The Werribee warrior
We pay tribute to John Nicol OAM’s towering contribution to Mercy Health and the Wyndham community

Golda shines
Smoothing the road from home to a bright and independent future

Cultural safety in action
Making reconciliation a working reality
John Nicol’s love of Werribee was fierce and transformative, and our hospital stands as a monument to his passion for serving his community.

The Mercy Health community was united in sadness ‘when John passed away in August this year. As a driving force behind the completion of Werribee Mercy Hospital and contributor in many other roles since, John was a warrior for positive change, a valued mentor and treasured friend. “He absolutely loved Werribee and Mercy,” confirms Pauline, John’s wife and partner in all his endeavours. “From the day we arrived in 1974 he just loved doing things for the community right up until he died. He was a giver.

“At age 35 he was appointed to Werribee Council, much to the chagrin of some other councillors who said he was too young. Then John was approached to help with funding the hospital because of his high public profile. But his love of the people motivated him.”

Those qualities made John a ‘mover and shaker’ within the Wyndham community, a fact recognised by Mercy Health’s own leaders when the Victorian Government invited them to establish a new hospital in the booming region in 1993. “We spent a lot of time at public meetings talking about what we would bring to Werribee,” remembers Sr Helen Monkivitch, then Sister Administrator/CEO of Mercy Maternity Hospital and Treasuror of it. They’d come back with a type of rubbish bin that he thought would be good for Werribee, he’d take a photo of it. They’d come back with photos of any ideas he thought could be useful.”

“John Nicol’s love of Werribee was fierce and transformative, and our hospital stands as a monument to his passion for serving his community. John’s close friend, “When we needed to raise funds, local people said the person you need is John Nicol: ‘Everyone knows John, and John knows everyone’.

“Pauline remembers at one of the many dinner dances we attended to build our network, I introduced myself to John and said, ‘Everyone says we have to get you on board’. He said ‘You’ve got me’. It was as simple as that. He was such a warm, beautiful person.

“He opened doors for us and he maintained that level of commitment to the last.”

“He was a real Werribee man,” agrees Bec Jolly, Manager Community Participation. “John was one of the founding members of the hospital’s Consumer Advisory Group before serving on the Mercy Health Consumer Advisory Committee. He was always happy to be involved at any level.

“He never stood back; I have seen him bang a table to make his point! But at the same time he was so kind. He regularly asked me about my twins’ childcare and how they were sleeping, even though a man of his calibre couldn’t have been that interested. He gave me the sense he was proud of me.”

That focus on others’ wellbeing was the mark of the man. “He was always very invested in health; providing good care for the community was essential,” Sr Helen says. “His children have said their holidays in Queensland were interesting because if Dad saw a different type of rubbish bin that he thought would be good for Werribee, he’d take a photo of it. They’d come back with photos of any ideas he thought could be useful.”

Group CEO Adjunct Professor Stephen Cornelissen warmly confirms John’s commitment to Wyndham. “When I think of Werribee, I think of John,” Stephen says. “He was the consummate gentleman and singularly dedicated community man, and a genuine and authentic person who welcomed me to Wyndham 12 years ago. John was mentor and friend who always had time for everyone. He worked tirelessly to improve his community for all, and his passion was contagious.

“He was truly one of the most honourable men I have known and he has left an indelible mark on me and on Mercy Health, for which we will always be grateful.”

“People would say ‘If you’ve got John, you’ve got Pauline’, Sr Helen adds. “He couldn’t have done what he did without her.”

“I was involved with everything John did,” Pauline confirms. “We went everywhere together, and we were married for 53 years. “We have four children and seven grandchildren, and they all called us ‘We’: ‘We’ll be doing this or that’, the ‘we’ factor.

“We met many lovely people through Mercy, and our family will continue to have a relationship with Mercy.”

Evidence of that relationship endures in the physical environment at Werribee Mercy Hospital. But it’s in the gratitude and love of those who knew him that John Nicol is most fittingly celebrated. “He was such an intelligent, passionate person,” Bec says. “I just wish I had been able to line up with the rest of the community to say ‘thank you.’”

