

PINK OCTOBER

**« TAKING CARE OF YOUR WELL-BEING DURING
AND AFTER BREAST CANCER »**

**CONFERENCES AND ACTIVITIES
THURSDAY 13 OCTOBER 2022
13H – 18H30**



14H-14H30



SCHOLASTIC TUTORING FOR CHILDREN OF AN ILL PARENT





CENTRE D'APPUI SCOLAIRE

Personalized scholastic tutoring for children of an ill parent

**Clinique des Grangettes
Pink October**

October 13, 2022

Presentation

Scholastic tutoring center:

- Founded in **2013**
- Independent, non-profit **association, recognized to be of public utility**
- Active in the Canton of Geneva
- Activity: providing **academic tutoring for sick children and adolescents and children of an ill parent to prevent school dropout**



Objective

To provide **ad hoc** and **personalized** scholastic tutoring to **sick** children, adolescents, teenagers and young adults who are:

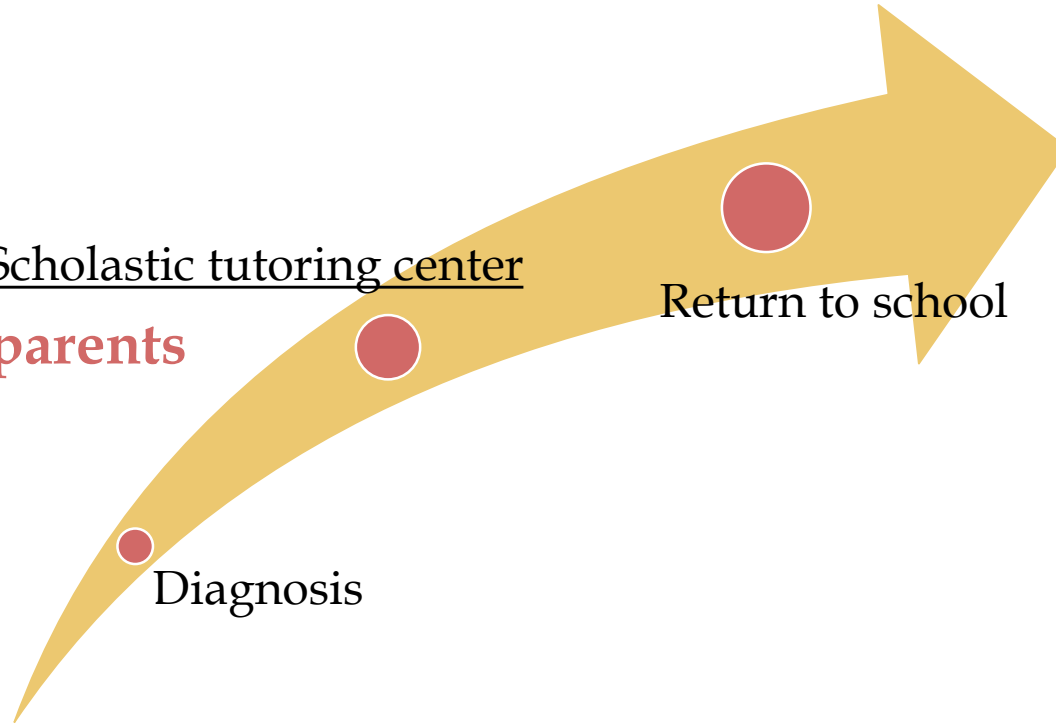
- hospitalized
- ambulatory
- or at home

- as well as to **children of ill parents**

Scholastic tutoring center

Return to school

Diagnosis



What do we offer?

- **CLASSES:** weekly, personalized and free of charge
- **LEVELS:** primary, secondary I and II c
- **CURRICULUM:** Swiss Maturity, Secondary Vocational School, Business School, Federal Certificate (CFC), French Baccalaureate, International BAC



Math | Physics | Chemistry | Biology | Computer Science



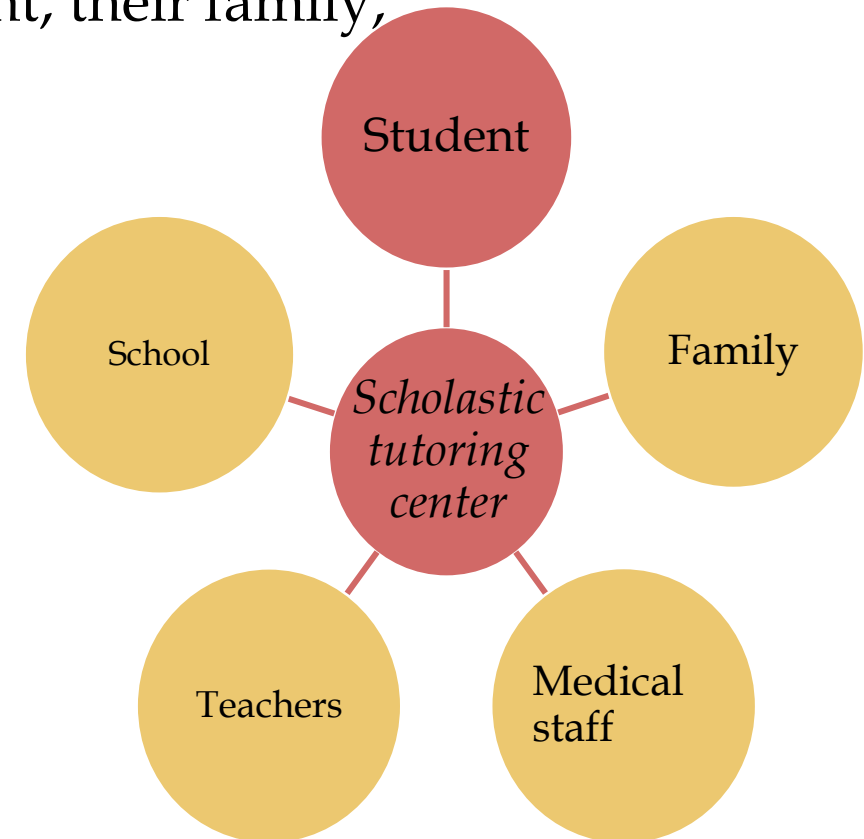
French| Philosophy| History | Geography| Economics|
Law| Management



English|German| Spanish| Italian| Conversation

Tailor-made support

- Classes are organized based on each student's **medical and academic requirements**
- Educational supervision in collaboration with the student, their family, teachers, school and medical personnel



The team

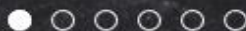


Photo credits: Juliette Russbach, 2019

Testimonial

« Le délai de réaction des prises en charge est extrêmement court, avec une disponibilité remarquable de l'équipe... Il est rare qu'une action limitée dans le temps puisse avoir un impact non seulement pour le présent mais aussi pour le futur des enfants, en amenant ce petit rien qui va leur permettre de ne pas perdre pieds dans un monde compétitif... Comme toute idée géniale, elle est simple et paraît tellement naturelle qu'il n'est plus possible de s'en passer dans le quotidien. Comme toute idée géniale, elle pourrait devenir, étape par étape, une organisation mondiale. »

