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Murdoch Hospital

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Preparing to discuss  
your mental health  
with your GP

Integrated oncology  
centre providing  
ground-breaking  
treatment

\$5 million  
Murdoch  
Community  
Hospice  
Refurbishment



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Cover Story  
Community Hospice  
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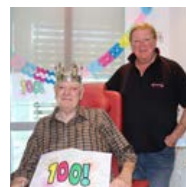
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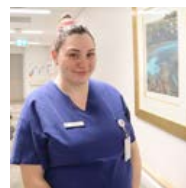
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# Sleep struggles and what might be the cause



**Dr Chinar Goel**  
Mental Health Lead

‘Though sleep is called our best friend, it can be a friend who often keeps us waiting.’

An excellent quote sums up well the anticipatory anxiety that comes with lack of sleep.

Oxford dictionary defines sleep as the natural state of rest in which your eyes are closed, your body is not active, and your mind is not conscious. Your sleep comprises of two different stages: REM (rapid eye movement) and NREM (non-rapid eye movement) stage.

We dream in our REM sleep. The most important characteristic of our sleep is called Circadian rhythm (Parkes, 1985) which explains that our sleep and waking occurs at about the same time every day. It refers to the physical, mental and behavioural changes that follow a 24-hour cycle.

## Why is sleep important for us?

Our waking performance, vigour, health, happiness and quality of our life depend on the quality of our sleep. Sleep can also affect our physical and mental health.

Lack of sleep is called Insomnia, which is defined as a subjective phenomenon of difficulty falling asleep, broken sleep or early morning waking.

Research has shown that psychological factors contribute to insomnia in up to 80% of cases (Nicholson & Marks, 1983). This can lead to sleepiness, fatigue, poor concentration, muscle aches and sometimes, mild depression.

We have all experienced these effects at some stages in our life due to stressors such as bereavement, examinations or sickness. Insomnia can frequently be a cause or a precipitant for depression, mania, anxiety, anorexia-nervosa, obsessive-compulsive disorder and schizophrenia.

Long-term insomnia can lead to high blood pressure and can increase your risk of developing heart disease. It can affect your immune system adversely, thus causing weakened immunity and can increase risk of weight gain and developing diabetes.

Paradoxically, some individuals can suffer with excessive daytime sleepiness without insomnia, which is called hypersomnia. Whilst I have explained that insomnia, in most cases, is caused by psychological reasons, in my practice, I commonly find that after short-term insomnia, anticipatory anxiety about the effect of lack of sleep causes prolonged insomnia.

Very commonly, consumers talk about how worrying about not being able to sleep, feeling tired and emotional the next day, not being able to concentrate at work and hence risk making mistakes or even losing their jobs - keeps them awake at night. This clearly explains the anticipatory anxiety and catastrophic thinking patterns that go with insomnia, which can be addressed with psychological interventions.

## Treatment for Insomnia

As a Psychiatrist, I always advocate for sleep hygiene as the first line treatment.

This comprises of regular exercise, avoid caffeinated drinks; rather, take a warm decaffeinated drink at bedtime, using your bed only for sleep at night, take a warm bath before bedtime, have fresh air circulation in your room, and try to establish a regular sleep cycle to maintain Circadian rhythm and avoiding excess alcohol and smoking at bedtime.

You should avoid long day naps even if you are struggling with insomnia to retain your Circadian rhythm as your body will eventually make up for recent sleep loss. Meditation or mindfulness at bedtime can also help by reducing ruminative and anxious thinking styles.

If sleep hygiene measures do not help in the short term, you can try over-the-counter medications with advice from your pharmacist.

If it still does not resolve, then seek medical advice for short-term treatment in the form of sedatives and hypnotics. Strictly avoid using alcohol or cannabis as a self-medication for insomnia as they can affect your physical health and mental health adversely. Psychological interventions e.g. CBT (cognitive behavioural therapy) can also help by addressing your underlying anxiety and mood disorders.

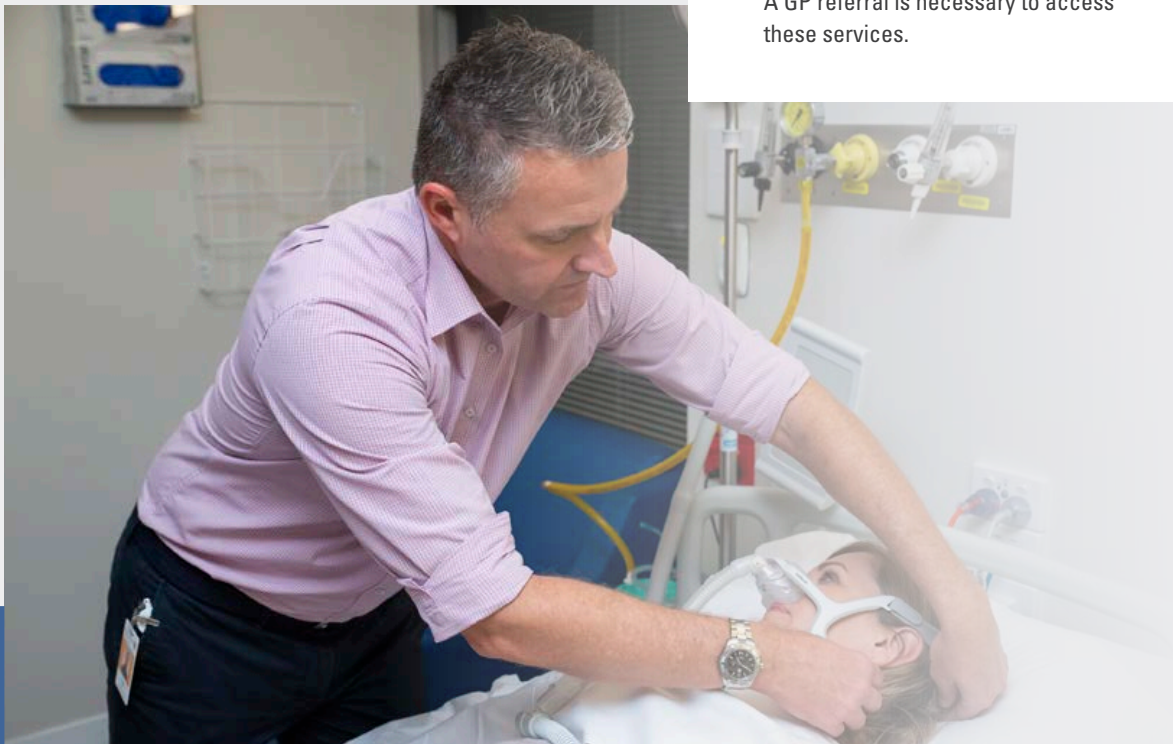
## Did you know St John of God Murdoch Hospital has a Sleep Studies unit?

