

WCET™ 40th Anniversary
1978-2018

WCET™

40th Anniversary Commemorative Magazine

April 2018



WCET™ Leadership Through the Years: History of the WCET™ Executive Board

1976

Chairperson of Meeting	Norma N Gill, USA
Liaison to I.O.A.	Doreen Harris, England
Secretary	Joan Kerr, USA

1978

President	Norma N Gill, USA
Vice-President	Miriam Dolphen, England
Treasurer	Barbara Foulkes, England
Corresponding Secretary	Lorraine Acworth, Australia
Recording Secretary	Marilyn Spencer, USA
Editor	Nortrud Schindzielorz, Germany

1979

Chairperson of meeting	Priscilla J d'E Stevens, South Africa
Secretary	Joan Kerr, USA

Committee Chairpersons

Budget and Finance	Barbara Foulkes, Spain
By-laws	Margaret Lee, England
Conference Planning	Muriel Murphy, England
Country Reports	Marie Burroughs, Canada
Education	Mary Jane Koch, USA
Historian	Inger Palselius, Sweden
Membership	Barbara Foulkes, Spain
Publication	Lorraine Acworth, Australia
Associate Editor	Nortrud Schindzielorz, Germany

1980

President	Priscilla J d'E Stevens, South Africa
Vice-President	Marie Burroughs, Canada
Treasurer	Marylyn McManus, South Africa
Corresponding Secretary	Lorraine Acworth, Australia
Recording Secretary	Marilyn Spencer, USA

Committee Chairpersons

By-laws	Margaret Lee, England
Education	Mary Jo Kroeber, Australia
Membership	Marylyn McManus, South Africa
Nominations	Lorraine Acworth, Australia
NNGF	Norma Gill, USA
Publication	Nortrud Loy, USA
Editor	Nortrud Schindzielorz, Germany

1982

President	Priscilla J d'E Stevens, South Africa
Vice-President	Mary Jo Kroeber, Australia
Treasurer	Marylyn McManus, South Africa
Corresponding Secretary	Joan Van Niel, USA
Recording Secretary	Christine Harocopos, England

Committee Chairpersons

By-laws	Mary Jo Kroeber, Australia
Congress Planning	Lorraine Acworth, Australia
Education	Mary Jo Kroeber, Australia
Audio Visual Aids	Katherine Jeter, USA
Membership	Marylyn McManus, South Africa
Nominations	Marilyn Spencer, USA
NNGF	Norma N Gill, USA
Publications	Evonne Fowler, USA
Editor, Newsletter	Norma N Gill, USA

1984

President	Mary Jo Kroeber, Australia
Vice-President	Marilyn Spencer, USA
Treasurer	Diane Kerwood, England
Corresponding Secretary	Joan Van Niel, USA
Recording Secretary	Dianne Garde, Canada

Committee Chairpersons

By-laws	Marilyn Spencer, USA
Education	Priscilla J d'E Stevens, South Africa
Audio Visual Aids	Katherine Jeter, USA
Nominations	Harriet Scott, USA
NNGF	Marylyn McManus, South Africa
Publications	Patricia Blackley, Australia
Editor	Norma Gill-Thompson, USA
Manufacturers' Liaison	Joe Birkbeck, USA

1986

President	Mary Jo Kroeber, Australia
Vice-President	Marilyn Spencer, USA
Treasurer	Heather Hill, Australia
Corresponding Secretary	Dianne Garde, Canada
Recording Secretary	Margaret Weinman, Zimbabwe

Committee Chairpersons

By-laws	Marilyn Spencer, USA
Education	Priscilla J d'E Stevens, South Africa
Nominations	Joan Van Niel, USA
NNGF	Marylyn McManus, South Africa
Publications	Margaret Dixon, South Africa
Editor	Patricia Blackley, Australia

1988

President	Marilyn Spencer, USA
Vice-President	Mavis Watson, England
Treasurer	Heather Hill, Australia
Corresponding Secretary	Dianne Garde, Canada
Recording Secretary	Margaret Weinman, Zimbabwe

Committee Chairpersons

By-laws	Gian Carlo Canese, Italy
Congress Planning	Mavis Watson, England
Education	Priscilla J d'E Stevens, South Africa
NNGF	Marylyn McManus, South Africa
Manufacturers' Liaison	Al Priest, USA
Nominations	Jill Mounter, Australia
Publications	Margaret Dixon, South Africa
Advertising	Mary Jo Kroeber, Australia
Editor	Patricia Blackley, Australia

1990

President	Marilyn Spencer, USA
Vice-President	Mavis Watson, England
Treasurer	Jill Mounter, Australia
Corresponding Secretary	Gun Nordstrom, Sweden
Recording Secretary	Aliza Yaffe, Israel

Committee Chairpersons

By-laws	Catherine Foster, Canada
Education	Priscilla J d'E Stevens, South Africa
Nominations	Mavis Watson, England
NNGF	Barbara Borwell, England
Manufacturers' Liaison	Steven Kuehn, England
Publications	Mary Jo Kroeber, Australia
Industry Liaison	Uffe Christenson, Denmark
Editorial Board	Mary Jo Kroeber, Australia
Editor	Patricia Blackley, Australia

1992

President	Mavis Watson, England
Vice-President	Catherine Foster, Canada
Acting Treasurer	Heather Hill, Australia
Corresponding Secretary	Gun Nordstrom, Sweden
Recording Secretary	Aliza Yaffe, Israel
Editor	Donna Bull, Australia

Committee Chairpersons

Constitution	Michelle Guyot, France
Education	Nancy Faller, USA
NNGF	Barbara Borwell, England
Manufacturers' Liaison	Steven Kuehn, England
Publications	Mary Jo Kroeber, Australia
Industry Liaison	Ole Hahn, Denmark

1994

President	Mavis Watson, England
Vice-President	Catherine Foster, Canada
Treasurer	Fiona Sheerin, Ireland
Secretary	Sandra Smits, The Netherlands
Editor	Donna Bull, Australia
Administrative Assistant	Dianne Garde, Canada

Committee Chairpersons

Constitution	Norma Briggs, South Africa
Education	Nancy Faller, USA
NNGF	Barbara Borwell, England
Industry Liaison	Teri Johnston, USA
Publications	Mary Jo Kroeber, Australia

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Thank you to everybody who has contributed to the WCET™ 40th Anniversary Commemorative Magazine. 40 years has seen wonderful growth and developments in our specialty. New friends and global networking, appreciation of our many cultural differences and methods of practice is more than our founder Norma N Gill could have wished for. We hope you enjoy the trip down memory lane.

Your editors occasionally required some strong armed tactics to get contributions for this magazine !

Prilli Stevens and Dee Waugh – co-editors. April 2018



40 Years On ... Introduction to the World Council of Enterostomal Therapists 1978–2018

Priscilla J d'E Stevens SRN, ET
Past President, WCET™ Life Member

In order to trace the milestones and events of the past 40 years of the WCET™, I have been fortunate to take a major trip down memory lane through study of the records kept meticulously by Norma Gill, our founder and figurehead, and the redoubtable Dianne Garde, who held the responsibility for the secretariat for some 25 years and has copies of all the minutes from meetings held since we began!



Reading through Norma's marvellous accounts of her experiences at the Cleveland Clinic, including the teaching of her first pioneer nurses from around the globe and her evangelical trips to countries such as Germany, France, Mexico, Japan, India and China to spread the word, only serve to make one marvel at the drive and enthusiasm Norma had to ensure that ostomates worldwide would experience skilled and empathic care. The WCET™ owes a debt of gratitude to her daughter, Sally Gill Thompson, for so kindly gathering these materials together and couriering them from the USA to Africa to ensure we have fascinating memories straight from our founder to include in this commemorative magazine.



Norma Gill and her daughter Sally

In 1978, we had an initial membership of 32 member countries — often with one sole enterostomal therapy (ET) pioneer — this has grown immeasurably! The pioneers were in many cases doctors who had attended those first ET educational programs at the Cleveland Clinic, or indeed “lay” ostomates. In

Norma's records, she makes special mention of the original pioneers who returned from the Cleveland Clinic program to their countries as the sole trained ET between 1961 and 1978. They were: Mariann Bruce*, Norway; Suzanne Montandon, France; Annaliese Eidner, Germany; Dr Taiso Tamura, Japan; Dr Pavle Košorok, Slovenia; Elisabet Jonsson, Iceland; Doreen Harris*, England; Ruth Wedlake*, New Zealand; Bertha Okun*, Canada; Dianne Garde*, Canada; Henia Baran*, Israel; Mabel Cook*, Australia; Bart Tappe*, Holland; Anjali Patwardin, India; Kerstin Liljestrom, Finland; Dr Flavio Abby*, Brazil; and Inger Paulselius, Sweden.

Note: * indicates a lay person, usually an ostomate, accepted into the WCET™ in 1978 as a Full Member under the grandfather clause = trained as an ET pioneer prior to 1980. Following this, in order to be a full member of the WCET™, the applicant had to be a trained nurse and have undertaken and passed a recognised ET nursing program.

As WCET™ nurses, I feel certain that few of us realised the unique position we would experience once we entered the field of ET nursing. Through our biennial conferences held in diverse venues around the world, nurses who would never have dreamt of the opportunity to travel, found themselves transported to another world — literally! From north to south, east and west, jet travel, time zones and time changes.



Embarking on a 16-hour flight requires some serious keep fit rules! South African delegates en route to the Yokohama Conference!

Exposure to the diversity of global life and meeting nurses, doctors and commerce from around the global village!



Zimbabwe meets Mongolia



Japan meets South Africa



Katherine Jeter inspires newly trained Xhosa and Zulu ETs

Language differences, dress codes, and eating, cultural and ethnic differences, the availability of technology (or not!), presenting to a full lecture facility of perhaps a thousand delegates or only a handful, sharing the program with top authorities from aligned surgical and paramedical worlds... it was all an amazing experience.



Norma Gill with Professor Guilleman (France) and Professor Yu de Hong (Shanghai). Three pioneers in their fields of ET nursing and colorectal surgery



Professor Vic Fazio (Cleveland Clinic), Professor Goh (Singapore) and Paula Toth (Cleveland Clinic)

Add to this the ability to see some of the wonders of the world whilst on one's travels indeed makes WCET™ ETs unique and the most fortunate of nursing specialists!



Niagara Falls — Toronto WCET™, 1988. Sister Pierre Cote, Nancy Faller and Prilli Stevens

In our field, we have had the privilege of caring for the full spectrum of life from birth to death and through exposure to a worldwide network of nurses. We have learned so much of the cultural, ethnic and social implications, the multitude of

religious beliefs, dietetic and sexuality issues that so greatly influence rehabilitation around the world. Viva la difference!

Our colleagues in commerce have over the years been amazing! Not only have their research and development fast forwarded from the bad days of ancient rubber products with non-skin-friendly adhesives and cumbersome belts and buckles to the wonderful streamlined, odour-free, disposable pouches and skin-friendly adhesives of today. Their commitment to education has been such that their support of our bursary funds through the Norma N Gill Foundation has enabled pioneering nurses from a multitude of countries to receive a formal education in ET nursing as well as facilitated many delegates to travel to our biennial meetings. Their partnership with the WCET™ has ensured that our journal has grown in stature through their financial contributions and advertising. From humble beginnings on trestle table exhibits, our exhibitions have exceeded all expectations with worldwide manufacturers and distributors ensuring the delegates keep abreast of all new developments. We owe every one of these colleagues a *huge* debt of gratitude. We know that at a national level they assist patients and ETs in every way possible and at an international level their enthusiasm and dedication to our cause has enhanced all our meetings and forged new and lasting friendships around the globe.



Coloplast making the first donation to the Norma N Gill Foundation in Munich, 1982

The evolution of ET nursing was viewed with mixed feelings by many of the ostomy associations. It should be remembered that prior to skilled, formalised ET nursing care it had been the tremendous devotion and work of the ostomates themselves to assist new ostomates to cope with and accept their new stoma. This resulted in local associations springing up nationally and the subsequent formation of the International Ostomy Association in 1974.

This group had a large membership including ostomates, surgeons, nurses, commerce and interested parties and there is little doubt the wonderful work done by the members in providing the vital support to new ostomates was superb. Therefore, when it was suggested that trained nurses should take over their work in providing orientation, counselling and

practical care, it was greeted with possibly some concern by the active ostomy groups who had until this time been the sole providers of such care. A noted doyen in the field of colorectal surgery in the UK, Professor Bryan Brooke — pioneer of the Everted ileostomy technique named after him (Brooke ileostomy) — held the office of President of the British Ileostomy Association. We are proud to have had him as an honorary member of the WCET™ and would direct you to the letters written to him as President on the occasion of the silver celebration of 25 years of their association in 1981 and his poignant response as the impact of professional stoma care impacted on their “lay” association.

Our WCET™ education guidelines, devised in those early years, recommended on-site educative programs. Many orientation programs have been conducted by the WCET™ education committees of the past 40 years. Twinning programs between established and emerging countries have been highly successful.

Our *WCET™ Journal* has changed from the original news sheet into a highly respected scientific journal, with contributions in many languages, including Mandarin, French, Spanish and Italian! The early days of producing and distributing information and news sheets around the world were wonderfully supported by commerce. Authors of note emerged from our ranks and speakers with eloquence and sound clinical experience have been in much demand to talk at national meetings, as well as the WCET™ biennial conferences.



Elizabeth English, Prof Keryln Carville and Carmen George teaching in Iran, 2009

Wound care conjoined the ranks of stoma care at the beginning of the 21st century. A wound component has been added to the WCET™ recognised stomal therapy education. The expanding role of ET nursing is ongoing. There are still many countries floundering under the lack of basic care for ostomates, fistula and continence issues. Governments and administrators require education to meet the needs of these patients, especially the provision of skilled ET nurses and basic consumables.

Below and right: Letter to Prof B Brooke, President of the British Ileostomy Association and his reply to Prilli Stevens, President of the WCET™, 1981.

OPEN LETTER TO: 17 July 1981

Professor Bryan N. Brooke
MD. M. CHIR. FRCS.

Dear Professor Brooke:

TWENTY FIVE GLORIOUS YEARS...we salute your achievement as the "spearhead" and leader of the Ileostomy Association of Great Britain. We recognize that it was by your surgical expertise that the outlook of ileostomates dramatically improved with the advent of the now internationally used **BROOKE ILEOSTOMY**.

The task of management and rehabilitation of all ostomates owes so much to your drive and enthusiasm. Your incredible grasp of the needs and true suffering many ostomates may experience is second to none. Few surgeons have placed themselves so closely within both the "camps"—the camp of the professional and that of the "lay". It has been to the advantage of both groups that someone as far-seeing as yourself should have appreciated the mutual advantage of learning from each other.

As stomatherapists, those of us fortunate enough to have listened to your presentations, both surgical and historical, realize we have been privileged to hear such an accomplished speaker. We look forward to many more opportunities to share and learn. For we are still "young" and inexperienced in the field of stomacare!

Our warmest good wishes for your retirement, both from surgical practice and from the position as president of the Ileostomy Association of Great Britain.

Sincerest good wishes,

Priscilla J d'E Stevens SRN
President World Council of Enterostomal Therapists

In 2018, the WCET™ is alive and well! Our original concept of providing a forum for communication and education around the world has survived 40 years! We owe a huge debt of gratitude to all our members who have voluntarily carried out roles on the executive and on committees, working tirelessly to keep our organisation up and running. They have set a high standard of practice and dedication. They have learned many skills out of their comfort zone, including budgeting and finance, conference planning and organisation, writing and presenting. We have identified several excellent educators, authors and speakers from our ranks and their talents have been utilised throughout the world.

Norma Gill, we stand on the shoulders of giants! Your drive and vision continue to inspire us. Thank you on behalf of all ET nurses and most importantly all those who have and will benefit from our care in the future.

Vol. 2 No. 1

BRYAN BROOKE'S FAREWELL TO I.A. 'PRESIDENCY'

Dear Priscilla Stevens,

I was charmed and honoured to receive your letter dated 17th July 1981 in the W.C.E.T. Journal. Twenty-five years ago when we started the Ileostomy Association I certainly had no conception of the development which would follow in a quarter of a century. Put that way - a quarter of a century - it does sound rather a long time; and in a long time anything should be able to happen.

What those twenty-five years have proved to me is that there was a need. If circumstances are created to enable patients, or rather those who have been patients, to participate in aspects of care which nurses or doctors are not so well qualified to do, then interesting developments take place - worldwide. And isn't that your story? Didn't W.C.E.T. spring from the loins of an ostomate - if I may be allowed that slightly fanciful picture of your foundation by Norma - with Rupert Turnbull as the midwife (even more fanciful!) And I'm proud to be able to claim for my ileostomy Association that it was the members who started stoma care training in this country, and that they prevailed upon the government to establish posts for nurses so trained.

But all that is relatively recent history in a quarter of a century of service for which I.A. has seen the need and to which its members have responded with generosity and magnanimity.

As you rightly observe, I am about to retire as 'president'. The inverted commas are there simply because in constitutional terms there is no presidency of the I.A. itself; presidents for each division were part of our organisation from the beginning - posts to be held usually by sympathetic and knowledgeable physicians or surgeons in the area, by men who would stand by to assist but not interfere. Because I was instrumental, with others, in getting I.A. going it fell to my lot to take the chair at the annual meetings of I.A.'s National Council. So I, too, have been able to stand by to assist but not interfere, and my office, like Topsy, has 'grewed' to become 'the president.' In 1982 Professor Miles Irving, a very understanding man and an authority on stomas, will be taking on the 'presidency'. I hope he will get as much pleasure and fulfilment from the experience as I have done.

With my best wishes to you and all the members of W.C.E.T.

Bryan Brooke

Professor Bryan N. Brooke, M.D., M.Chir., F.R.C.S.

WCET™ and Hollister Incorporated – A Partnership of Shared Goals and Values

Congratulations to the World Council of Enterostomal Therapists (WCET) on its 40th anniversary! Hollister Incorporated is proud to be a long-term supporter of the organization, and continues to share its commitment to serve people with ostomy, wound, and continence needs, and those who care for them.

A History of Innovation and Global Expansion

Like the WCET, Hollister Incorporated has a strong pioneering spirit. The roots of the company date back to 1921, when 23-year-old entrepreneur John Dickinson Schneider founded a small printing company in Chicago, which he named JDS Printer Craftsman. From the very beginning, Mr. Schneider's business philosophy was, *"only first class is good enough."*



John Dickinson Schneider (center) at JDS Printer Craftsman

In the decades that followed, the company evolved from the printing industry to the medical products industry – developing quality products and services under the name Hollister Incorporated. Early in the 1960s, an employee who had a family member with an ostomy came to Mr. Schneider with an idea to develop ostomy products. With dynamic innovations and quality products, Hollister Incorporated revolutionized ostomy care and provided much-needed solutions for people who had undergone ostomy surgery.

Today, Hollister Incorporated is an independent, employee-owned company with a global presence. We have manufacturing and distribution centers on three continents, and sell in more than 90 countries. Our growth and expansion continued in 2017 when we began construction of a new plant in Lithuania.

We now offer advanced medical products for Ostomy Care, which includes two strong global brands – Hollister Ostomy

Care and Dansac Ostomy Care; Continence Care; Critical Care; and Wound Care. We also provide innovative healthcare programs and services, as well as educational materials for people living with an ostomy and healthcare providers.



Hollister Incorporated global corporate headquarters in Libertyville, Illinois, United States



Hollister Incorporated manufacturing facility in Fredensborg, Denmark

A Commitment to Serve

For over 95 years, Hollister Incorporated has been serving healthcare professionals and patients – making a difference in the journey of life for people throughout the global community. Our mission is to make life more rewarding and dignified for people who use our products and services. At Hollister Incorporated, the focus of everything we do is people. We realize that each person who uses our products is on a distinct and often challenging life journey. In everything we do, the overriding goal and commitment is to make a difference in that journey. Our culture and our Immutable Principles – Dignity of the Person, Service, Integrity, and Stewardship – guide us in the decisions we make, the ways we interact with others, and how we serve our customers.

Hollister Incorporated and WCET share a similar philosophy. We are both here to meet the needs of people who use ostomy, wound, and continence products, and to support the field of Enterostomal Therapy Nursing. The WCET's core values of respect, integrity, holistic care, and scientific approach align with our values, and we both strive to grow, prosper, and lead the way.

A Successful Long-Term Partnership

We are very proud to have supported the WCET for over 25 years. Some of our past and current activities include:

WCET Congress Sponsorship

Hollister Incorporated has a long history of supporting and sponsoring the WCET Biennial Congress with Hollister and Dansac brand exhibits, and educational symposiums led by both Hollister and Dansac experts. In addition, our Associates have always collaborated closely with the WCET Congress Planning Committee to ensure smooth and successful congresses.



Hollister exhibit at WCET Congress 2014

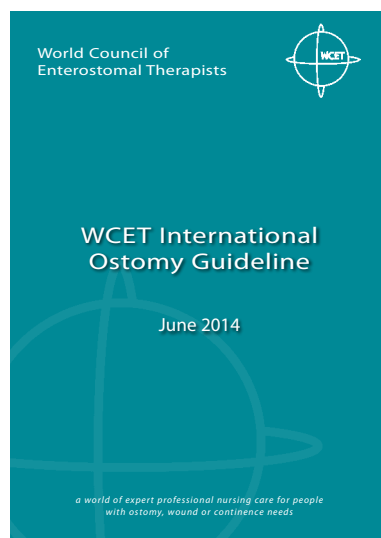


Dansac exhibit at WCET Congress 2016

WCET International Ostomy Guideline

Hollister Incorporated sponsored the original version of this guideline, which provides the best evidence-based practices for understanding the complexities of ostomy, wound, and continence needs. The document can be used by students,

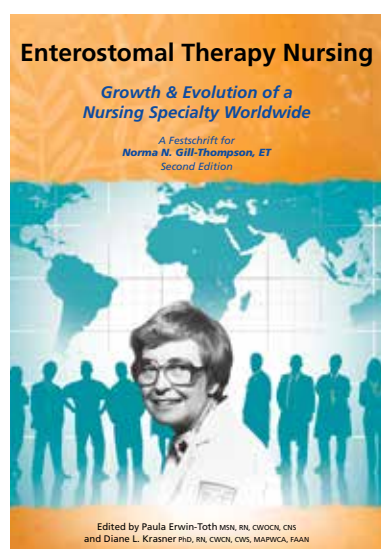
nurses, and other healthcare providers worldwide, and can be easily translated into multiple languages. We will also be sponsoring the next edition of the guideline, to be published in 2020.



