CANBERRA LUNG LIFE SUPPORT GROUP

# October 2025 Newsletter

**Our mission is to provide a supportive and informative environment for people with lung conditions, as well as their families and carers.**


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**NEXT MEETING:** Thursday 13 November 2025
10:15 am – 12:00 noon
Weston Creek Labor Club
Teesdale Close, Stirling ACT 2611

Guest speaker: Raj, Chronic Care Nurse

**Dates to remember**

- **Friday 31 October** lunch **George Harcourt Inn**, Nicholls Rd, Gold Creek.
- **Saturday 1 November –** our stall at **Governor General's Open Day.**
- **Thursday 13 November**, our speaker will be Raj, the **Chronic Care Nurse**.
- **Wednesday 19 November World COPD Day.** Details about this event later.
- **Friday 21 November – presentation of ABIS** at International Forum, QT Canberra.
- **Monday 1 December – Advisory group meeting 10:30 am.**
- **Friday 28 November** lunch at Snapper, Southern Cross Yacht Club.
- **Friday 12 December**, **Christmas lunch** at **Café Sosta, Red Shed, Black Mountain Peninsula.**

## October meeting

Helen Cotter

Sixteen people met today on a dismal grey drizzly morning. We began by going round the room, introducing ourselves, outlining our conditions and talking about the benefits of belonging to a group of people with lung conditions. Then on to business.

- We had a **successful stall at the September Seniors Expo**. Marina and Helen Crombie were busy all day with people stopping to find out about Lung Life, taking our new pamphlets (and pens and lollies). Jacqui held the fort over lunchtime, and Jo, Marilyn and Rodney dropped in for a while. COTA estimates about 8000 people visited the site – double last year's numbers.
- We are currently organising for World COPD Day on **Wednesday 19 November**. Details later.

- Christmas Lunch will be held at **Café Sosta** in the Red Shed on Black Mountain Peninsula on **Friday 12 December.** We will have a separate room for our lunch. Details later.
- Marilyn Allen reminded us of the need for food items for the hampers to be raffled at the Christmas lunch. **The next meeting will be the last chance to donate some goods.**
- For **Friday 24 October** we organised a tour of the National Botanic Gardens. As each bus holds about 8 people, we organised 2 buses in the afternoon.


***John watching Marina's presentation at the meeting***

**On to discussion.**

Caroline congratulated Marina and the committee on the work they've done this year – on the flyers, the banner, business cards, and the website. All greatly awareness raising. And this is good for our membership which provides a great support for people with lung conditions wanting to talk with others with such conditions.

We talked about the barriers that make life more difficult for us. One topic was the difficulties of travelling: insurance is expensive; many places overseas do not cater for people with disabilities – may have many steps; no disabled facilities etc. People on oxygen have to take extra precautions, particularly when flying.

We mentioned how many places have long distances to walk to get to where you need to go – always a problem for people with breathing difficulties. Mention of the Canberra Hospital brought comments of agreement - also places like the National Museum, the Arboretum and Parliament House.

We also talked about the problems of woodsmoke, a problem exacerbated by Government decisions (See the article later in the newsletter). Finally, Marina asked us to think about possible speakers for next year and to send her an email with suggestions or let her know at the January 2026 meeting.

Then to lunch.

## COTA Seniors and Better Ageing Expo 2025


On Wednesday the 24 September we joined 149 other exhibitors at the Old Bus Depot in Kingston to promote lung health and help the Canberra community better get to know us, what we do, and the support we offer.

The smiley faced fruit jubes in the lolly jar and free mint leaves we handed out attracted the over 8,000 strong crowd to our colourful stall and allowed us to advertise our Support Group and chat to hundreds of people about their lung conditions and lung health.

## Different ways of looking at disability: the Social and the Medical Model

From: United Foundation, info@unitedfoundation.org.au. Phone: 1300 249 030

*The United Foundation is a non-profit organization aiming at supporting people with disabilities to access and navigate the NDIS, gain autonomy and lead better lives. However, what it says below applies to all people.*

### A Holistic View: Why the Social and Medical Models Both Matter

It's not something we usually think about or are aware of but there are two main ways to look at disability: **the medical model and the social model** – and this affects the way we – and others – think about our disability.

The medical model focuses on **diagnosing and treating an individual's impairment**; the social model highlights **the barriers in society that disable people**. Both models are important in our approach to disability.