Some highlights of John Nicol’s life and service

1939
Is born in Hamilton, western Victoria; raised in nearby Dunkeld

1974
Accepts the role of City Engineer for the Shire of Werribee (later Wyndham City Council)

1975
Is inducted into the Rotary Club of Werribee, becoming President in 1978-79, and serves with distinction on many committees

1989
Is awarded the Order of Australia Medal for his services to local government

1998-2005
Is appointed President of the Werribee Football Club; joins and later chairs the Committee for Wyndham

2002-2012
Chairs the Werribee Mercy Hospital Community Advisory Committee

2012-2015
Plays integral role on the Mercy Health Community Advisory Committee
sharing small steps on a long road

Count the number of Aboriginal and Torres Strait Islander Peoples you live and work beside. If they total more than a handful, you’re a lucky minority. But there is a way forward together.

Being marginalised in one’s own land is more than unjust: it can be fatal. Lack of access to culturally safe care is a factor in the health gap Aboriginal Australians continue to face, as Mercy Health Aboriginal Programs Unit Manager Marika Jackomos is all too aware. “I just hate to think of women who could end up with a serious health issue because they didn’t want to come into the hospital for an appointment, simply through fear of people’s attitudes,” says Marika, a Yorta Yorta woman and driving force behind our programs to support Aboriginal families.

“In a previous role, an Aboriginal woman I was supporting came in for her first maternity appointment at 37 weeks. This was her first baby and she was an older mother. Tragically, her baby had died in utero because she had out-of-control gestational diabetes and didn’t know. It made me think, if she had had felt comfortable to come in months earlier, the outcome may have been very different.”

This is a landscape Mercy Health is committed to reshaping. Marika’s team has been fostering change for more than a decade, most recently by appointing Aboriginal Employment Plan Project Officer Nathan Leitch on our Reconciliation Action Plan (RAP) Committee. Set in motion last year, the plan will outline small steps everyone in our organisation can take to create a welcoming, inclusive environment for Aboriginal Peoples.

“There are small but significant tasks we can do right now that can make the Community feel safer and more accepted,” says Nathan, a Noonuccal man from Queensland who has spent much of his life in Victoria. “It’s about weaving changes into our work so that no matter how big or small a change you make in the way you work, it can make all the difference for an Aboriginal person.”

“Over my career I’ve been able to see changes in people and their practices. That’s what the RAP is intended to do: to show people that no matter how big or small a change you make, it can open up the doors to them is so incredibly important.”

With several years’ experience helping large organisations support the Aboriginal communities they serve, Nathan has been heartened by Mercy Health’s appetite for making our RAP a working reality. “A RAP encourages the entire health service to pull together as one voice to acknowledge there are significant differences for at-risk groups,” Nathan says. “It can show why giving Aboriginal people focus is about bringing a group that’s been at the sharp end of the stick since colonisation up to a standard of care where we can start talking about parity.”

“You need to find a creative way to foster each person’s ‘aha’ moment,” Marika agrees. “Over my career I’ve been able to see changes in people and their practices. That’s what the RAP is intended to do: to show people that no matter how big or small a change you make in the way you work, it can make all the difference for an Aboriginal person.”

“I think about that bereaved mother all the time and about other people who may not want to seek care. That’s why the work we can all do to open the doors to them is so incredibly important.”

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Our RAP in action: a snapshot

What we’re doing now

Nangnak Baban Murrup Clinic (‘Nurturing Mother’s Spirit’), supporting pregnant Aboriginal and Torres Strait Islander women who choose to attend Mercy Hospital for Women.

Nangnak Wan Myeek (‘Nurture, Care, Look after Me and Mine’), supporting Aboriginal and Torres Strait Islander women and families following their baby’s birth at Mercy Hospital for Women.

Aboriginal Employment Plan, a strategy to increase the Aboriginal workforce at Mercy Health.

