

Newsletter

Autumn 2018



Dear Friends,

Last September Dr. Mary Bunn's arrival in Freetown gave UKFTSH a new opportunity to support further development of palliative care in Sierra Leone. Her regular reports of her work, both with patients and staff have highlighted both the progress and challenges of her task. We hope to continue supporting her work in the future. Gabriel is developing the site at McDonald Village and intends to re-open a clinic at Allentown, nearer Freetown. Back here in the UK thanks to our supporters we have continued to raise funds which are used for staff, medication and the patients support fund. Peter has written about our new fund to support the patient costs. I want to thank all the trustees without whose skills, dedication and willingness we would not be able to help patients in Sierra Leone. Most of all, thank you to all our loyal supporters.

Ruth



TSH with Mary, Hawa, Umah, Augusta and Elizabeth

From Dr Mary Bunn

As you drive out of the small town of Waterloo, leaving behind the congested and noisy market and coming into countryside, the tall blue-roofed buildings of TSH come into view, up a rough track. There is now an imposing gateway under construction at the entrance, leading to a covered raised walkway towards the new 4-storey building which will house new administration, teaching and laboratory facilities. To the left, with a peaceful backdrop of wooded hills, sits the single storey hospice building with 4 3-bedded wards. Today there are a couple of in-patients, whose relatives are sitting quietly in the waiting area, alongside out-patients. The place is clean, orderly and welcoming.

Each day, patients from the local villages and further afield present with an array of complaints, including acute and chronic illnesses, HIV and TB and occasional palliative cases. Over the past year, the roadworks have been finished, leaving a good dual carriageway road from the edge of the city of Freetown, and gradually, more patients with cancer are being referred to the hospice. There are currently 4 patients with advanced breast cancer being followed up regularly as outpatients or at home. Patient contact is adjusted according to need with home visits becoming more frequent as disease progresses, to ensure pain and other symptom remain well controlled and the patients and carers are well supported.

One patient in her 40's was sent to TSH from Connaught hospital after declining breast cancer surgery, and admitted for wound care and treatment of pain. After 2 weeks, she was able to return home to the care of her sister, who looked after her with kindness and a sense of humour despite her deterioration and becoming bedbound. At one point, we took them a wheelchair to see if the patient could sit out in the sunshine, but the effort involved due to the number of stairs and narrow passages in the house proved unnerving for the patient, and she refused to try it again. However, she continued to enjoy visits, and her mood and appetite improved with good care. She died peacefully at home, having been under TSH home based care programme for over a year, and our palliative care nurse Hawa was welcomed at her funeral as a supportive friend.

It has been rewarding to see the appreciation of patients and families, and also referrers who did not know how to treat or help patients they knew to have an incurable disease. Small group teaching sessions with the hospice staff and hospital nurses, larger sessions with traditional healers, and one day and 3 day

courses in palliative care in this setting to healthcare professionals have helped to spread the message that whilst we cannot always cure, we can always offer care and compassion to control distressing symptoms and improve quality of life. As we explain and demonstrate this, the 'bad news' of incurable disease is balanced by hope for a meaningful future.

There is always uncertainty, as funding and staffing change, but we are now at a point where palliative care and communication skills are being taught to 4th, 5th and 6th year medical students; a small palliative care team is being developed at the main teaching hospital, Connaught, and weekly home visits to palliative care patients is well established. Empowering identified staff to continue to prioritise and emphasise palliative care is essential for progress to be sustained and encouraged. Other stakeholders are now advocating for cancer services and recognising the role of palliative care in this. TSH can be an important part of this as we work together and share our knowledge, understanding, skills and resources, such as oral morphine, to bring universal coverage of palliative care across Sierra Leone.

Support for Patient Fees

The Shepherd's Hospice has been very successful in recent years in obtaining grants from large international donors to meet the capital cost of new buildings and equipment. Such donors are, however, generally unwilling to make grants towards running costs and as a result the hospice has had to resort to charging some patients for in-patient treatment, home visits, and medication.

Although the charges are quite modest by Western standards they are often beyond the reach of patients in one of the world's poorest countries, where most of the population have an income of less than \$2 per day. The UKFTSH trustees therefore decided in the summer to provide additional funding to the Hospice in the form of a ring-fenced fund to meet fees which patients or their families could not afford.

So far a total sum of £1,400 has been sent to Sierra Leone for this purpose; and in the first quarter of the fund's operation some 20 patients received financial assistance from it, in amounts ranging from 1.84 million Leones (about £150) for in-patient care to 32,000 Leones (about £2.50) for a home visit.

It is surprising how large a difference such small amounts can make to the well-being of the patients at the hospice.

The UK Friends of The Shepherd's Hospice, Sierra Leone

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Fundraising Activities

OUR QUIZ – A GREAT FUNDRAISER

Among our fundraising events this year was our quiz night which took place in May. Teams of eight answered questions read out by our quiz master David Fullbrook and also wrestled with some table rounds. Supper was served and Catherine Gibbs took charge of a raffle. Thanks to everyone who helped make this evening a success, it raised £1556. The next quiz will be on April 12th 2019 at Claygate Village Hall so please make a note in your diaries.

Fundraising

Sumptuous Lunches	£3926
Carol Singing	£636
Quiz Night	£1409
Manse Tea	£247

Corporate Donations

New Malden Rotary Club	£1000
New College Oxford	£500
St.Andrew's & St.Mark's (Surbiton)	£1385

All figures before Gift Aid

As always our heartfelt thanks to you for all your support. On behalf of Michael, Jacqui, Peter, Liz, Kathryn, Esther and Ruth.