Professeur Pierre-Yves Dietrich, Département d'Oncologie, HUG



Testimonial

« Grâce au Centre d'Appui Scolaire, notre fille garde un lien étroit avec ses études quand elle ne peut pas fréquenter l'école. Ils approfondissent les matières qu'elle n'a pas la chance de suivre en classe. »

Famille de C... 16ans



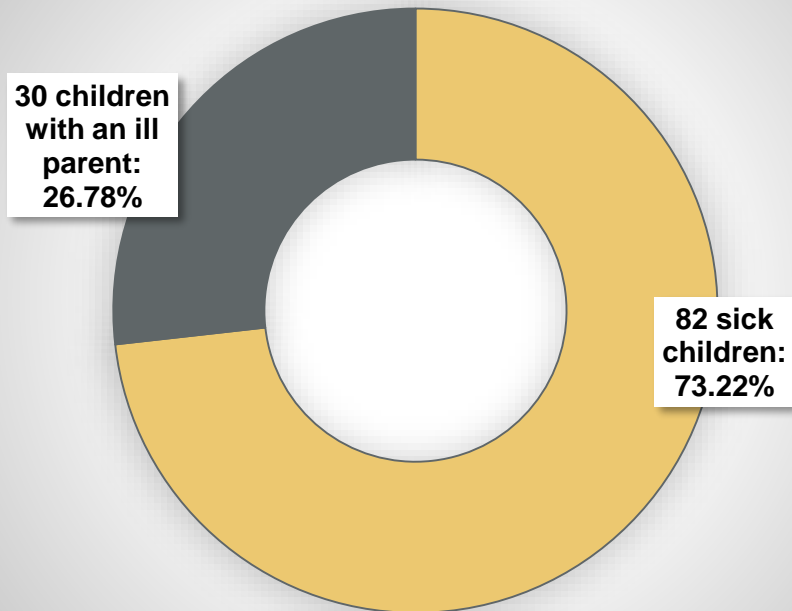
Partners

- Geneva University Hospitals (Adult hospitalization **convention**): oncology, psychiatry, epilepsy, neurology, pulmonology, nephrology, re-education. Pediatrics: onco-hematology summer classes, Homeschool (OMP)
- Private clinics: Belmont, Les Grangettes, Hôpital de la Tour...
- Private practices
- Geneva medical centers: Grand-Lancy Medical Center...
- DIP/OMP (mutual recognition and activity coordination **convention**)
- OCAS / Disability insurance
- Associations: Geneva League Against Cancer , Geneva League Against Rheumatism, Resiliam, Otium, ...
- Association of Geneva Doctors (AMG)
- Home care companies: IMAD, Sitex, CSI

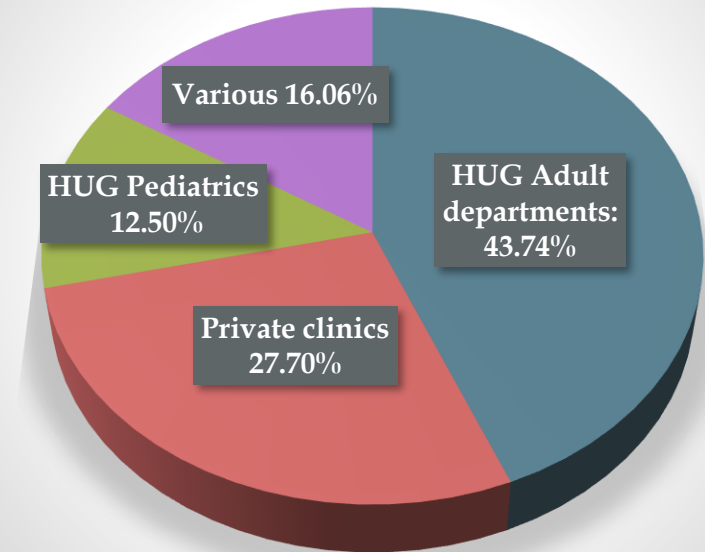
Some statistics

In 2021 :

- 112 children covered
- 4000 class hours



Treatment areas



+ 15% children covered
in 2021 compared to 2020



CENTRE D'APPUI SCOLAIRE

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[ASSOCIATION](#)

[BÉNÉFICIAIRES](#)

[PRISE EN CHARGE](#)

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Centre d'Appui Scolaire

Apporter gratuitement un soutien scolaire temporaire aux enfants et adolescents malades

[DÉCOUVRIR](#)

Our strengths

- **ASSOCIATION** recognized to be of public utility
- **LOCAL STRUCTURE**: activities and financing
- **FREE OF CHARGE** services
- **RESPONSIVENESS**: rapid care and renewal
- **TEACHING QUALITY**: qualified, experienced teaching staff
- **LOCAL TEACHERS & PERSONALIZED TEACHING**: to best fit medical constraints and optimize coordination
- **EFFICIENT ADMINISTRATIVE STRUCTURE**
- **CONVENTIONS**: HUG, DIP



Interview

2021 Activity report

www.centredappuiscolaire.ch :

Interview with the specialized nursing staff from the Clinique des Grangettes Breast Center

➔ Explaining the impact of pathologies on young people, the role of the Association with children of sick parents and the collaboration between the Breast Center and the Association

Entretien : Centre du sein, Clinique des Grangettes



Ashley Machen et Céline Guignon, Infirmières spécialisées au Centre du sein, Hirslanden Clinique des Grangettes¹

Dès sa création en 2013 et à la demande de certains responsables médicaux du canton, le Centre d'Appui Scolaire s'est fixé pour mission d'offrir un soutien scolaire aux enfants malades ainsi qu'aux enfants de parent malade.

Le Centre du sein de la Clinique des Grangettes offre

des traitements en hospitalisation et en ambulatoire ainsi qu'un accompagnement personnalisé aux femmes et hommes atteints dans leur santé.

Enfants de parent malade

Testimonial

« Les interventions s'effectuent dans un délai très rapide. Les échanges concernant la problématique, le projet et le parcours scolaire de nos patients nous permettent d'intégrer votre intervention dans le projet thérapeutique global, ainsi que dans le cadre des soins. »

Docteure Christel Alberque, Unité de
Psychiatrie Hospitalière Adulte (UPHA), HUG

Testimonial

«La possibilité de continuer vos prestations après la fin de l'hospitalisation est extrêmement importante. Je rappelle que pour les enfants épileptiques, aucune structure n'existe actuellement en Suisse. »

Professeure Margitta Seeck, Service de Neurologie, Unité d'EEG et
d'Exploration de l'Epilepsie, HUG





Centre d'Appui Scolaire
Rue de la Fontenette 25
1227 Carouge



022 331 08 08
9h-12h du lundi au vendredi



centredappuiscolaire.ch



14H30-15H



PROFESSIONAL REINTEGRATION

ACTION**MARGAUX**





ACTION**MARGAUX**

Breaking the tabou of cancer at work

Action Margaux, a recognized public-interest organization, is one of the only organizations in Switzerland to address the topic of cancer at work.

Our commitment includes, in particular, developing ambitious projects contributing to the social and professional integration of individuals with cancer who have often been stigmatized in the job market.