Hospital to Community Pathways Program, aimed at improving culturally appropriate service access, discharge planning and referral pathways for our Aboriginal patients at Werribee Mercy Hospital.

Aboriginal Hospital Liaison services are available for our Aboriginal patients and their families.

What we’re working on now for tomorrow

Creating a more welcoming environment through our community-facing and internal communications, including:

- installing Welcome to Country plaques at every Mercy Health site
- ensuring an Acknowledgment of Country is spoken at all our events and meetings
- adding an Acknowledgement of Country to all publications, our website and our emails
- improving our website navigation to the Aboriginal Programs landing page.
Age is proving no barrier to strong friendships blooming at Mercy Place Mont Clare, thanks to a new partnership with Methodist Ladies’ College (MLC).

Residents at the home in Claremont, Perth, have been striking up friendships with Year 6 students from MLC as part of an intergenerational partnership between the school and the aged care home, which encourages companionship and connections between young and older people.

The students are now visiting residents every week to write ‘life story books’ that detail the seniors’ lives and are being used by staff to increase their knowledge of the background of individual residents.

Mercy Health Mont Clare Service Manager Jenny Jones sees the benefits of the partnership flow both ways, with children and residents genuinely enjoying their time together and forming strong bonds.

“We’re delighted by how well our intergenerational partnership with MLC has been received, by both the residents and students alike,” Jenny says. “Watching relationships develop between the young and old has been very rewarding, not to mention moving. The residents just love it; they’ll wait patiently if the girls are late coming across from the school, as the sessions clash with end-of-school time. It has been a truly beautiful activity that we will continue into the future.

“Our residents love spending time with younger people and the life books help them share stories about ‘the good old days’, and showcase their special hobbies, talents, and life lessons.”

Resident Valma Knowles found it wonderful to have the opportunity to share some of her life stories with MLC students. “They were very intelligent young ladies,” Val says. “They were so well mannered they put me to shame!” The 80-year-old told the students stories about growing up during World War II—without technology. “It was shockingly different,” Val says.

Mercy Health State Manager WA and QLD Anita Ghose is genuinely thrilled to have secured the innovative partnership with MLC. “As well as residents being able to take a trip down memory lane, the partnership also provides an opportunity for students to get to know ‘someone else’s grandparents’, as many of their own live interstate or overseas,” Anita says.

“Life story partners, Muirenn Riederer, Mercy Place Mont Clare resident Valma Knowles, Jemeeka Leigh and Michaela Throssell.

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“The partnership is also a way for young people to learn from and respect the elderly in the wider community; we have so many opportunities for our residents to be leaders and role models for our students.”
Our sponsors and guests donated more than $160,000 to fund a new program that will connect practice, education and research in perinatal medicine to advance care for mothers and babies.

Themed Kickstart for Life, the glittering event showcased Mercy Perinatal’s project to change the global landscape for complicated pregnancies, which carry a risk of death for the mother, her baby or both. Focusing on the first 300 days from conception, Mercy Perinatal will be led by Sheila Handbury Chair of Maternal Fetal Medicine Professor Sue Walker and Head of Translational Obstetrics Professor Stephen Tong, who spoke passionately about their quest to combat stillbirth and prematurity.

“Stillbirth currently claims more deaths than Victoria’s road toll, with one in 130 pregnancies ending with this tragedy,” Stephen says. “Mercy Perinatal aims to develop tests and treatments that will directly improve patient care.”

Hosted by long-term supporter and KIIS FM radio host Matt Tilley, the event featured live and silent auctions and entertainment from The White Tree Band.

Mercy Health Foundation General Manager Simon White was delighted with the ball’s outcomes. “It’s such a wonderful opportunity to bring our supporters together and showcase the important work we’re doing to care for some of the most vulnerable people in our community,” Simon said.