WCET International Ostomy Guideline, 2014 Edition

WCET Festschrift Book Supporter Sponsor (WFBSS)

Hollister Incorporated helped support the WCET's 2012 re-printing of "Enterostomal Therapy Nursing - Growth & Evolution of a Nursing Specialty Worldwide – A Festschrift for Norma N. Gill-Thompson, ET." Gill-Thompson was the world's first Enterostomal Therapist, and the founder and first president of the WCET. Sales of the book supported the work of the WCET and the Norma N. Gill Foundation.



Enterostomal Therapy Nursing, Second Edition

WCET-Norma N. Gill Foundation (NNGF) Scholarships

Hollister Incorporated has helped support WCET-NNGF scholarships to expand the educational opportunities of Enterostomal Nurses all over the world.

... continued on page 10.

Norma N Gill Foundation



WCET bulleTIn

The Norma N Gill Foundation

The Norma N Gill Foundation

What exactly is the Norma N Gill Foundation (the NNGF) and what purpose does it serve? Perhaps these are questions which occur to some of you when you read your WCET journals and come across pages where the NNGF is mentioned.

The NNGF was founded in 1986 in memory of the pioneer of wound, ostomy and continence nursing, an American ileostomate called – as you may have guessed – Norma N Gill. She remained active in the field – and in the WCET – right up to the end of her life, and was often to be seen at Congresses, asking pertinent questions of the speakers and networking with her 'students' and successors.

Her Foundation exists to further her vision of enterostomal therapy as a worldwide service which should be available to all in need of such care. ET nurses abound in many countries, particularly in the developed world, but what about places like Cambodia or Laos? Benin or the Sudan? Haiti or Nicaragua? Guyana or Paraguay? Afghanistan or Oman? What happens to patients in these countries who develop a bladder tumour or perforate their diverticulitis? What would happen to you if you developed an urgent need for care from an ET nurse when you happened to be in one of these places...? The short answer is that you would have to make the best of it – with whatever material you could find, and with the advantage of your nursing training to help you improvise some sort of pouch. This is exactly what the people who live in these countries, and many others, have to do – only without the help of an ET nurse.

The NNGF works to improve this situation. A drop in the ocean, no doubt, but the NNGF believes that every drop helps – and one drop may become a focus that attracts others. To this end, the NNGF awards a variety of scholarships aimed at promoting stoma care nursing in developing countries. For instance:

- An Algerian nurse has undertaken her ETNEP training in France in order to be able to create the first stoma care service in Algeria.
- A few years ago, there was not a single ET nurse in China. Now, Chinese nurses have been trained in Hong Kong and China has its own ETNEP.
- Iran is not yet on the stoma care map, but a small group of enthusiastic Iranian nurses are going to train as ETs in order to remedy this situation.
- A trio of English ETs have been to Romania to provide on-site training there, just as some Australian ETs went to the Philippines last year.
- ETs from India and Zimbabwe were enabled to come to the Florence Congress in 2002 in order to maintain their level of expertise.

All of these nurses received a scholarship award from the NNGF. We like to think that, in our small way, we are contributing to Norma's dream.

If you would like further information about the different NNGF scholarships, read the WCET journal or consult the NNGF page on the WCET website (www.wcetn.org). Application forms may be obtained from the WCET Central Office. At least three months must be allowed for processing a scholarship application, and no money will be paid until the appropriate receipts have been received by the WCET treasurer (this is a legal obligation imposed by the Charities Commission).

NNGF – Educational materials

Times change, and the computer age continues to advance. Powerpoint presentations often replace slide presentations, and an increasing number of books and journals are now available online. It has been brought to the attention of the Norma N Gill Foundation that, particularly in the developed countries, there are a lot of the 'older' educational materials gathering dust in the cupboards of stoma care nurses. For example, sets of slides illustrating different aspects of stoma care nursing or text books which are still valid but which have been superseded by more recent editions.

Why not donate these older – but still useful – educational materials to a country starting out in stoma care? If you are coming to the Brazil congress, bring them with you and they will be displayed on the stand of the Norma N Gill Foundation. These articles will not be sold but will be given away to nurses in need of this material – in the unlikely event of the materials still being on the stand at the end of Congress, they will be returned to their donor or given to the host country. So make space in your cupboards... in a good cause!

NNGF – Twinning project

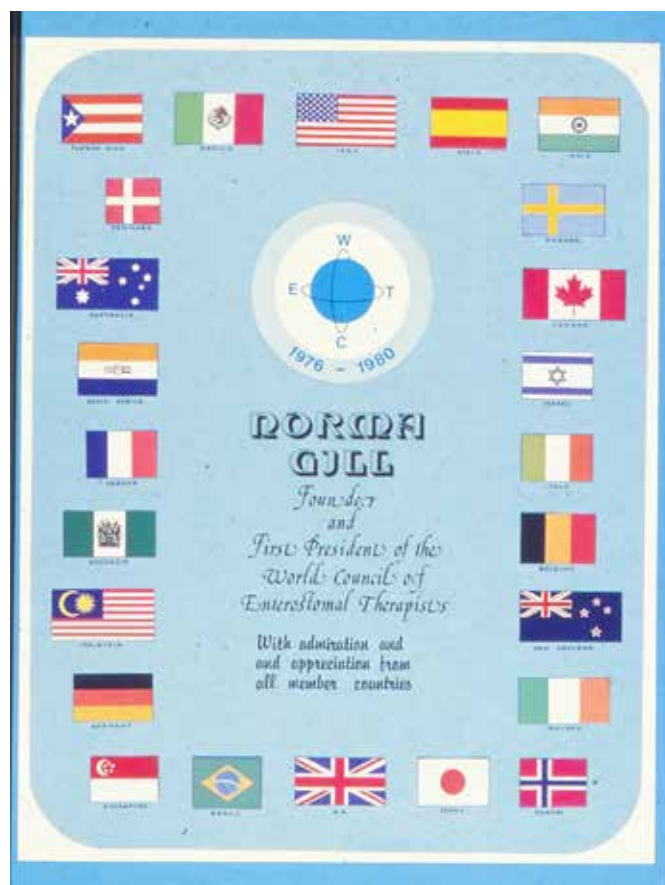
To all those involved in the twinning project – As in Florence, a meeting will be held during the Congress in Brazil in order to talk about the progress of the twinning project. Partnerships will be discussed, successful schemes will be described, any difficulties will be (hopefully!) solved... and we can all get to know each other better. All those in any way connected with – or interested in – the project, from both developed and developing countries, are invited to attend.

The meeting will take place at lunchtime on Tuesday, 18 May from 12.30-14.00. The room in which the meeting is to be held will be announced on the noticeboard at the Congress. If there are any specific aspects of the project that you would like to discuss, please let me know. If you intend to be present at the meeting, please notify me at judith.bouba@bluewin.ch. I look forward to seeing you in Brazil for a stimulating, profitable meeting.

Judith Weller
Chairperson of the Norma N Gill Foundation



Judith Weller, NNGF Chairperson 2002 – 2006



Norma N Gill presentation plaque

NNGF from 2012-2016

The function of the NNGF as the charitable arm of the WCET is to raise funds to give away as scholarships to members and non-members to achieve the mission vision and values of the WCET. In the past funding for the NNGF came from receiving 1/3 of the profits from the biennial congress, a few donations from members and in addition prior to congress, industry was asked for donations to fund congress travel scholarships (CTS). In 2012, on advice from our accountants this was changed and NNGF no longer received any profits from the congress but was also no longer charged huge administration fees by the WCET.

Thus the way NNGF got the bulk of its funds changed. Income to NNGF now comes from donations and educational grants from corporate sponsors towards all scholarships -not specifically CTS, individual donations by members, the introduced 'sponsor a member' facility, the NNGF stand at the biennial congress, sales from publications such as the Festschrift book and the Ostomy guidelines as well as donations from affiliated/associate nursing/ ostomy organisations. These affiliated associations were targeted for

donations with some generous on going relationships being formed such as with the FOW USA, the AASTN, APETNA, WOCN-Mid East Chapter and others. In fact, a very generous donation from the Dutch ET nurses association saw the NNGF funds boosted. During this time the world was affected by the Global Financial Crisis (GFC) which definitely had an effect on donations in general.

The donation from the FOW-USA is targeted towards membership scholarships and this with the 'sponsor a member' saw over 50 membership scholarships during this period. Membership scholarships were lengthened to ensure it was for a minimum 2-year period.

Activity in both the need for education and the need for scholarships during this period was mostly in Asia with Africa entering in to the arena. In Asia we saw nurses from Nepal receiving their theoretical education through the Canadian ET nurses ETNEP and receiving NNGF educational scholarships to get their clinical practicum in Malaysia. The establishment of ETNEPS in Indonesia and the strengthening of the Malaysian ETNEP has seen educational scholarships going to Indonesian, Nepalese and Sri Lankan nurses. Nurses from Togo and

Kenya have also received educational scholarships. General scholarships went to Australian nurses to assist in establishing the Kenyan ETNEP.

CTS during this period went to members from China, Sri Lanka, Indonesia, Brazil, Togo, Kenya, South Africa traveling to Gothenburg in Sweden and Cape Town in South Africa.

Twinning projects during this period saw the ongoing relationship between Hong Kong and China flourish with multiple ETNEP schools being established. Subsequently the request for CTS from our Chinese members increased. Another successful Twinning project was established between Australia and Kenya which has seen the establishment of the Kenyan Stoma Wound and Continence Education program.

The NNGF committee grew during this period with members being recruited from all over the world but with Asia and South America being targeted. Activity in South America continues with Brazilian Et nurses being actively involved on both the NNGF committee and the WCET Education committee. Many have applied for and received CTS where they have presented and contributed to the Congress. The importance of having a large and multinational committee is in the diversity of opinion and strengths that it brings to the WCET as a global association. This is demonstrated in the election of Arum Pratawi as the first Indonesian member as chairperson and member of the WCET board.

Carmen George



Carmen George, NNGF Chairperson 2012 – 2016



Marylyn McManus and Susan Stelton. The WCET EB named an NNGF ETNEP Scholarship in honor of Marylyn's many contributions as NNGF Chairperson and Treasurer of the WCET and presented at the Cape Town Congress 2016

WCET™ and Hollister Incorporated (continued)

WCET Journal Sustaining Partner

Hollister Incorporated is a long-term advertiser in the Journal, which provides evidence-based information to help ostomy, wound and continence healthcare providers make sound clinical care decisions.

Conclusion:

We continue to strive for a strong relationship with the WCET, and are committed to supporting it in the future. We congratulate the organization on its milestone anniversary and look forward to working with the newly elected Executive Board.



WCET President nominee Elizabeth Ayello (center) with Stoma Clinical Nurse Specialists Laurie McNichol (US) and Emma Maltby (UK) at the Hollister and Dansac joint Educational Symposium in South Africa

Presidents of the WCET™



Prilli Stevens
1980-1984



Mary Jo Kroeber
1984-1988



Marilyn Spenser
1988-1992



Mavis Watson
1992-1996



Norma N Gill
1978-1980



Catherine Foster
1996-1998



Nancy Faller
1998-2001



Sandra Smits
2001-2006



Elizabeth English
2006-2010



Louise Forest-Lalande
2010-2014



Susan Stelton
2014 – 2018



Presidential badge of office



Presidents: Norma, Prilli and Marilyn, in Lyon



NORMA N GILL (1978 –1980)

Norma Gill, the world's first enterostomal therapist, was an extraordinary person. Despite being afflicted with a life-threatening and incapacitating illness, and undergoing surgery and a permanent ostomy, she found the strength to look beyond her own situation and recognised the needs of others in similar

circumstances. With incredible drive and energy, she single-handedly embarked on a mission to establish informed care and the necessary skills for ostomates, not only in her native country, America, but worldwide.

Initially, much of her work was centred around the Cleveland Clinic and the department of colorectal surgery, where with Professor Rupert Turnbull she initiated and ran a service for pre-, peri- and postoperative patients. Her insight, practical and counselling skills were such that basic skills were shared with nurses and colorectal fellows at the clinic. Subsequently, a school of enterostomal therapy nursing was established at the clinic. Norma had a dream of establishing an international body of enterostomal therapy nurses and with perseverance and sheer personal drive, called together a pioneering group to meet and constitute a formal body, thereafter to be called The World Council of Enterostomal Therapists (WCET™). Thus it was that in 1978 in Milan, Italy, Norma became not only the founder, but the first president of the WCET™.

Throughout the remainder of her life, Norma served the association selflessly, attending all the meetings, always seeking to improve the delivery of services and education. At one point, she edited the *WCET™ Journal* and at all times supporting those involved in the work of an enterostomal therapist worldwide.

The WCET™ is immensely proud of Norma and the Norma N Gill Foundation — named in her honour — is a lasting legacy of her immeasurable dedication and accomplishments.



PRISCILLA J d'E STEVENS (1980 –1984)

I was fortunate to be a pioneering member of the WCET™ when in 1976 a pilot group of eight met at St Mary's Hospital in London and subsequently in 1978 formally met in Milan in tandem with the International Ostomy Association to

establish the WCET™. At this time, we appointed Norma Gill as our President. We met one further time in Düsseldorf a year later, with Norma still at the helm. In 1980, we went to America to the Mecca of ET nursing — the Cleveland Clinic — where I was most honoured to accept the nomination to be the Second President of the organisation.

Following in Norma's footsteps was never going to be easy, but I am a great believer in "different horses for different courses".

I also acknowledge that no single person was going to make the organisation, but that an efficient team approach would work well.

One of my first actions in 1980 was to establish The Norma N Gill Foundation to honour and recognise Norma for her wonderful vision and work and to act as a fundraising vehicle for the organisation. I must acknowledge the very particular contribution to this foundation by the chairperson, Marylyn McManus, who worked tirelessly and efficiently building up the funds and investing them wisely in order to generate bursaries.

Communication in all its forms in those days was epic! Typing with two fingers, writing airmail letters, or using one's home telephone (courtesy of the unsung heroes, our husbands!) kept the show on the road. The midnight oil was burnt by all the executive and the enthusiasm and work accomplished was magnificent, considering we were all juggling our busy clinical jobs and shouldering the postage, stationery, telephone bills and travel expenses to keep everything alive!

Early conferences were organised by us and facilities, including overhead projection (35 mm slides) and a whiteboard were it! The commerce frequently exhibited on a trestle table and in what would now be classified as very suboptimal space!

I set myself some simple goals. The first was to communicate with the members and we managed to put out a quarterly newsletter, kindly facilitated by Bristol Myers Squibb, and Bob Loy. It was edited by Nortrud Schindzielorz. I also wrote regularly to many of them and encouraged them to participate in our biennial conferences.

One of my main drives was to "sell" the concept of specialist clinical nurse in stoma care to as many institutions as possible around the globe. This involved speaking at many aligned meetings on clinical stoma care and the role of the stoma therapy nurse as part of the team.

We established an on-site education program and we were able to personally answer requests for on-site education by seconding a "tutor" to deliver the information and demonstrate the clinical skills. In my time at the helm, I ran a course in Bologna, Italy, Marilyn Spencer (Norma's colleague at the Cleveland Clinic) went to India and Joan Van Niel, ET tutor at the Cleveland Clinic, went to St Luke's Hospital in Japan.

WCET™ membership included persons already working in established and well supported practices in teaching hospitals, large centres and community nursing. However, we also supported those from emerging services, who were often trying to work as unrecognised clinicians in countries and hospitals where there were few consumables and no education in stoma care nursing. A further barrier existed with the inability to speak or understand English — our language of communication.

Many talented speakers and educators emerged. Papers delivered at our conference in Munich in 1982 highlighted the amazing practice from places such as the flying doctors in Australia, to commuting on snow shoes and reindeer-drawn sledges in Norway and Finland. Slides shown by our Indian delegate caught fire in the projector. Subsequently, commercial interest in our organisation enabled us to produce bigger and better meetings and their financial support of members enabling them to travel and subsist opened another area of concern as such activities came under the spotlight.

My final coup de grace in 1984 was convening our meeting in South Africa, where in spite of major political restraints due to Apartheid, we had a wonderful meeting and specifically aired cultural and ethnic differences around the globe as they impacted on ostomy care. The warm camaraderie of the attendees, the sharing of clinical expertise amongst other doyens of the global surgical fields, as well as research and development from commerce all together in one hotel on the edge of the Indian Ocean with a magnificent African choir serenading us under the stars was as good as it gets!

I have been so proud to be a member of the WCET™ and have had a lifetime of wonderful personal growth and experience — to say nothing of meeting and enjoying the company of some amazing colleagues from all over the world. Thank you!

MARY JO KROEBER AM (1984 –1988)

At the 1984 WCET™ Congress in Transkei, South Africa, I was elected President of the WCET™. I set three objectives. The first was to promote the professional characteristics of the WCET™ by developing a professional, independent journal. The second was to convene a successful fifth biennial congress, which was being hosted by Australia in the city of Perth in 1986 and the third was to facilitate a congress hosted by a non-English-speaking country.

The theme of the Perth congress was *Caring and Sharing* and it brings back happy memories. The stomal therapy nurses across Australia were represented by a congress committee, with members from each state who were able to be present at the committee meetings, courtesy of our national airline and the congress hotel.

The Exhibit Liaison was represented by Al Priest (RIP) and Steven Kuhen, United Division, Pfizer.

The opening ceremony included the introduction of the International Delegates in their national dress and each carrying their national flag. This gave each country an opportunity to add to their status in their home country.

The WCET™ Executive also had an opportunity to become known to the members by various activities during the congress.

The congress was financially successful, raising a significant amount of money for the Norma N Gill Foundation, the WCET™ and Australia benefiting.



Nancy Faller, Mary Jo Kroeber

Over the years, as a member of several WCET™ committees I had built up very good relationships with many countries and as President of the WCET™ these were further developed. During the Perth congress I approached several countries to see if they would be interested in hosting a congress. In those days we had to motivate countries to put their hand up, whereas now there is plenty of interest.

I was privileged to be appointed Congress Liaison to Japan and Israel. Here we had our first Asian congress and first Mediterranean one. In 1994, Japan held their first congress in Yokohama, with the theme of *New Idea — New Hope*. Israel's theme was *To Enlighten the Future* and the venue was Jerusalem.

In Japan the convenor was Dr Tasio Tamura. During my first briefing in Japan, Yokohama was selected as the venue as it offered serenity, dynamism and conservatism. This was displayed in their art, cuisine and haute culture. The venue was also described as a work of art, the city as a place of art. The outcome was a brilliantly blended congress which was able to meld a multitude of activities, culture and languages.

Israel's congress was held in 1996 and the convenor was Aliza Yaffe. The congress is best summarised using Aliza's words:

"Israeli nursing will never be the same again! This is especially true for the 15 stoma care nurses who took part in the preparation and implementation of the eleventh biennial congress of the WCET™.

We are still walking on air, our heads are full of new ideas and we are celebrating anew each letter of appreciation received."

Aliza believes they were moving into a new era, one in which we highlight the psychosocial needs of the patient and family and look at the 'whole not the hole'. The Mediterranean sunset provided a magnificent background for many of the WCET™ functions and the generally relaxed environment added to the great congress success.

Personally, I would like to thank Japan and Israel for the wonderful way in which they looked after me as the congress liaison. It is something I will never forget.

MARILYN SPENCER (1988 –1992)

Marilyn Spencer is indeed a living legend. She is now in her 90s and living in a care facility in Ohio. Paula Erwin Toth visited her and records this contribution on her behalf. Paula writes:

“Marilyn’s skills as a clinician, mentor and educator are the stuff of legend. She took special care with our international students at the Cleveland Clinic, helping them to understand and apply their knowledge in clinical practice. She made sure to familiarise herself with the challenges each student would face when returning to their own country. She helped to guide them into becoming leaders and advocates for the establishment of enterostomal therapy nursing in their homelands. Once the new graduates returned home, Marilyn became their mentor and adviser, providing support whenever called upon. Many of her students became a driving force improving the care of people with wounds, ostomies and incontinence around the globe. Her work with the Cleveland Clinic and the WCET™ allowed her to travel abroad and teach thousands of health care providers, thus making the positive differences we still feel today.

On a personal level, Marilyn was instrumental in the development of my clinical, managerial and leadership skills — hers were nothing short of magical! The many students she taught graduated to ‘fly alone’, but she was always there with a safety net! It has been my privilege to work with, in my estimation, the two greatest ETs of all time — Norma Gill and Marilyn Spencer. They certainly changed my life and the countless lives of nurses, physicians and patients for ever.”

MAVIS P TAYLOR (née Watson) (1992 –1996)



Before my retirement from nursing in 2000, I had been involved with the WCET™ serving in many capacities. Firstly, I was the International Delegate for the United Kingdom, then Vice-President for four years. I was elected as President in 1992 at the 9th Congress held in Lyon, France.

Each president sets their own aims and objectives with the serving committees while in office to hopefully benefit the development of the organisation. As Vice-President to Marilyn Spencer, we looked into the purchase of a chain of office for the President. And on completion of their term of office a name and dated bar of that President would be added. This was achieved.

One of my personal objectives was to address the membership survey carried out in February to April 1992 by Dr Peter Hindley of the Bristol Business School in the United Kingdom. The survey results were made available in 1992 and the report contained both positive and negative points, identifying

strengths and weaknesses. As a result, we were able to formulate a strategic plan to improve the organisation and to enable the Executive Officers to serve the members more efficiently. These were the goals the membership requested.

I then proceeded to achieve charitable status for the Norma N Gill Foundation. Previous attempts had been made in the USA without success. But the United Kingdom was considered to be more amenable to this. With financial support from Coloplast UK, and numerous visits to solicitors in London, we finally achieved this in 1995.

I also participated in increasing membership and obtaining materials for the journal by offering payment for appropriate articles.

My first congress as President was at the 10th WCET™ Congress held in Japan. My personal gesture to the Japanese hosts was to open the congress with my first sentence in Japanese. The committee and I planned to put into action a paid secretarial position to make the WCET™ more user-friendly.