During a sleep study, you or your child will either stay overnight at the Murdoch Sleep Unit or have a home study. During the night, specialised equipment monitors breathing, heart rate, snoring, oxygen levels and other key signs. The study is painless and your GP or specialist will be informed of the result.

This information helps make a diagnosis and our sleep experts will devise a treatment plan for you to get back to having a good night's sleep.

The Murdoch Sleep Unit is purpose built and equipped with a suite of state of the art monitoring equipment. Dedicated sleep technicians are there for the duration of the night in a control room, monitoring the data being collected and ensuring the highest accuracy.

A GP referral is necessary to access these services.





**Dr Chris Gunnell**  
 Head of Obstetrics and Gynaecology

# Should I get the COVID-19 vaccine when pregnant?

Obstetrician and Gynaecologist Dr Chris Gunnell explains why pregnant women should get vaccinated against COVID-19.

I always recommend pregnant women get vaccinated (double dose and booster). This recommendation is endorsed by peak medical bodies such as:

- Therapeutic Goods Administration (TGA)
- Australian Technical Advisory Group on Immunisation (ATAGI)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Centre for Disease Control and Prevention in the USA (CDC)
- Joint Committee on Vaccination and Immunisation in the UK (JCVI)

## Is the COVID-19 vaccine safe during pregnancy?

Yes, the vaccine is very safe for pregnant women or women trying to get pregnant. There is no data worldwide to suggest any increased risk of fertility issues, miscarriage or stillbirth related to the vaccine.

To confirm, the vaccine is not the virus.

It's an mRNA vaccine which is a protein denatured by the body. When you receive the vaccine, the body produces antibodies and it's those antibodies that cross the placenta and go into breastmilk, not the vaccine itself. This will also help to protect the baby for a certain time after the birth.

Pregnant women might feel slightly more tired after getting the vaccine but this is a common pregnancy symptom anyway. You can also develop other minor symptoms such as aching muscles, headache and fever. There is no data to suggest that any of these symptoms are significantly worse if you are pregnant than if you are not pregnant.

## What are the risks of COVID-19 during pregnancy?

If an unvaccinated pregnant woman acquires COVID-19, there is a high risk of complications in terms of both maternal health and potentially, death and loss of the baby.

She will have a:

- 1 in 3 chance of requiring admission to hospital
- 1 in 5-7 chance of requiring admission to intensive care and ventilation
- 22 times increased risk of dying

In addition to this, there is also an association with pre-term birth.

Something else people don't think about is if a woman has COVID-19 late in her pregnancy or when she's giving birth, she may not be able to have the support people she would like to have with her and caregivers will have to wear full PPE when caring for her, which will negatively affect her birth experience.



### What are some other ways that I can protect myself, in addition to getting the vaccine?

- Physical distancing
- Washing and sanitising your hands
- Don't go to work when you're sick
- Eat healthy with a balanced diet and exercise – if your body is healthy, generally your immune function is better.

### Should I get the flu vaccine as well?

Yes. Pregnant women are considered a high risk group and should have an influenza vaccination every year.

It is recommended there should be a gap of one week between the influenza vaccine and the COVID-19 vaccine. In terms of your relative risk, I would get the COVID-19 vaccine first before influenza because of the lack of immunity to COVID-19 within the community.

## Find out more

For more information about COVID-19, including current restrictions, please check here for latest updates:

- WA Department of Health
- [wa.gov.au](http://wa.gov.au)

## Q&amp;A

Authors: **Dr Chris Gunnell**  
and **Sue Bradshaw**  
Head of Obstetrics and  
Gynaecology | Manager  
Midwifery Services

# Contracting COVID-19 during pregnancy

With COVID-19 in our community, it is inevitable that some pregnant women will contract the virus.

Even if you are up to date with your vaccinations, we know that COVID-19 can still be contracted and everyone needs to be prepared that this could happen to them.

## What should I have in my at-home COVID-19 kit?

There are some everyday items that it would be good to have at home, if you do get COVID-19. These are:

- Panadol
- A thermometer
- Treatments for dehydration such as Gastrolyte
- Surgical masks
- Hand sanitiser; and
- Disinfectant cleaning products.

It's also a good idea to have a good supply of any medications you normally take.

You may have heard about pulse oximeters. These are small devices which clip onto a finger and can measure your heart rate and the oxygen levels in your blood. It's not a necessary piece of equipment, unless you are high risk. You may wish to buy one for peace of mind.

If you are eligible for the WA Health COVID at Home program, you will be provided with a device.

## What do I do if I test positive for COVID-19?

Firstly, there is no need to panic. But it is important that you isolate at home.

From there, there are some phone calls you'll need to make:

1. Let the members of your household know
2. Tell your social contacts to monitor for symptoms

3. Tell your workplace
4. Ring your obstetrician
5. Let your GP know.

There are a few simple ways to successfully self-monitor yourself at home.

1. Check your heart rate and temperature regularly
2. Try counting your respiratory rate.

To do this:

- Relax and breathe normally.
  - Set a timer for 30 secs and count the number of times you breathe in and out. Then double that number to get your breaths per minute.
3. If you have a pulse oximeter, start to check your oxygen saturation levels.
  4. Sometimes it helps to write down what you are feeling so you can refer back to this later and see if things are worsening.



WA Health has a support program for some patients who have mild symptoms and are able to stay at home in self-isolation.

This is a free service in situations where there is a higher chance you may end up requiring hospitalisation. If you are eligible, you will be provided with a pulse oximeter to monitor your oxygen levels.

### Are there more risks of COVID-19 for pregnant women?

In most pregnant women, COVID-19 is a mild self-limiting illness, especially if you are vaccinated.

Some women are at an increased risk of developing a more serious illness.

These include unvaccinated (or incompletely vaccinated) women, older or heavier women and women who have underlying medical issues such as high blood pressure, diabetes, lung or heart conditions.

It is important to know that the COVID-19 virus itself does not cross the placenta into your baby. So, the baby is very unlikely to be affected. However, the natural antibodies produced following vaccination do cross the placenta and will help to protect your baby when it is born.

### Are symptoms of COVID-19 different for pregnant women?

No, they are the same as for non-pregnant people:

- Fever
- Chills/sweats
- Lethargy
- Muscle or joint pain
- Headache
- Sore throat
- Runny nose
- Difficulty breathing
- Change or loss of taste or smell
- Loss of appetite
- Vomiting; and
- Diarrhoea

For most people, symptoms generally last only a few days and rarely more than a week. These can mostly be managed at home.