For your diary...

12th December 2018

Carol Singing
5.30pm at Surbiton Station

12th April 2019

Quiz Night
7pm at Claygate Village Hall



Staff Training at the Sheperd's Hospice

SUMPTUOUS SUNDAY LUNCH

As the leaves fall in their thousands, November in the United Kingdom is a month of remembering. As children we sang 'Remember, Remember the Fifth of November' without really appreciating the constitutional significance of what happened that day so long ago. As we passed into adulthood we learned to remember those of all nations who fell in the two world wars of the twentieth century. And now the friends and supporters of the Shepherd's Hospice come together each autumn at lunches in different locations in order to remember those in Sierra Leone whom we are trying to support in various ways. So it was fitting that nine of us came together on the 11th of November to mark Remembrance Sunday, and at the same time to have at the forefront of our thoughts also those whose personal suffering is to some extent alleviated by the existence of the Hospice and devotion of the staff who work there. Each of us had memories and personal experiences which had been coloured by the tragic events of the two wars. Unusually for the year 2017, all three men who attended the lunch had served in the military, Jake in the Royal Air Force, the other two representing the Royal Armoured Corps in the form of Ray, of the 17th/21st Lancers, and Gavin, of the Royal Tank Regiment. We were fortunate to be able to meet in our garden room with bright sunshine lighting the half walled garden outside. As gardeners experimenting with the hardiness of sub tropical species, we have no doubt that global warming is affecting the ability of traditional flowers to remain

in bloom ever later each year. The herbaceous border was ablaze with salvia, with bumble bees still working over the blossom. Eight different colours of hardy chrysanthemums were still in flower, and further on cosmos plants which had grown to 8 feet high were covered in masses of bright blooms. Readers in Africa who may not have visited the south of England might be surprised to learn that here in Surbiton we have palm trees and cordylines which have grown to over 6 metres tall in the last 30 years. And perhaps still more surprised to be told that while we were eating our meal, ring necked parakeets came in numbers to our feeding station. We are fortunate in having a micro climate here in our garden, but we are also helped by the fact that Surbiton - the Queen of the Suburbs - stands on the most southerly point of the Thames Valley. As dusk began to fall we said our goodbyes, and went our various ways, congratulating Stella for all her hard work in entertaining us so well. All sent their best wishes to Barbara, who due to recent surgery had been unable to join us.

Gavin McFarlane

DO YOU SHOP ONLINE?

www.easyfundraising.org.uk

Click on "Find a Cause" and enter "The UK Friends of The Shepherd's Hospice". All major online retailers will donate a small percentage of your purchase to UKFTSH. If all our supporters do this patients in Freetown will receive improved care.

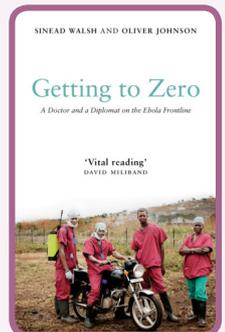
Book Review - Getting to Zero

By Sinead Walsh and Oliver Johnson

Four years have passed since the outbreak of Ebola in West Africa. It should never have happened.

This account of the epidemic in Sierra Leone describes the reality of the everyday existence of an Irish diplomat and a young English doctor who made the decision to stay in Freetown and care for those suffering and dying from Ebola. The book lays bare the awkward truths of mismanagement by "people sitting around tables in Washington and London and New York", as opposed to heroic efforts by individuals working in dire conditions. Chapters written alternately by Sinead and Oliver contrast the diplomat desperately trying to coordinate services with the heart rending activities of a doctor coming to work each day to the knowledge that some of his patients will have died overnight in terrible circumstances. Sierra Leone before the outbreak lacked an efficient health system; now faced with this problem the infrastructure was unable to cope.

The authors have written this account as they are among the few people who were there from beginning to end and felt it necessary to put the record straight. Their main plea is, in order to avoid a similar situation, for the aid organisations to listen to and co-operate with the local communities. In many ways this is a tragic read, however there are heroes, some of whom died, some who risked their lives in the care of others.



A Nurse's Challenging Work

My name is Augusta and I live in Freetown, Sierra Leone.

I trained as a State Enrolled Community Health Nurse (SECHN) at the Faculty of Nursing College of Medicine and Allied Health Sciences. During my training as a nurse, I had the privilege to work with a lot of senior health practitioners like Physicians, Surgeons, Dentists, Mental Health Officers, Public Health Officers and so many more.

There are lots of challenges in the health system of our country but we are appreciated for our work. My Nursing practice has taught me so much more about the value of life especially in the part of the world I found myself. The challenges are even greater for me since I also happen to find myself in the most difficult branch of health care; Palliative Care of which the meaning is only understood by approximately 5% of our population.

To work as a Community Palliative Care Nurse in our country is very difficult as the expectations of every family member and even the patients is recovery, especially the Cancer patients whose hopes are always optimistic. It is only passion and empathy that keeps you going in the care of dying patients because you may be forced to tell them what they don't want to hear. It becomes more difficult when you cannot do proper management like chemo and radiotherapy for your patients unless you can refer to a nearby country.

My work experience in this area for the last four years, as well as the training I have had from international health care professionals who have worked alongside me at the Hospice, has broadened my knowledge and given me strength to do more. It is passion and empathy that keeps you going in the care of dying patient.