Honouring Jack: Alex’s gift
In 2012, the Tighe family’s lives changed forever when their son, John (Jack) Benedict Tighe, was born prematurely and died at birth. In memory of Jack, his mother Alex set out to support Mercy Perinatal’s fundraising effort, raising more than $17,000. Alex and her mother Jo McCallum were honoured guests at this year’s ball.

“I have been fortunate to meet some amazing health professionals including my doctor, Professor Sue Walker, who are working hard to save precious lives and to give families like mine hope, when previously there was no hope,” Alex said.

Special thanks to Platinum Sponsor Catholic Super
For the second year running the Mercy Health Ball received the invaluable support of Catholic Super as Platinum sponsor. Executive Officer Services Rob Clancy was accompanied by several representatives of the industry fund, run within a Christian ethical framework solely to benefit members and employers.
Two outstanding Mercy Health employees were recognised in this year’s Catholic Health Australia (CHA) Awards, which celebrate leadership in compassionate Christian care.

**Fr Cormac Nagle OFM**

Sr Maria Cunningham Lifetime Contribution Award

Honouring a person who has made a significant contribution to the Church’s presence in health and aged care.

As a man who dedicates his life to Catholic ministry and its practical application in health ethics, Cormac embodies the Mercy mission. From early positions teaching medical ethics to nursing staff at Mercy Maternity Hospital and as chaplain at St Vincent’s Hospital, to more than two decades of service on Mercy Health’s ethics committees, Cormac continues to guide our thought and practice through the difficult issues facing those who care for women and babies.

“Ethics is a very interesting area; you’re dealing with important questions and the most important people in the medical world: those who need the very best care,” Cormac says. “One of the major issues we navigate is taking care of the women who come here either to deliver a sick or preterm baby or because they have gynaecological cancer. That’s a very big responsibility.

“With care for difficult and premature births, questions arise on reviving very young babies. We have pushed the limits with great success, but this is a difficult ethical and moral issue, particularly for families facing their only chance to have a baby.

“In gynaecological oncology, again we have to discuss how much treatment we should give, and what is best for each patient. It can be emotionally challenging.

“My role at Mercy Health is to work out good, practical principles that will preserve what we believe is the right and just thing to do.

“My thinking has changed over the years as I have seen many changes in what is medically possible. The teachings of the Church have also developed; we look at the context, the culture, the language that was used to give an instruction or make a decision. So the circumstances of each case and consequent decisions, although based on principles, will not always be black and white.

“The most rewarding aspect is being able to help people—not only patients but clinicians and Mercy Health itself. Our approach to Catholic clinical ethics, to preserving life and letting life go, is acceptable to most clinicians. We’re open to the world and trying to care for people in the best way we can, following principles we really believe in.”

**Megan McKechnie**

CHA Nurse of the Year

Honouring an outstanding nurse working in Catholic Health and serving patients/clients with respect and dignity while acknowledging their uniqueness.

Few people have had more exposure to the devastation ice and alcohol abuse wreak on our community than Megan. As the only Dual Diagnosis Nurse working in Werribee Mercy Hospital’s Emergency Department (ED), Megan is often the first point of contact for people in the throes of addiction. Tending to their physical and psychological needs and smoothing their path to long-term recovery form the twin objectives of the Alcohol and Other Drug (AOD) Program, which has seen Megan recognised as an outstanding nurse in the CHA awards.

“I started my nursing career with Mercy Health and completed my studies through Mercy Mental Health,” Megan says. “Throughout that time I worked closely with highly vulnerable clients who were having trouble accessing AOD treatment. We would often see them back in our ED over and over again. That made me keenly aware of a lack of resources here and in the community to respond adequately to substance-related disorders. I became really passionate about developing a program to bridge those gaps.

“Under the ED AOD program, the ED medical team and I manage clients while they’re intoxicated and set up a comprehensive treatment plan to support them when they leave. It may include referrals to specialist AOD services such as rehabilitation, as well as mental health programs, and housing, family or social supports.

“We also offer staff training to improve their confidence in responding to AOD clients, and work with the local community to foster understanding of their issues. Unfortunately, our clients are often alienated in the community, impacting heavily on their ability and willingness to seek treatment. Breaking down stigma is essential to their ongoing recovery.