At the 11th congress, held in Israel, in my last official capacity as President, I again opened the congress with the first sentence of my speech in Hebrew.

It was also announced at this congress that the United Kingdom would host the 12th congress in 1998 in Brighton. I had the privilege of assisting Barbara Borwell, along with a planning committee, to do this.

The following year in the New Year’s Honours list in the United Kingdom, I was awarded the Order of the British Empire (OBE) and was presented with this medal by His Royal Highness Prince Charles in May 1999 for my services to nursing. I was accompanied by my two sons, Jonathan and Mark, to this presentation.

I thoroughly enjoyed my time spent as a member of the WCET™ through which I made many long-lasting friendships, with members in other countries.

I would like to take this opportunity to add my good wishes to



Marilyn Spencer, Lyon President WCET™ and past president

the WCET™ on its 40th anniversary and hope it will continue to support nurses and patients worldwide in the field of bowel surgery and wound care.

CATHERINE (CATHY) FOSTER (1996–1998)



Born in England, Cathy came to Canada after a short stay in the United States (Boston) and quickly made Canada her home. Upon moving to Montreal in the early 1980s, Cathy arrived at the Montreal General Hospital as a newly minted enterostomal therapy (ET) nurse. Her vision was to develop an ET program to ensure that any individual receiving an ostomy would have access to specialised care. Cathy succeeded in doing just that, changing the landscape of ET nursing, not only in Montreal but across Canada. In the mid-1980s, Cathy expanded this vision to include the tri-speciality (ostomy, continence and wounds).

Cathy left a legacy beyond Montreal. Cathy was the president of CAET from 1986 to 1990. During that time, she worked tirelessly to advance the profession and advocate for patients. She was a driving force behind a grant from the Québec government to help defray the costs of ostomy supplies. She was a master of developing policies and by-laws. There were skills that helped establish the CAET as a not-for-profit association and allowed the association to grow and develop. Her reach went beyond the CAET as she was a founding member of the Canadian Association of Wound Care (CAWC) (now Wounds Canada). Through both the CAET and CAWC, Cathy helped directly or indirectly educate thousands of health care professionals across Canada and, in turn, improved the lives of thousands of patients.

Cathy left behind a legacy that includes a thriving ET department spanning four hospitals. One of her greatest passions was educating other nurses. It is in this capacity that I had the pleasure of meeting and working with Cathy. In 1996, she had just started her presidency of the WCET™ when she approached me and said she needed help so she could devote more time to the WCET™. Cathy lobbied hospital administrators to fund my education and I became the first student enrolled in the current CAET distance education program. Under Cathy's guidance and support I became the first graduate from the program. Many remember Cathy's political skills and ability to facilitate change; I will forever remember her for her passion for education and patient care and as one of the best mentors I have ever known.

In the late 1980s, Cathy's ambition was to change the face of ET nursing on a global level. She once told me that her vision was for ET nurses to be the global leaders in wounds, ostomy and continence care. Cathy was thrilled to be elected as president of the WCET™. She spoke with great passion about the organisation and the projects she was planning on leading. Sadly, Cathy's quest was cut prematurely short when

she passed away in 1989. In the week prior to her death she told me one of her biggest regrets was that she was not able to fulfill her presidency with the WCET™. Twenty years have passed since we lost her, but I like to think that she would be pleased with the legacy she left behind and the great work that the CAET and WCET™ are accomplishing.

NANCY FALLER (1998 –2002)



I was blessed to serve as president of the WCET™ from 1998 to 2002. It was exciting to observe the changes as we progressed from ever-so-slow postal services to instant electronic communication and upgraded from a typed membership list to a digital database.

During my tenure at the helm, three notable things happened, all closely related. Firstly, we lost two of our past presidents: Norma Gill-Thompson and Cathy Foster. Norma was the founder of both ET nursing and the WCET™. She had a dream that all patients across the globe would have access to specialised care. (I'll bet she is smiling now.)

Secondly, I had the great honour to be a part of the opening ceremony for the first ET Nursing Education Program in China. As I stood at the podium, I said Norma should have been in my place. She loved to tell stories of her trip to China. I know she was proud to see ET nursing education taking root there.

Thirdly, I had the extreme pleasure to welcome five new life members: Pat Blackley, Heather Hill, Katherine Jeter, Mary Jo Kroeber, and Prilli Stevens — three from Australia, one from the United States, and one from South Africa. These ET nurses walked in Norma's footsteps, moving her vision forward.

Many years ago, I attended our national ostomy association meeting. Two guests in the hotel were looking at the schedule of daily events. The woman turned and said to her husband, "Ostomy, what's that?". The man turned and said to his wife, "Ostomy, that's what they do to you after you die". Just minutes later, I was sitting in a lecture given by Rolf Benirschke, a former national sports figure, who has an ileostomy. At the end of his presentation, he said to the audience, "So, ladies and gentlemen as you can see, an ostomy is not the end of living, it's living with a new end in view".

May the WCET™ continue to spread the message of *life* for all persons not just with ostomies but with wounds and incontinence as well. I leave you with an ancient Jewish saying, "Lchayim, to *life*, l'chayim".

Español

Tuve la bendición de servir como presidente del WCET™ desde 1998 hasta 2002. Fue emocionante observar los cambios a medida que avanzamos desde servicios postales cada vez más lentos hasta comunicaciones electrónicas instantáneas y pasamos de una lista de membresía tipeada a una base de datos digital.

Durante mi mandato, sucedieron tres cosas notables, todas estrechamente relacionadas.

Primero, perdimos a dos de nuestros presidentes anteriores: Norma Gill-Thompson y Cathy Foster. Norma fue la fundadora de la Estomatherapeia y del WCET™. Soñó que todos los pacientes de todo el mundo podrían tener acceso a atención especializada. (Apuesto a que ella ahora está sonriendo).

Segundo, tuve el gran honor de ser parte de la ceremonia de apertura del primer Programa de Educación de Estomatherapeia en China. Mientras estaba en el podio, dije que Norma debería haber estado en mi lugar. Le encantaba contar historias de su viaje a China. Sé que estaba orgullosa de ver cómo la educación en enfermería ET se arraigaba allí.

Tercero, Tuve la necesidad extrema de dar la bienvenida a 5 nuevos miembros de la vida: Pat Blackley, Heather Hill, Katherine Jeter, Mary Jo Kroeber, y Prilli Stevens — 3 de Australia, 1 de los Estados Unidos y 1 de Sudáfrica. Estas Estomatherapeutas siguieron los pasos de Norma, llevando su visión hacia adelante.

Hace muchos años, asistí a nuestra reunión nacional de asociación de ostomía. Dos invitados en el hotel estaban mirando el horario de los eventos diarios. La mujer se volvió y le dijo a su esposo: "Ostomía, ¿qué es eso?". El hombre se volvió y le dijo a su esposa: "Ostomía, eso es lo que te hacen después de que mueras". Unos minutos más tarde, estaba sentado en una conferencia dada por Rolf Benirschke, un ex nacional, figura deportiva, que tiene una ileostomía. Al final de su presentación, dijo a la audiencia, "entonces, señoras y señores, como pueden ver, una ostomía no es el final de la vida, es vivir con un nuevo fin a la vista".

Que el WCET™ continúe difundiendo el mensaje de *vida* para todas las personas no solo con ostomías sino también con heridas e incontinencia. Los dejo con un antiguo dicho judío, "L'chayim, a la *vida*, l'chayim".

Polskie

Byłem błogosławiony, aby służyć jako przewodniczący WCET™ od 1998 do 2002 roku. Obserwowanie zmian było bardzo ekscytujące, poczynając od tak powolnych usług pocztowych, aż po natychmiastową komunikację elektroniczną i uaktualnioną z wpisanej listy członków do cyfrowej bazy danych.

Podczas mojej kadencji u steru zdarzyły się trzy ważne rzeczy, wszystkie ściśle ze sobą powiązane.

Pierwszy, straciliśmy dwóch naszych poprzednich prezydentów: Normę Gill-Thompson i Cathy Foster. Norma była założycielką zarówno ET Nursing, jak i WCET™. Miała sen, że wszyscy pacjenci na całym świecie mieliby dostęp do specjalistycznej opieki. (Założę się, że teraz się uśmiecha).

Drugi, miałem wielki zaszczyt uczestniczyć w ceremonii otwarcia pierwszego programu edukacji pielęgniarskiej ET w Chinach. Kiedy stanąłem na podium, powiedziałem, że Norma powinna być na moim miejscu. Uwielbiała opowiadać o swojej podróży do Chin. Wiem, że była dumna widząc zakorzenienie edukacji ET.

Trzeci, Miałem ekstremalną przyjemność powitania 5 nowych członków życia: Pat Blackley, Heather Hill, Katherine Jeter, Mary Jo Kroeber i Prilli Stevens — 3 z Australii, 1 ze Stanów Zjednoczonych i 1 z Południowej Afryki. Pielęgniarki ET szły po śladach Normy, przesuając wzrok do przodu.

Wiele lat temu uczestniczyłem w naszym krajowym spotkaniu stowarzyszenia stomijnego. Dwóch gości w hotelu patrzyło na harmonogram codziennych wydarzeń. Kobieta odwróciła się i powiedziała do męża: "Stomia, co to jest?". Mężczyzna odwrócił się i powiedział do żony: "Stomia, to właśnie ci robią po twojej śmierci". Kilka minut później siedziałem na wykładzie Rolfa Benirschke'a, byłej narodowej, sportowej postaci, która ma ileostomię. Pod koniec swojej prezentacji powiedział do publiczności: "tak panie i panowie, jak widzicie, stomia to nie koniec życia, żyje z nowym celem".

Niech WCET™ nadal rozpowszechnia przesłanie *życie* dla wszystkich osób, nie tylko z ostomiami, ale również z ranami i nietrzymaniem moczu. Zostawiam ci starożytne żydowskie powiedzenie: "L'chayim, do *życie*, l'chayim".

SANDRA SMITS (2002 –2006)



ELIZABETH ENGLISH (2006 –2010)



It was time for manual input of membership data to be replaced with online technology. The Itaba3 company, a provider of high-quality IT services, was engaged to develop a database and in 2006 the names of all people who had ever been members of the WCET™ were transposed to the new database and sorted into current and lapsed member

categories. The new site provided members with the ability to access their own personal data and update as necessary. Many hours of work went into further development of phases 2 and 3 of the database, with development of a secure payment online service for membership fees or donations, ID access allowing language of the country to be used and enhanced emailing facilities for IDs and to all members

- The appointment of a Business Administrator, the development of a business plan, development of a new Mission, Vision and Values statement and distribution of new member welcome packs.

With the development of technology, it became obvious that the WCET™ needed a person or company with advanced business skills, IT and secretarial ability to take over the business administration of the WCET™. Dianne Garde, the dedicated Administrative Assistant for the WCET™ Central office, based in Canada, remained as the main source of information with manual entry of data until the database was maintained by the appointed management consultant.

- Focus on LOTE (Languages other than English)

Pull-up banners were produced in English, Spanish, French, German and Chinese. The membership survey was translated into multiple languages. Each journal proposed to have at least one translation.

Simultaneous translation continued to be included in the congress budget. The development of a PowerPoint presentation to promote the WCET™ available for members to use to promote the WCET™ with the option of translation to any other language.

- Increased membership

There were 897 members in 2008, which increased to over 1000 in 2009 due to the concerted efforts of membership drives by board members at conferences. AASTN in Perth, Australia, 80 new members, WOCN in St Louis, USA, 90 new members, and APETNA in China, 30 new members.

- Net banking commenced with bank statements available online.
- Development of a new website took the place of the WCET™ handbook. Plans were laid for future online shop and online voting.
- Communication was enhanced with other organisations such as ECET, WOCN, IOA, APETNA, NPUAP.
- The twice-yearly *Bulletin* continued with access through the website library and the first *WCET™ Journal* supplement was successfully produced by the Journal Editor.
- The constitution was revised.
- Multiple communication with the UK Charities Commission clarified previous assumptions and determined that a UK member did not have to be on the Board as Trustee as long as the bank account remained in the UK and CC website requirements were maintained.
- Dialogue was initiated with WOCN for a joint WOCN WCET™ conference and this was successfully implemented in Phoenix, USA, in 2010. Successful congresses were held in Hong Kong in 2006 and Slovenia in 2008.

It was a privilege to be the WCET™ President and be part of such a special global organisation.

LOUISE FOREST-LALANDE (2010 –2014)



It is with great pleasure that I reflect on my experience as the WCET™ President for 2010–2014. In addition to continuing the work of my predecessors, there were varied challenges and necessary changes encountered to ensure the advancement and health of the organisation.

One of the first major encounters was the closure of the central office and secretarial support in Canada. With the assistance of a management company, a business plan was finalised, giving the WCET™ a clear and global vision about the future of the organisation. In addition, updating and improvements were required in areas such as the database, membership payment process and the website.

During my second term we realised that it was not financially feasible for the WCET™ to continue to employ a full-time business manager. As a result, a new management company was contracted on a part-time basis to support the organisation. We also had to deal with the retirement of our accountant and the challenge of hiring a replacement. Upon recognising that planning and organising a WCET™ Congress is very complex, creating a position of Congress Liaison was deemed necessary and consequently implemented.

As the President, I seriously considered my responsibility to promote the WCET™. During my terms, ET nursing in China expanded tremendously. I worked from my home desk and on-site to support this expansion. I also had the opportunity and privilege to travel to many countries as a guest lecturer and to conduct courses on various topics. This was a wonderful way to promote the WCET™. The *International Ostomy Guidelines* and a second version of the *Festschrift* book were published. A project very dear to my heart has been the successful implementation of the first online Twinning project, which involved two Nepalese nurses being enrolled into the Canadian Association of Enterostomal Therapy (CAET) Academy Enterostomal Therapy Nursing Education Program (ETNEP).

A major part of my time was dedicated to communication. Thanks to technology, we were able to have monthly board conference calls. As well, it was possible for board and committee members to arrange Skype calls according to their needs and to complete projects in a timely manner. Technology has greatly enabled us to improve the WCET™ relationship and collaboration with members, sister organisations, patient associations and industry.

Being the WCET™ President has been a wonderful and powerful experience. I have grown professionally and personally. Although retired from my hospital work, my passion for ET nursing is still alive. I continue to share my knowledge and experience with ETN students and, moreover,



Dee Waugh, Prilli Stevens, Louise Forest-Lalande, Vera Santos

with patients all along the lifespan. I am very grateful to all those who supported me during my terms. It is impossible to name everyone but they will recognise themselves. As I said in my last President's message, "Thank you WCET™", I now have colleagues and friends all over the world!"

SUSAN STELTON (2014–2018)

Reflections on the WCET™: How the world became my community



I appreciate this opportunity to share some insights about the WCET™ on the 40th anniversary of its founding. In this piece, I will share a bit about myself, my 22-year involvement with the organisation and how it has affected me and my career.

The beginning

When I was growing up, I was very studious and extremely shy. Meeting new people was stressful. I was terrified of speaking in front of people. In fact, I got up in front of a class to recite 10 lines from the play *Julius Caesar* and fainted. My teacher didn't recommend a career in public speaking. I was not a confident writer. My English teacher said that I was a terrible writer and would have a hard time getting through college. She advised me to consider a career as a florist or hair stylist. I was not adept at typing on a manual typewriter, the only variety available in 1967, and the typing teacher recommended that I not consider a secretarial career.

I didn't want to be a florist, hair stylist or secretary. Since early childhood I had wanted to be a nurse. During high school I worked as a nurse assistant in a nursing home. My work as a stoma therapist may have started there when I was the only assistant who didn't run the other way when assigned to help a patient irrigate his colostomy and put his rubber reusable pouch back on. I went off to nursing school and became a registered nurse, later returning to school to earn a bachelor's and master's degrees. I still didn't type well, so my husband typed all my term papers.

I taught in a nursing education program, despite the fear of speaking in front of people. Then I took a job as a medical/surgical clinical nurse specialist. I frequently covered the absences of the stoma therapist. When she later retired, I went

to an ETNEP, became a certified ET and assumed the stoma care caseload. I joined the Wound Ostomy Continence Nurses Society (WOCN) and went to their annual conferences.

Finding the WCET™

I read in the *WOCN Journal* that the next WCET™ international congress would be held in Jerusalem, Israel, in June 1996. I had never heard of a nursing group called the WCET™ but I learned that it is the international organisation for stoma care nurses and had members in over 50 countries. Having never been to an international professional meeting before and, interested in going to the Holy Land, this meeting intrigued me. I joined the WCET™ and registered for the congress.

I travelled to Israel alone and soon found myself in a hotel with stoma care nurses from all over the world. In all there were 400 nurses who attended the meeting. I was awestruck to meet Norma Gill, the founder of the WCET™. What an honour! The speakers and attendees were from the Middle East, Africa, Australia, Asia, Europe, and the Americas. I was captivated by many of the presentations that were made. We were from many countries, cultures, religions and language groups, but were united by our commitment to care for patients. I interacted with and made professional friends from all over the world. As I returned to the USA I knew that this WCET™ congress would not be my last! I was 'hooked'. I knew that this was the organisation that I wanted to give my time and energy to.

Increasing leadership involvement

I attended the 1998 WCET™ Congress in Brighton, England and presented a paper entitled, 'The Medication History: A Key Component of Enterostomal Therapy Practice' and joined the Constitution Committee. At the 2000 WCET™ Congress in Singapore I was elected WCET™ Executive Board Secretary. Upon return, I immediately took three computer courses to meet the needs of this new role. As Secretary, I attended and recorded minutes for the Executive Board meeting in 2001, held in St Jean de Luz, France, and the 2003 meeting in Manchester, UK. The 2002 Congress was held in Florence, Italy. There, I was re-elected Secretary and was assigned the role of Congress Liaison (Meeting Planner) for the next congress in Brazil in 2004. At the 2004 WCET™ Congress in Brazil, my two terms as secretary concluded.

I was appointed again as Congress Liaison, this time for the 2006 Congress to be held in Hong Kong. The Hong Kong Congress was well attended and financially very successful. At the 2006 Hong Kong Congress I was elected WCET™ Vice-president. As Vice-president I communicated with the International Delegate from each country, published the twice-yearly *BULLETin* newsletter and represented the WCET™ at some national and international meetings that the president could not attend.

A goal of the WCET™ is to network with other WOC nursing organisations. I approached the WOCN President with the idea



Susan Stelton and WCET™ USA friends, Jerusalem

of hosting a joint WOCN/WCET™ Conference. She and the WOCN were interested in discussing the idea. We drafted a proposal for a joint meeting in 2010. This began a long process of reviews, revisions and conference calls between the two organisations that ultimately resulted in a contract to hold the joint meeting in 2010 in Phoenix, AZ. In 2008 I did not run for a second term as WCET™ Vice-president to devote all efforts as Congress Liaison to planning the joint conference. There were 3800 registrants for the congress. As Congress Liaison, I had the pleasure of greeting participants from each country in their native language during the traditional WCET™ Parade of Nations.

At the end of the 2010 conference, I resumed the role of Vice-president. I was re-elected as vice-president in 2012 in Adelaide, Australia. I was elected to the office of President at the 2014 WCET™ Congress in Gothenburg, Sweden and reelected in 2016 in Cape Town, South Africa.

Becoming a writer

Along the way, I began writing more and more. From 2002 to 2004 I helped our WCET™ President write her English language President's message columns and articles for the *WCET™ Journal*. In 2006, I published a case presentation for the *WCET™ Journal*, entitled 'Stories from the bedside: The cookie man'. I co-authored the *International Ostomy Association Visitor Training Guide* in 2006. This guide is used to train ostomy visitors and has been translated into 15 languages worldwide. My article 'Wound care after an earthquake disaster: One nurse's experience' was published in the *WCET™ Journal* in 2010. I co-authored the article 'An ostomy-related problem-solving guide for the non-ostomy therapist professional' published in the *WCET™ Journal* in 2010. I have published some articles for other journals as well. In 2014, I helped to edit the *International Ostomy Guideline*. In 2016 I co-edited the *Ostomy Problem Solving Pocket Guide*. From 2014 to the present, I have written a quarterly President's message for the *WCET™ Journal*.

International education and mentorship

At the 2002 congress, I was approached by the WOC nurse from Turkey (the only WOC trained nurse in her country) to help teach a course on WOC nursing for Turkish nurses. Although I did not speak Turkish, I was interested in helping her to bring our specialty to Turkish nurses. She and I

developed the curriculum for an intense, one-week, 56-hour introductory course. She submitted the proposal to the Turkish Ministry of Health. After our course was approved in 2003, we held the WOC course in October 2003 in Ankara, Turkey for a class of 30 nurses. They were all were eager to learn the WOC specialty; WOC nursing was off to a promising start in Turkey. In 2005 my Turkish teaching partner Ayşe and I were invited to speak at a WOC Nursing Symposium held along with the Turkish Colorectal Surgeons Meeting in Adana, Turkey. There I observed 100 Turkish doctors with translation headphones on attending my Nursing Symposium lectures on 'Stoma Site Selection', 'Stoma Complications' and 'Wound Management'. At the end of the symposium, Ayşe informed me that this was the "first time nurses ever spoke at a doctors' meeting in Turkey." I was very glad that she didn't share this information before my lectures! After the symposium we taught the one-week WOC course at the local university. I returned to Turkey in 2006 (Istanbul), 2007 and 2008 (Ankara) to teach the one-week course. As we taught each course we mentored Turkish nurses who had already taken the course to begin teaching the lectures. By 2009, Ayşe and her colleagues taught the course without any assistance from me. Since we began our teaching project, Turkish nurses have published articles in the *WCET™* and *WOCN* journals. Mission accomplished!

Summary

The WCET™ has changed the way it accomplishes things during the last 22 years since I first joined. It has moved along with technology to have a website, an electronic membership database, an online membership registration and payment system, online banking, online posting of the *BULLETin* and *WCET™ Journal* and online voting. What has not changed over the years are the same things that first drew me to the WCET™: commitment to serving our patients worldwide; education of nurses worldwide to care for our patients; and collegiality with worldwide members without limitations of politics, ethnicity, culture, religion or economic status. The WCET™ remains an organisation that I am very proud to be a part of.