### How do I manage COVID-19 at home?

There is no magic pill to relieve your symptoms of COVID-19. The management is really just the same as if you pick up an everyday cold or flu.

Start with some simple, basic things.

Have soothing drinks like honey and lemon, cool showers for fever, steamy showers for nasal congestion and saline nasal sprays to clear your sinuses.

Panadol is safe and effective in pregnancy. You can take this every 6 hours as needed. It is important to avoid anti-inflammatories such as Nurofen, Naprogesic and Voltaren and don't take any over-the-counter medications without consulting your healthcare professional.

Rest also helps! Drink plenty of water, and Gastrolyte is fine to use.

Eat if you are hungry but don't force it. Your baby will cope completely fine without food for many days.

Monitor your symptoms such as breathing, heart rate, oxygen saturations (if you have a monitor) and temperature.

### What do I do if my symptoms get worse?

If things are deteriorating, don't sit at home and worry about it. Do not feel that you are inconveniencing anyone or putting people at risk by seeking medical attention.

We have a world class, well prepared medical system that can handle COVID-positive patients who need medical help, regardless of whether you are vaccinated or not. Do not hesitate to call an ambulance if any of these symptoms are occurring:

- Severe shortness of breath or difficulty breathing
- Your breathing gets significantly worse or your oxygen saturations drop below 92%
- You are coughing blood
- Your lips or face are turning blue or your skin is cold and clammy, or pale and mottled
- You have chest pain
- You are fainting
- You are confused, feeling agitated or feel extreme drowsiness; or
- You have a persistent rash

It is unlikely that any of those symptoms will occur and unlikely that you will need an ambulance.

The following symptoms are more common and should trigger you to contact your GP or go to an emergency department:

- Increasing shortness of breath
- Oxygen saturation level is less than 95% (but greater than 92%)
- Persistent vomiting
- A severe headache; or
- Temperature over 38.5 degrees despite taking Panadol

There also may be non-COVID issues related to your pregnancy that you will need advice for. It is important that you don't ignore things that you would normally call about simply because you have COVID.

Never hesitate to call your obstetrician or maternity ward if you have pregnancy concerns. Please contact someone if:

- The baby is quieter than usual
- There is bleeding or fluid leaking
- You have any ongoing abdominal pain
- You think you may be in labour

### What happens if I go into labour while I am COVID-19 positive?

If you break your waters, think you have a fluid leak or are having regular contractions please call your maternity ward. When you call, please tell the midwife who answers that you are COVID-positive.

A midwife will ask you all the usual questions about your pregnancy, as well as questions about your COVID symptoms.

Many factors, including how 'well' you are, will determine when and where you are directed by the midwife at that point. But please be assured that your safety and the safety of your baby are paramount in the decision-making.



**Left to right:** Sarah Hacking (Nurse Unit Manager), Nicole Shackleton (Radiation Therapist), Amanda Barnes (Centre Leader), Ben Edwards (CEO, St John of God Murdoch Hospital), Rebecca Davies (Radiation Therapist), Elsie Ascoli (Radiation Therapist).

## Specialised centre for integrated cancer care

The integrated GenesisCare facility at St John of God Murdoch Hospital provides ground-breaking diagnostics and treatment for people suffering with cancer.

Specialising in integrated cancer care GenesisCare, Murdoch is the first oncology facility of its kind in WA.

The centre has officially begun services, with the first patients coming through the doors in late 2021.

Patients have access to high quality, evidence-based care, tailored to their individual needs at the Murdoch facility.

The campus location and collaboration with St John of God Health Care and partnership with SKG Radiology, gives patients access to their cancer treatment and care in one place.

### Services include:

- Radiation therapy inc. MR-Linac
- Theranostics
- Imaging and diagnostics inc. PET-CT (in partnership with SKG Radiology)
- Inpatient oncology services (provided at St John of God Murdoch Hospital)
- Cardio-oncology
- Clinical trials

Patient care is managed by a multidisciplinary team of sub-specialised cancer experts including: nuclear medicine physicians, radiation

oncologists, nurses, radiation therapists, physicists, and support staff. We can also facilitate access to allied health services.

GenesisCare Murdoch, provides rapid access to care with minimal wait times for specialist consultation and treatment.

The centre has the capacity to treat up to 1000 patients each year.

St John of God Murdoch Hospital also has an inpatient cancer ward as well as the Murdoch Cancer Centre.

For more, visit the GenesisCare Murdoch website at [genesiscare.com/au/our-centres/murdoch-oncology](https://genesiscare.com.au/our-centres/murdoch-oncology).

# Breaking Bad



**Dr Stefan Schutte**  
Deputy Clinical Lead - Mental Health

It's not too late to resolve to  
live better this year.

Trees provide a helpful metaphor when considering the implementation of our resolutions. Trees consist of three parts; the trunk, crown, and roots.

We can understand our own lives as the 'Tree of Life'.

- The trunk is where your day-to-day awareness and thinking live.
- The crown represents everything that transcends the current 'you' with your current concerns.
- The roots mean the day-to-day of your life.

A resolution requires a commitment to a concrete plan for the activities you will now regularly engage in or activities from which you will refrain. So, when considering what reason will transcend your current wish to attain the resolution, consult the crown of your "tree". When resolving (committing), consider the transcendent crown and the intrinsic roots of every day (the 'where' and 'when') in which your new activity must be grounded. This is your "why".

Now let's turn to science for insight on how to change habits.

Whenever I touch a hot surface, I rapidly pull my hand away. This is a reflex that is hardwired to my nervous system. This reflective action is not what I mean by habitual behaviour. For behaviour to become habitual, the nervous system needs to learn something; this process is called neuroplasticity. Habits are not trivial and make up about seventy percent of our behaviour. Behaviour can be classified as goal-directed (e.g. my goal is to finish today's training session) or identity-directed (e.g. I would like to be a fit person).

The strength of the goal is measured in terms of the degree of effort it takes to initiate the behaviour along two dimensions: alertness and anxiety. After I have just woken, I struggle to motivate myself to run, especially if I have not slept well. I feel so anxious that I can't work. This mental effort is referred to as limbic friction. When we have already visualised each step of our new behaviour, we reduce limbic friction. This is because when we go to act, our mind has already visualised the steps we need to take; to our brain, it's almost as if we have already performed the action. This is referred to as procedural memory.