“By supporting and accepting clients for who they are, we can build their strengths and resilience. We’ve seen a marked decrease in the number of people re-presenting to the ED. We’ve also surveyed more than 80 clients who have been through the program: 87.5 per cent have reported a positive experience.

“The feedback tells us clients are reconnecting with family, taking more care of their health generally and, above all, are staying on track with their recovery. It’s incredibly gratifying to hear that this program is helping people turn their lives around.”
Golda shines

Golda Kriss’ calendar is overflowing with work, volunteering and other activities that see her out and about every day. The 29-year-old Montrose woman, who has Down syndrome, loves to socialise and is committed to giving back to her community through Extended Families Australia, Melba Support Services and her local parish church.

“I like caring for people,” Golda says, with a smile. “When people are having a difficult time I like to make them feel better.”

But for Golda, who doesn’t have a driver’s licence, getting from one place to another is not as simple as hopping in the car. Travelling from the house she shares with her mother to Nunawading where she works in a factory three days a week from 8am presents a challenge.

Acutely aware of just how vital Golda’s work is to her independence and wellbeing, Carol Belford adjusted her daily routine to be able to drive her daughter to and from the factory for the first six months. But Carol, who is often on the road in her role as Extended Families Australia’s Family and Volunteer Coordinator, soon found the extra undertaking too much to juggle.

“If it was really difficult,” Carol recalls. “Even though the factory is on my way to work, I sometimes have to work from home. I also do a lot of travelling around visiting families, so driving Golda became really problematic.”

Sending Golda by taxi wasn’t an option, and many service providers wanted a minimum two-hour booking, which was more than the widowed mother could afford.

By chance, Carol discovered a Mercy Health Home & Community Care leaflet in her letterbox. “Mercy will allow me to book a one-hour shift; no other organisation does that,” Carol says. “Before I had Mercy, I was paying an astronomical amount of money for someone to drive Golda to and from work. It’s lovely having carers from Mercy. Golda knows who they are and I feel really safe knowing she is with them.”

The service, which is funded through Golda’s individual support plan, is a lifesaver for Carol, and an outlet for Golda. “She’s a social being, she loves meeting new people,” Carol says, to an eager nod from her daughter. Golda adds that she loves to write letters, evidenced by a stack of pretty cards ready and waiting on the lounge room table.

The support plan system will soon make way for the National Disability Insurance Scheme (NDIS) which will open up even more choice in life and work for the people with whom Home & Community Care works. Our Geelong service is taking part in the Barwon region NDIS pilot, which will contribute to the future design of the national scheme.

“We have seen many lives transformed during our involvement in the NDIS pilot site in Geelong,” says Amanda Bowe, Operations Director. “When the NDIS rollout commences in Melbourne next year, people with a disability will be truly able to self-direct their supports if and when they choose. It will also give them access to a significantly larger range of services and supports compared to what is available under the current funding model.

“For people like Golda and Carol, this will be the next step up in empowering them to exercise true choice, flexibility and control over what supports best meet their individual needs and goals and how the support is structured. It really will mean a new world of possibilities to live their lives to the fullest.”
Farewell
Sr Anne Hill

Sister Anne Hill smiles when she is asked to name her favourite aspect of working at Mercy Place Rice Village for the past five years. “Relationships,” says the Pastoral Care Associate, who is stepping down from the role in January. “Relationships with people who have wisdom in their years to share with us.”

Sr Anne joined the Geelong home in 2011, after a lifetime working as a teacher and school principal. The Brigidine Sister said her fresh approach served her well. “I didn’t know anything about nursing or aged care, which meant I was completely objective,” Sr Anne says. “I had to learn everything, right down to terminology.”

But Sr Anne quickly recognised how important her role was in supporting residents. “They fear losing their independence, their home, their neighbourhood, their community,” Sr Anne reflects. “For new residents, the first few weeks are really challenging because they can feel like visitors or strangers.”