Involvement with the WCET™ has helped to shape my career in many positive ways. I have travelled the world, interacted with many international colleagues, increased my cultural competency and dabbled in new languages. My computer and typing skills improved and I became a more confident public speaker. I have had the opportunity to serve in a variety of leadership roles, helped introduce our specialty to a country and mentored international nursing colleagues. I planned three world meetings and developed my writing skills to publish and share nursing information internationally.

The preceding is a summary of how the shy girl who was afraid of public speaking, who couldn't type and who was not a good writer came to be on or serve the WCET™ Executive Board for 18 years, culminating in the role of President. Because I said 'yes' to many opportunities and became involved in the WCET™, over time the world became my 'community'. My advice to others is, "Don't be afraid to say yes to something new; *you never know where it will take you.*"

Celebrating 40 years *with WCET*

We have been cooperating with the WCET since its foundation in 1978, supporting the mission of leading the global advancement of specialised, professional nursing care for people with ostomy, wound or continence needs.

Coloplast has been improving the lives of people with intimate health-care needs for more than 60 years. But we were never alone on the journey.

Healthcare professionals all over the world share our ambition of better care. People with intimate healthcare needs are sharing their opinions and dreams. Local partners are fighting side-by-side for better access to healthcare. And across all fields of expertise, we are sharing knowledge to reach better outcomes.



*This year, we
congratulate the WCET
on its 40th anniversary!*

WCET™ Education

Introduction: Prilli Stevens SRN, ET Chairman Education Committee 1984–1992

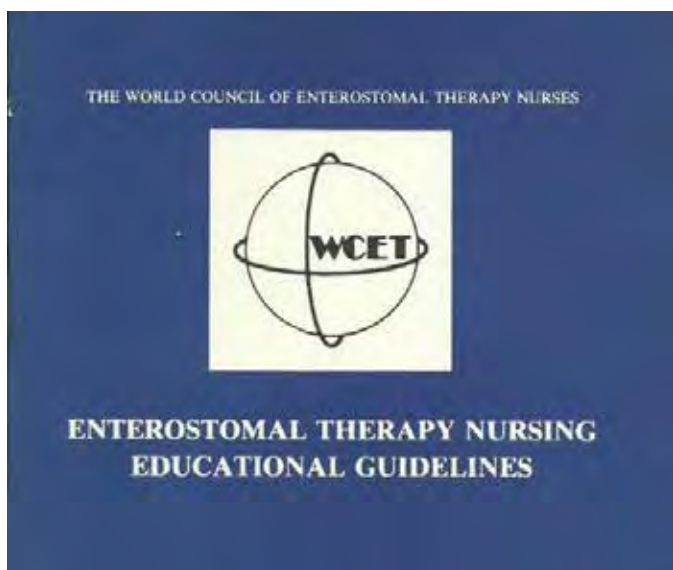
The founding of a world body of enterostomal therapy nurses in 1978 saw an era where established first-world enterostomal therapy nursing was only functioning in 16 countries of the world.

Formal Enterostomal Therapy Nursing Education Programs (ETNEPs) were only available in the USA, UK, France, Australia, Canada, South Africa and Sweden. At this stage, these programs were devised by individuals or their schools of nursing and implemented for national consumption. The USA welcomed international students, who were usually recommended by their surgeons who had attended their own colorectal education at one of the centres providing ET education. The role of the WCET™ Education Committee has varied in each decade of its existence, as clarity on the world's needs and availability of expertise progressed.



Iran educators: Liz English, Keryln Carville and Carmen George, 2009

1978–1985: was spent reaching out to inform and educate countries about the need for ET nursing and the functions such a specialist nurse would be able to perform, with cost cutting and quality of life results. This was accomplished by the creation of a travelling exhibit, manned by one or two individuals from the Education Committee. These individuals attended many international surgical and nursing meetings as well as the international ostomy association meetings to advertise the role of an ET nurse; the WCET™ recognised schools of ET nursing; and the Norma N Gill Foundation bursaries.



Educational guidelines and schools, 1985



Invited WCET™ educators to Madrid



Liz English and Laurence, Kenya, 2016

Many countries expressed a wish for on-site education, which required a member/s of the Education Committee or a recommended WCET™ educationalist enlisted to travel to a country and conduct a minimum two- to six-week program. This was obviously time-consuming and very hard work for the enlisted WCET™ educationalist, who did this gratis and over and above her own working situation. The WCET™ funded or part-funded travel and the accommodation and board was the responsibility of the hosting country. At this stage the finer

points of how to formalise and deliver a recognised program was still in the melting pot!

To agree on content, methods of delivery and assessment tools for a recognised program was not as easy as it sounds! A coming together of committee members representing Northern, Southern, Eastern and Western nursing standards was at times quite unwieldy and difficult. It became obvious that education for nurses differed enormously from one side of the world to the other and linguistic interpretation required much work in ensuring clarity. Tiers of nursing emerged, with baccalaureate nursing of the highest degree being the acceptable for formal training programs by some countries, whereas a lower tier of nursing was representative of others. The subsequent entry-level requirement precluded many from embarking on such a specialist training, while others accepted the general nurse with a two-year postgraduate clinical experience into their programs.



Crete



Crete Exhibition manned by Prilli Stevens – Education Chair and Chris Harocopos (Greek Speaking) WCET Secretary

The ETNEP content slowly came to acceptance over a four-year period. Many people contributed to the final drafts and with each module the program grew from two to 12 weeks as continence and wounds were added to the content. It is still an issue in some countries that any course of less than one

year does not receive any recognition or recompense ... thus it is still a work in progress, 40 years on.

In 2018, it is still a fact that the basics of stoma, fistula, continence and wound care are unknown in many parts of the world. The WCET™ is the go-to association for assistance and basic education, followed by information on access to formalised education. Twinning projects between each member country have achieved wonderful results, with members willingly embracing the opportunity to invite nurses to their centres for on-site field experience, as well as conducting lectures and clinical demonstrations between countries.

The Norma N Gill Foundation has proved magnificent in the ability to assist students in attending courses and conferences to further education.

WCET™ education today (ETNEPs/REPs)

Denise Hibbert

**RGN, MSc, BSc(Hons), DipHE, STN, ONC, FSSCRS
Education Committee Chairperson 2016–2020**

Today the WCET™ recognises 57 education programs in 22 countries globally; this is a far cry from 1985 when only eight, mostly Western, countries provided these specialist courses. Over the years the vision and mission of the WCET™ Education Committee has remained steadfast in developing worldwide specialty education, but its focus has broadened. In addition to members travelling to other countries to provide courses, or having students travel to attend established programs, the Education Committee provides encouragement, support and the tools necessary to help countries develop their own programs, based on their local population needs. When national experts are lacking, the WCET™, via its charitable NNG Foundation, partners with national associations to provide on-site courses where train-the-trainer type education takes place over a number of years. The pioneer ET nurses from the first national programs are mentored during the twinning project to be the experts and education providers for future courses.



Louise Forest-Lalande and Vera Santos in Brazil.
The first Brazilian ETNEP in 1990 and the MOU with WCET™ in 2011



Vera Santos and Denise Hibbert with ETNEP/REP Directors during Congress meetings, 2016

The education committee presently has 27 members, representing 16 countries. These members now utilise standardised tools to assess new and re-recognition applications for Enterostomal Therapy Education Programs (ETNEPs) and Recognised Education Programs (REPs) in stoma, stoma and wound or stoma and continence. Additionally, they employ standardised processes during site visits to ensure that WCET™ advancement of specialised nursing education maintains the same high-quality focus across countries. These members all have experience of developing or supervising WCET™ recognised ETNEPS or REPs.

The WCET™ recognition of stand-alone stoma, stoma and wound, or stoma and continence courses as REPs, recognises the fact that countries may have different population needs and varying available resources, while maintaining sight of its original focus on supporting individuals with stomas. These programs vary in length from weeks to years, and the manner in which they are provided — full-time, on-site to distance learning. Some programs are still hospital-based but many are within or attached to a university, and they have all been assessed to meet a minimum requirement in theoretical and clinical practice. Guidelines for the development of ETNEPS and REPS are available on the WCET™ website and are reviewed and updated biennially. Across ETNEPs, continence has always been the orphan with stoma and wound taking centre stage. Since 2015 the Education Committee has worked to try and ensure ETs are knowledgeable enough about continence issues to provide continence services. ETNEPs/REPs are now expected to provide equal amounts of time on theory and clinical practice.

Site visits are now performed by experienced education committee members for all new programs and at two- to five-year intervals on established programs. The aim of the site visit is to ensure that what is documented in the ETNEP/REP application is practised on site. It also provides an opportunity to speak with students and take valuable feedback, to review evaluation methods and ensure critical thinking is being developed. This helps to maintain the standards set by the WCET™, despite ETNEP supervisors and directors changing. This time is also utilised to network and to ensure that Norma Gill's vision of providing expertise and skill is utilised in the



Louise Forest-Lalande, Nanjing, China, 2017



Denise Hibbert and Wang Ling Yan in Guangzhou, Hunan and Anhui, 2017



Laurent Chabal and Zarah Perry-Woodford, Croatian site visit, 2018

care of individuals with stomas, wounds and continence issues around the globe. The biennial WCET™ Congress also allows time for face-to-face meetings with ETNEP/REP Directors; this meeting encourages networking and sharing of innovations and concerns.

When nations have well-established programs and specialist associations that guide development and review of ETNEPs/REPs, they may apply for a memorandum of understanding (MOU) with WCET™. Six countries presently have an MOU



Prilli Stevens with educational models for sale

with the WCET™, which allows them to evaluate their own programs using WCET™ guidelines, via their national Enterostomal Therapy Nursing Association.

Advancements in technology have allowed the Education Committee to be more transparent about its role and function

by uploading its reports and guidelines onto the WCET™ website education page. These guidelines are in the process of being translated into other languages. Technology has also improved the way we communicate with each other, with ETNEP Directors, students and the public via email, Skype and messaging. It has also allowed for the recording and uploading of website educational offerings such as webinars.

The growth of ETNEPs and REPs around the world is impressive. Skilled nursing expertise allows for the provision of care for individuals with stoma, wound and continence conditions, but also the education of others. The growth of the ET nursing specialty via the WCET™ family, by handing down or passing on the baton, is a reflection of the generosity of all the individuals over the past 40 years involved in sharing their expertise, knowledge and skill. Norma Gill would be very proud.

Thank you to Elizabeth English, Vera Santos, Laurent Chabal and Carmen George for additional information and pictures.



Congratulates the
WCET™
on the occasion of its
40th Anniversary

30 Years of innovation

IMPROVING THE LIVES OF OSTOMATES THROUGH INNOVATION.

By Dr Arash Moavenian, Head of Research and Innovation at Welland Medical.



As a British manufacturing company, established in 1988, we are today a major global player in the field of ostomy, and I have the privilege of working with a strong, passionate and dynamic team delivering the highest quality and innovative products to our end users.

Creating true value through new product development relies on a deep understanding of user needs, challenges and desires. The patient-centric approach we employ, coupled with the inquisitive and skilled development team, headed up by Mark Newton, plays an integral part in ensuring that we provide products that enhance the lives of ostomates, and this underpins our mission. Further, our value proposition extends along the stakeholder chain, ensuring that products are available as widely as possible across different healthcare reimbursement structures and to users around the world.

The ostomy pouch can be perceived as a simple medical device comprising of a collection pouch and a skin adhesive that attaches the bag to the body. However, the plethora of devices and accessory products on the market, each tailored to a particular patient group, presents just one indicator of the complexity in management of a stoma; there are major physical and psychological user considerations in new product design, which include secure yet atraumatic attachment, management of odour, discretion and comfort, and this all presents a stimulating and challenging arena for innovation.

One of our latest innovations, the Aurum® range, builds upon the trusted, natural and effective hydrocolloid formulation we have established for three decades, through the incorporation of Manuka honey into the skin adhesive.

This has proven to be effective as an intervention in problematic skin and is being advocated for use in maintaining healthy peristomal skin condition. Another is in the accessories range, where Welland Medical developed the first hydrocolloid-based flange extender in the market, HydroFrame® and more recently launched the revolutionary UltraFrame®, which is the world's thinnest, most conformable and discreet flange extender.

We are increasingly placing focus on supporting and empowering care providers and ostomates with robust scientific and clinical data relating to our innovative products; this is being achieved through broadening our academic collaborations across world-class institutions and continuous strengthening of our in-house research capabilities. Our commitment to high impact innovation drives and motivates our R&D activities and we look forward to continuing to shape the future of ostomy products and improving quality of life for ostomates.



Arash completed his Doctorate (PhD) at the University of Cambridge in 2012. As Head of Research and Innovation at Welland Medical, Arash and his team are responsible for new product innovation, blue-sky projects and academic and clinical collaborations.



VISIT US ON STAND G3 WCET 2018, KUALA LUMPUR

Meet our friendly team and learn how our solutions have **improved the lives of ostomates for 30 years**

Visit wellandmedical.com

**“IT FITS INTO MY SCARS
AND CREVICES AND I DON’T
FEEL THAT I HAVE IT ON.”**

Jack, 23, Ironman competitor, Denmark

uses UltraFrame® flange extenders.



#HappyStoma

Welland Medical introduced the first flange extender, HydroFrame®, in 2003 and most recently the thinnest and most conformable flange extender available in the market, UltraFrame®.



WCET™ Journal

HISTORY OF THE W.C.E.T. JOURNAL

Now that we are approaching a new phase in the development of the WCET Journal it's only fitting that we review its history.

The development of the Journal began in Dusseldorf at the 1979 WCET Conference. As this was their second worldwide conference and the WCET was now indeed a worldwide organization, it was determined that it was vital to have a "voice of communication" to disseminate an interchange of information from Enterostomal Therapists all over the world to publicize their specialty, and to spread the word in many countries that did not have Enterostomal Therapists that much could be done to help in the care of Ostomates. This could be accomplished thru education and publicity.

As I was the president of the WCET, I realized we needed outside help to publish the Journal. At that point we had neither the funds nor the circulation to publish a commercial Journal and therefore, I approached Robert W. Loy of Squibb ConvaTec. He kindly offered to publish our Journal and would distribute it worldwide until the WCET was financially able to have a commercial Journal.

The next problem was to appoint an editor who had to be someone within the WCET and who was close enough to ConvaTec to cooperate with the necessary personnel on a one to one basis. We again were most grateful to have Nortrud Schindzielorz Loy, R.N., E.T., a charter member of the WCET to volunteer to be the first senior editor. (Incidentally, Nortrud was also one of the pioneers who left her position at Cleveland Clinic Foundation as an Associate Director of Nurse Recruiting to return to her homeland of Germany and establish an eight week E.T. School in Dusseldorf, Germany.)

Nortrud and ConvaTec Squibb struggled thru the first two years of pioneering the Journal. One of the biggest handicaps, even for veteran editors, is the obtaining of articles and newsworthy items.

In 1982 Nortrud stepped down as the senior editor as I was appointed the new editor. Nortrud remained on the editorial board to assist me.

After struggling for one year with editing, ConvaTec Squibb obtained an outside person (Kelley Fitzgerald) to work with me. I owe a great deal

of gratitude to Kelley Fitzgerald. Also, at this stage, Joseph Birkbeck of ConvaTec Squibb was given the task of being our leader-liaison-- poor Joel

The rest is history. I have been the psuedo-editor from 1982-1986 with the help and contributions of many people. I would like to personally thank Robert Loy, Nortrud Loy, Joseph Birkbeck, Kelley Fitzgerald and the personnel of ConvaTec Squibb, Lorraine Acworth and Eyvonne Fowler, Past Chairmen of the Journal Committee, and Patricia Blackley, Present Chairman of the Journal Committee for all their help, assistance, and support.

It's time to take another step into a new and larger Journal. I have enjoyed it. I hope you have.

"WHAT KIND OF MAN WOULD LIVE WHERE THERE IS NO DARING. I DON'T BELIEVE IN TAKING FOOLISH CHANCES, BUT NOTHING CAN BE ACCOMPLISHED WITHOUT TAKING A CHANCE."

Charles A. Lindbergh

Joseph Birkbeck
Director of Marketing Development
ConvaTec
Princeton, New Jersey USA

Dear Mr. Birkbeck:

Many thanks for your kind letter of September 8, 1983 confirming ConvaTec's commitment to publish our WCET JOURNAL and distribute it for the next two years.

The WCET cannot really express our gratitude to ConvaTec adequately for such a constructive and generous contribution to worldwide communication in the field of stoma care.

I would like to formally thank Nortrud Loy for her tremendous accomplishments on our behalf in organising the layouts for the past two years. I also appreciate the efforts of the other members of the ConvaTec group who have assisted in the JOURNAL'S preparation and distribution.

The current issues are growing in size and content and I know we have only just begun to establish a magazine whose contents we can be proud of.

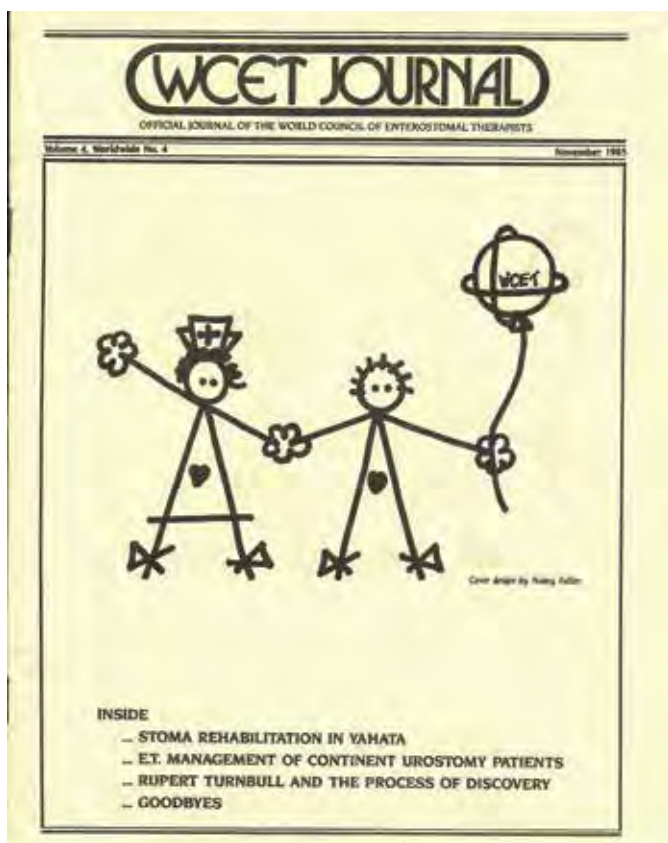
I am pleased to hear you will be coming to the WCET meeting in March '84 since it will give you the opportunity to meet with the people involved in collecting material for the JOURNAL and also attend the publication committee meetings.

I look forward to meeting you personally in March and hope you have a wonderful trip to look back on!

Sincerely,

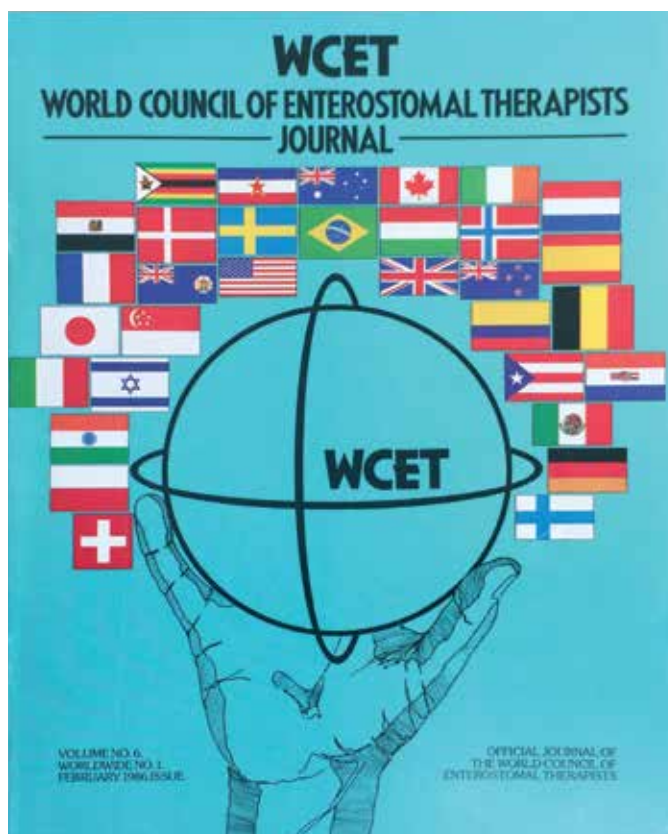


Priscilla J d'E Stevens. SRN
President, WCET



Patricia Blackley RN, GDHE, STN
Stomaltherapy Educator
Queensland
Australia

Journal Editor, February 1986



other things) formulate the appropriate content for the original quartley issues of 36 pages. This has by now expanded to 48 pages.

In the beginning the journal was distributed to 35 countries in 1986 to 60 countries at the present time.

The work involved by all concerned has been worth it!

The Editor's role in consultation with the Publication Committee was to collect and encourage contributions to share 'tricks of the trade'. We aimed for four journals each year.

Norma N Gill agreed to provide her activities titled 'Around the World with You' each quarter. Fascinating information.

News and reports from International Delegates together with advertising of WCET events around the world together with letters to the Editor and Commercial advertising were included.

Mary Jo liaised with the various publishing companies and appliance manufactures -an extensive and onerous task of its own!

Advances in electronic communication eased the volume of work required though I will always remember the rolls of fax paper billowing into my tiny office tray during those years. All our roles have varied over the years too.

It was a great learning experience and one I enjoyed and will always recall with pleasure.



My first WCET Congress at Transkei, Southern Africa presented by Prilli de Stevens and the South African Stomaltherapists led on to my role in the formal WCET Journal

Concerns were expressed there by commerce about continuing the production and distribution of the WCET communication newsletter which had supported WCET from the beginning free of cost to the organisation.

Mary Jo Kroeber was determined to offer the WCET membership a platform for a scientific publication to further entrostomal therapy education; and to extend further communication between member countries.

Perth, Australia was the next congress venue in 1986 so following long consultation with Norma N Gill about her role in such a publication. we aspired to present our first issue by 1986.