The habit's strength can also be determined by whether it is provoked into happening when we are in a specific environment (context-dependent) or is likely to happen regardless of the environment (context-independent). For example, no matter where I find myself in the world, it is highly likely that I will brush my teeth in the morning (context-independent). However, I am less likely to go for a run when I am on holiday (context-dependent).

You may have heard the saying, "neurons that fire together wire together". This habit formation occurs when the same neurons are repeatedly activated, either simultaneously or after the other.

In short, certain brain synapses are strengthened when we associate one behaviour (in this context, called a 'cue') with another behaviour. Over time, the cue needed to cause the secondary behaviour becomes less and less, until the secondary behaviour becomes almost spontaneous.

The behavioural dominos fall easier and I start going for that run, even when I feel tired.



## Djaalinj Waakinj Project success

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The Djaalinj Waakinj Project is an ear health program in partnership with Telethon Kids Institute, Moorditj Koort Aboriginal Corporation, St John of God Murdoch Hospital, Dr George Sim and Cockburn Integrated Health offering essential surgery at no cost to Aboriginal children who suffer severe ear infections.



“Despite COVID-19 related surgery disruptions, clinics continued in 2022 and as of April 2022, 10 children are awaiting surgery at SJOG Murdoch Hospital to be performed over the next few weeks.”

For the past four years, Paediatric ENT surgeon Dr George Sim has performed free grommet surgery on Aboriginal children who would otherwise have to wait up to 2.5 years to receive treatment.

Approximately 50 per cent of young Aboriginal children are affected by otitis media, otherwise known as middle ear infection or ‘glue ear’ and can result in worse infections, hearing loss or learning impediments surrounding education, behaviour, employment and social relationships.

“Djaalinj Waakinj was initiated in 2017 by discussions with Aboriginal community members and health researchers following requests from urban Aboriginal people,” said Dr Sim.

“It is an ongoing study being conducted in South Metropolitan areas of Perth on Noongar Boodja (country).”

The Djaalinj Waakinj Project has progressed over the past six years, with the yearly cases increasing from 15 in 2019 to 30 cases in 2021.

This year marks St John of God Murdoch Hospital’s fourth year supporting the Djaalinj Waakinj project, with the contribution of hospital caregivers and the community who raise the funds for each surgery.

“Up to November 2021, 280 children were seen in the outpatient clinics and 68 children had surgeries performed,” said Dr Sim.

In 2022, five children have received the life changing surgery, despite heavy COVID-19 restrictions.

“Despite COVID-19 related surgery disruptions, clinics continued in 2022 and as of April 2022, 10 children are awaiting surgery at SJOG Murdoch Hospital to be performed over the next few weeks.”

Each surgery costs approximately \$2500 and is performed at St John of God Murdoch Hospital where the children are cared for in the bright, colourful St Michael’s paediatric ward.

# Are you managing a heart condition, diabetes, osteoarthritis or another chronic condition?

## HBF may be able to help.

HBF offers eligible\* members access to a range of health support programs to help you live your best life.



### Telephone coaching to optimise your health outcomes

If you are currently managing or at risk of developing a chronic condition, **The COACH Program** can help support you to improve your health and achieve your personal goals over a 6-month period.

#### Easy access

Telephone support scheduled to suit anywhere in Australia.

#### Tailored individual needs

Each coaching session is customised to help you achieve your personal goals.

#### Practical advice from qualified health professionals.



### Cardiac rehabilitation

**Cardihab** provides support, guidance and education to optimise heart health and help lower the risk of future heart problems.

#### Digitally supervised cardiac rehab

Online support to help you make heart-healthy lifestyle and behavioural choices.

#### Personalised care plan

Individually tailored care plan to help members achieve their personal heart health goals.

#### Easy-to-use app

Track your health, medicines, and tasks from your health coach in the SmartCR App.



## Physio-led support to improve strength and mobility for knee or hip osteoarthritis

**Stand Up to Joint Pain** is a personalised virtually delivered telehealth physiotherapy program for eligible members managing osteoarthritis of the hip or knee.

### Easy access

All consultations are delivered virtually (via telehealth or telephone) by an experienced physiotherapist.

### Rebuild strength

Targeted strength, balance and mobility exercises designed to help stabilise joints and improve mobility.

### Manage pain

The program aims to reduce joint pain and stiffness and improve function, supporting you to move more freely.



## Weight loss program to reduce knee and hip osteoarthritis symptoms

**Osteoarthritis Healthy Weight for Life** is a guided 18-week program supporting weight loss, increased mobility and better pain management.

### 18 weeks of guided support

Delivered by a dedicated Care Support Team of allied health professionals.

### Delivered virtually

All supporting products and materials are delivered to your door, with consultations delivered virtually by the Care Support Team.

### Weight loss, nutrition, and strength

Get a healthy eating plan designed to support sustainable weight loss plus and progressive exercises to improve strength, balance and mobility.



## Personalised health support to manage the healthcare system

**HBF Health Navigator** can help you manage chronic illness and navigate the complexities of the healthcare system.

### Connecting your healthcare team

We keep in contact with your GP and other care team members to help you access the right support and resources at the right time.

### Assigned dedicated Care Coordinator

Your Care Coordinator develops a personalised plan specific to your needs and health goals.

### Practical advice from qualified health professionals

Reliable support to help you better understand and manage your medicines, symptoms and risk factors.

Visit [hbf.com.au/health-programs](https://hbf.com.au/health-programs) or call **1300 886 513** for more information.



Pictured L-R: Hannah Clements, Lydia Read, Karyn Sheppard, Tracey Gracewood and Sarah-Jayne Powell.

# Knitting for Dementia and Delirium

The Clinical Documentation Specialist team at St John of God Murdoch Hospital have been working on an extensive project focused on the experience of patients with dementia and delirium in hospital.

Volunteers, caregivers and patients at St John of God Murdoch Hospital have come together to create hundreds of knitted and crocheted 'fiddle squares' for patients with dementia and delirium.

The small squares that can fit in a pocket are designed to be a source of comfort for not only patients, but also their loved ones.

These are part of a wider project led by two of Murdoch's Clinical Documentation Specialists (CDS), Tracey Gracewood and Hannah Clements.

"The Fiddle-Squares, which are an element of an overarching project, are for patients with dementia or cognitive decline that are admitted to hospital," Tracey said.

"Attached to the fiddle squares are different materials with an array of textures like ribbons, buttons and pom poms. They are a sensory tool which help to provide comfort and reduce anxiety."

The project focuses on patients who require carers and promotes the meaningful interactions between both parties.

"Hospitalisation can significantly increase the risk of delirium in older adults so we are aiming to reduce anxiety and promote comfort for these patients, as well as those suffering with dementia," Tracey explained.

