



This morning's plenary is given by Dr Hsien Seow [@HSeowPhD](https://twitter.com/HSeowPhD), the recipient of the Ian Maddocks Guest Lecture, given to the best submission by an author under the age of 40 who is engaged in the study or delivery of [#palliativecare](https://twitter.com/hashtag/palliativecare) [#21OPCC](https://twitter.com/hashtag/21OPCC)

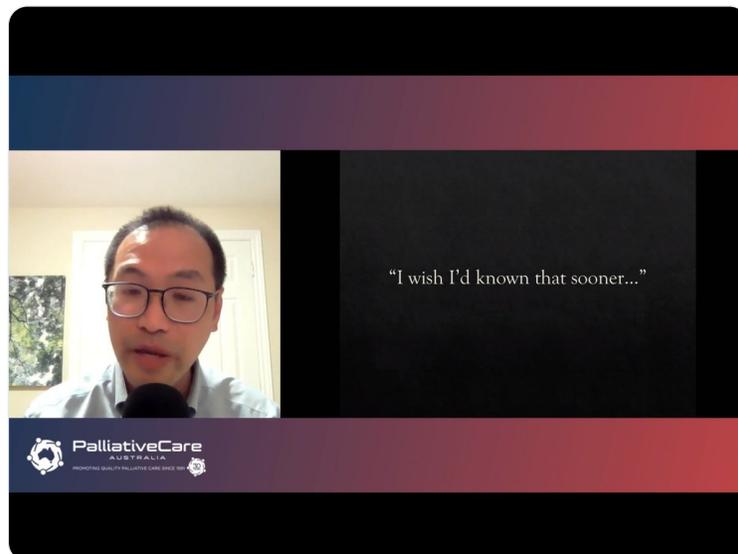
[@meera_agar](https://twitter.com/meera_agar) [@Pall_Care_Aus](https://twitter.com/Pall_Care_Aus) chair provides history of Ian Maddocks Guest Lecture. Emritus Prof Maddocks was integral in establishing [@Pall_Care_Aus](https://twitter.com/Pall_Care_Aus) [#21OPCC](https://twitter.com/hashtag/21OPCC)

Dr Seow [@HSeowPhD](https://twitter.com/HSeowPhD) is the Canada Research Chair in [#PalliativeCare](https://twitter.com/hashtag/PalliativeCare) [#21OPCC](https://twitter.com/hashtag/21OPCC)
As part of his research, he created the Waiting Room Revolution PodCast [@WaitingRoomRev](https://twitter.com/WaitingRoomRev)

"Palliative care was a calling, it chose me, more than I chose it" - [@HSeowPhD](https://twitter.com/HSeowPhD).
Thinks about how his research can improve patients' outcomes [#21OPCC](https://twitter.com/hashtag/21OPCC)

He knows what it's like to have an illness journey without [#palliativecare](https://twitter.com/hashtag/palliativecare) as his mother had breast cancer. [#21OPCC](https://twitter.com/hashtag/21OPCC)

Him and his family were not prepared for what was happening [#21OPCC](https://twitter.com/hashtag/21OPCC)



As with many patients, [#PalliativeCare](https://twitter.com/hashtag/PalliativeCare) often not delivered until the 11th hour [#21OPCC](https://twitter.com/hashtag/21OPCC)

His motivation and research focuses on how [#palliativecare](https://twitter.com/hashtag/palliativecare) can be delivered earlier [#21OPCC](https://twitter.com/hashtag/21OPCC)

"From the top of the mountain, we can make an avalanche, but we can't move the mountain" - [@HSeowPhD](#) - we will never have enough specialists. Asks who else can be engaged [#21OPCC](#)

Early [#palliativecare](#) provides a significant opportunity for people with serious illness [#21OPCC](#)

Clinicians say - We have done the [#palliativecare](#) clinical training, but sometimes it is hard to operationalise early [#palliativecare](#) [#21OPCC](#)

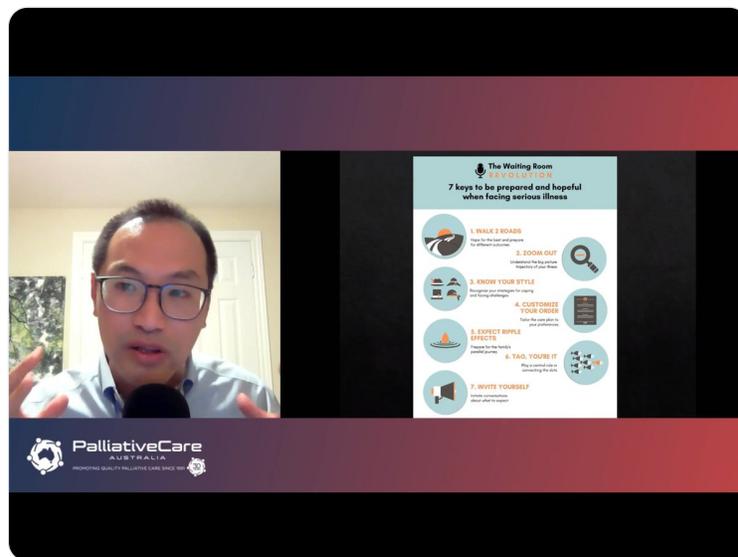
He met Dr Samantha Winemaker [@SammyWinemaker](#), who provides [#palliativecare](#) in patients' homes. Focus of education in [#palliativecare](#) focused on specialists but does not include patients or caregivers. [#21OPCC](#)

Huge opportunity to move the mountain by focusing on the base [#21OPCC](#)

Want to address questions about what people wish they knew, what to expect when you're dying [#21OPCC](#)

Enter [@WaitingRoomRev](#) PodCast [#21OPCC](#)

The seven keys they addressed in The Waiting Room Revolution. [#21OPCC](#)



The seven keys are titles of episodes in the PodCast:



1) Being hopeful and being prepared can co-exist = Walk 2 Roads. [#21OPCC](#)

2) Zoom out = understand the big picture trajectory of your illness, have good illness understanding and the different phases of illness [#21OPCC](#)

3) Know your style - People's individual style (how they face challenges, how they cope with different dilemmas in life) determine their experience with their illness [#palliativecare](#). [#21OPCC](#)

Dr Hsien moves on to a secondary story they weren't expecting [#21OPCC](#)

We live in a death-denying society. Until that is figured out, [#palliativecare](#) will never be priority [#21OPCC](#)

People don't want to prepare for their death, but they do want to know what's ahead [#21OPCC](#)

Asks "do we avoid using the term [#palliativecare](#)"? in a death-denying or death-avoiding society [#21OPCC](#)

Use of metaphors in the early conversations may help people through the journey [#21OPCC](#)

Education is clinically-focused, but so much about [#palliativecare](#) is about the art of communication and helping people understand where they are at. Difficult, but beautiful [#21OPCC](#)

Another question- when is it palliative? When should the conversation be introduced? [#21OPCC](#)

Dr Hsien [@HSeowPhD](#) says the conversation should be throughout the entire journey. Invite patients to see when they are [#21OPCC](#)

Myth that working in [#palliativecare](#) field is depressing and sad [#21OPCC](#)

To move the mountain, we have to go to the base - Upstream + public activation. Patients and Carers can be the allies that we need [#21OPCC](#)

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