Mary Jo Kroeber crossed Australia on the West Coast to visit me on the North East coast of our vast country to (amongst

My WCET™ journey — The importance of education and knowledge dissemination

Elizabeth A Ayello

PhD, RN, ACNS-BC, CWON, ETN, MAPWCA, FAAN

WCET™ Vice-President 2014–2018



Happy 40th anniversary WCET™! I am grateful to Norma N Gill and the other pioneers whose vision, passion and efforts started this wonderful organisation that has been enriching the lives of people around the world. Any organisation is composed of the people who created it, kept it going, and

whose members provide specialised care to those in need. The WCET™ journey is made up of thousands of stories and I thank Prilli Stevens for inviting me to share mine with all of you.

Like WCET™, my story begins in the USA with a link to Italy. I have lived my whole life in New York City, although lately I escape the cold and snowy months of the Northern Hemisphere to be in warm, sunny Florida. As we all know, the WCET™ was founded in 1978 at their first congress in Milan Italy. My “founding” grandparents came from Palermo, Sicily, and a small town in the mountains of southern Italy called Accettura. Someday, I hope to visit these cities to see my roots.

My WCET™ journey also began in Italy, when I spoke on wound bed preparation (WBP) at the 2002 conference in Florence, Italy. I remember being so inspired by the opening ceremony and parade of nations and the numerous abstract presentations. My key impression of the WCET™ was the networking and camaraderie of the delegates. The photo shows me holding the WCET™ Congress key chain memento which I truly treasure, but it was the nurses I met that showed me that WCET™ was a very special association. Two years later when Julia Thompson, the WCET™ Executive Editor was leaving her post, Susan Stelton called me and asked if I would consider taking on the journal. She knew I was an experienced editor having been with the international, interprofessional journal, *Advances in Skin & Wound Care* since 1990. I know the challenges and rewards of working on a journal with a global focus. Little did I know about what I had said yes to and soon found my way to the 2004 Congress in Florianopolis, Brazil.



After an excellent orientation from Julia, I felt prepared to oversee the journal, but this other new role on the WCET™ Executive Board (EB) was a surprise. I quickly learned how much work is done by the small number of EB members.

WCET™ members consistently rank the journal as an important membership benefit. Only those who have been Executive Editor can truly understand and appreciate the scope of work that goes into providing the *WCET™ Journal*. For 10 years, in the volunteer Executive Editor role I reached out to members and colleagues to get manuscripts submitted to the journal, oversaw the peer-review process, edited accepted manuscripts, and, of course, wrote an editorial for each issue. I also worked with Greg Paull and Cambridge Media to assure the financial health of the journal. This was done by a combination of activities including creating journal sustaining partnerships (JSP), initiating industry-sponsored journal supplements and getting companies to purchase journal article reprints. Along with the journal editorial board, we worked hard to increase the number of journal articles in languages other than English and continue a good balance of articles (clinical and research) and (ostomy, wound, incontinence). Even though I resigned my journal position in 2014, Dr Karen Zulkowski asked me to remain on the journal editorial board, so I have continued to perform peer review of articles and encourage authors to write for the journal. I continue to be humbled that WCET™ bestowed upon me the designation of Executive Editor Emeritus. It is one of the most important honours of my entire career.

As WCET™ Vice-President (VP) since 2014, working with President Stelton, and all of the EB, I have had the opportunity to help redesign the management structure of the WCET™. Much time and effort went into selecting our management company, Hauck and Associates, so the logistics of the day-to-day operations could be professionally overseen. Working with Jen Wood and Graham Hauck has been a pleasure. As WCET™ VP, along with the assistance of Jen Wood, I have completed two membership surveys. I hope you enjoyed reading the results of the 2015 survey published in the *WCET™ Journal*. I will be reporting the 2017 results at congress in Kuala Lumpur and publishing them in an issue of the journal later in 2018. I have assisted Laurent Chabal with editing the *WCET™ Bulletin*. I also coordinate the WCET™ Wound Wise section of the *American Journal of Nursing (AJN)*. Please consider writing a manuscript for this important column that brings attention to our association by providing *AJN* readers with clinically practical articles from our specialty. Another important aspect of the VP role is being the EB liaison to the International Delegates (ID). This gave me the opportunity to update the ID handbook, provide certificates of appreciation to each ID for their volunteer service but, most importantly, to begin an email relationship with many IDs. I love hearing from IDs and all WCET™ members who take the time to respond to my email messages — thank you so much.

I have also enjoyed being part of teams that created several WCET™ educational resources. I served as the Executive Editor for the 2nd edition of the *Festschrift* book for Norma Gill,

written by Paula Erwin Toth and Diane Krasner. With Karen Zulkowski, Editor, Susan Stelton, Assistant Editor, and myself as Associate Editor, the *WCET™ International Ostomy Guideline* was written and launched in 2014. Karen, Laurent, and I have already begun working on the 2nd edition and plan to have it ready for congress in 2020. I also served as co-editor with President Stelton for the *WCET™ Ostomy Pocket Guide*. This year, I have been busy working with Alison Crawshaw to co-edit the *WCET™ Stoma Siting Pocket Guide*, which will premier at the congress in Kuala Lumpur.

It is ironic to me that many people only think of me as a “wound nurse.” This is probably due to the very public accomplishments of the two wound care books that I have co-edited, published research, and being on the boards of several wound associations. This includes the American Professional Wound Care Association (APWCA), The World Union of Wound Healing Societies (WUWHS) (co-Chair of 2008 Congress) and the National Pressure Ulcer Advisory Panel (NPUAP) (1999 President). The truth is, I began as an ostomy nurse, opening my first outpatient ostomy service in 1978, the same year that WCET™ began. At that time, I was working as a master’s prepared clinical nurse specialist in a hospital in New York and the Chief of Surgery who had a GI surgical textbook, asked me and another nurse with ostomy knowledge to see his patients and any other surgeon’s patients who needed specialised nursing care. I saw patients preoperatively, during their hospitalisation and after discharge. Real estate in New York is at a premium, so it was amazing that he gave us our own office space so that we could see patients. He also sent surgical interns to rotate through our ostomy service. As our patient successes became known, I soon found myself also involved in doing total parenteral nutrition (TPN). I was part of the nursing team in the USA that wrote the first TPN national guideline, published by NITA in 1979.

My parents emphasised the importance of education and helped support me as much as possible in my efforts to go to school. They also instilled in me the importance of giving back and sharing what I had learned because knowledge to be effective needs to be put into action. In my long career, I have taught patients and their families, nursing and allied health students at New York University and now am a co-director of the International Interprofessional Wound Care Course (IIWCC) that is offered through the University of Toronto in various places around the world. I also co-direct and have been co-teaching a basic and intermediate WoundPedia wound course in Manila, The Philippines. I am also a faculty member at Excelsior College, one of the oldest distance learning schools of nursing in the world. The WCET™ has a special relationship with Excelsior College and members receive a discount on college fees.

When I’m not teaching, doing research, or editing the *Advances in Skin and Wound Care* journal, my great joy is my family and friends. For as my parents also always said, “Family is everything”. My husband, Scott, is retired and our exercise class is very important together time. I have two beautiful daughters, Sarah, who is disabled and Wendy, who

is a nurse. Last year I gained a son, when Andrei, who is from Romania married Wendy. They have an adorable pug dog named Kennedy, but since Sarah couldn’t pronounce his name, she calls him Chicky. They all are aware of the time commitment that WCET™ entails and are ready to support me in my professional efforts. I relax by swimming and going to Broadway shows.

The WCET™ will be the last professional organisation for which I will serve on an executive board. At congress in Kuala Lumpur, I will become your next President and follow a long line of talented women who have devoted countless hours to making the WCET™ such an amazing global association. I believe only those who have been in that role truly know how much work it is to make this association run smoothly. My guess is that there will be more on-the-job learning for me. I am delighted with the fabulous 2018–2020 EB team that will work alongside me. Education will continue to be an important WCET™ mission. For as my parents often told me and my brothers, “education changes lives” and that’s what the WCET™ has been doing for 40 years, enriching the lives of people with ostomy, wound or incontinence needs around the world. Maybe it is because I had to wait 20 years into my nursing career before I could afford to go to ET school and earn that designation, that I believe very strongly in the WCET™ NNFG scholarships to educate nurses. I hope you will support WCET™ NNGF efforts to provide educational scholarships. I invite all of you to volunteer your time to WCET™ by serving on a committee, task force or educational resource project, provide translation, be a webinar speaker or write a manuscript for the *WCET™ Journal* or WCET™ Wound Wise column in the *A/JN*. Please send us your ideas for new educational resources or ways to better serve you. Together we can continue the wonderful accomplishments of the past as we create an even greater future for the WCET™.

Cambridge Media (which changed its name from Ink Press International in 2000) has been publishing the WCET Journal for 32 years and I have been the publisher since July 1996.

The first edition that we published was Volume 6 No 1 in February 1986 and Norma N Gill-Thompson was the editor, having taken over from the inaugural editor Nortrud Schindzielorz Loy. Those who visit the WCET stand in Kuala Lumpur can take a trip down memory lane and look at this edition. Pat Blackley took over as editor from Norma in 1986.

The editors of the journal I have worked with as publisher have been Pat Blackley (twice), Donna Bull, Julia Thompson, Elizabeth Ayello, Karen Zulkowski and Susan Stelton (as acting editor while full time president). Jenny Prentice takes over as editor from the second edition this year.

It has been a privilege to work with these editors - I have learnt much from them all.

Greg Paull

See us on
Stand G2



Celebrating innovation in stoma care with WCET

Forty years ago, the World Council of Enterostomal Therapists was founded on the principle of providing the very best specialist nursing care. For over 300 years, Salts Healthcare has shared this vision to *"be the best that*



we can be." From hand-making our first ostomy bags to developing a ground-breaking stoma collar, innovation has always been at our heart.

And now, we have even more reason to celebrate, with the arrival of **Confidence® Be**. Offering a choice of three colours for the first time – black, white and stone – our latest invention has a range of clever features to help people living with a stoma be all they want to be.

Come to see us on stand G2 and find out how Salts is still making history in 2018.

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Overseas customers can contact our International Customer Services
Team: **Tel: +44 (0) 121 333 2000**, email international@salts.co.uk or
visit www.salts.co.uk *Image on file at Salts Healthcare Ltd



Recognising Salts research
into healthy stoma skin




DERMATOLOGICALLY
ACCREDITED

WCET™ Publications



Laurent Chabal - Chairperson of the Publications & Communications Committee 2014-2018, responsible for producing the WCET Bulletin

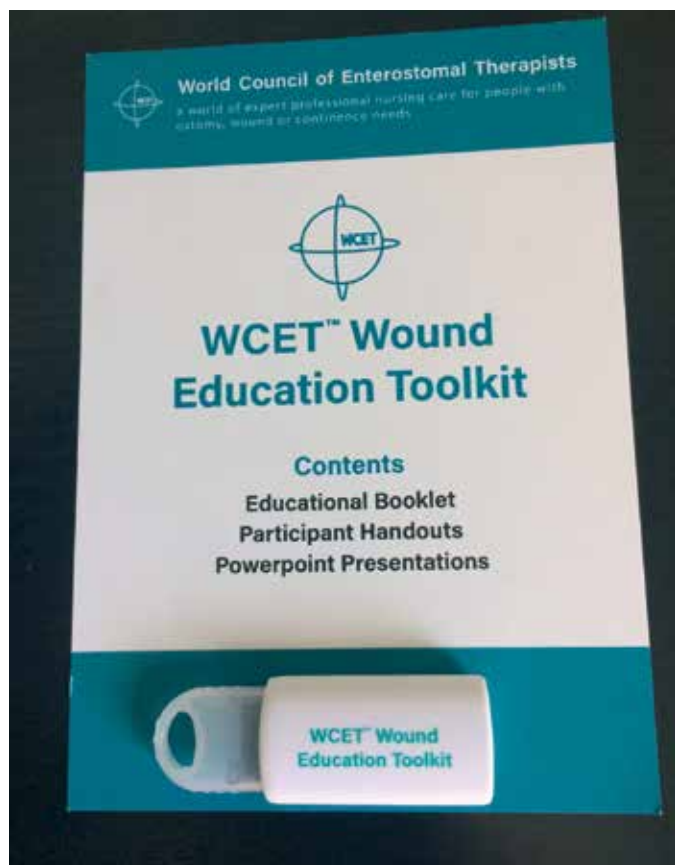
These are some of the recent publications produced by the WCET™.

NOTES	SPECIAL CARE REQUIRED	WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS
	ALLERGIES	
	IRRIGATION	
	DIET	
	COMPLICATIONS	
	POUCHING SYSTEM	
	OTHERS	NAME
		ADDRESS
		TELEPHONE

DIAGNOSIS	HOSPITAL-CLINIC, ADDRESS, PHONE NUMBER	To whom it may concern,
OPERATION		The person named on this certificate has had a surgical operation which makes it necessary for him/her to wear, at all times, a pouch attached to the abdomen to collect excretion from the lowest or bladder.
OPERATION DATE		If it is necessary to examine this pouch, a nurse/health professional should be present because any interference may cause leakage, great discomfort and embarrassment to this person.
TYPE OF STOMA		The pouch may be supported by a belt; if so, this may have metal parts which register on a metal detector.
OTHER ILLNESSES		The owner of this certificate may also be carrying supplies of spare pouches, scissors, surgical dressings, etc., in addition to his/her main luggage.
MEDICATIONS		It is essential that these supplies remain intact and are not mislaid.
SURGEON		
STOMATHERAPIST		

VISIT ON: www.wcet.org
A NON-PROFIT ORGANIZATION FOR HELPING HEALTHCARE AND PATIENTS WITH ILEUS, STOMA AND CONTINUOUS CARE.

WCET Travel Card



The WCET Wound Education Toolkit on USB



Bulletin

Issue 1 January 2018

Vice-President's Message

Honoring our WCET™ International Delegates

Elizabeth A. Ayello, PhD, RN, ACNS-BC, CWON, ETN, MAPWCA, FAAN
WCET™ Vice President 2016-2018



Happy 2018!

This is an important year for WCET™ as it marks our 40th anniversary. Throughout the year we will be celebrating this special milestone. Since WCET™ is a unique global organization, focusing on our international delegates, seemed like a great place to start. WCET™ has members in over 60 countries. As per our constitution, WCET™ members in each country have the responsibility of electing a qualified person to serve a 2-year term to represent them. That elected individual, the WCET™ International Delegate (ID) is the link between country members and the WCET™ Executive Board (EB).

A delegate can be defined as a person "who has been tasked with a specific job or given a specific purpose". Each ID asks for feedback from their country members on issues of interest regarding the WCET™ and forwards it to the EB. The ID also casts the vote for their country during the general business meeting at the biennial congress as well as any electronic internet voting that may occur outside of congress (for example EB election). Thus, the ID has an important role in being a conduit of communication. They make sure that the voices of their country members are heard by the EB and that their country members are informed about what is happening in the WCET™ organization. The ID also encourages colleagues to join the WCET™ and be active committee members. The EB is grateful that so many over the years have given of their time to fulfill this volunteer role of WCET™ ID.

This issue of the WCET™ Bulletin highlights IDs who responded to Laurent Chabal's invitation to submit a manuscript about themselves. Each story is as different and distinctive as the WCET™. Yet a common theme among the IDs is their passion and determination to improve care for people in their country. WCET™ IDs are an irreplaceable asset! So please take time to read all their exceptional stories.

As the EB liaison to the IDs, I have enjoyed working with all of you. I have appreciated hearing from all of you and seeing your tremendous response in putting a welcome letter from your country on the WCET™

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WCET Bulletin

World Council of
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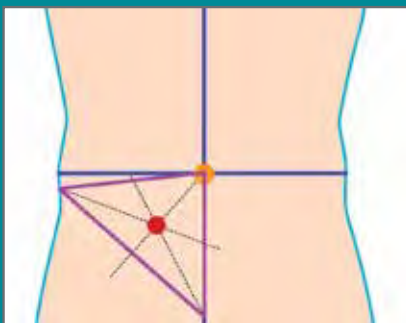
WCET International Ostomy Guideline

June 2014

*a world of expert professional nursing care for people
with ostomy, wound or continence needs*

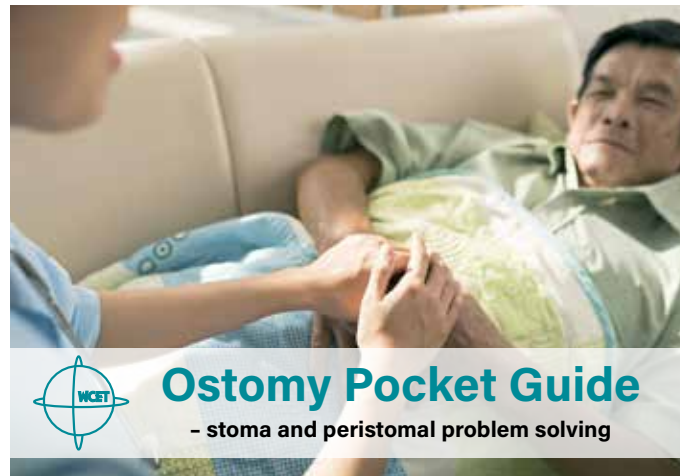
WCET International Ostomy Guideline

World Council of Enterostomal Therapists



WCET™ Guide to Stoma Site Marking

WCET Guide to Stoma Site Marking

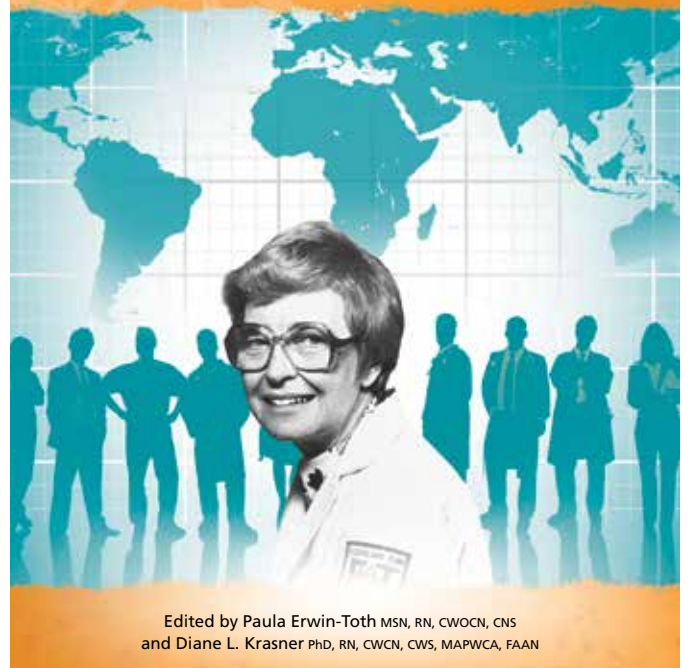


Ostomy Pocket Guide

Enterostomal Therapy Nursing

Growth & Evolution of a Nursing Specialty Worldwide

*A Festschrift for
Norma N. Gill-Thompson, ET
Second Edition*



Enterostomal Therapy Nursing

Country Contributions

Australia

Australia's history with the WCET™ started in 1978. We have had a strong connection since this time with Australians holding WCET™ board, executive and committee positions, as well as a large WCET™ membership. Australian members have made an enormous contribution to the development of the WCET™ over the years. Currently Australian membership of the WCET™ sits at 120, which is something that I am proud to be a part of.

During this affiliation with the WCET™, Australia has held two congresses. The first was the 6th Congress in Perth, Western Australia in 1986, followed by the 19th Congress in Adelaide, South Australia in 2012. In 1986, the inaugural parade of nations was held. Each country paraded in its national costume carrying their country's flag. From all accounts, this was a spectacular display with the tradition ongoing to this time.

Australia's pioneering stomal therapy nurse was Elenore Kyte, a registered nurse who in 1959 met her first patient with a colostomy. The surgeon involved in the patient's care was Sir Edward Hughes; they were based at the Royal Melbourne Hospital. A nurse's passion to help patients and a surgeon's drive to help promote this care led to this team becoming the mother and father of stomal therapy in Australia.

The inaugural meeting of Australian stomal therapy nurses was in 1971, where there were 11 founding members. The first stomal therapy course also commenced in this year at the Royal Melbourne Hospital. Elenore had travelled overseas to medical meetings with Sir Edward, and during this time met with other international stoma care nurses. It was a steep learning curve with minimal supplies available, and these nurses shared information to help develop care and products that changed their patients' lives. This feeling of being able to make such a difference is what still draws us to our profession to this day. In the early days, the *WCET™ Journal* was one of the only continuing education resources available to many stomal therapy nurses. Pat Blackley of Australia was the first editor of the *WCET™ Journal*.

Since the inception of the WCET™, Australia has had three nurses awarded life membership. These are Pat Blackley, Heather Hill and Mary Jo Kroeber. Many other Australian nurses, who are too many to accurately list, have held key roles and contributed to the ongoing success and development of the WCET™. In fact, every WCET™ board position has been held by an Australian at some point. Submissions from some of these nurses will further expand on the roles they and others have played and the changes they have seen.

The mission of the WCET™ is to lead the global advancement of specialised professional nursing care for people with

ostomy, wound and continence needs. Education is a vital part of this, and Australia has played a special part in helping this happen. Australia has had educational programs in stoma, wound and continence nursing since 1971. Many Australian nurses have also branched out and taught or developed education programs overseas in countries such as Singapore, China, Indonesia, Malaysia, Kenya and Iran, to name a few. Australian stomal therapy nurses have opened their ETNEPS, hospitals and, in some cases, their homes to overseas nurses participating in Australian training courses. Nurses that have benefited from this have come from Japan, Israel, Singapore, Russia, Malaysia, Indonesia, Iran, New Zealand, China, Papua New Guinea and Fiji. We have also been involved with twinning projects, developing training courses in other countries. These include The Philippines, Indonesia, Iran and Kenya.

In addition to teaching, many contributions of stoma supplies have been made to help those who are unable to have access to products overseas. We are privileged with what we have and it is a great thing to be able to help others not so blessed in our world community.

The older I get and the more I become involved in stomal therapy nursing, the more I learn. Researching the foundations of WCET™ and Australia has been a rewarding experience. The opportunity to speak with Mary Jo Kroeber, Elizabeth English and Heather Hill has been invaluable. Keryln Carville's thesis on *The evolution and Experience of Stomal Therapy Nurses in Australia 1959–2000* has also provided much insight and background.

I feel that Elenore Kyte, out of compassion, and Norma N Gill, out of necessity, pioneered our careers. The WCET™ has helped to bring all of these worlds together and allowed shared experiences to benefit us all.