Director of Nursing and Patient Experience Sarah-Jayne Powell said is it great to see how passionate caregivers are in enhancing patient care.

"I am always amazed at how dedicated our caregivers are in ensuring that we consistently focus on our patients' needs and enhance patient and family experience whenever and wherever possible,"

St John of God Murdoch Hospital is continuing to develop an array of Companion Caregiver Study groups for caregivers who are performing carer roles.

"The learning outcomes include caring for patients with dementia and delirium as well as the importance of handover and documentation," Tracey said.

The fiddle squares are also gifted to loved ones of patients.

"This project has provided a 'hug' to the patients who need them the most and proves that the very nature of kindness is to create a ripple effect that is enjoyed by both the givers and the receivers."





# Preparing to discuss your mental health with your GP

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So you have made your GP appointment because you think something for you is not quite right...well done!

Preparing to have the conversation with your GP can sometimes be daunting, irrespective of whether you have known your GP for long or your GP was someone you saw as a toddler.

Here are some tips that may help:

1. Make sure you have booked a longer appointment to help both you and your GP have adequate time to discuss your concerns. It's ok if you don't take up the full appointment. You don't want to feel rushed.
2. Think about whether it is helpful to talk to a friend or family member prior and ask them to come with you.
3. Make some dot points of what you are worried about; these might be about your thoughts, feelings, sleep pattern, weight or all of those combined.
4. Let your GP know how long these things have been happening for you and whether other people in your life have commented - they are concerned about you.
5. Let your GP know whether these things have happened before and resolved with treatments or just went away and what was happening in your life at that time.
6. Let your GP know if you know any of your family has had a similar experience to you.
7. Let your GP know how these things are affecting your life; it might be your work, your relationships or your motivation.
8. Ask your GP what the options are for interventions and in what order; it may be medication, therapy or investigations to rule out any underlying condition and what you may expect from these.
9. If you are taking medication, ask your GP or Pharmacist to explain expected effects and side effects to look out for. There are also many helpful online resources such as NPS MedicineWise ([nps.org.au](http://nps.org.au)) and Choosing Wisely Australia ([choosingwisely.org.au](http://choosingwisely.org.au)).
10. Feel ok to ask for a medical certificate if you need a break from work to recover or mental health treatment plan to access Medicare benefits.
11. Make another appointment as you leave.

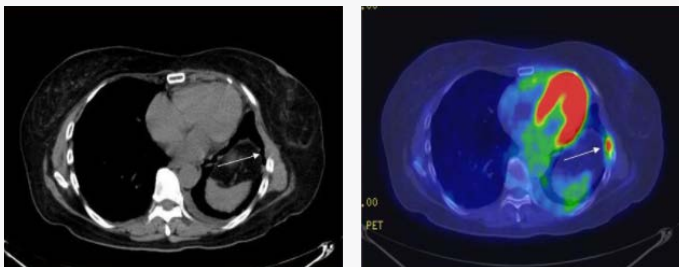
# Latest Siemens PET-CT Scanner now at Murdoch: GenesisCare/SKG



**Dr Nat Lenzo**  
Nuclear Medicine  
Physician

Positron emission tomography (PET) is a standard imaging test used mainly in assessing oncological and neurological conditions.

## CT alone, and PET/CT Fusion



PET avid pleural nodules

Figure 1

## What is a PET-CT scanner?

PET-CT combines the metabolic and molecular information obtained by a PET scanner to the anatomical detail provided by modern CT scanners (Figure 1).

Fluorodeoxyglucose (FDG) is the principal tracer used on the PET-CT scanner. FDG works on the principle of increased use of glucose by many tumours. FDG, was developed in the 1970s and is a short lived tracer with a 2 hour half-life that requires a cyclotron to produce the Fluorine-18 component of this radiopharmaceutical.

FDG PET is now 'standard of care' in staging and restaging of cancers such as melanoma, lymphoma, colorectal, lung, breast and head and neck cancers and is used extensively in a number of other conditions.

It is critical in pre-operative planning and guiding surgery and radiotherapy. It is very helpful in monitoring response to treatments such as chemotherapy and immunotherapy, often allowing more accurate and earlier assessment of treatment response compared with standard imaging modalities such as CT and MRI.

It is a critical piece of equipment for delivering targeted radioligand therapy (also known as theranostics or molecular targeted radiotherapy)



Figure 2



Figure 3

as the PET scanner defines molecular signatures on tumours that are the target for these new types of therapy.

### Increased use of the PET-CT scanner

Over the last decade, there has been a worldwide explosion in the use of PET in cancer management. In 2002, a group of dedicated Perth physicians and physicists established the first PET scanner in WA Health at Sir Charles Gairdner Hospital (Figure 2).

In 2010, then followed the first private PET CT camera at Hollywood Private Hospital. Today there are six PET-CT scanners in central Perth and one in regional WA (Bunbury) – all part of the 100+ and growing PET-CT network throughout Australia. Despite the increase in scanners in Perth there are still delays for PET scans seen throughout the metropolitan area.

### PET-CT scanner at Murdoch

The addition of the new GenesisCare-SKG Siemens Vision PET CT scanner (Figure 3) at Murdoch helps relieve some of the pressure for PET scans cancer patients are currently experiencing in Perth. It also goes some part in correcting the north-south mal-distribution of PET services. This scanner is part of a four PET-CT camera joint venture between the owners of SKG

i.e. Sonic Healthcare, and GenesisCare in Australia with three other JV facilities either recently opened or opening in eastern Australia over the next 12 months.

The new GenesisCare-SKG PET CT scanner at Murdoch has a number of advantages over existing machines. It is a faster and more accurate digital PET-CT system which can acquire whole body images in under 10 minutes with much less radiation dose. It also has improved sensitivity down to 3-4 mm resolution. It is only one of two such systems currently in Australia. It has a large bore and is less claustrophobic for patients. It has a laser alignment system to allow for accurate positioning for radiotherapy planning. It is housed in a new facility designed for enhanced patient comfort and an improved patient experience.

This scanner is staffed by a group of dedicated and experienced nuclear medicine technologists, radiographers and doctors with the service managed by SKG who have a long and proud history of providing high quality imaging services to St John of God both at Murdoch and Subiaco.

The new PET CT scanner is housed in the new GenesisCare building at the northern aspect of the St John of God Murdoch hospital with walkway access for inpatients via Thomas Furlong ward.

The facility has state of the art laboratories and theranostics treatment chairs thus allowing for the latest imaging and therapeutic agents to be developed and administered on-site.

The PET CT facility is open from 8-5 pm Monday to Friday. There are no out of pocket costs for Medicare rebatable PET-CT scans.

