Hi, I'm Charlie. And I'm Belle. And we're here today at St. Francis Hospice Care in Blanchardstown to learn more about palliative care. Personally, I grew up in this area and I've always, always wondered what goes on in here. So come along with us. Really excited about today.

Me too. Thank you so much for having us here today, Jeff, and thank you so much for sitting on with us. So I guess speaking as a person, a lot of us haven't been inside of a hospice before, so what would you say are the most common misconceptions young people have about hospice? Yeah I think it's not just young people but I think generally people think that hospices are a place that people just come to die and kind of imagine it to be quite dark kind of dreary places but actually our focus is very much on living and trying to live to the best quality that somebody can.

So we have different types of admissions so sometimes people will come in for symptom control admissions where If they can't manage their pain or things like that, they come in for a short period and then go home again. And then sometimes people are here until end of life. But our focus is on trying to make that the kind of the best it can be for people. If there was kind of a younger person coming into hospital for the very first time, what would you kind of say to sort of ease the process? I think just kind of demystifying things. I think talking to people kind of on their level with language that they're used to and using different things like toys, like play, things like that can be very helpful. I think like building the relationship, you know, I think you start off just kind of introducing yourself, your role, what the hospice is like, showing them around and things like that. And I think it takes time to build that relationship before you kind of can open up then kind of more difficult conversations, you know. Is your worth confined to here or would you ever go out into the community? Yeah, so we have a community team as well. So if people wish to remain at home for a variety of reasons, a lot of people do wish to stay at home.

And then we have a community team that would go out and support at home as well. Thank you so much for sitting down with us. Not at all, not at all.

I really, really appreciate you having us and kind of talking to us. Could you talk? to us a bit about your role here at the hospice? My role is provide the best care that we can for the patients and give them the best quality of life for as long as they can. So what does the day-to-day of your job look like? I think every day is different. You'll have patients that are actively able to get up and go to the garden and then you won't have patients that are able to do anything and you're nursing them in bed and turning them and very much focus comfort care.

Other part of my role would be to communicate with the patient and the families and we would have a routine in the morning, come into the room, get the breakfast sorted out and we would work very closely with our healthcare assistants and also the kitchen staff

as well who are all very much part of the team. I just want to thank you so much for sitting down with us today. You're very welcome.

Honestly, it's kind of really unexpected to find kind of a gym in a hospice. Can you talk a bit about that? Yeah, absolutely. So 70% of the patients we see are actually living at home.

So they are either seen by our community team who visit people in their own homes or they come in as an outpatient here. Really what we're trying to do is keep people as independent, as functional as possible. So we really... work on the different aspects of that could be like how do you get out of the car how do you walk to whatever so exercise is a massive component of that and would you say this space kind of gets a lot of use yeah it'd be used every day we run a lot of groups and classes we run a group called Exhale which is for just for people with lung conditions so it's exercise for people with advanced lung disease so whether that's lung cancer or interstitial lung disease or you know different things like that and then we run a group program called Peer which is joint with the occupational therapist so it's education and exercise. supporting them to maintain their independence or regain confidence again. For a lot of them they've stopped doing things and they've lost their confidence to do stuff so can we get them feeling like they can get out and about again and try and support the activity and the education we give to match what their goals are.

We've started a heart failure group which is interdisciplinary so again that's for advanced heart failure and it's... exercise and then education from numerous different team members.

So it's nursing, occupational therapy, complementary therapy, chaplaincy, social work, so everyone's involved in that one. So we really use the space a lot. Well, thank you so much for taking the time out of your schedule to just come here and talk to us. Thank

you. Thank you very much. Thanks for coming in. It's great to meet you both. Thank you.

Wow. Palliative care wasn't really what I thought. I feel like I've learned a lot today.

Me too. There were a lot of misconceptions I had about palliative care that were really completely different. Me too. Yeah, that was really interesting.