Helen Richards
CNC STN, WCET™ ID Australia

Belgium

In Belgium, our first ET was Rosine Van den Bulck. She had been trained in the USA. In 1994 she created the first French-speaking association for nurses interested in stomatherapy.

Four of us attended an ET program assisted by the WCET™, but our formation is based on the recommendations of the WCET™ that officially recognised it.

We haven't yet hosted a WCET™ congress but we hope to be able to do this in the near future. We organised an ECET in Brussels in 1997 and we joined the WCET™ in 1997.



We have three member who are active on the board of our association (President, Vice-President and Secretary). None of us was or is on the WCET™ board. In the photograph you can see the members of the administrative board during our annual meeting (administrative board followed by the general assembly).

We always speak about the WCET™ during the new ETs' formation and insist on the necessity to be member of a national association. It's important to join an international organisation too for the contacts and information you can receive to help the patients. The biggest problem is the language. In the French part of Belgium, most of the nurses only speak French

Canada

Since 2016, the Canadian Association for Enterostomal Therapists (CAET) has worked towards increasing our contribution to the WCET™. Our membership has grown to 41 members, an increase from nine in 2016. Canadians have long been involved in the WCET™. Carolyn (Cartmell) Bemner, Cathy Foster and Louise Forest-Lalande all served as WCET™ presidents, Diane Garde is a life member for contributions to the WCET™ and Dr Kevin Woo participates on the WCET™ Editorial Advisory Board. Karen Bruton is the incoming Publications and Communications Chair and has served as the Canadian ID. Countless other Canadians have been involved in WCET™ at all levels.

Starting in 1975, CAET has provided a representative to participate in WCET™ initiatives. This involvement gave CAET an international scope and involved the association in many events including the WCET™ global conference.

CAET

The first enterostomal therapy nurse in Canada was Bertha Okun who was based in Montreal, QC. The next two ETs in Canada were Dianne Garde of Mississauga, ON, and Sydney (Emerson) Tebbett of London, ON. By 1971, Canada had its first western ETN, Aileen Barer, who was based in Victoria, BC.

In 1975, Dianne Garde chaired the International Association of Enterostomal Therapists (IAET) Congress in Toronto, ON, which highlighted the growing group of Canadian ETs. It was in 1975, during the WCET™'s inaugural meeting that a



"Canadian region" was formed as part of the WCET™. Genevieve Thompson, of Winnipeg, MB, was the first President of this Canadian region and Nancy Trapasso of Hamilton, ON, was the first Treasurer for the region.

In 1981 the CAET was officially formed and incorporated as a not-for-profit association and a registered charity. In 1982, the CAET held a logo design contest, for its members, and the winning logo design was by Kathryn Kozell of London, ON.

In 1990, CAET once again hosted the WCET™ for a congress in Toronto, Canada. Catherine Foster was the CAET President and Diane Garde was awarded the CAET President's award for contribution to the CAET and WCET™.

In 2004, CAET added the role of Executive Director and Catherine Harley joined the association in this role. The first CAET strategic plan was developed in 2004, under Catherine Harley's direction, and included new mission, vision and values and a new CAET website. The CAET went through this transformation under the leadership of Past President Kathryn



Kozell. In 2006, five core programs of National Conference Planning; Professional Practice and Development, Informatics and Research, Political Action, and Marketing, were launched to do the work of the Board.

Canadian ET education

In 2002, the CAET ETNEP moved from the University of Toronto to be under the management of the CAET education program, which was first directed by Nicole Denis and then co-directed by Susan Mills-Zorzes, RN, BScN, MDE, CETN(C) and Lise Cardinal RN, BScN, ET. Susan Mills-Zorzes, with the support of Kathryn Kozell, developed the ETNEP Distance Education program — the first of its kind in Canada.

Virginia McNaughton RN, BA, MPA, CETN(C), became the Director of the ETNEP program in 2008 and led the development of the rebranded CAET Academy, of which she was the Director until the end of 2017. In January 2018, Kimberly LeBlanc, PhD, RN, CETN(C) became the CAET Academy Chair. She will be working to transform the CAET Academy into the WOC Academy in 2018.

The CAET Academy welcomes applications from nurses both from Canada and around the world. As a distance education program recognised by the WCET™, the CAET Academy is proud to welcome nurses from around the globe into the program.

CAET Canadian Association of Nurses Certification

Susan Mills-Zorzes led an initiative towards achieving Canadian Nurses Association Certification and in 2008 ET nursing was recognised as a CNA specialty. This status was later reconfirmed in 2016. In 2009, the first CNA certification exam in enterostomal therapy nursing was written and 25 nurses earned the credential CETN(C). This established a new standard of excellence in wound, ostomy, and continence nursing. Graduates from the WCET™-approved ETNEP are all eligible to write the CNA certification exam as a means of receiving ETN certification. <https://cna-aic.ca/en/certification>

The future

Spring will mark an historical time for CAET. On 4 May 2018,



CAET will be changing its name to Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOC). This name change was voted on by CAET members, at the 25 May 2017 annual members meeting in London, ON, to help clearly communicate the identity and role of nurses specialised in wound, ostomy and continence care. Enterostomal therapists/enterostomal therapy nurses will be referred to as nurses specialized in wound, ostomy and continence (NSWOC). This positions all of us for a strong future that is built on the foundation of our strong history and the dedication of those behind the formation and expansion of the CAET. We thank those from our past and look forward to our future.

Kimberly LeBlanc
PhD, RN, CETN (C), IIWCC, CAET Academy Chair
Email: chair@caetacademy.ca
Catherine Harley
RN, eMBA, CAET Executive Director

Chile

Since I joined the WCET™ at my first congress in Lyon, in 1992, I have belonged to a large family where we have a common goal that unites us and that is to give the best care to our patients, with ostomies, wounds and incontinence so that they have a better life. Belonging to the WCET™ allows us to take care based on the latest global recommendations, to be able

to meet every two years with friends and leaders from different parts of the world who have inspired me to act as a nurse specialist. In moments of discouragement or weakness, it is looking at the WCET™ or the contact through the magazine or members that motivates me and injects energy to continue. Specialist health care professionals of different places, some very remote, come with effort to share and enrich us with the experiences of others, learn and exchange knowledge.

Belonging to the WCET™, having had the privilege of having met the founder Norma Gill, fills me with emotion and pride and inspires me to continue fighting for the great values and goals of the WCET™. Being part of this family is my constant motivation for work and the great leaders are my inspiration. I wish you much success and continue conquering hearts for the benefit of our patients.

About the WCET™ in Chile

Unfortunately in Chile there is only one WCET™ member who is part of the WCET™ educational committee and the International Delegate. The role provides translation services to the WCET™, participates in congress and is an active member.

The Chilean Ostomy, Wounds and Continence Association (ACCHIEHC)



In 2015, we formed the Chilean Association of Stomas, Wounds and Continence. Our mission is to be a non-profit scientific organisation, dedicated to the advancement of science and technology, through excellence and continuous training, to help prevent and treat patients with ostomies, wounds and continence problems. We use the best existing evidence and the contribution of professional experience available to our associates and associated with a strong social role.

On the other hand, to be able to disseminate and deliver the latest knowledge based on scientific evidence to professionals in Chile and abroad.

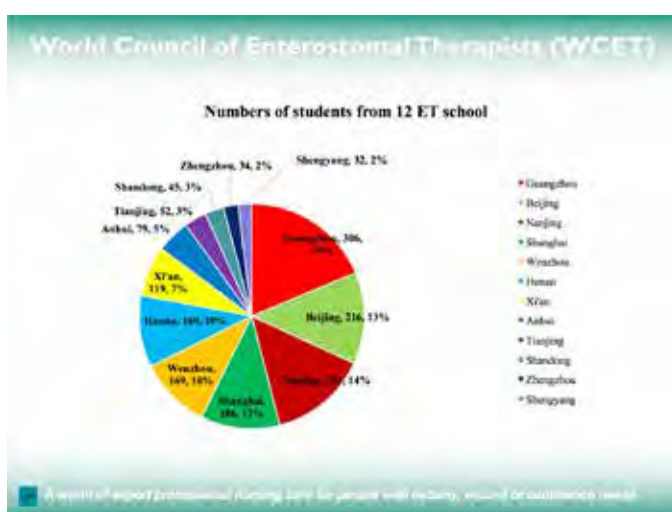
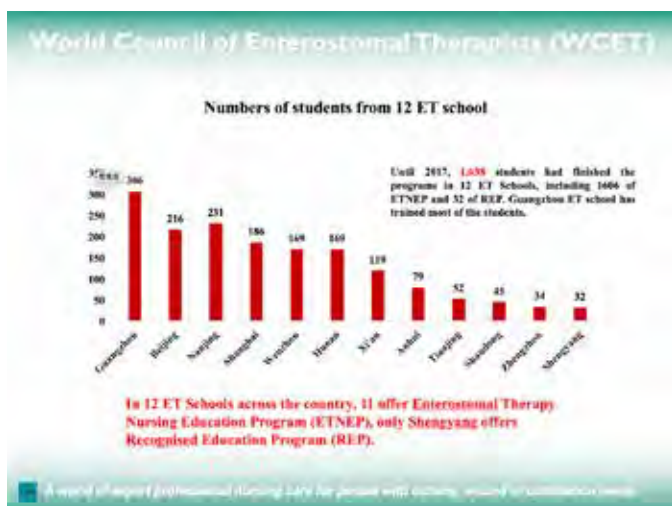
Heidi Hevia Campos
WCET™ ID Chile

China

The report of ET specialist development

Nurses from China have developed rapidly since they joined the WCET™ in 1999. In 2001, with the twinning project of WCET™ implemented in China, the first ET school in Guangzhou and the second one in Beijing for training the local ETs in China were set up with the help of Hong Kong Ostomy Association. By the year of 2017, there are 11 ETNEPs and 1 REP in China, which have been recognised by the WCET™.





The opening ceremony of the first ET School in mainland China, 2001

The ET group has been growing stronger and stronger, and there have been many achievements in clinical nursing, nursing education and scientific research. It has greatly improved the quality of helping patients with stoma, wound and incontinence problems. Until December 2017, there were 1606 ETs who got certification from the ETNEPs and 32 people got certification from the REP in China. They are all playing important roles in various specialist fields. As for the

international communication, nurses started to join and make oral presentations on the conferences since the 14th Biennial Congress in Italy.

China ETs attended the 19th WCET™ Biennial Congress, 2012.

Denmark

Who was your pioneering ET?

In Denmark we have had three pioneering ETs: former Head Nurse at Bispebjerg Hospital, Birgit Ottsen; Former Clinical Head Nurse, Kirsten Bach, Horsens Hospital; and Former Head Nurse, Jeanette Bech.



Have any of your members completed an ET program assisted by the WCET™?

None of the Danish members have completed an ET program assisted by the WCET™.

What year did your country first join the WCET™?

As far as I know, Denmark joined the WCET™ for the first time back in the late 1980s.

Have you hosted a WCET™ Congress?

Denmark has not hosted a WCET™ Congress.

How many members do you have?

Denmark has nine members in the WCET™.

Have any of your ETs held office on the WCET™ board?

No ETs have held office on the WCET™ board.

France

Who was your pioneering ET?

Suzanne Montandon, from Lyon, was the first French ET in 1976 at the Cleveland Clinic, Ohio, USA.

Have any of your members attended an ET program assisted by the WCET™?

Several foreign ET nurses benefited from assistance by the

WCET™ to complete a training course in France. They were from Tunisia, Algeria, Romania and Lebanon (2).

Now there are four schools in France, which are recognised by the WCET™: Bordeaux, Lyon, Nîmes and Paris.

What year did your country first join the WCET™?

France has been a member of the WCET™ since its creation in 1978, with Suzanne Montandon as International Delegate.

Have you hosted a WCET™ Congress?

The Congress of the WCET™ took place in Lyon in 1992, with 1400 participants. There were simultaneous translations in four languages, allowing a majority of speakers to express him/herself in his/her language (mother tongue).

How many members do you have?

Approximately 600 ET nurses in service.

Have any of your ETs held office on the WCET™ board?

Now there are no members of our association on the WCET™ board, but in the past, Made Montandon and Made Guyot-Pomathios participated in the educational committee of the WCET™.

The year 1978 is really significant for the WCET™, and it is also a significant one for ET nurses in France, as it is the year of establishment of our AFET association.

Our association has contributed to the development of enterostomal therapy in France and to the dissemination of good practice.

Since its foundation, our association has been associated with the WCET™ and has participated in committee education and lot of different congresses.



1978: Création de la première école de stomathérapie à Lyon. Pr Georges Guillemin, Norma N Gill, Catherine Mordacq et Suzanne Montandon. Création de l'Association par Suzanne Montandon, première Présidente



2003: Publication des Guides de bonnes pratiques en stomathérapie par l'AFET



We organised the 9th WCET™ Congress in the town of Lyon, the birthplace of enterostomal therapy in 1992.

In 2016, the WCET™ has signed MOU (memorandum of understanding) with AFET, enabling it to certify the ETNEP-REP.

With these few words I would like to thank the WCET™ for their 40 years of cooperation and support.

Français

L'année 1978 est une année importante pour le WCET™ et c'est aussi une date importante pour les infirmières stomatherapeute en France, c'est l'année de la création de notre association AFET.

Notre association a collaboré au développement de la stomatherapie en France et à la diffusion des bonnes pratiques en stomatherapie.

Depuis sa création notre association est affiliée au WCET™ et a participé au comité d'éducation et à de nombreux congrès.



1980: WCET™ Cleveland. Norma N Gill, Pr Guillemin et Suzanne Montandon



1992: WCET™ Lyon. Les ET françaises en costumes régionaux



35 ans d'AFET en 2013. Danièle Chaumier (Présidente), Suzanne Montandon et Michelle Guyot-Pomathios (Présidentes d'Honneur)

Nous avons organisé dans la ville de Lyon, berceau de la stomatherapie le 9ème congrès du XCET en 1992.

EN 2016 le WCET™ a certifié l'AFET à reconnaître les programmes ETNEP-REP par la signature d'un MOU (memorandum of understanding).

Au travers de ces quelques phrases nous remercions le WCET™ pour ces 40 ans de collaboration et de soutien.

Hong Kong

Ms Irene Cheng was the first enterostomal therapist (ET). She was a clinical teacher and provided volunteer ET services in her own time. Mr Aaron Kwan was the second ET and he provided ET services in the hospital and clinic.

Mr Aaron Kwan joined the WCET™ in the 1980s and is believed to have been one of the first Hong Kong members of the WCET™. Hong Kong hosted the 14th WCET™ Biennial Congress in 2006.

The following members have held office on the WCET™ Executive Board:

Ms Michelle Lee, Hong Kong

- Secretary of WCET™ (2004–2006).
- Executive Board Member of WCET™ — Education Committee (1998–2004).
- Executive Board Member of WCET™ — Journal (since 2006).
- WCET™ Publications and Communications Committee (Since 2006)

Mr Chak Hau Pang, Hong Kong

- Education Committee (2016 – present)
- WCET™ International Delegate for Hong Kong (2004–2006)

Mr Peter Lai, Hong Kong



- The Norma N Gill Foundation Committee Chair (2009–2012); Member (2008–2016)

- Editorial Advisory Board (2009 – present)

- Education Committee (2009 – present)

Mr Walter Lo, Hong Kong

- Treasurer of WCET™ (2008–2014)

Ms Winnie Cheng, Hong Kong

- WCET™ International Delegate for Hong Kong (2013–2016)

Ms Susan Law, Hong Kong

- The Norma N Gill Foundation Committee (2002–2006)

- WCET™ International Delegate for Hong Kong (2008–2012; 2016 – present)

The Hong Kong Enterostomal Therapists Association (HKETA) annual general meeting was held on 27 July 2017. In attendance were Council members and honorary advisers and Professor William Garold George McGuinness (Australia), who delivered a talk on “Repair versus Regeneration”.

The HKETA has supported the WCET™ recognised local Enterostomal Therapy Nurse Education Program (ETNEP) and Recognised Education Program (REP) stoma/wound conducted in the year 2016–2017. More nurses are being equipped to practice ET nursing in their local hospitals to strengthen quality and safety patient care. Some HKETA members continue to participate as speakers in the ETNEPs in China (previously twinning programs) such as Guangzhou, Beijing, Hunan, Xian and so on.

HKETA has obtained a two-year (2016–2018) WCET™ approval and signed a memorandum of understanding (MOU) in automatically recognising all ETNEPs/REP that have HKETA authorisation in Hong Kong. HKETA is charged to promote ET nursing education in Hong Kong so as to uphold professionalism in ET nursing and to benefit patients under our care.

We are grateful for the tremendous trust and support from the WCET™ in the past years.

We wish the WCET™ a happy 40th anniversary and many years to come!

Indonesia

40 years of the WCET™, one decade of ET nursing in Indonesia

Indonesia is a highly populated archipelago country spread between Asia and Australia. Consisting of more than 17,000 islands and 300 ethnicities with different languages creates a challenge in health care services, including nursing care. In 2007, the WCET™ endorsed an ETNEP school based on a



twinning project with The Australian Association of Stomal Therapy Nurses (AASTN). This project has had a positive impact on the development of ET nursing in Indonesia. As a result, there was a gradual increase in the number of ET nurses in Indonesia, who provide wound, ostomy and continence care in diverse settings.

Seven years after the first ETNEP school, the government of the Republic of Indonesia passed the *Indonesian Nursing Act* (number 38) in 2014. Based on this, nursing higher education is categorised as vocational education (diploma degree), academic education (undergraduate, master and doctoral degree) and professional education (nursing professional program and nursing specialist program). Thus, the wound, ostomy and continence speciality can be taught as part of a nursing specialist program in Indonesia.

The *Indonesian Nursing Act* also legalises Indonesian nurses to perform private practice. As a result, the majority of Indonesian ET nurses conduct wound, ostomy and continence care in private care services beside the hospital setting. A current challenge is how to increase quality of care through the implementation of evidence-based practice. Thus, continuing the nursing education program and credentialing will become the national emerging agenda.

Saldy Yusuf
PhD, WCET™ ID Indonesia

Iran



New Iranian WCET members

Ireland

Irish Stoma Care and Colorectal Nurses Association



Facts

- Population — 6 million
- ET nurses (stoma care nurses) — 34 (mainly hospital-based, 1 community-based and 1 hospital/community-based)
- New stomas — 2016 in 2016!
- *British Journal of Nursing* Stoma Care Nurse Of The Year 2015 — Ms Susan Moore

For more than 35 years we have had a stoma care nursing service in Ireland, pioneered by a few good nurses who had sufficient interest and passion in the area to make the sacrifice and travel abroad to be trained. These nurses worked in isolation doing what they could for their patients. In 1986, seven nurses in post at the time formed the Irish Stoma Care Nurses Association. Their objective was to provide a forum for nurses caring for persons who may need or have a stoma, and to provide person-centred, holistic care, and evidence-based practice to our patients.

In 1999 the association changed its name to Irish Stoma Care and Colorectal Nurses Association to reflect the adapting needs of our speciality.

Today, we have 34 independent stoma care nurses, mainly hospital-based around the country.

WCET™ Congress

Two of our pioneering stoma care nurses, Ms Ann Duane and Mary Meaney had joined and attended the WCET™ Congress in the early 1980s and were instrumental in spreading the word and facilitating membership.

Despite Ireland being a small country, stoma care nurses have been well represented on the WCET™.

- Fiona Sheerin and Marianne Doran were both WCET™ Treasurers in the 1990s.
- Mary Quigley was represented on the Norma N Gill Foundation, both as member and chair and also Mary was on the Educational Committee.
- Ireland co-hosted with England, Scotland and Wales the WCET™ 12th Biennial Congress *Enterostomal Therapy — Reflection and Reality* in Brighton, England, in 1998.
- Many of our members have presented papers and been represented as International Delegate on more than one occasion.

The Irish Stoma Care and Colorectal Nurses Association wish the WCET™ continued success, commitment and celebration on their 40 years.

Comhghairdeas as an eacht iontach seo!

Marianne Doran
WCET™ ID Ireland
Secretary Irish Stoma Care and Colorectal Nurses Association



Phoenix Colorectal Ward staff. Celebrating the 30th anniversary of our hospital and my 30 years in stoma care.

Back row: Emer Fitzpatrick, Yvonne Downey, Marianne Doran (stoma care) and Sarah O'Callaghan.

Front row: Anna Luna, Philomena Anthony, Emmy Lou Lapitan (stoma care and ward manager) and Sarah Duignan

Japan

Who was your pioneering ET?

Mr Taiso Tamura, MD, and Ms Mieko Takahashi, RN.

Have any of your members completed an ET program assisted by the WCET™?

No.

What year did your country first join the WCET™?

1981.

Have you hosted a WCET™ Congress?

Yes, 1994 in Yokohama.

How many members do you have?

There are about 2500 ET nurses or wound, ostomy and continence nurses.

Have any of your ETs held office on the WCET™ board?

No.

Please write a short one or two paragraphs on your country's involvement with the WCET™

We plan to participate in the next WCET™ Congress.



Kenya

The pioneering ET was Aga Khan Hospital University, led by Lawrence Gachiri, a nurse by profession. At least 48 nurses have undergone ET training, assisted by the WCET™.

Kenya joined the WCET™ in February 2014. We have 53 members to date. None of our ETs has held office on the WCET™ board. Kenya has never hosted a congress.

Kenya is one the African countries that have benefited from the ET training sponsored by the WCET™. The program has been running for three years since its interception, led by the past WCET™ president, Elizabeth English, assisted by tutors from Australia. The ET training was provided by the Australia Kenya Twinning program, hosted by the Aga Khan Hospital University for the university and Kenya National Hospital, the largest national referral for clinical practice with a bed capacity of 2000 patients.

My country's involvement with the WCET™ is demonstrated by the skills acquired from the ET training, where almost all the country's hospitals have a stoma specialist nurse. This has improved the quality of life to the ostomates and quality of services provide since new skills were acquired.



Kenya trained tutors, standing from left: Agnes, Catherine, Carmen, Esther, Josephine, Sophia, Naomi, Grace, Patrick N, Mary, Carmen, Elizabeth, Emeldah, Sharon, George. Front row: Grace, Leigh, Patricia, Helen and Patrick (ID)



Malaysia

Who was your pioneering ET?