For further information contact **Centre Leader Amanda Barnes** at the GenesisCare, Murdoch centre: **[Amanda.Barnes@genesiscare.com](mailto:Amanda.Barnes@genesiscare.com)**



**Giuseppe Reina**  
Registered Music  
Therapist (RMT)

## Changing the tune of palliative care

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The hospital palliative care setting involves a number of complex needs that arise when an individual faces end of life.

Alongside medical symptoms such as pain and fatigue, many palliative care patients also face spiritual and psychological challenges that come with receiving a terminal-diagnoses or facing the prospect of decline.

Patients can experience the impact of isolation, a lack of control, chronic pain and tiredness, disorientation, and anxiety over the unknown. Music Therapy has the capacity to address both medical needs and holistic needs, which recognise the intrinsic worth of the individual.

By facilitating a space for personal connection, creative expression, and reminiscence, the patient is given the

opportunity to re-experience themselves beyond the confines of their illness, to reclaim a sense of agency and meaning, and have opportunities to reflect on the totality of their existence in a safe and supported environment.

During sessions of Music Therapy in the palliative care setting, the therapist incorporates techniques such as live playing of familiar songs. This can help a patient connect to their identity and life story.

Music Therapy may also include song creation to help explore and process feelings towards death; improvisation using musical instruments to facilitate creative and autonomous engagement;

and/or musical entrainment, which can help regulate of vital functions such as heart rate or breathing.

These techniques can also help diminish pain, enhance mood and/or increase alertness and reality orientation.

Therapists can also work with patients alongside families and significant others to create recordings that can be used as legacy gifts to loved ones.

Overall music therapy in this setting offers the chance to access windows of enhanced quality of life when facing what can be a daunting experience. An individual has the chance to experience themselves not only through a lens of symptoms and illness, but as a complex self with aspects beyond these limitations.

The gift of Music Therapy can allow the dying patient to feel they have worth, to envision their life in a meaningful context, and to experience moments of peace and joy while being unconditionally held, in whatever form that individual experience may take.

The Music Therapy program at St John of God Health Care utilises a growing body of evidence to demonstrate that it can relieve symptoms and improve quality of life for those living with serious illnesses.

“Music Therapy also allows for externalisation of internal states such as pain and anxiety that enables an important space for reflection as part of the therapeutic process,” explains RMT Giuseppe Reina.

“This externalisation can facilitate enhanced symptom understanding, self-awareness, and self-agency.”

Music Therapy addresses multiple components of pain symptomology, including the emotional, social, and

spiritual/existential needs of individuals experiencing serious illness.

“Creative expression within a safe setting in the presence of a qualified therapist, adds additional value to existing medical care.”

The Music Therapy program at St John of God Murdoch Hospital is delivered in a one-on-one basis, to patients receiving a combination of palliative, geriatric and/or oncology care.

The St John of God Health Care values recognise a person-centred approach to patient care, through recognition of the worth and value of each individual and the importance of their inclusion in the patient care process, as well as consideration of a person’s holistic needs.

“The one-on-one music therapy program is guided by these humanistic values that recognise the importance of patient preferences, an individualised approach, and recognising the patient’s unique needs,” Giuseppe said.


“Patients who get to experience the daily impact of Music Therapy sessions report smiling and experiencing joy for the first time since their diagnosis, feeling as if they are home again hearing songs from their homeland,” Giuseppe said.

“Seeing how families come together for the creation and recording of musical memories and legacies can increase bonds and assist the grieving process.”

Sessions reflect cultural sensitivity and a variety of music styles have been employed.

The Music Therapy program at St John of God Murdoch Hospital is continuing to evolve, with potential to incorporate therapy into high pressure settings such as the Cancer Centre and Intensive Care Units.

“Patients who get to experience the daily impact of Music Therapy sessions report smiling and experiencing joy for the first time since their diagnosis, feeling as if they are home again hearing songs from their homeland.”




“When I come to the Murdoch Cancer Centre, I’m coming in to friends who make me feel special every time.”

# True Grit

## Over 100 cancer treatments at the Murdoch Cancer Centre

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Over 20 years ago in 2002, Clint first walked through the doors of St John of God Murdoch Hospital with a cancer diagnosis, ready to fight it with everything he had.



Twenty years ago, the Murdoch Cancer Centre was just one big room, nothing like it is today.

“When I first walked into the Cancer Centre, it was very daunting. It was one big room full of people receiving intense treatment,” Clint said.

One of Clint’s first memories of the Cancer Centre is when now-Nurse Manager Marie Condon was called in to cannulate him.

“I am quite difficult to cannulate and after a few nurses tried with no luck, Marie was called in. Of course, she got it in one go,” Clint said.



He received chemotherapy for colon cancer throughout 2002, which ended in triumph, when Clint found out he was in remission.

However, his journey did not end there.

Fifteen years later, in December of 2017, Clint found himself back at St John of God Murdoch Hospital with a collapsed bowel and septicaemia.

Septicaemia is an infection where bacteria enters the bloodstream and causes blood poisoning, which can then trigger sepsis.

Clint was diagnosed with lung cancer and it was suggested he go into palliative care, as chemotherapy would not help.

This is an answer Clint's partner of 47 years, Rob, was not going to accept.

"We asked ourselves, 'okay, what are we going to do about it?'" Clint said.

Since 2017, Clint has been receiving immunotherapy for his lung cancer, with Rob by his side each time.

Immunotherapy is a type of drug treatment that uses the body's own immune system to fight cancer.

"The immunotherapy has given Clint the chance to continue living his life. Without it, he would not be with us today. He is courageous and a great source of happiness to the team here at Murdoch," Marie said.

In March of 2022, Clint received his 100th Immunotherapy treatment, meaning he has

actually had well over this amount, taking into account his treatment back in 2002.

The whole Murdoch Cancer Centre team and Rob were there to recognise Clint's perseverance, courage and strength.

Clint explained that when he first walked into the Cancer Centre back in 2002, he knew it was different, and that still stands today.

"When I come to the Murdoch Cancer Centre, I'm coming in to friends who make me feel special every time,"

"Marie has built an incredible team full of caring, wonderful people. They are family."



## Long-time volunteer recognised for exceptional service

Kam Phagura, one of the St John of God Murdoch Hospital's long-standing volunteers, received a WA Volunteer Service Award during National Volunteer Week this year.

Presented by the WA Department of Communities, this award acknowledges the extraordinary effort of volunteers in Western Australia, who willingly give their time to give back to their communities, particularly during this recent difficult period when organisations have experienced unprecedented challenges.