OUR STORY



SOME KEY FIGURES

- 15'000 people of working age (20 – 65 years old) in Switzerland, learn each year that they have cancer
- Cancer is the 3rd cause of long-term absence from work
- 62% of people with cancer return to work
- The risk of unemployment is 37% higher among cancer survivors than healthy people

Sources : Registre vaudois des tumeurs / Swiss Cancer League/ NICER / Federal Statistical Office



FOR PEOPLE WITH CANCER

- General information and referrals to competent partner organizations
- Personal interview – needs assessment
- Individual or group support from a certified professional integration coach:
 - personal development (confidence and self-esteem, acceptance, managing emotions, unlocking one's potential, etc.)
 - development of a professional project
 - preparation of a complete application file
 - support for returning to work
- Support for work-related administrative procedures
- Legal advice in employment law and social insurance
- Upon agreement: intervention with the employer



FOR EMPLOYERS

- Foster networking among members of the organization in order to share experiences, best practices and thoughts on the topic of cancer at work
- Access to events : conferences, workshops, information sessions, awareness workshops, job dating, debates or meetings
- Access to the job seekers database
- Support and information :
 - when they learn about an employee's illness
 - when the illness is announced
 - In case of work continuation or leave
 - In case of resuming work or the end of the employment relationship
- Assistance for negotiations with the insurance provider for loss of earnings benefits
- Referral to other relevant partner organizations
- Support ill individuals by listening to them and directing them to appropriate specialists



- 63 individual members
- 13 corporate members



CYCLE OF WEBINARS CANCER AND WORK



- *Announcement of the illness and communication within the company.*
- *Balance work and responsibilities of family caregivers.*
- *Rights and obligations of employers and employees.*
- *Social insurance: who, what, how?*
- *Full details about the oncological rehabilitation program.*
- *How to return to work after an illness.*
- *Search for a job after illness.*
- *How to achieve a successful professional integration for the employee and the employer.*



TESTIMONIALS FROM OUR BENEFICIAIRES

«A highly appreciated warm welcome with a lot of empathy and support in many fields.»

- Jean-Pierre

« ...We both have come a long way together, today, I feel that I have the right to choose what is right for me.»

«Big thanks! Congratulations for the time, the listening and the kindness of the whole team.»

- Nataelle

«Your help was precious to me, I will never be able to thank you enough! I'm starting my new life with a tug at my heartstrings... »

«I was very happy to exchange with you and to learn from you. There are so many things I am taking with me in my new (personal and professional) life thanks to our coaching sessions.»

- Simon

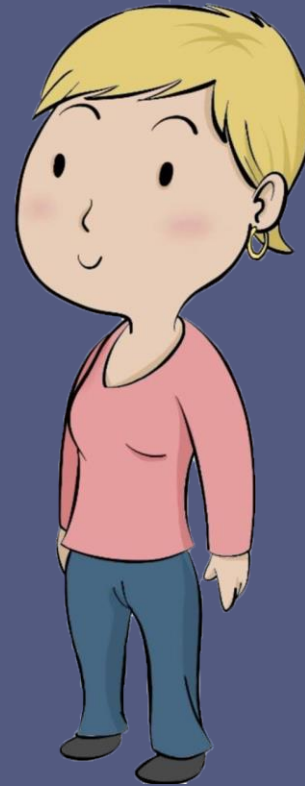


HOW TO SUPPORT US

- Become a member
- Make a donation
- Speak about us



Thank you for your
attention





Action Margaux – info@action-margaux.ch – Rue Jacques-Grosselin 8, 1227 Carouge

Coordonnées bancaires
SWIFT/BIC: UBSWCHZH80A
IBAN: CH94 0027 9279 3426 4501 v

16H-16H30



MOBILITY & STRENGTHENING





PHYSIOTHÉRAPIE
LA COLLINE

PHYSIOTHÉRAPIE
DES GRANGETTES

Fiacre Damien, Physiotherapist, Center Manager
Guyaz Christine, Physiotherapist
Vuagnoux Bruno, APA





PHYSIOTHÉRAPIE
DES GRANGETTES



HIRSLANDEN
CLINIQUE DES GRANGETTES

I. GRANGETTES PHYSIOTHERAPY



PRESENTATION OF THE CENTER

- Founded in September 2020
- 16 physiotherapists and 2 adapted physical activity teachers.
- Close collaboration with the **Breast Center** and the **Center for Preventive and Integrative Medicine** at the Clinique des Grangettes
- Which makes it possible:
 - To facilitate treatment and enhance continuity of care (from the acute phase till rehabilitation)
 - To be near surgeons, oncologists and other healthcare professionals
 - To propose a complete program (physical rehabilitation, psycho-oncology, onco-nutrition, acupuncture, reflexology, hypnosis).



Grangettes Physiotherapy



Rehabilitation

- Oncological
- Cardiac
- Respiratory
- Post-transplant



Senology Perineology Pre and post partum



Hospitalization

- Medecine
- Maternity
- Intensive care

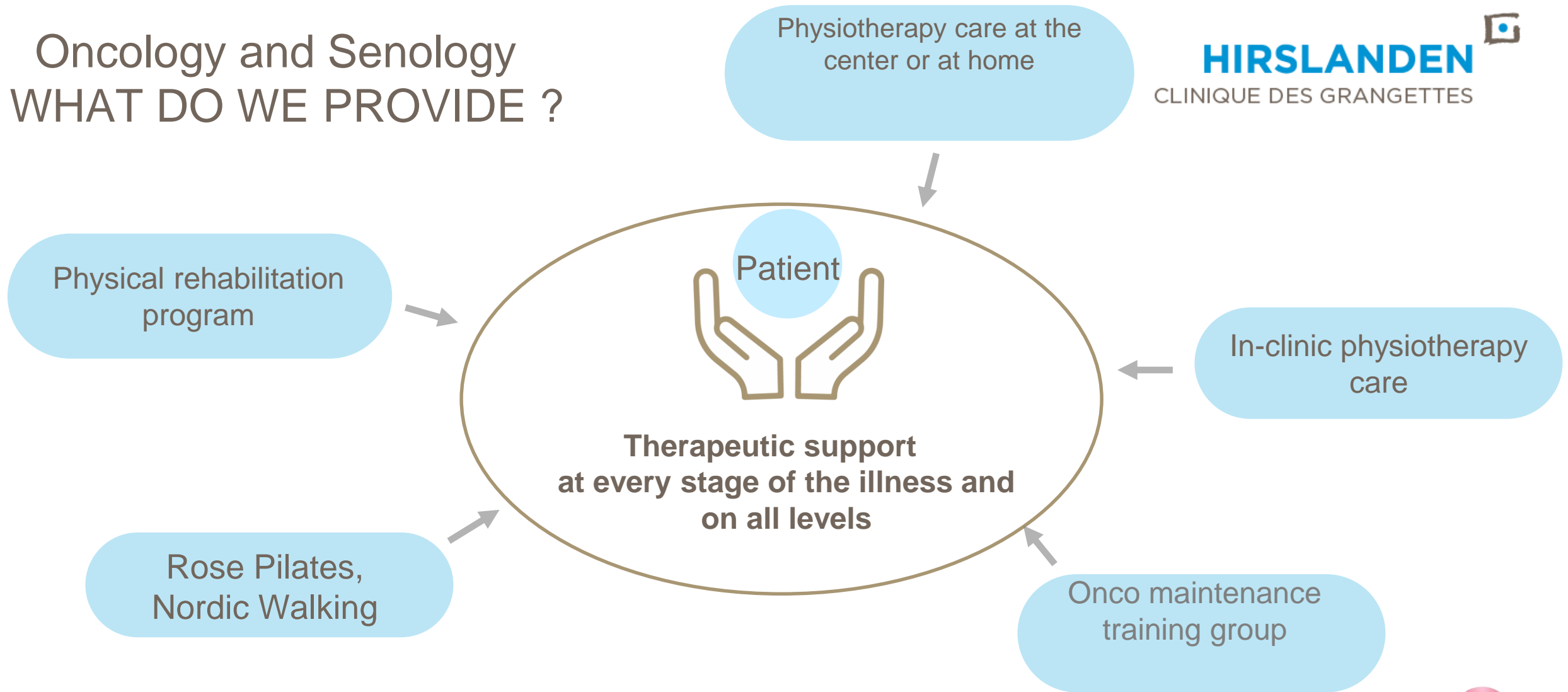
Home Physiotherapy

Expert physiotherapists in every field



Oncology and Senology

WHAT DO WE PROVIDE ?