Ms Mariam Mohd Nasir.

Have any of your members completed an ET program assisted by the WCET™?

None.

What year did your country first join the WCET™?

1995.

Have you hosted a WCET™ Congress?

Kuala Lumpur will host the WCET™ Congress for the first time in 2018, in conjunction with its 40th anniversary.

How many members do you have?

Since the last update before the election of the new Malaysian WCET™ ID, the total number of members is 15, of which eight are active and seven defaulters. After the 2016 WCET™ Congress in Cape Town, South Africa till November 2017, there have been a total of 23 WCET™ active members in Malaysia, with another 14 new members registered.

Have any of your ETs held office on the WCET™ board?

Ms Mariam Mohd Nasir, WCET™ Education Committee,

Malaysia's WCET™ members started to contribute a few articles for the *WCET™ Journal* or *Bulletin*. For future planning we hope more of our members will be sending articles to be published in either the *WCET™ Journal* or *Bulletin*. We are also actively involved in a twinning project in the Asian region where we share and exchange knowledge and expertise via forum, conference and workshop and collaborate closely with the Indonesian ETNEP. Those who have actively involved are Madam Mariam Mohd Nasir, Mohd Rahime Ab Wahab and Madam Rozita Mohamad.

Malaysia currently has two ET education programs recognised by the WCET™. The Malaysian ETNEP started in 1995 and has



produced 10 batches of ETs, from Malaysia, Indonesia, The Philippines, Singapore, Brunei, Hong Kong, China and Sri Lanka. The other new program which is also recognised by WCET™ is MYWOCEP, which started in 2016 and has produced two batches.

For the first time, Malaysia was elected to host the 22nd WCET™ Biennial Congress in 2018 and this platform shall be a great opportunity for participants, especially Asian nurses to gather and share our expertise with other experts worldwide. Finally, I take this opportunity to invite all of you to attend our next WCET™ Congress 2018. Please visit our website www.wcet2018.com for more information. Thank you.

Mohd Rahime Ab Wahab,
WOC(ET)N, ICN, IVN, RN
WCET™ ID Malaysia



Pedregal Hospital in México. The course had formal recognition of the OPS-WCET™ and was endorsed by the ENEO of the UNAM since its creation in August 2008 (approximate data).

During this period, approximately 250 ETs graduated from Mexico and Latin American countries, such as Puerto Rico, Panama, Costa Rica and Uruguay. These graduates today participate in academic events, with the aim of sharing and generating new knowledge that will favour and encourage the continuous improvement of the Latin American region.

It is important to mention that in Mexico the first wound clinic was created in the General Regional Hospital Ignacio



Mexico

WCET™ was born in Mexico in 1992 and has had a presence in the country for more than 25 years. The first WCET™ International Delegate to represent Mexico was Mtra María Guadalupe Ibarra Castañeda who, hand in hand with ET Rebeca Franyutti, ET Ángeles Vilchis, Etelvina Gómez and Mtra Yolanda Murad, paved the way to enterostomal therapy (TE) in the country. These were the first nurses who graduated in Mexico from Colombia, Spain and the EU.

Mtra María Guadalupe Ibarra Castañeda created the first Diploma in Enterostomal Therapy course at the Angeles del





Zaragoza of ISSSTE in 1990, since there was a predominant concern to improve the quality of life of people with wounds and ostomies. LE ET Otilia Cruz Castañeda and LE ET Lucía Pat Castillo attended the stomatherapy course and officially opened the clinic in 1993. Since then they have been great teachers, companions in different processes of ostomy, and important leaders at the national level and in the development of stomatherapy in Mexico.

The second International Delegate was LE ET María Mercedes Meza Gudiño, who was a graduate of the first generation of ETs trained in Mexico. She has been a pioneer and has accompanied hundreds of ostomised people in the state of Jalisco in the city of Guadalajara. She was the coordinator of stoma therapy courses and congresses, and a leader recognised by her patients and health professionals. It



currently has a prestigious centre for people with ostomy and wounds called Consalud.

Then Mtra Yolanda Murad, who has been a reviewer of WCET™ education programs and promoted the creation of a master's degree in wound, stoma and burns therapy, by Universidad Panamericana endorsed by WCET™ in 2009. The master's degree has taken nine generations, approximately 270 trained students. It is considered a training school for doctors and nurses in Mexico and Latin America. In addition, Mtra Murad is working for the university, is manager of medical care for a prestigious company and leads a wound and stoma clinic for this company in Mexico City.

At present, the WCET™ in Mexico is represented by MBA Guadalupe María Lobo Cordero, current president of COMLHEI (Latin American Multidisciplinary Confederation of Ostomies, Wounds and Incontinence), and director of Procura, a multidisciplinary center for wounds and ostomies in the city of Aguascalientes.

Mexico is comprised of members with solid training in their area of knowledge, who have attended national programs and certified by WCET™, WOCN, UNAM; they have developed as founding partners and delegates of different associations and confederations including AMCICHAC (Mexican Association for Integral Care and Wound Healing) COMLHEI and others

Recently, a group of nurses called CMECE (Mexican Nurses' Council for Ostomy Care) was created, which later became CEETE of AMCICHAC (Chapter of Nurses Specialists in Enterostomal Therapy). This group has developed different important activities which are having great impact in the country. Here are some of the activities that have been carried out and continue to be carried out year after year.

Initially, a training route entitled "Improving the practice of elimination ostomy care" was developed. This, together with Access to Health Care, has resulted in a national level:

1. Training 3000 health workers in the best practices, when treating patients with elimination ostomies. Thirty-five



symposiums have been held since the beginning of the project, exceeding 160% of the planned goals.

2. A clinical practice guide (CPG) based on scientific evidence for the marking and integral management of adults with ostomies of elimination was elaborated. The CPG was then updated. Nursing interventions in the management of ostomies of elimination in children and adults in the second and third level of attention. Evidence and recommendation. Cenetec.
3. A total of 2618 CPGs were distributed to the symposia among the health professionals who treat these patients. The CPG was uploaded to the AMCICHAC page and 3000 guides were distributed in the general surgery area as an activity of the Mexican Association of General Surgery.
4. The quality of life research in the ostomised person was concluded with significant results that strengthen the need for the creation of an ostomised association and its inclusion as part of the Disability Law.
5. It has participated hand in hand with WCET™ in the international congresses of AMCICHAC and COMLHEI
6. Ostomy day has been celebrated every two years and informally every year in different states of the Mexican Republic.

7. In Mexico, the General Law on Persons with Disabilities was approved in 2011. During a workshop on the preparation of the CPG, this law was analysed and discussed, generating a document entitled initiative whereby ostomy people are considered as persons with disabilities according to the general law for inclusion of persons with disabilities, in charge of AMCICHAC.

This document has been integrated into the project seeking to include people with an ostomy as persons with a disability. This works towards the possibility to obtain the benefits that this law grants access to, such as dignified and quality care, as well as having the necessary materials to help them cope with their disability, contemplating in this case the collector systems in quantity and quality necessary for the patient to have quality of life. Due to the above, there is a concern to support an initiative for the creation of the National Association of Ostomy People and their Environment.

The opportunity to publish and generate evidence of the real needs of ostomy people in Mexico has also been generated through the quality of life research in the ostomy people.

This joint work of Access to Health Care and CEETE-AMCICHAC has generated the possibility of continuing with the dissemination and use of best practices in the care of ostomy people.

The WCET™ in Mexico works constantly together with AMCICHAC-COMLHEI to provide better medical care, generate improvements in the quality of life of people and contribute to the elimination of social barriers

MBA Guadalupe Maria Lobo Cordero
WCET™ ID México

Slovenia

Norma N Gill Day™ in Slovenia: a tribute to Norma N Gill's merits in world ostomy rehabilitation

Norma N Gill's role in Slovenian enterostomal therapy (ET) history has been very important, though young people probably do not know this importance any more.

I met Norma in 1979 at the meeting in Milan. A year before I spent in London where I came in contact with Barbara Saunders. She introduced me to ET in St Bartholomew's Hospital, so I followed what was happening in ET. At the Milan meeting the ostomy association was divided from enterostomal therapy. Archie Vinitzky became president of the International Ostomy Association and Norma N Gill took over the enterostomal therapy movement. In that time, I still represented Yugoslavia. Norma was very enthusiastic about spreading the idea of ET in new countries. So she kept me informed about all news in this field. I was very active and did my best. I had lectures about ET in several hospitals in Slovenia. I was invited to a Yugoslav meeting on digestive surgery with the first lecture on ET in Yugoslavia. The supplement from this meeting in Opatija was the first ET publication in the former state.



First Slovenian ETs

For the third WCET™ meeting in Cleveland, I submitted a lecture about my innovation — a skin bridge support for loop ostomy. Norma decided that this lecture was interesting enough for me to be an invited guest for the Congress. This helped me a lot as in that time it was not easy to get money for the Congress and travel expenses. I was glad to stay a bit longer to see the Cleveland Clinic and also visit the Lahey Clinic in Boston. After the Congress, I was engaged in the WCET™ Education Committee and tried to spread the idea of ET in our country. The Norma N Gill Foundation gave us a scholarship for education of our first nurse as enterostomal therapist — Metka Zima, RN. In the old state it was not so easy. It is a much better situation since Slovenian independence. During that time, I decided to attend the Cleveland Clinic ET course, to see how to organise ET education in our county. I am the second surgeon in the world after Dr Taiso Tamura from

Japan with an ET diploma. This education was the beginning of establishing our own national school. We followed all WCET™ instructions.



WCET™ school at Cleveland Clinic. School-mates, 1990

In independent Slovenia we succeeded to start step by step our first ET class. As it was obligatory to have an ET educated in an international school, we engaged Metka Zima, RN, trained at the Cleveland Clinic, to be the leading nurse of our first class. So we educated the teachers for the future ET school. Our national school was confirmed in 1992 in Lyon, France. I still have a nice photo with Prilly Stevens in front of the world map with WCET™ centres. At the same time engaging with ET, this was an incentive for me to start my work in coloproctology.



With Prilly Stevens, recognition of Slovenian national school, Lyon, 1992

Since then, we have had several ET courses at Ljubljana University Hospital. We educated the first ETs from Bosnia and Croatia, so they can start their own national schools. We are happy that we had a chance to run several courses to educate ostomate volunteers. They are a great help in the rehabilitation of new ostomates.

Slovenia is grateful to Norma N Gill. She was the initiator of all these events that helped us so that our patients and ostomates have the best possible surgery and rehabilitation.

I hope that this description is a small tribute to the merits of Norma N Gill in world ostomy rehabilitation.



Our WCET™ recognition certificate

In my eyes, Norma N Gill is like Florence Nightingale in ostomy care. I always show her picture when lecturing ET to the students.

Kind regards,

Prof Dr Pavle Košorok, Dr Med, Specialist Surgeon, Slovenia
For more information: www.iatros.si

South Africa



South Africa congratulates the WCET™ on their 40th anniversary and is proud to have been part of the WCET™ over the years.

The South African Stomaltherapy Association coincides with the founding of WCET™ in 1978.

We are very proud of Prilli Stevens and Marylyn McManus, two of our members, who were founding members of the WCET™.

In 1980–1984 Prilli Stevens succeeded Norma N Gill as the President and Marylyn McManus was elected Treasurer and Membership Secretary.

1984–1992 Prilli Stevens was Education Chairperson.

1984–1990 Marylyn McManus Chairperson, Norma N Gill Foundation.

Judy Chamberlain — Chairperson Communications and Publications.

Dee Waugh has held the following positions on the WCET™ EB, Chairperson of the Constitution Committee 2009–2010;

Secretary 2010–2012 and was appointed as the Congress and Meeting Coordinator in 2012 – current.

The following members have served on WCET™ committees:

Nonnie Briggs — constitution committee

Lidia Krijt — Norma N Gill Foundation

Jolanda Janse van Noordwyk — Communications and Publications committee.

South Africa is proud to have hosted two WCET™ Congresses in 1984, Wild Coast Transkei, and in 2016, Cape Town.

We have three WCET™ Life Members: Prilli Stevens, Marylyn McManus and Judy Chamberlain.

We trust 2018 will be a very successful year in celebrating 40 years.

Monica Franck

WCET™ ID South Africa

Sweden



There are 10 million people in Sweden and eighty-five per cent of them live in cities. Sweden is a very multicultural country: 17 per cent of Swedes were born in another country, while about one in five children in Sweden has a family with roots in another country. The capital of Sweden, Stockholm, is also the country's largest city. Less than

three per cent of Sweden's land area is built up and forests cover 69 per cent of the country. Sweden is long — some 1,574 kilometres from top to bottom

Swedish is the official language of Sweden. The vast majority of Swedes also speak English, and generally to a very high level. Many Swedish multinational organisations have English as their corporate language, and a large number of university degree programs and courses are taught in English.

Sweden is a parliamentary democracy. The Swedish head of state since 1973 has been King Carl XVI Gustaf. He has no political power, but represents the country and performs ceremonial duties. Sweden is a member of the European Union, but has its own currency, the *krona*, or Swedish crown.

Swedes study and work hard but they also take their rest and relaxation seriously. Openness and equality are also important concepts. Homosexual relations have been legal since 1944, and same-sex couples have been able to adopt since 2003 and get married since 2009. The country was the first in the world

with freedom of the press (1766), and is at the top of global press freedom rankings. Sweden is a very secular country, but most of the world's religions are represented here — and all are welcome. The national church, the Church of Sweden, is Lutheran.

WCET™ Association

There have been six new WCET™ members in the past two years. Eva Carlsson is a member of the WCET™ Editorial Board.

Sweden hosted the WCET™ Congress in 1988 and again in 2014. There will not be many WCET™ members attending this Congress, since it's such a long journey! As the International Delegate and Chairman of our national association, I will participate.

National ET nursing

There are about 230 educated ETs in Sweden. All ET nurses in Sweden are employed by a hospital. They both care for inpatient and outpatient care where they usually follow up the patient three to five times in the first year and then annually. Most ETs have their main occupation within ostomy care but are often also involved in wound and continence care.

The national ET association in Sweden is the Society for Enterostomaltherapists and Nurses in Colorectal Care (SSKR), which started in 1983. The SSKR has about 100 members and the organisation supports WCET™ activities. SSKR has member meetings every year and a national congress every second year and there is always the opportunity to inform about the WCET™.

ETNEP or other education programs

We have a university degree for ET nurses every three years and this program has been around since 1980. It is linked to the University of Gothenburg and about 30 nurses graduate every three years. This program does not have WCET™ recognition. It is available to students from Denmark and Norway because of the language.

Eva Bengtsson
WCET™ ID Sweden



Photos from Sweden

Switzerland



Schweizerische Vereinigung der StomatherapeutInnen
Association Suisse des Stomatherapeutes
Associazione Svizzera delle stomaterapiste
Associaziun Svoza da las Stomaterapeutas

The Switzerland historical member to link WCET™ to our country was, without doubt, Judith Weller! As an English-speaking person and a very dynamic and dedicated nurse. She told me once that her husband said: "Even on an ice field, she would be able to create an association."

Now, Laurent Chabal is very active too and will become the next WCET™ Vice-President 2018–2020.



Judith Weller



Judith created the stoma care service at the Centre Hospitalier Universitaire Vaudois (CHUV) Lausanne in 1987. She has been retired since 2010.

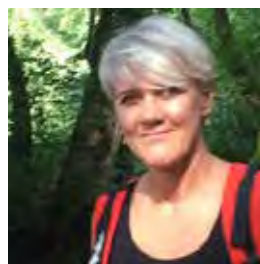
President of the Swiss Association of Stoma Care Nurses (ASS-SVS) 1997–2006.

WCET™ International Delegate for Switzerland for several years.

WCET™ Norma N Gill Foundation Chairperson 2002–2006.

Congress Liaison between the WCET™ Executive Board and the Slovenian Congress Organising Committee for 2008.

WCET™ Secretary 2006–2008.



Laurence Lataillade



Delegate 2004–2008.



Laurent Chabal

Morges and region: Delegate
2009–2013.

Member of the WCET™
Education Committee since 2010.

WCET™ Publications & Communications
Committee since 2013.

Member of the WCET™ Board as
Chairperson of the WCET™ Publications & Communications
committee since 2014.

WCET™ Vice-President 2018–2020.



10th Stoma and Wound Nursing Course participants, November 2013,
Ankara, Turkey



Karen Riesen

Montreux and region:
Delegate 2014–2017.

Member of the Education Committee of
the French-speaking section of the Swiss
Woundcare Society (SAfW).



Claire Genoud

Lausanne and region:
Delegate.

Member of the Swiss Association of Stoma
Care Nurses (ASS-SVS) committee.



9th Colorectal Surgical Nursing Congress, 16–20 May 2017, Antalya,
Turkey

Turkey

The pioneer of enterostomal therapy (ET) nursing in Turkey is Prof Dr Ayiße Karadag. Dr Karadag made great contributions setting up the first stomatherapy unit in Ankara, Turkey, which is currently the best model for other units throughout the country. She also has a great influence in the professionalisation and spreading of ET nursing in Turkey.

In our country, 56 hourly 12 ET training courses are arranged under Prof Dr Karadag. All activities, such as ET courses, studies, meetings, congress related to stoma and wound care nursing, have been arranged to ensure that Stoma and wound care nursing is officially accepted as a special nursing field by the Republic of Turkey Ministry of Health. In Turkey, the ETNEP Program will also start in 2018. Karadag and her first trained ET nurses had established the Turkish Wound Ostomy Incontinence Nurses Society (TWOINS) in 2008. TWOINS, which is the first and unique association in its field, make significant contributions to spreading activities across the country, and contributing to the increase and development of the number of stomatherapy units and ET nurses.



9th Stoma and Wound Care Nurses Meeting, 18 May 2017, Antalya, Turkey

Turkey joined the WCET™ in 2001. We have three members in the WCET™. Up to now, two members had completed the ET program assisted by the WCET™. In the future we plan to increase this number. No Turkey have held office on the WCET™ board and we have not hosted a WCET™ Congress, yet. In the future, we would like to host the WCET™ Congress in our country and make contributions as Turkish ETs on the WCET™ Board.

We also thank you for WCET™ President Mrs Susan Stelton, who has many times come as trainer and speaker to develop Stoma and wound care nursing in Turkey.

Ayişe Karadag, RN, ET/WOCN, PhD, Prof Dr
TWOINS President, WCET™ ID Turkey
Dean of Koc University School of Nursing, Istanbul



United Kingdom

The UK has a proud record of stoma care. Sister Barbara Saunders of St Bartholomew's Hospital, London, was instrumental in starting the speciality in the UK in the mid-1960s. At the same time, Sister Prilli Stevens — also of St Bart's — learned much of the practicalities of stoma care from Sister Saunders, prior to emigrating to South Africa in 1973, where she started the speciality on that continent and was one of the founding members and presidents of the WCET™.

Sister Saunders met with Norma Gill at the time of the founding of the WCET™ in 1978 and was sceptical of the organisation being prematurely formed, but also supportive of the ideals. Pioneering British WCET™ members included several who were not trained nurses, such as Doreen Harris of Salt and Sons, herself an ostomate and enthusiastic volunteer ileostomy association member, who rendered wonderful help to new ostomates in the Birmingham area. She maintained an important role as liaison for the WCET™ with the international patient group, the IOA. In the UK, early major colorectal services in London such as St Bart's and St Mark's, The Middlesex and St Thomas's hospitals, Birmingham and Salford had established the need for trained skilled ETs. As the courses started, excellent graduates ran units as far afield as Belfast and Scotland.

Schools of enterostomal therapy established in the UK were of the highest quality and the courses at St Bart's and Salford became the benchmark establishments. The WCET™ was



Urology masterclass, 2017



ASCN Conference, 2017, Glasgow

most fortunate to have the leaders in the field from Britain amongst their membership. Further vital help in establishing a sound working constitution and high standards of practice came through the involvement of Margaret Lee from the Royal college of Nursing.

Britain hosted a highly successful WCET™ Conference in Brighton in 1998.

The WCET™ was pleased to give honorary membership to two great British colorectal surgeons who, in turn, served as Presidents of the British Ostomy Association — Sir Ian Todd of St Bart's and Professor Bryan Brooke.

There have always been outstanding British members associated with the WCET™ and mention should be made

of a pioneer member, Barbara Foulkes from Colchester. Barbara is sadly deceased but she was the first Treasurer and Membership Secretary. Barbara moved from the UK to Spain and was instrumental in establishing the first Spanish ET education in Pamplona. Mavis Watson took the presidency for two terms and contributed mightily to the charitable status of the WCET™. She has been recognised and honoured for her services to nursing and received the MBE. Specific expertise in cancer stoma care was shared with the world through the expertise of Brigid Breckman from the Royal Marsden Hospital, who regularly presented at conferences and has written several books and articles specific to cancer stoma care, while paediatric stoma care was shared from Great Ormond Street stoma unit. Personalities such as Barbara Borwell from Scarborough, and latterly Salisbury, regularly presented at conferences and developed a real skill in managing sexual dysfunction associated with many of the disease processes



Peter and Philip Salt – Salt and Sons UK Exhibitors

and surgical interventions with associated intestinal stomas. Wendy Pringle established a very successful ENB 216 Stoma Care course in Birmingham and also served on the WCET™ educational committee. This last year has seen two UK stoma care nurses awarded an MBE for their valuable contribution to nursing — Pat Black and Christeen Smith.

British commerce has always been most supportive and proactive in assisting nurses wishing to gain knowledge and further their exposure to international stoma care. In those early years, special mention should be made of Squibb Surgicare — as it was known — prior to changing to ConvaTec under the dynamic leadership of Peter Hurren and Keith Wetherell, and Abbott Laboratories, headed in the UK by Keith Cottam. British ET nurses were enabled to travel to conferences and receive all the support they could require to further their knowledge. Salt and Sons has been involved since the beginning and regularly exhibits and supports travelling nurses. “Newer” companies including Welland and Eakin have joined the exhibitors and always produce wonderful innovative equipment, which the British teams are proud to share internationally.