Kam, who became a volunteer with the hospital in 1997, has contributed more than 25 years of volunteering service to St John of God Murdoch Hospital.

She currently volunteers in palliative care, paediatrics and theatre, and has volunteered across several wards and departments throughout her years at St John of God Murdoch Hospital.

Kam's role in paediatrics is to provide care and support to parents and guardians whose children are undergoing surgery.

In what is often a daunting and challenging time, Kam ensures parents are fully educated, cared for and supported through their child's surgical journey.

Kam is also situated at the St John of God Murdoch Community Hospice where Nurse

Manager Jessica Wirrell says she supports the palliative care nurses and patients in their daily duties.

"Kam volunteers in the hospice once a week. Her duties include visiting the patients where she is very happy to sit and chat and get them anything that they ask for, which could be the paper or a cup of tea," she said.

"She also assists by taking the meals to the patients and provides reiki to any patients who may benefit from this as she is also a trained reiki therapist. She will go out of her way to do anything for anyone."

Murdoch's Consumer Engagement Coordinator Matt Hands commended

Kam on her significant contributions to the hospital.

"Kam is incredibly kind, understanding and patient in what can often be a high stress environment," he said.

"I often receive feedback from patients, visitors and staff about how Kam helped them get through a difficult time."

By trade, Kam is a St John WA Communication Officer where she takes emergency (000) and non-emergency calls made within Western Australia.

Kam, and all of the volunteers at St John of God Murdoch Hospital, provide a vital link between the hospital and community while supporting our caregivers every day.

If you are interested in joining our community of volunteers, please email **[Matt.Hands@sjog.org.au](mailto:Matt.Hands@sjog.org.au)**



# Annette Guthrie Bursary supporting higher healthcare education

When Annette Guthrie, a much-loved Patient Care Assistant (PCA) at St John of God Murdoch Hospital, sadly passed away at 55 with recurring Lymphoma, her family made the decision to keep her spirit alive by helping others.

Established in 2019, the Annette Guthrie Bursary is generously supported and endorsed by the Beasley Family, and enables caregivers at Murdoch to undertake study to become a Patient Care Assistant (PCA) or to further their education.

Jade Walters, who was the recipient of the Bursary in 2020, said she was very grateful for the opportunity.

"The Annette Guthrie Scholarship allowed me to successfully complete a Certificate 3 in Health Services and Assistance (AIN) course with South Metro Tafe," Jade said.

"The skills I have learned through the completion of the course have allowed me to help and provide care to the patients on St Francis ward."

"I love working on St Francis, love the people I work with, and am very grateful for the opportunities I've received."

In 2021, the Bursary was awarded to Samantha Elford, who holds a dual

role in the hospital, as a Room Service Attendant and a Casual PCA. The Bursary will help Samantha to complete her Diploma of Nursing at South Metropolitan Tafe.

"I am excited to develop the skills and knowledge to become an Enrolled Nurse and continue making a difference in the hospital," Samantha said.

The St John of God Foundation and St John of God Murdoch Hospital would like to thank the Beasley Family for their continued generosity, which has supported our Murdoch caregivers to further their education and to seek professional opportunities that may not have otherwise been possible.

The Annette Guthrie Bursary is not only an investment in our caregivers, it is also an investment in outstanding patient care and a stronger future for St John of God Murdoch Hospital.



Samantha Elford was awarded the Annette Guthrie Bursary in 2021.

"The skills I have learned through the completion of the course has allowed me to help and provide care to the patients on St Francis ward."

# Young people supporting young people

Despite the high prevalence of mental health problems and disorders that develop in adolescence and early adulthood, young people tend not to seek professional help.

They are more likely to seek professional help if they already have knowledge about mental health issues or have established relationships with people who they know can help.

Younger adolescents will usually talk to their family members, and older adolescents usually talk more to their friends. Young people from Indigenous and ethnic minority groups tend to be most reluctant to seek help.

As a parent or a family member, the young person in your life may want to discuss situations that are happening for one of their friends. It is important to listen and ascertain if your family

member may need support to continue to support the other young person.

Using terms like “are you worried about them (the person)?”, “is there anything I can help you with for you to help them?” and also making sure your family member is not feeling overwhelmed by what their friend is seeking from them.

Create an environment where your family member knows they can come to you if they need help. This is often just creating times for togetherness, not being distracted and listening. Importantly suggest your family member encourages their friend to

get help from a professional or speak to their own family member. They can offer to go with them as support.

There are resources available for parents and young people to help navigate these conversations via reputable websites such as Headspace ([headspace.org.au](https://headspace.org.au)) and Beyond Blue ([beyondblue.org.au](https://beyondblue.org.au)).



**Monica Taylor**  
Deputy Director Nursing  
(Mental Health)

Photo credit: Daniel Wilkins/  
The West Australian.



## Murdoch baby Bodhi has an unforgettable birthday

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It won't be hard for anyone to remember baby Bodhi James Turner's birthday.

He was born five days early, but managed to arrive at an incredibly memorable moment.

"Bodhi decided to arrive on the 22nd of the second (February) at 2.22 and 22 seconds," mum Kylie Najjar said.

Bodhi was welcomed into the world on St Mary's ward at St John of God Murdoch Hospital, with the help of midwife Katie.

A happy, healthy baby boy, Bodhi is the final addition to a beautiful family of three boys.

To be born at this exact moment is incredibly rare – 1 in 30 million to be exact.

It is the same odds as being struck by lightning or giving birth to quads.

Congratulations to mum Kylie and dad Chris on their newest arrival.

"To be born at this exact moment is incredibly rare – 1 in 30 million to be exact. It is the same odds as being struck by lightning or giving birth to quads."