PHYSIOTHÉRAPIE
DES GRANGETTES



HIRSLANDEN
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II. BREAST SURGERY : CARE PROGRAM AND PHYSIOTHERAPY

**1- POSTOPERATIVE PHYSIOTHERAPY
(STAY IN CLINIC)**

2- OUTPATIENT PHYSIOTHERAPY

3-REHABILITATION PROGRAM



1-IMMEDIATE POSTOPERATIVE PHYSIOTHERAPY





PHYSIOTHÉRAPIE
DES GRANGETTES

HIRSLANDEN 
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When does physiotherapy start?

- Physiotherapist visits take place on D1 or D2 after the intervention, according to the surgeon's instructions
- 1 session per day during your stay at the clinic
- Supportive care during the rest of your care program



Therapeutic objectives:

- Evaluate and treat pain
- Prevent and resist breast protection attitudes and muscular retractions
- Maintain shoulder joint range
- Dialogue and advice
- Postoperative monitoring (complications)



Postoperative advice and recommendations

- Focus on the frequency of exercise throughout the day, rather than duration.
- Combine movement with breathing.
- All exercises must be progressive and painless.
- Do not go above 90° during elevation and abduction on the operated side.
- Do not overload your body, listen closely to it and avoid unbalanced movements or ones that feel heavy.
- Avoid underwire bras.



Advice for your bed position:

- For comfort, bend your knees slightly.
- Be careful to not be positioned too low in the bed and vary your positions in order to protect your back.

A complete lying down position and the possibility of turning on your side will depend on the surgeon's opinion.



Serrez vos doigts et guidez vos deux mains vers le haut.



On cherche l'ouverture douce et progressive des épaules.



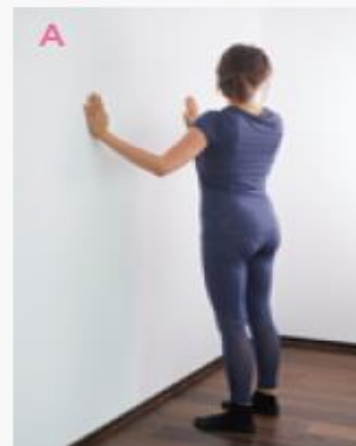
Rotation et inclinaison des cervicales.



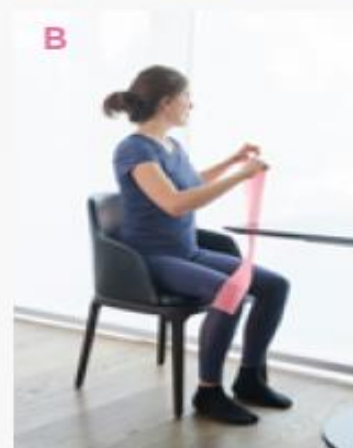
Mouvements de rotation du tronc, assis ou debout contre un appui. (ex. 1-2)

Mouvement d'ouverture des épaules, coudes au corps. (ex. 3)

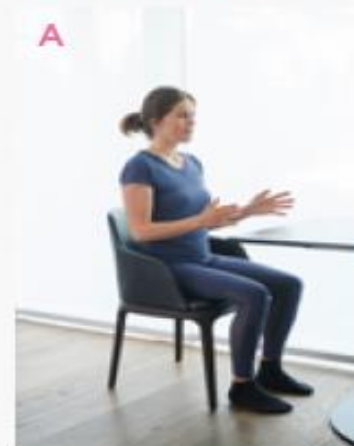
Exercice 1



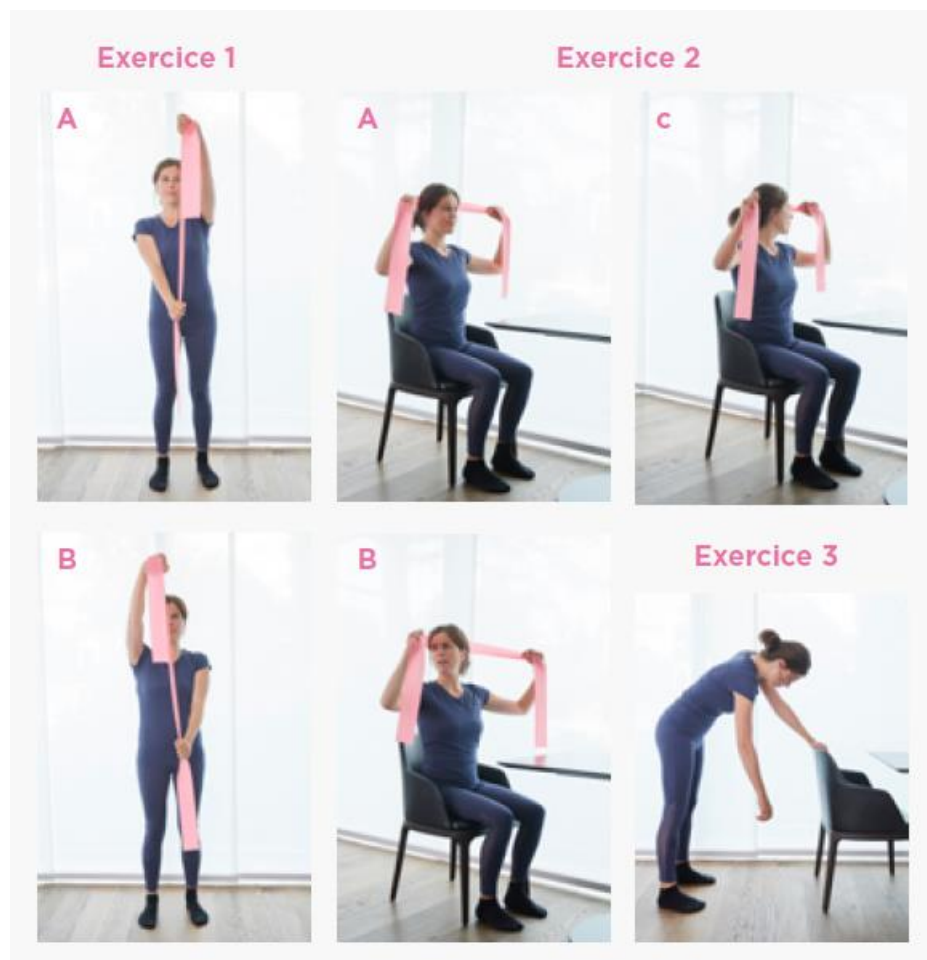
Exercice 2



Exercice 3



MOBILITY EXERCISES ACTIVATE UPPER LIMBS, THE SCAPULAR GIRDLE AND CERVICAL SPINE :





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DES GRANGETTES

POSTURE WORK

On cherche le grandissement: imaginez qu'un fil vous tire du sommet du crâne jusqu'au plafond et que vos épaules glissent vers le bas et l'arrière.