**Medical Model of Disability**

Here, **disability is seen as a problem within the person**—something that needs to be treated, fixed, or cured. Healthcare professionals take the lead in diagnosis, treatment, and decision-making with the goal of restoring or improving the individual's physical or mental functioning. It often overlooks the role of social or environmental barriers.

**Social Model of Disability**

The **disability is seen as a result of barriers in society**, rather than the individual's impairment. Society needs to remove those barriers – physical, or attitudinal or through the system. The aim is to enable inclusion, accessibility, and equal participation.

So the emphasis is on changing the world around the person, not the person themselves. For example, a person with a mobility impairment is viewed as disabled because buildings lack ramps or lifts.

**So, how does each model compliment the other?**

The medical model helps by providing treatment, therapy, and diagnosis (which are often essential) but it can unintentionally reinforce dependence on the system.

The social model helps promote independence by advocating for inclusive design and attitudes (for example, by providing the ramps or lifts or other barriers to participation).

Together, they offer a holistic approach, where the medical model supports health and wellbeing and the social model concurrently supports inclusion and equity, recognising the limitations put on us by society and people's attitudes.

One of these social limitations for people in Canberra is the ongoing issues of **wood heater fires**.

## A Burning Question

*Much of this article has been taken from* News – CLEAN AIR CANBERRA, *a Canberra organisation concerned about the impact on our health and the environment from residential wood burning.*

Over the years we have seen many improvements in society for people with disabilities and we are so thankful for the people and organisations that have fought for these improvements.

Remember when everything had steps and heavy doors; when the disabled toilets were way up the back of the building; when there was a long walk to get to where you needed to; when everyone smoked everywhere; when pollution was less thought about – the winter smoke curling around the valleys from the wood fires.

But it is now known that this winter smoke affects our health. Much has been done to reduce the amount of winter smoke from wood heaters but it still exists and is a barrier for people with lung conditions – as well as a danger to all.

Woodsmoke can exacerbate your lung condition, causing you to take extra effort to breathe, as well as making everything you do more difficult. It may give you a runny nose and itchy, red eyes; and it may affect any other conditions you have – or you may develop other conditions such as a heart problem or a cancer. It may trigger an asthma attack.

As well as our health, our everyday life can be affected. If a neighbour's woodsmoke comes our way, we may have to stay inside, making sure our doors and windows are well sealed. Even so, we may find that our breathing is affected, we feel awful and we are restricted in our activities.

It's not only people with an existing lung condition who are affected. Children, whose lungs are still developing, the elderly and people who are susceptible to illness are also likely to be affected by residential wood smoke pollution (**Watch Video**).

It's well documented that woodsmoke contains **fine particulate matter (PM2.5), carbon monoxide, carbon dioxide, nitrogen oxides and a range of other organic compounds like formaldehyde, benzene and polycyclic aromatic hydrocarbons.** These fine air particles penetrate deep into your lungs and this increases the risk of worsening your condition or developing the other conditions.

Evidence shows that in Canberra the largest source of winter smoke is slow combustion wood heaters. They are responsible for **67% of our air pollution** compared to motor vehicles which are responsible for just 10%.

The continuing problem of woodsmoke is a public health issue and as such is a social concern, as well as a personal concern. Eliminating woodsmoke would eliminate one of the barriers to quality living for all, including people with a lung condition.

## ACT Breathlessness Intervention Service (ABIS) Launch

**Marina Siemionow**

At the **formal launch of the ABIS** report, on Thursday 25 September I was privileged to represent the voices of those of us with **'lived experience' - people living with breathlessness and their carers - the consumers of ABIS.**

Over the past 3 years from 2022-2025 a number of us, together with clinicians and researchers, were involved in co-designing and evaluating a community breathlessness intervention service for the ACT, ABIS. Some of us were actual consumers of the Service, while others were part of the project team developing the Service. **For the launch, I was asked to talk about the co-design experience and how we influenced the design of the Service and the way in which it was evaluated.**

The launch was held at the office of the Capital Health Network with senior officials attending from the Capital Health Network together with the Canberra Health Service and Department of Health and Ageing. At the launch I was one of three members of the project team asked to talk about the Service and the difference it made to people's lives.