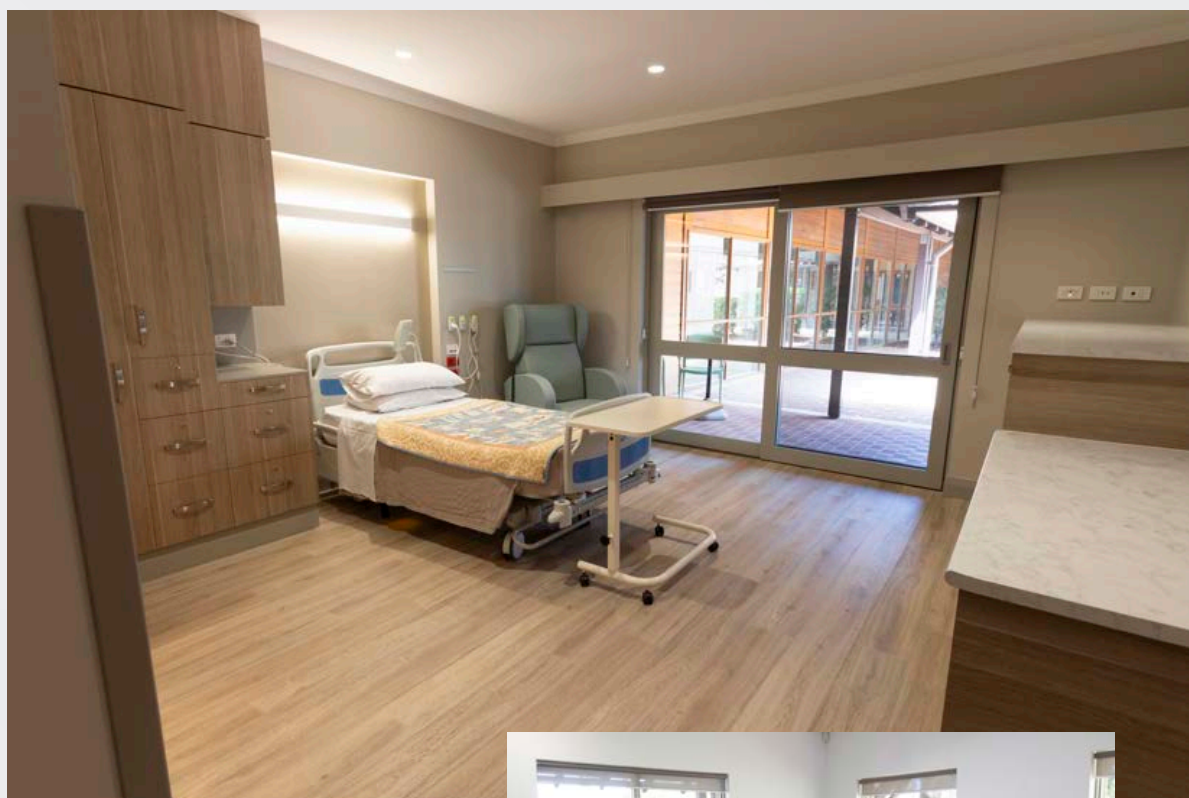
Registered Nurses Simone Lombardi and Casey Martin smiling in the newly refurbished Murdoch Community Hospice



## Murdoch Community Hospice \$5 million refurbishment

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A significant refurbishment of St John of God Murdoch's Community Hospice is now complete, creating exceptional modern facilities to provide the highest quality of care and experience for local patients.



The refurbishment included updating the 20 individual rooms within St John of God Murdoch Community Hospice, Footprints Day Centre, an outpatient clinic and an array of common areas and family facilities including a serene outdoor garden space.

St John of God Murdoch Hospital Chief Executive Officer Ben Edwards said “the consistently excellent feedback we receive from hospice patients and their families demonstrates that we are providing care which is both clinically excellent and compassionate.”

“The updated facilities are modern, bright and create a positive environment for our health care professionals to continue the excellence of care in services we provide now and into the future.”

A Blessing ceremony marked the completion of the refurbishment, which was fully-funded through kind donations and gifts in Wills from patients, community members and families.

The ceremony was attended by St John of God Health Care Group CEO Dr Shane Kelly, St John of God Murdoch Hospital CEO Ben Edwards, donors, community members and special guests including, St John of God Health Care Board Chair the Hon Kerry Sanderson AC CVO, St John of God Health Care previous Chair of Trustees Ms Eva Skira AM, and the Mayor of the City of Cockburn Logan Howlett.

St John of God Foundation CEO Bianca Pietralla said “philanthropy has made, and continues to make such a difference to the

lives of many Western Australians. The original hospice and this refurbishment, was built on an incredible legacy of support from the WA community, which is really special.”

St John of God Murdoch Hospice provides comprehensive health care services to patients, carers and family members including symptoms and risk assessment, grief and bereavement counselling and a full range of allied health resources.

The hospice accommodates private, public, DVA and self-funded patients.

St John of God Foundation raises funds to support transformational patient care and leading medical research, to directly improve health outcomes for patients and the broader community.

# Empowering your treatment decisions



## FREE Patient Information Seminars at St John of God Murdoch Hospital

Learn about a procedure or hospital service that is of interest to you from a specialist, without a referral and in a friendly, welcoming environment.

Other specialities to be announced.  
Please check our website for 2022 seminar dates.  
[sjog.org.au/murdochseminars](http://sjog.org.au/murdochseminars)



All covid-safe events.



All sessions held at the St John of God Murdoch Hospital Auditorium.



All sessions are free of charge.  
Presentations by the doctor and allied health professionals.

## Coming up in 2022



Joint replacement



Cardiology



Mental health



Orthopaedics  
(shoulders)



Ophthalmology  
(cataracts)

**Registration essential** via [sjog.org.au/murdochseminars](http://sjog.org.au/murdochseminars)  
**Questions** via [Matt.Hands@sjog.org.au](mailto:Matt.Hands@sjog.org.au) or call (08) 9428 8634



**ST JOHN OF GOD**  
Murdoch Hospital

# Patient Welfare is Our Priority

At SKG Radiology, we care about your welfare and are now Bulk Billing Medicare rebateable services for Out-patients during this ongoing time of need.

As healthcare professionals we are working to protect and care for our community and we would like to reiterate the commitment of SKG Radiology to continue to provide the highest quality service, in a safe environment.

We understand that whilst COVID-19 is a significant health concern for our patients, there are many conditions where a timely diagnosis or monitoring should not be delayed.



## **We have implemented measures in line with those being recommended by the State Government and WA Department of Health including;**

- Social distancing measures have been introduced throughout our practice.
- Pre-screening patients for COVID-19 risks prior to making a booking.
- Contactless payment options are provided.
- Online access to images and reports for both patients and treating clinicians.

## **To help our patients and staff, we ask all our patients to:**

- Advise our staff if you have flu-like symptoms or are at risk of COVID-19 infection.
- Make appointments via phone or online from our website.
- Practice social distancing with a minimum of 1.5m between yourself and others.
- Practice safe hygiene.
- Are only accompanied by one other person, if required.

We thank you for your cooperation during this time and feel free to contact us if you have any questions or concerns.

Visit [skg.com.au](http://skg.com.au)

Stay safe,

**The team at SKG Radiology**



**SKG**  
RADIOLOGY

At SKG,  
we care  
about your  
welfare



**Now bulk billing.**

Visit [skg.com.au](http://skg.com.au) for full details, exceptions do apply.\*

\* Excludes in-patient services