Assise



Debout



HIRSLANDEN 
CLINIQUE DES GRANGETTES



TREATMENT:

- Drainage
- Cervical relaxation
- Breathing exercises
- Health practice and transfer of care advice





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DES GRANGETTES

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2- OUTPATIENT TREATMENT

(IN OUR CENTER OR WITH LOCAL SPECIALISTS)



Outpatient therapeutic objectives:

- Identical to the immediate postoperative phase
- Regain shoulder joint and muscular range
- Eliminate postoperative edema
- Correct posture
- Prevent complications
- Body schema work
- Begin muscular reconditioning



3-ONCOLOGICAL REHABILITATION PROGRAM



Un programme de réadaptation physique de 12 semaines encadré par une équipe de physiothérapeutes et de professeurs d'activité physique adaptée.

NOTRE MISSION

Vous accompagner à chaque étape de votre traitement lorsque vous avez un cancer.



PHYSIOTHÉRAPIE
DES GRANGETTES

HIRSLANDEN 
CLINIQUE DES GRANGETTES

AVANT LE TRAITEMENT

Une semaine avant le démarrage de votre programme, vous effectuerez un bilan de vos capacités physiques ainsi qu'une visite guidée du centre.

À l'issue de ce bilan, un groupe correspondant à votre niveau vous sera attribué et votre planning vous sera distribué.

PENDANT LE TRAITEMENT



- cours cardio : vélo, tapis de marche
- activités en salle : gymnastique, exercices d'assouplissement et d'équilibre
- réentraînement à l'effort

Bilan de sortie : comparatif avec le bilan d'entrée.

Programme **remboursé par l'assurance de base.**

En fonction de vos besoins, nous pouvons compléter par des soins remboursés : drainage lymphatique, physiothérapie... Nous proposons également des options payantes : massages, Rose Pilates, Nordic Walking...

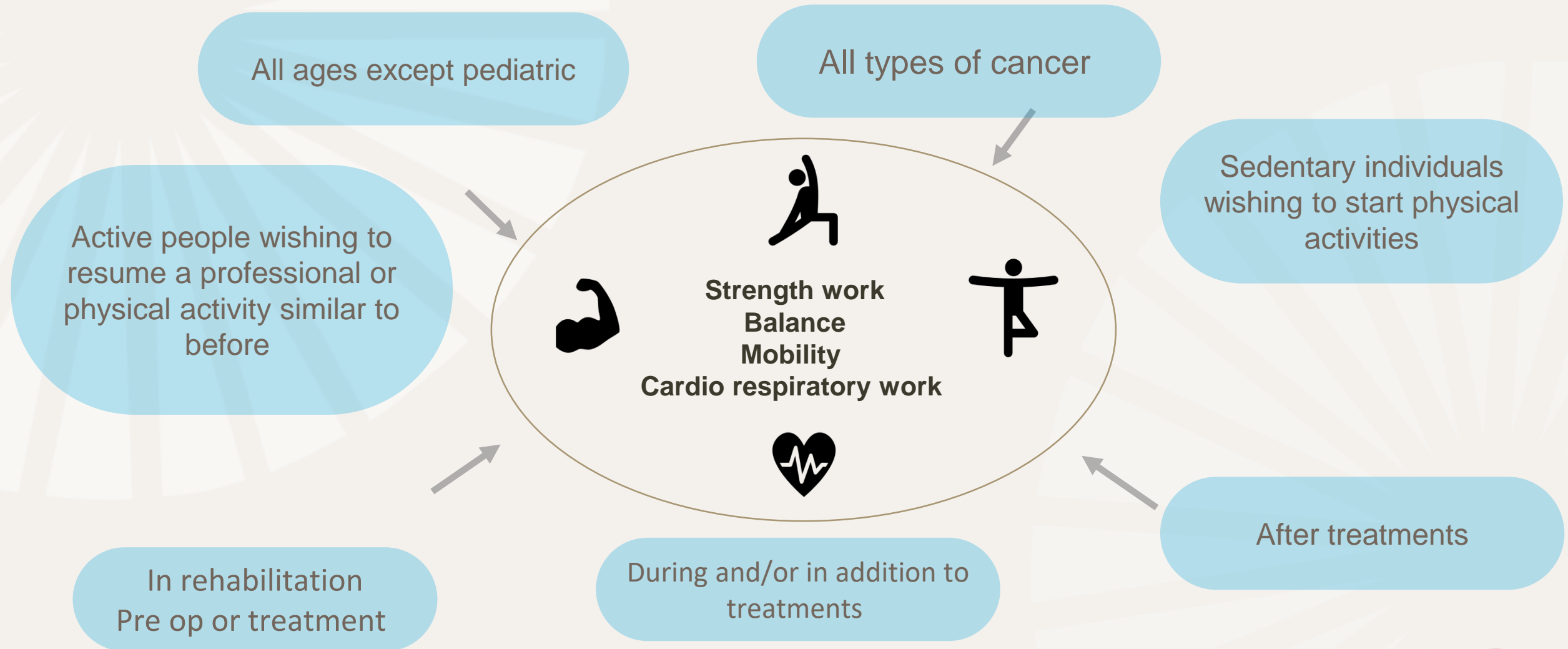
APRÈS LE TRAITEMENT

Pour consolider les bénéfices de votre réadaptation, continuez avec nous à raison de 1 à 2 heures par semaine. Différents cours collectifs vous seront proposés !

Non pris en charge par l'assurance de base. Peut-être pris en charge par l'assurance complémentaire. **300 CHF/10 séances.**



Who is the program for and at which stages of the illness ?



Indication to rehabilitation

Oncological rehabilitation is recommended in the following cases:

- Adverse effects of the illness or treatments
- Limitations on activity and social interactions due to the illness
- Need to regain physical and mental strength
(Before a new treatment, to resume a professional activity)
- Learn to understand and manage ones illness
- To reduce relapses





Indication to oncological rehabilitation (who is it for ?)

