key. Dr. Davis, hopes, “It

will soon be standard practice to let each parent set the pace for spending time with their infant, to normalize bringing baby home, and to restore traditional after-death



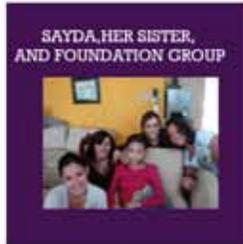
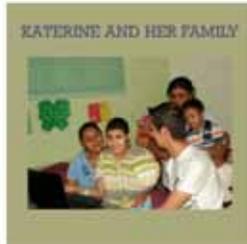
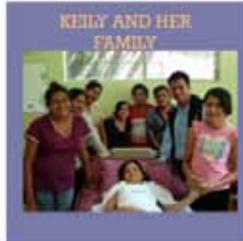
care, rather than forcing parents to relinquish their infant before they are ready (which may not be until burial or cremation, in many cases.)” To effectively do this, portable cooling systems are required and new UK developments from Flexmort have allowed organisations to overcome this technological hurdle.

By Simon Rothwell
Director, Flexmort Ltd.

Find out more by emailing Simon:
simon.rothwell@flexmort.com
or visit the website at:
www.flexmort.com



Hospice “Villa de la Esperanza” reopens with help from Grünenthal and the ICPCN



Last year the ICPCN was privileged to be in the position to channel funding from Grünenthal to two very worthy children’s palliative care organisations in Malwai and Guatemala in order to strengthen the delivery of care to the children within their programmes.

One of these was the Hospice ‘Villa de la Esperanza’ in Guatemala which had suffered a number of setbacks as a result of earthquakes and flooding.

The hospice was able to purchase vital medical equipment with the money donated.

Dear friends
We want to thank you on behalf of Fundacion Ammar Ayudando and all the children in Guatemala that will benefit from your generous donation. Thank you very much for the funds that will help us buy the necessary medical equipment for the hospice.
It has been a challenge for all of us, members of Fundacion Ammar Ayudando to make Hospice “Villa de la Esperanza” a reality. There is a lot to do in our country, but we have finally opened our doors to offer all terminally ill children ages 0 - 21 and their families the palliative care they need. Thanks for helping us in the challenging but rewarding task; without your help our dream would have not come true.

Enclosed is a picture of Sayda, a 14 year old girl who is a patient at our hospice who drew this picture to thank you for your help. If you ever consider visiting Guatemala, please stop by to visit the Hospice.

Once again, thank you from the bottom of our hearts.

Sincerely

Myriam de Aceituno
President
Fundacion Ammar Ayudando

**FUNDACION
AMMAR AYUDANDO**
GUATEMALA
DONATION: International Children's
Palliative Care Network



Report back on the 2nd Pan-Hellenic Pediatric Palliative Care Symposium in Athens

The 2nd Pan-Hellenic Pediatric Palliative Care Symposium took place in Athens, on December 2011. The symposium was organized by the Greek Society for Pediatric Palliative Care (www.ppc.org.gr) and the non-profit organization Merimna - Society for the Care of Children and Families Facing

Illness and Death (www.merimna.org.gr)

The urgent need to develop pediatric palliative care services in Greece was underlined while the Care Team of the first Pediatric Palliative Home Care Service in Greece presented its work during the first two years of its operation.

The key note speaker was Dr Ann Goldman, a world leader in the field, who presented the challenges and opportunities in designing and also implementing palliative care services for children and their families.

audience as it presented bereaved families' experiences of the care they received throughout their child's illness, including end-of life care.

During the final session, the experience of educational programs in pediatric palliative care in Greece was extensively discussed. Greece has a long experience in providing pediatric palliative care education which dates since 1992. The need for joint collaboration between different services and health care settings was emphasized as being an essential component for the successful development of pediatric palliative care services in this country.



The Care Team of Merimna's Pediatric Palliative Care Home Care Service presenting their work

Maria Bouri
Paediatrician
Secretary of the
Greek Society for Pediatric Palliative Care
mg.bouri@gmail.com

A documentary film, produced by Merimna, motivated the

Pathways through loss

This documentary, produced by Merimna - a non profit organisation that specialises in childhood bereavement support (www.merimna.org.gr), refers to a road-traffic accident that happened in central Greece during a school excursion, which caused the death of 7 teenagers. The film describes the collaboration of Merimna with a small rural community of Greece over a period of 3 years.

The documentary was created for public awareness and has an educational goal: to sensitize viewers to the challenges that schools encounter after a traumatic event or disaster, and to highlight the significance of psychosocial interventions, which seek to address the immediate, short-term, and long-term needs of the members of a traumatized community.

Copies (duration 50 min - English subtitles) are available now, to be used for educational purposes along with a set of questions for discussion with professionals' and/or students. To obtain the documentary, Merimna asks for a donation (minimum 40 Euros), as its work with dying and bereaved children and adolescents and their families, which is the only one of its kind in Greece, relies entirely on donations.

Please email merimna@cs.ntua.gr to order a copy.