“A big part of my role is listening and engaging,” Sr Anne says. “It’s not necessarily religious; it’s about helping people finding meaning and purpose in their lives. People sometimes tell me, ‘My life was not special’ or ‘I didn’t do much of value’. But when you take the time to sit with them and listen to their stories, they will tell you what is important to them and what gave their life meaning. It’s beautiful.”

Sr Anne also believes that spirituality is nourished by the celebration of special days on the calendar, such as Christmas, Easter, Anzac Day and Australia Day. The use of colour and symbols to mark these days, allow residents of any faith background to engage in reflective thought as the seasons of the Church change.

One of the most difficult parts of Sr Anne’s job was learning how and when to be present during a person’s end-of-life journey. Sr Anne had cared for her own father in the last few years of his life, and realised just how sensitive she had to be in that situation. “Sometimes people want you present to say a prayer, or to give a relative some comfort,” Sr Anne says. “But it is also about being aware that the family may need reflective time together. One needs to respect this delicate but precious time together.”

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Pastoral Services Manager Michael Taylor notes Sr Anne’s “welcoming, joyful spirit” lights up any room she enters. “Sr Anne is an incredibly generous, thoughtful and grounded person who has lived the Mercy Health values with deep commitment,” Michael says. “Her lightness of touch has made her a wonderful companion, particularly for people facing the final journey. Nothing is ever too much trouble and she has been a wise mentor for us all. All of us working in Pastoral Care are going to miss her, and we wish her well.”

Vale Lyn Barnard RN

Mercy Hospital for Women has lost a cherished colleague with the passing of Lyn Barnard in August. Lyn was a mothercraft nurse for almost 34 years, beginning work at the Mercy Maternity Hospital in East Melbourne in 1981, and most recently caring for babies and families in the hospital’s Special Care Nursery.

“Lyn was a highly valued team member who used her skills to enable the important transition of babies from the nursery to home,” Nurse Unit Manager Helen Boston says. “It was clear to all that Lyn loved her work – she was at home in this place.”

“She was a very loyal and caring friend – she’d do anything for anybody,” fellow mothercraft nurse Loraine Watson reflects. “And she was such a big part of this hospital. She had a wonderful memory: when families came back to visit, she’d know the names of the parents and children.”

Lyn’s close friend, mothercraft nurse Nora Drake, first met the young nurse in the midwifery unit of The London Hospital.

“She was such a shy girl, if you can believe it, and fairly quiet – I’ll bet this doesn’t sound like the Lyn many people knew!” Nora says.

Nora and Lyn travelled to Australia among the last big migration of Ten Pound Poms, to visit Lyn’s paternal family and see what life was like ‘out there’.

“She was a great nurse and a great friend. She was generous to anyone,” Nora says. “She will be missed by many people, but none more so than me.”

A camping holiday to Australia’s Red Centre was the first of many such trips for the pair, who later travelled throughout Western Australia as well as the Yukon and Alaska.

“As she got older, Lyn became less shy and voiced her opinions a lot more,” Nora says. “You could never beat Lyn in an argument because she was always right... and she generally was.”

Nora says her friend had a profound love for her family and friends, of laughter, travel, gardening, cooking, Facebook, photos, coffee and fish chips.

“She was a great nurse and a great friend. She was generous to anyone, and would do anything for anyone,” Nora says. “She will be missed by many people, but none more so than me.”

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Mercy Hospital for Women is recruiting for the COMMUNITY ADVISORY GROUP.

Do you want to be more involved at the hospital?
Do you understand women’s health?
Do you have ideas to help improve hospital services?

Then come and join the Community Advisory Group. The group meets about six times a year at Mercy Hospital for Women, 163 Studley Road, Heidelberg.

Applications are now open for 2015-16. For more information contact Bec Jolly on rjolly@mercy.com.au or 03 8416 7872 (Tuesdays and Wednesdays).

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present. This report was produced on Wurundjeri Country.

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