All patients, but especially for:

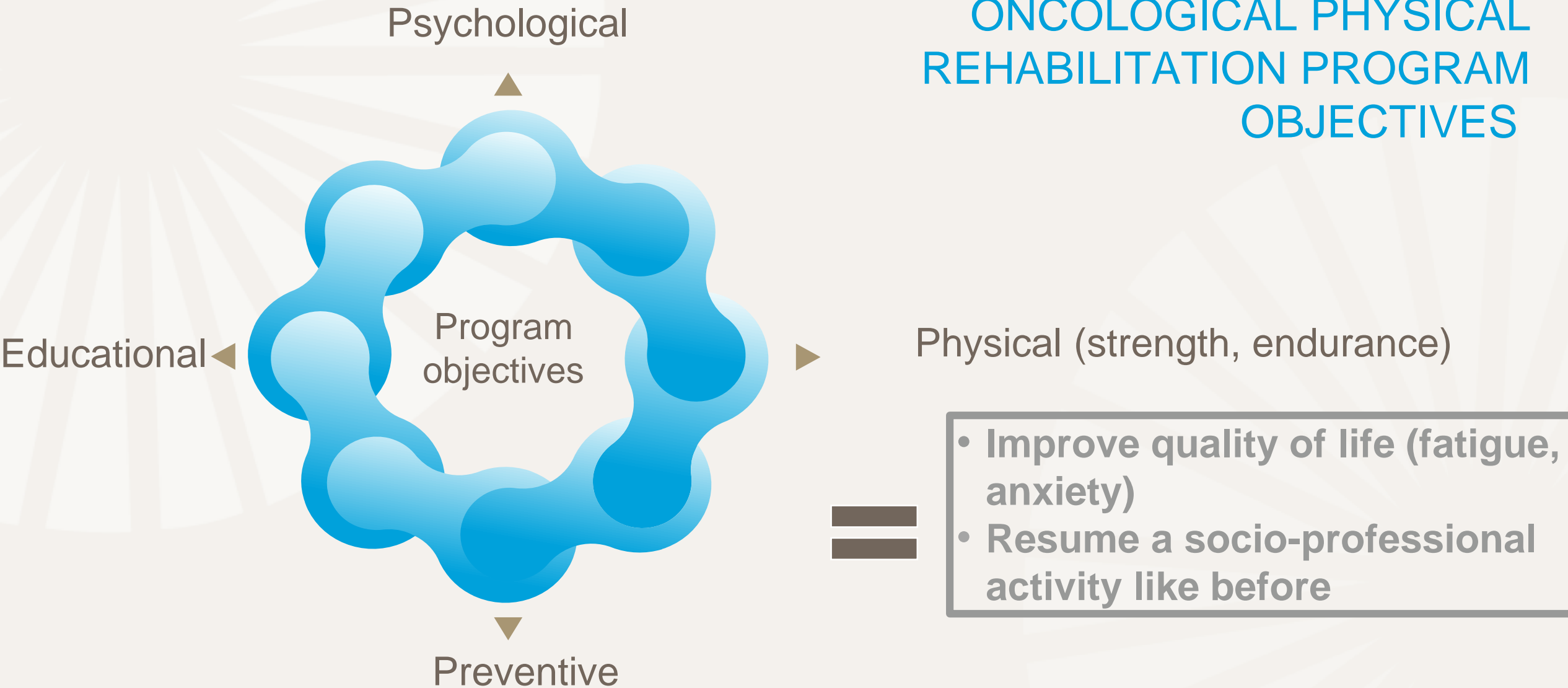
- Patients taking chemotherapy and/or radiotherapy
- Menopausal women
- Patients living alone
- Patients who are overweight, obese or with sarcopenia
- Patients with decreasing AP levels (Huy, 2012 ; Irwin, 2003 ; Kwan, 2012)

Major counter-indications:

Those which severely modify the physiology of the organism in connection with the cancerous illness or in connection with an iatrogenic effect.

Examples: Recent embolism Untreated lytic metastases (spine, limbs) Radiotherapy reaction Severe anemia
Severe metabolic disorder (hyper or hypocalcemia/natremia)

ONCOLOGICAL PHYSICAL REHABILITATION PROGRAM OBJECTIVES



What are the benefits of a rehabilitation program

Self esteem
Body
confidence

Muscle tone,
mobility and
functional
abilities

Fatigue and
pain reduction

Group
motivational
effet

Better tolerance of
medicated
treatments

Security in a
professional
environment

The physical
abilities and
needs of each
individual are
taken into
account





The Benefits of Physical Activity

- **Reduces fatigue and improves quality of life**
Fatigue reduces tolerance of anticancer treatments (ESMO, 2014).
- **Decreases pain and treatment side effects**
- **Reduces insulin resistance of certain cells, protects the heart**
(associated with risks of developing breast cancer, endometrium, colon and pancreas cancer (Kaaks and Lukanova, 2001)).
- **Reduces body fat**
An excessive amount of body fat (high leptin levels) contributes to an increased risk of death and metastases development (Jardé, Perrier, Vasson and Caldefie-Chézet, 2011).
- **Fights against the loss of muscle mass**
Chemotherapy is associated with a loss of muscle mass (Rolland, 2016) Muscle mass is a predictive factor for chemotherapy tolerance (KanekoM et al. Molecular and Clinical Oncology ; 5: 289-294, 2016).



4- YOUR TURN, GRAB YOUR ELASTIC BANDS!





CENTRE DU SEIN
DE GENÈVE



OUR PARTNERS



PHYSIOTHÉRAPIE
LA COLLINE



PHYSIOTHÉRAPIE
DES GRANGETTES

Thank you for your attention



17H-17H30

DISCUSSION ON ADVANCED DIRECTIVES : HOW TO PREPARE IF I CAN NO LONGER MAKE DECISIONS FOR MYSELF

Clinical vignette

Mr. S, 83 years old, progressive worsening disease for 18 years, general condition is deteriorating fast.

Home care started 5 months ago because of the deterioration of the general state, personal hygiene care 3x/ day and nursing care 1x/day.

Mr. S. communicates very little, intermittently and in an incoherent manner.
He refuses nutrition and hydration.
He sleeps a lot.

The attending doctor and Mr. S.'s wife decide to administer subcutaneous hydration.
Mr. S. did not complete advance directives (AD). During their 60 years of marriage, he informally expressed a wish to avoid overtreatment and to be buried.

His wife is faced with a difficult problem: What are the benefits of the treatment for him? Is this what he would have wished? This has gone on for 5 months? What steps should be taken from a legal point of view? Who is his therapy representative ? Is subcutaneous hydration already considered to be «overtreatment»?
Would AD have facilitated the decision of his wife? Would it help her to not feel guilty?

OCTOBRE ROSE 2022

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**How to prepare for the moment
when I am no longer able to
decide: discussion about AD**

BOURDIN
Floriane
HUARD Magali

Definition of Advance Directives (AD)

AD are the written expression of your will regarding the type of treatment you wish to receive or not in the event that you lose the capability of doing so yourself. The objective of advance directives is to ensure a person's autonomy and self-determination with regard to medical treatment choices.

AD can be written alone or with relatives or caregivers. The person must be capable of making their own decisions, regardless of age and health. It is a voluntary and non-mandatory step (Swiss Civil Code).

AD have legal value. They can be cancelled, completed or changed at any time (Geneva Health Act, April 7 2006, articles 45, 47 and 48).

« The Canton encourages the completion of AD, in particular in health institutions... » (Geneva Health Act, article 24, April 7 2006).

It is recommended to revise them every 2 to 3 years.

AD objectives

- Respect, humanity:
« Human dignity is based on the fact that we chose our own objectives.» (Kant)
- Extend, over time, the possibility for everyone to verbally exercise their right to self-determination with regard to medical choices.
- No abusive power should be exercised over a human being: individual liberty must guarantee «the freedom to do everything which injures no one else.» (Mill)

2 important concepts:

- Faculty of discernment
- Choice of the therapy representative

Which topics can be addressed?