The ABIS pilot project was co-designed for the Canberra context. It was for patients suffering persistent breathlessness due to chronic disease and a GP referral was required. It was tailored to individual needs and involved an initial home visit by a Physiotherapist, with two to six follow-ups at home or by phone, by a Nurse or Physiotherapist. Interventions were focussed on self-management, were non-pharmacological and aimed at both the patient and their carer.

**The whole project team was incredibly proud of the ABIS pilot because of both the results obtained and the co-design process used. The pilot showed that an intervention service for people with breathlessness, that was personalised to each individual patient and delivered in a home setting, by professional health care providers and then reinforced over time, improved a person's quality of life long term.**

## World COPD Day - Short of Breath: think COPD

[World COPD Day 2025 - Global Initiative for Chronic Obstructive Lung Disease - GOLD]

**Wednesday 19 November is World COPD Day 2025.** Every year since 2002, GOLD, the Global Initiative for World COPD Day, organises information and activities throughout the world to raise awareness, share knowledge, and discuss ways to reduce the burden of COPD worldwide.

Each year organisers in more than 50 countries have carried out activities, making the day one of the world's most important COPD awareness and education events.


This year the theme for World COPD Day is **"Short of Breath, Think COPD."** It aims to emphasize that although COPD is the third leading cause of death worldwide, it is often not diagnosed correctly.

COPD is a common, preventable, and treatable disease, but extensive under-diagnosis and misdiagnosis leads to patients receiving no treatment or incorrect treatment. Appropriate earlier diagnosis of COPD can result in better clinical outcomes, including improvements in symptoms, lung function and quality of life.

In Australia, Lung Foundation Australia (LFA) - the national body - is organising a **virtual learning event** called **World COPD Day 2025: Driving Change in Acute COPD Care.**

World COPD Day 2025: Driving Change in Acute COPD Care - Lung Foundation Australia

Healthcare professionals from across Australia will focus on best-practice care for acute COPD exacerbations requiring hospital admission. Participants will learn what strategies are effective, what challenges persist, and how to adapt successful approaches to enhance patient outcomes locally.

## Dementia Is Now The Leading Cause Of Deaths In Australia But Why Is It Fatal?

*From the Senior*

Most of us know dementia - a broad term for several disorders involving declines in memory, language and thinking - can severely affect daily life. But dementia is now the leading cause of death for Australians. But it can also be an associated factor in death. This is considered **dying with dementia**. So, how does dementia actually lead to death?

**How dementia progresses**

Dementia is a neurodegenerative condition associated with progressive death of cells within the brain. The most common form is Alzheimers disease. The decline in cognitive function can interfere with their everyday life, including memory loss, difficulty communicating, or trouble thinking. They might also experience changes in their mood, behaviour or personality.

As dementia progresses, cell loss spreads throughout the brain. Eventually, it reaches regions such as the brainstem, which are important for vital functions, such as breathing and swallowing. In some cases, these effects on the brain can cause death. But they can also lead to other complications, which can then be fatal.

**Secondary complications can be deadly**

- When swallowing becomes more difficult late in the disease, serious complications can develop. People with dementia may accidentally inhale food or liquid into their lungs and this can lead to bacterial infections, such as aspiration pneumonia.

- Difficulties with swallowing can also lead to dehydration, weight loss and malnutrition. These can be further exacerbated by loss of appetite and lead to worse health and a weakened immune system.

- This is why in its later stages, people with dementia often find it harder to fight off infections such as pneumonia or flu and are more likely to experience complications.

- Urinary tract infections also become more likely, due to incontinence and challenges maintaining personal hygiene. Communication difficulties may mean these infections go undetected and, left untreated, may cause sepsis, an extreme response to an infection, where the body attacks its own tissues and organs.

- Beyond infections, dementia can also increase frailty and impair balance and coordination which can increase the risk of falls. And, when they do, they're more likely to experience severe consequences, such as fractures, hospitalisation and even death.

**Age plays a role**

But the biggest risk factor for dementia is age. Older people may also experience other age-related health conditions, such as heart disease, diabetes and high blood pressure (hypertension). Dementia may make it more difficult to manage these conditions, leading to further health complications, such as stroke or heart attack.

**In 2023, the leading causes of death among people who died with dementia were**:

- heart disease (more than 1900 deaths);
- stroke or other cerebrovascular disease (almost 1500 deaths);
- COVID-19 (around 1200 deaths);
- accidental falls (almost 1100 deaths);
- diabetes (around 1000 deaths).