- Your expectations facing pain and treatments
- Your wish or your refusal of certain treatments and/or chirurgical interventions
- Reanimation measures (tube feeding, intubation....)
- Nomination of your therapy representative
- Desired spiritual support
- Your wishes after your death: organ donation, body donation to medical science, your funeral.

HOW TO APPROACH AD WITH PATIENTS:

- Nursing staff have the **duty** to use all means available to ensure a decent life until death and to help the patient gain access to palliative care and support.
- You can begin with simple questions: Do you know about AD? Can we help you with this?
- First objective: write AD together.
- In the patient rights booklet provided upon admission, there is one page dedicated to AD. Nursing staff can invite the patient to read the patient rights booklet in order to discuss it later.

FOR THE CARE TEAMS:

- Difficulty facing our personal feelings toward AD, the end of life, and death.
- The more often we do it, the easier it gets.

LES DIRECTIVES ANTICIPÉES, LE REPRÉSENTANT THERAPEUTIQUE ET LE MANDAT POUR CAUSE D'INAPTITUDE

Toute personne a le droit de formuler des directives anticipées pour spécifier le type de soins qu'elle aimerait recevoir ou non, au cas où elle ne serait plus en mesure d'exprimer sa volonté. Elle peut aussi désigner une personne, le représentant thérapeutique, chargée de se prononcer à sa place sur le choix des soins à lui prodiguer dans les situations où elle ne pourrait plus s'exprimer.



EN PRATIQUE

Toute personne capable de discernement peut rédiger des directives anticipées. Leur portée est limitée au domaine médical, contrairement au mandat pour cause d'incapacité. Les directives anticipées permettent à une personne de déterminer les traitements médicaux auxquels elle entend consentir ou non au cas où elle deviendrait incapable de discernement. Une personne capable de discernement peut également désigner une personne capable de se prononcer à sa place sur le choix des soins à lui prodiguer dans les situations où elle ne pourrait plus s'exprimer (représentant thérapeutique). Dans les cas où une personne n'est plus capable de discernement, le professionnel de la santé doit respecter si elle a rédigé des directives anticipées ou désigné un représentant.

Le professionnel de la santé a l'obligation de respecter la volonté du patient, aussi faut-il qu'il en ait connaissance. Pour être connue, la volonté du patient doit être exprimée de façon claire et précise. Si le patient est incapable de se prononcer, les professionnels concernés ne sont pas concernés. Le patient peut volontairement remettre une copie de ses directives anticipées à son représentant ou, au contraire, de la santé qui le traite, à l'abandonnement de soins, bon de son admission ou à son décès.

En cas d'urgence, le professionnel de la santé peut intervenir sans attendre de savoir si le patient a rédigé des directives. Dans ce cas, il agit en tenant compte de la volonté connue du patient. Si une décision de représentation est en cours, le professionnel de la santé peut le consulter auprès de l'autorité de protection de l'adulte et de l'enfant, les instances compétentes des conseils. Les directives anticipées ou le mandat pour cause d'incapacité peuvent être modifiés ou annulés en tout temps par la personne capable de discernement.

BON À SAVOIR

Comment formuler mes directives anticipées ?

Les directives anticipées doivent être rédigées par écrit, datées et signées. Vous avez le choix de la forme que vous souhaitez donner à ce document et des techniques que vous voulez y faire figurer. Le document peut être rédigé à la main, tapé à l'ordinateur ou se présenter sous la forme d'un formulaire. Il n'est pas nécessaire d'être en mesure d'écrire, mais il est fortement conseillé d'en discuter avec votre médecin ou à votre médecin dans votre dossier. En outre, de nombreux organismes ont des formulaires types qui peuvent fournir un cadre utile (Pro Santé, de l'ARS, etc.). Vous pouvez aussi les rédiger vos directives anticipées à tout moment. La loi, il est conseillé de vous assurer régulièrement par exemple tous les trois ou quatre ans que vos directives correspondent toujours à votre volonté et, le cas échéant, de les modifier. Même si vous n'avez pas rédigé de directives anticipées, il vous est toujours possible de faire connaître votre position, par exemple avant une opération.

Comment formuler un mandat pour cause d'incapacité ?

Le mandat pour cause d'incapacité est plus large. Il permet à une personne que l'autorité des droits de la personne et capable de discernement de charger une personne physique ou morale de lui fournir une assistance personnelle, de gérer son patrimoine ou de la représenter dans les rapports juridiques avec les tiers au cas où elle deviendrait incapable de discernement. Il est également possible de charger une personne de représenter ou non à un traitement médical. Dans ce cas, la personne désignée doit être une personne physique, en raison du caractère très personnel de cette tâche. Le mandat doit être volontairement écrit à la main ou par écrit devant un notaire.

Le représentant thérapeutique doit-il être un professionnel de la santé ?

Non, pour vous représenter, vous pouvez choisir parmi votre famille, vos amis ou vos proches une personne qui vous connaît bien et en qui vous avez toute confiance.

Quels sont les droits du représentant thérapeutique ?

Le représentant doit donner son accord ou le refus de l'autorité de la santé est tenu de lui donner toutes les informations nécessaires pour qu'il puisse consentir ou refuser. Les droits de représentation thérapeutique s'exercent à partir du moment où vous n'êtes plus capable de discernement.

Qu'arrive-t-il si je n'ai pas rédigé de directives anticipées, ni nommé un représentant thérapeutique et que je suis incapable de discernement ?

Dans ce cas, le professionnel de la santé doit obtenir l'accord de votre représentant légal avant d'intervenir. En l'absence d'un représentant légal, vos proches (voir p. 8-9) peuvent consentir à votre place. Si vous n'avez pas de proches ou que ces derniers ne peuvent ou ne veulent pas prendre de décisions médicales à votre place, un conseil sera alors rédigé par l'autorité compétente.



Therapy representative

The therapy representative is a person of trust. By appointing a therapy representative, you ensure that this person will represent you when you are no longer able to verbally express your will. This person is not required to be a member of your family. His or her name and address appear on your AD. You must discuss with him or her the content of your AD, he or she has the responsibility to make sure your will is respected in the way you expressed it.

In the event of loss of your capacity of discernment, he or she will make treatment decisions in your name after having received information about your condition and prognosis; he or she would participate in care and treatment decisions.

What happens if the patient has lost his or her capacity of discernment?

The capacity of discernment means the ability to understand relevant information, to assess their importance in a specific context, coherent reasoning, expressing choices and the liberty to make choices.

Adult Protection Law rules the right of representation in the context of medical treatment for patients having lost their capacity of discernment.

The order of persons authorized to represent a person having lost his or her capacity of discernment is as follows :

- The person appointed as therapy representative in the power of attorney in case of mental incapacity
- The administrator
- The spouse if they live in a common household
- A person living in the same household if he or she provides regular personal care
- The descendants
- The parents
- The brothers and sisters

How to draw up AD?

- Ask yourself what is important for you, what do you wish or not wish with regard to treatment (environment, lifestyle, loved ones, fears, values...)
- Express yourself clearly, avoid vague terms (no overtreatment, dying with dignity...)
- Be as precise as possible.
- Ask your doctor or caregiver to help you in your considerations and to draw up your AD.
- They have to be handwritten, on a simple sheet of paper or specific form (available from certain associations or medical professionals)
- Appoint a therapy representative
- Sign and date AD

Send a copy to your doctor and your therapy representative

What AD do not allow

- Access to non-recognized treatments
- The right to request euthanasia or assisted suicide
- The right to chose a specific public institution in case of hospitalization
- The right to request to stay at home under all circumstances (depending on living conditions, caregivers and their resources ...)
- The right to request not to be reanimated during an emergency in the event of doubt about the existence of AD



•WHO HAS ALREADY DRAWN AD?

SITEX CONTEXT

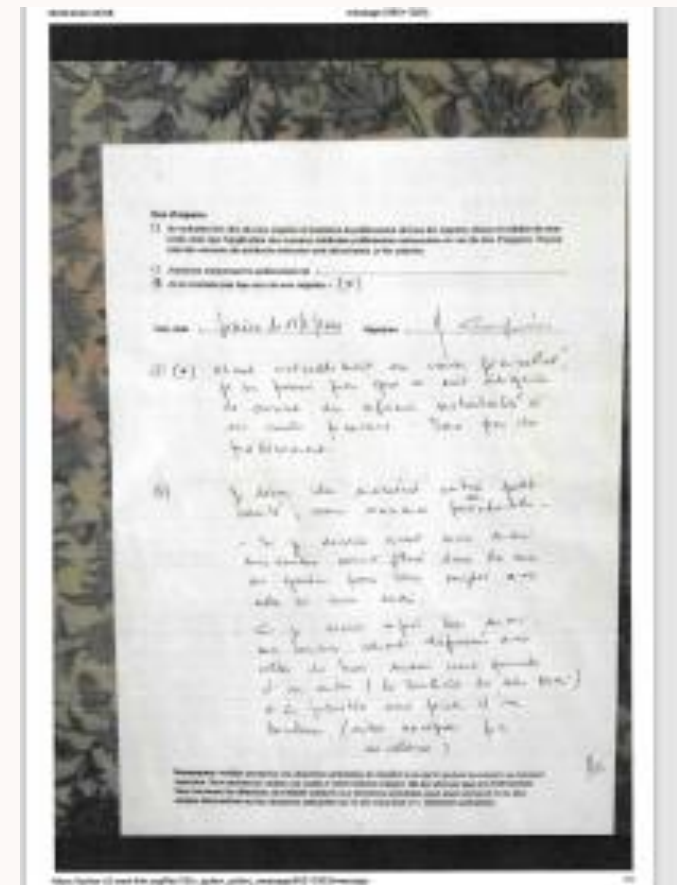
- At Sitex, drawing up AD is delegated by the large group to nursing staff specialized in palliative care
- Role-playing workshops within the teams because the more you practice, the easier it gets .
- Patient Booklet given to patients upon admission: Patient rights on page 11
- Difficulties during hospital care: short stays, difficult to approach, communication difficulties....
- It appears that AD are often written or addressed during palliative or terminal care.
- Sitex AD statistics: In 2020, the palliative care team helped draw up AD in 61.5% of cases.
- Swiss statistics: according to the FMH (Swiss Medical Association) website, only 10% of the population have written their AD (Rts Info, May 2019)
- Examples:
 - Ms C., see attached document. Treatment started in December 2021, AD written 13/05/2022, Ms C hospitalized in June 2022
 - Ms Com. Lung cancer in 2018, AD written in 2021.

- Conclusion...

- The process of writing or helping to write AD requires a structured approach, time to listen attentively, personal reflections and an environment of confidence and truth. It is a nursing staff duty.

- Information is necessary to write AD, it requires tactfulness, patience and humility.





FMH **SAMW.COM**

Executive Affidavits / Affidavits Exécutives

Section 1: General Information

Name: _____
 Date: _____
 Address: _____

Section 2: Declaration

I, the undersigned, do hereby declare that the information provided in this affidavit is true and correct to the best of my knowledge and belief.

Section 3: Signature and Date

Signature: _____
 Date: _____

Section 4: Declaration of Truth

I, the undersigned, do hereby declare that the information provided in this affidavit is true and correct to the best of my knowledge and belief.

Section 5: Signature and Date

Signature: _____
 Date: _____

Section 6: Declaration of Truth

I, the undersigned, do hereby declare that the information provided in this affidavit is true and correct to the best of my knowledge and belief.

Section 7: Signature and Date

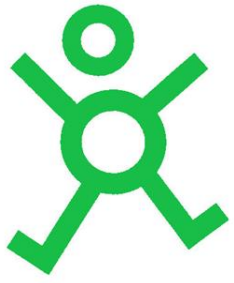
Signature: _____
 Date: _____

17H30-18H



RESILIAM

HOW TO SUPPORT MY CHILDREN DURING MY ILLNESS



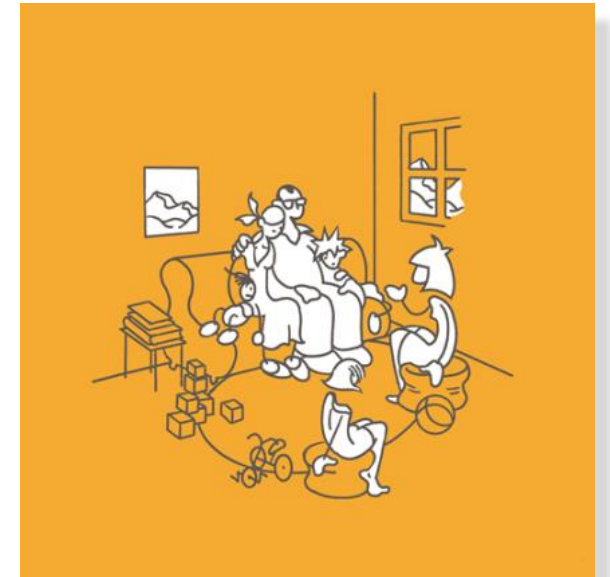
RESILIAM

How can I support my children during an illness?

Danaé Avrillon, psychomotrician

Anne Bosson, nurse specialist

13 October 2022





RESILIAM

Resiliam supports young people aged 0 to 24 years with



- a seriously ill close relative
- a deceased close relative
- a sister or a brother with disabilities

in our offices, close to HUG

and via home or hospital visits

free assistance

support groups for children and young people

and personalized support for families



Working in pairs

Respective roles

Richness of transdisciplinarity



Objectives

- Strengthen the feeling of security
- Promote resilience
- Prevent the after-effects of trauma
- Identify and direct
- Raise awareness among professionals



Strengthen the feeling of security

- Preconceptions
- Provide a space to express feelings
- Access to resource persons
- Go to the hospital, meet the doctor, maintain contact
- Empowerment / become an actor in the situation



How to comfort children

- It is not anyone's fault
- It is not contagious
- Tell the truth in simple words



Promote individual or collective resilience

- Approach is oriented to individual resources / to what makes them feel good
- Maintain communication between family members
- Respect each individual rhythm



Prevent the after-effects of trauma

Identify and direct

Raise awareness among professionals



RESILIAM

«I think you should go to Resiliam, once you talk about it, you feel much better, the games offered help you to let off steam and to calm down.». *A., 10 years*

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