More recently, the UK has established a national Association of Stoma Care Nurses (ASCN UK) but remains committed to working alongside the WCET™ to provide education and support for nurses involved in stoma care by writing Standards of Care and Clinical Guidelines for Practice. An annual conference allows keen and enthusiastic stoma care nurses to present their research and clinical findings so sharing best practice. This is generously supported by delegates from WCET™ international and a reciprocal arrangement has been made for attendance at the WCET™ Congress by ASCN. Master classes in parastomal hernia management and urology have also been organised by ASCN and evaluated extremely well.

I am grateful to Prilli Stevens for the short history of UK stoma care presented here.

Maddie White
WCET™ ID and Chair ASCN UK

This year's Conference 'Breaking Barriers and Enhancing Relationships' is set to take place at The ICC in Birmingham UK on 9–11 September 2018. Please visit ASCN UK for further details (www.ascnuk.com)

United States of America

USA First President:

Norma Gill

USA joined in 1978 after meeting in 1976 to spearhead the International Association of Enterostomal Therapists.

USA Hosted WCET™ Congress:

1980 Cleveland, Ohio
2010 Phoenix, Arizona

Brief narrative

Dr Robert Turnbull and Norma Gill from the United States of America were the visionaries in establishing the World Council of Enterostomal Therapy (WCET™). It was decided, over 40 years ago, that as a specialty group of nurses focusing on the welfare of patients with wounds, ostomies, skin, incontinence and foot care issues needed to be addressed globally. This was a trail-blazing concept at the time and long before the 2010 Florence Nightingale initiative for global health.

The USA has one life member (Katherine Jeter), five presidents (Norma Gill, Marilyn Spencer, Nancy Faller, Susan Stelton and Elizabeth Ayello), three WCET™ Journal Editors, and many USA members who have been the editors of the following WCET™ publications: *Festschrift* book, 2nd edition, *WCET™ Ostomy Pocket Guide*, *WCET™ International Ostomy Guideline*, and *WCET™ Stoma Siting Guide*.

The organisation has steadily grown in members, projects, importance and achievements to include developing public policy, education and assistance with lifesaving supplies and improvements in quality of life. The United States has been instrumental in working with many countries to include Africa, Cambodia, Chili, Haiti, Honduras, India, The Philippines and

Vietnam. Though they may not be actual twinning projects, it allows barriers to be identified for future opportunities. Collectively we can break barriers, improve lives, educate and share through networking, publications, presentations and attending national and international conferences

USA ET's Held Office; Advisory Board; Executive Board US Delegates:

1976

Chairperson of Meeting Secretary Norma N Gill, USA
Joan Kerr, USA

1978

President Norma N Gill, USA
Recording Secretary Marilyn Spencer, USA

1979

Secretary Joan Kerr, USA
Committee Chairpersons: Education Mary Jane Koch, USA

1980

Recording Secretary Marilyn Spencer, USA
Committee Chairpersons: NNGF Norma N Gill, USA
Publication Nortrud Loy, USA

1982

Corresponding Secretary Joan Van Niel, USA
Committee Chairpersons: Audiovisual Aids Katherine Jeter, USA
Nominations Marilyn Spencer, USA
NNGF Norma Gill, USA
Publications Evonne Fowler, USA
Editor, Newsletter Norma N Gill, USA

1984

Vice-President Marilyn Spencer, USA
Corresponding Secretary Joan Van Niel, USA
Committee Chairpersons: Bylaws Marilyn Spencer, USA
Audio Visual Aids Katherine Jeter, USA
Nominations Harriet Scott, USA
Editor Norma Gill-Thompson, USA
Manufacturers' Liaison Joe Birkbeck, USA

1986

Vice-President Marilyn Spencer, USA
Committee Chairpersons: Bylaws Marilyn Spencer, USA
Nominations Joan Van Niel, USA

1988

President Marilyn Spencer, USA
Committee Chairpersons: Manufacturers' Liaison Al Priest, USA

1990

President Marilyn Spencer, USA

1992

Committee Chairpersons: Education Nancy Faller, USA

1994

Committee Chairpersons: Education Nancy Faller, USA
Industry Liaison Teri Johnston, USA

1996

Vice-President Nancy Faller, USA

1998

President Nancy Faller, USA
Committee Chairpersons: Industry Congress Liaison Al Maslov, USA



2000

President Nancy Faller, USA
Secretary Susan Stelton, USA
Committee Chairpersons:
Industry Congress Liaison Robert Lowell (ConvaTec), USA

2002

Secretary Susan Stelton, USA

2004

Committee Chairpersons:
Editorial Board Elizabeth A Ayello, USA
Industry Congress Liaison Al Maslov, USA
WCET™ Congress Liaison Susan Stelton, USA

2006

Vice-President Susan Stelton, USA
Journal Editor Elizabeth A. Ayello, USA

2008

Journal Executive Editor Elizabeth A Ayello, USA
Congress Liaison Susan Stelton, USA

2010

Vice-President Susan Stelton, USA
Journal Executive Editor Elizabeth A Ayello, USA

2012

Vice-President Susan Stelton, USA
Journal Executive Editor Elizabeth A Ayello, USA
Committee Chairpersons:

Publications & Communications Karen Zulkowski, USA

2014

President Susan Stelton, USA
Vice-President Elizabeth A Ayello, USA
Journal Editor Karen Zulkowski, USA

2016

President Susan Stelton, USA
Vice-President Elizabeth A Ayello, USA
Journal Editor Karen Zulkowski, USA



USA ID

2004	Theresa Haus
2005	Betty Razor
2006	Deborah Rastinehad
2007	Deborah Rastinehad
2008	Karen Zulkowski
2009	Karen Zulkowski
2010	Karen Zulkowski
2011	Karen Zulkowski
2012	Sharon Baranoski
2013	Sharon Baranoski
2014	Michele (Shelly) Burdette-Taylor
2015	Michele (Shelly) Burdette-Taylor
2016	Michele (Shelly) Burdette-Taylor
2017	Michele (Shelly) Burdette-Taylor

Thank you to Elizabeth Ayello for assisting with the history of USA membership involved over the years, with establishing the WCET™ and continued ongoing involvement.

Michele (Shelly) Burdette-Taylor
PhD, MSN, RN-BC, CWCN, CFCN
Assistant Professor, University of Alaska Anchorage, Alaska, USA
Email: mrburdettetaylor@alaska.edu



Pioneering Meetings

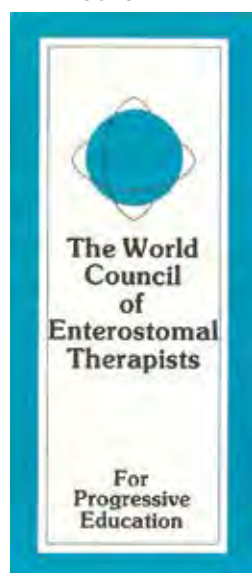
WCET meetings 1976 - 1980

The saying goes – everything has a BEGINNING – A MIDDLE AND AN END..... and it is essential that the early pioneering of our association gets into the history books whilst there are still living dinosaurs to recall those events !

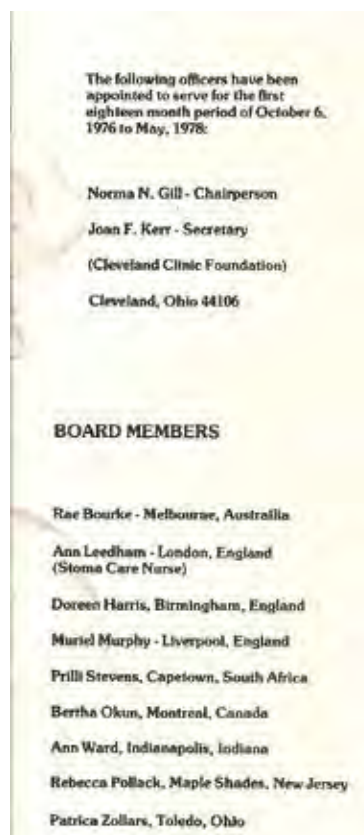
1976 : The pioneering meeting ...



On a rainy day in London in 1976, Norma Gill and several other international nurses were attending the first meeting of the newly formed INTERNATIONAL OSTOMY ASSOCIATION . This moment in time presented an ideal opportunity for us to meet at St Mary's hospital close by to discuss the possibility of founding an international association of ENTEROSTOMAL THERAPY NURSES. Twelve ETs representing Australia, Canada, England, Ireland, Israel, South Africa, USA , Mexico and Sweden were present. For those of us attending – life was never to be the same again ! We decided that the idea was a good one – and that we needed to formally constitute such an organisation . In keeping with the American nomenclature ENTEROSTOMAL THERAPIST ... although this was NOT the



name recognised by others at the time (!) we decided to call the association THE WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS. The IOA planned to meet in MILAN, ITALY two years on – and thus it was, we decided to piggy back our meeting onto theirs . The rationale being that we could enjoy the scientific and commercial attributes of their meeting – whilst gathering trained and potential ET nurses together to form our own. We produced a flyer – appointed Norma Gill as our founder and first president ...we were up and running!



May 1978 ... Milan Italy ... First formal meeting and inauguration of the World Council of Enterostomal Therapists



32 Nurses from 16 countries attended this inaugural meeting.

It soon became obvious that there were many differences and challenges facing us as we set about constituting the association. A primary problem of language and semantics made the work of Patricia Zollars RN ET (USA) – the American ET selected by Norma Gill to be responsible for working with us to establish the association and write our constitution working by 'ROBERTS RULES' A system and procedure completely foreign to the majority attending!

The Second Annual Educational Conference and Business Meeting of the World Council of Enterostomal Therapists was held at the Michelangelo Hotel, Milano, Italy, May 15-17, 1978.

Thirty-six stoma care nurses, representing sixteen countries, attended this two-day session.

Australia	South Africa
Canada	South America
England	United States
France	West Germany
Germany	Denmark
Holland	Sweden
Ireland	Mexico
Italy	Norway

During a closed business meeting, this very productive group developed and adopted bylaws, elected officers and established an international board of representatives.

The highlights of their decisions are:

Elected Officers (2-yr. term)

President	Norma Gill, U.S.A.
Vice President	Miriam Dolphin, U.K.
Treasurer	Barbara Faulkes, U.K.
Recording Sec.	Marilyn Spencer, U.S.A.
Corresponding Sec.	Lorraine Acworth, Australia

Classification of Membership

VOTING MEMBER...must be an R.N. who is involved in caring for estomy patients who has completed a formalized educational program in enterostomal therapy or who has been accorded membership under grandfather clause. Members are required to pay dues and have all the privileges of membership.

NON-VOTING MEMBER...shall be any person interested in the activities of this organization. They are required to pay dues and shall have all the privileges of membership except those of making motions, voting and holding office.

International Board of Representatives

Each country shall select and have one voting representative serve on this board. Together with the elected officers, this board shall have the control and management of the business of this organization.

MINUTES OF THE WCET MEETING

-2-

Results of the election and officers for the ensuing two years:

President	Norma Gill, USA
Vice-President	Miriam Dolphin, U.K.
Corresponding Secretary	Lorraine Acworth, Australia
Recording Secretary	Marilyn Spencer, USA
Treasurer	Barbara Faulkes, U.K.

The dues of ten (10) dollars, equivalence in U.S.A. money was established for both Active and Associate Membership. This is payable with application form for membership in the World Council and should be sent to Barbara Faulkes.

Each attending country selected a representative of their own to be an "International Delegate" to the Executive Board. The International Delegate will receive one copy of all correspondence and is then responsible for obtaining sufficient copies and forwarding to members or interested persons in their country. Translation will be the responsibility of each country also.

There was a request to include a job description from the International Association for Enterostomal Therapy.

Bettie Jackson, President of the International Association for Enterostomal Therapy has extended an invitation for World Council members from other than the North American continent to attend the meeting in Vancouver, British Columbia, Canada, May 7 - 10, 1979, the fee being waived.

A note of appreciation to the manufacturers that hosted our luncheons which numbered from 64 to 80 people serviced.

A special note of thanks to Wayne Edwards, of United Surgical for assisting and facilitating our meeting.

The discussion of our next meeting place and time followed. The consensus of the discussion was:

- 1) that we should meet next year
- 2) that we should meet late May if possible
- 3) that we should try to meeting with a medical meeting if possible
- 4) potential sites to be considered for 1979 are:
 - 1) London, England cont'd.

Preceding the WCET meeting in Milano, Italy, I met with Barbara Saunders, Director of the School of Enterostomal Therapy at the Royal Hospital of Saint Bartholomew, London, England.

Because the E.T.'s from England had boycotted the first meeting of the WCET in 1976, I felt it necessary to explore and exchange ideas with Sister Saunders concerning WCET.

We met May 5 and again May 6. Although Sister Saunders felt that WCET seemed to be basically non-professional and very premature, I did convince her that it would be to their advantage to participate. I suggested that this second meeting of the WCET was very crucial. The adoption of bylaws, election of officers and the setting of policy had to have the input of the R.N., E.T. She assured me that my message would be relayed.

This meeting proved to be very fruitful. The United Kingdom was well represented in Milano. Eight R.N.'s, E.T.'s were present. Two were elected to offices.

The clear definition of "voting member" was most gratifying to me. It is my feeling that even though WCET is in its infancy, the input from the International Board of Representatives will be invaluable.

It has been my privilege to represent I.A.E.T. at these very interesting meetings. It was thrilling to see 16 countries working together, toward a common goal.

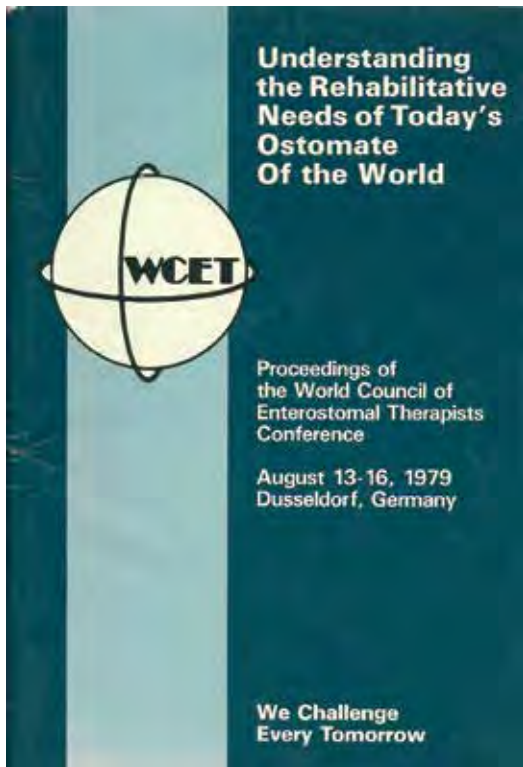


Milan la Scala theatre interior, 1950s

Interior of LA SCALA

(I was particularly fortunate to get an invitation to shop at GUCCI after hours!BY MR GUCCI HIMSELFA personal friend of the hosting conference convenor Professor Marcello Pietroiusti. I actually purchased NOTHING as it was all way out of my financial status... but Mr Gucci insisted on giving me a cake of soap!)

We left the meeting with many new friends and a determination to create a truly international forum for the exchange of information. We planned to meet in DUSSELDORF in August 1979.



Dusseldorf proved a wonderful meeting, especially memorable for the excellence of the scientific programme

First surgical scientific presentations to the WCET by world renowned surgeons

“Advances in techniques of stoma surgery”

The support from the best of the world's colo rectal surgeons and urologists was outstanding – with presentations from Professor **Nils Kock** (Sweden) on his revolutionary KOCK POUCH : **Ira Kodner** (St Louis, USA) on HIGH OUTPUT ILEOSTOMY MANAGEMENT: **Ian Lavery** (Cleveland Clinic USA) on the exciting new EEA LOW RECTAL ANASTOMOSIS : Jan Kerwenter (Goteborg Sweden) MAGNETIC COLOSTOMY : **Michael Handley Asken** (Norfolk England) CONTINENT URINARY RESERVOIR : **Mr Ian Todd** (Barts and St Marks Hospitals. London) PROBLEMS IN SURGERY FOR CROHNS DISEASE : **Professor Georges Guillemin and Phillipe Berard** (hotel Dieu, Lyons France) TEMPORARY COLOSTOMIES AND THEIR SUBSEQUENT CLOSURE : **Professor Baumel** (Nimes, Montpellier France) CURRENT ASPECTS OF RECTAL CANCER AND FUTURE PROSPECTS.

Victor Fazio (Cleveland Clinic USA) SEXUAL FUNCTION FOLLOWING RECTAL EXCISION : **Professor Bryan Brooke** ENTERO CUTANEOUS FISTULA : **Professor Leif Hulten**

(Salhgrens Hospital Goteborg Sweden) Loop ileostomy as an alternative to transverse colostomy.

Participation of such illustrious surgeons highlighted their support of our association and recognition of the role of the ET as a part of the team.



Professor Bryan Brook and Marylyn McManus



Prof Nils Kock and his team – including his ET nurse

Poignant presentations from the world of stomal therapy nursing followed . . . Each one delivered by the pioneering ET in that country. It was a first to listen and watch the amazing ways stoma care was delivered in each country – and the many challenges both social and environmental facing ET,s on each continent.

Norma Gill herself was ecstatic after the meeting – saying

“ We are concluding the finest meeting I have ever attended. . . I am hoping Cleveland will be even greater! . . . As I have done with other organisations I have helped in the beginning – I do not intend ot dominate the scene but help in planting the seed and helping it grow . The atlas tells us there are 151 countries in the world . . . there are currently only ETs in 23 countries. . . ARE YOU READY TO ACCEPT THE CHALLENGE? ”

AUGUST 1980. CLEVELAND CLINIC . CLEVELAND USA.

Third biennial congress of the WCET

To come to the womb of ET NURSING was an experience for all the delegates. The vastness and efficiency of the clinic –To meet professor Rupert Turnbull and many of his colorectal team – to note the obvious team work between the surgeons and the ET service at the clinic coupled with a dynamic programme was a treat for us all.

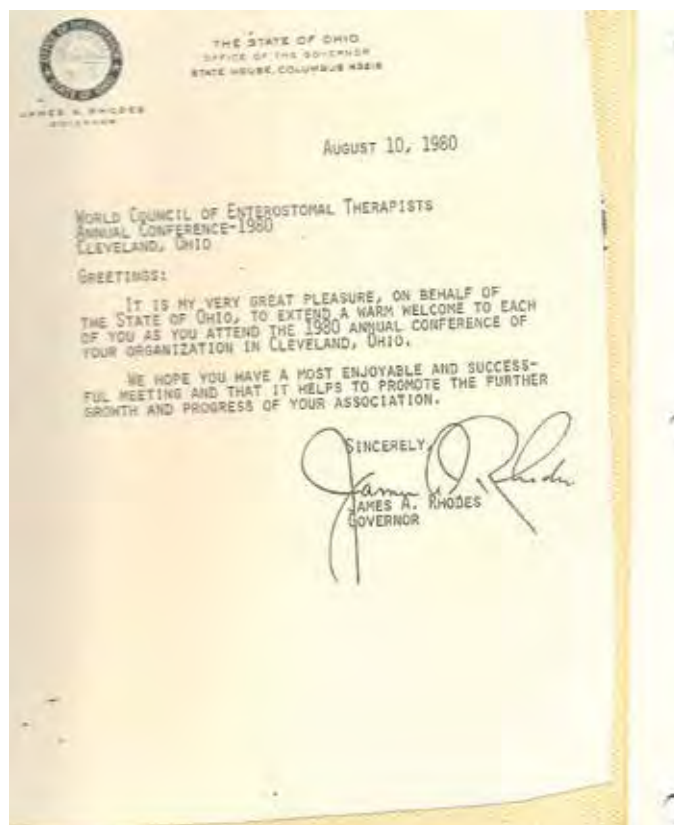
Norma handed the mantle of the Presidency on to Prilli Stevens – and her new team of hard working and experienced ETs. There was much work to do in growing the association and ensuring that our networking and educative projects grew.

The business of the association included the formation of the NORMA N GILL FOUNDATION designed to perpetuate the memory of our founder and first President –THE NNGF was to be the conduit through which we could fund many scholarships and bursaries for education in the future.

Lasting memory of the programme was the inclusion of a very open sexuality session in which we met the luminaries from the gay and lesbian society who regaled many of us opened mouthed delegates with tales of sexual practices – occasionally requiring faecal diversion and certainly raised the benchmark for future sexuality sessions on our programmes.



At this meeting, Norma Gill stood down as president and Prilli Stevens (S Africa) was nominated and accepted the role as second president of the WCET.



Norma standing down – and receiving well deserved applause. With her – Ozzie Rapin – of Abbott



Prilli Stevens presenting Norma with a plaque embossed with all the flags of the ET membership to celebrate the inauguration of The Norma N Gill Foundation. Marylyn McManus (S Africa) was the first chairperson of this foundation – and later – in 1986 presented a substantial donation of \$50,000 donation from one of her patients to the foundation



Prof Turnbull and Norma Gill dancing at the Cleveland Congress!



Marrying Herbert Thompson and becoming Mrs Norma N Gill-Thompson in 1985

CONSTANTLY AIMING TO IMPROVE QUALITY OF LIFE
BY PROMOTING NEW PRODUCTS SINCE 40 YEARS!



Congress Cameos

Munich, Germany 1982

England had accepted to host the fourth WCET™ conference but cancelled four months before it was due to take place! Apparently, the organisers felt that at that time as there were only 61 members registered, the numbers were inadequate to proceed.

A period of high activity on the part of the executive saw us organise to piggy-back our meeting onto the IOA's meeting in Munich. (Remember that there were only handwritten letters and a telephone available for such a task and we were pretty amateur "travel experts" coordinating!) We printed agendas, wrote meal tickets and booked a hotel called the Drie Lowen. Little did we realise that it was a "cheapy" in the red light district of Munich and *all* our delegates booked in. We arrived a day early to sort out a venue to hold the business meeting, which almost defeated us. We pounded the pavements — complete with one of our delegates in a wheelchair — but eventually found a beer hall which agreed to let us have their facility between 14.00 and 17.30, at which point they would be reopening for business! One hundred and forty-eight members registered from 19 countries. A record of the minutes recorded by Joan van Niel, our secretary, covered seven pages. The WCET™ was saved — and new growth recorded!

We held an excellent day's scientific program, with simultaneous translation into French, Italian and German. A first! A memorable and poignant moment for me was the moment the 35 mm slides surrounded by thin cardboard from the Indian delegate caught fire in the projector! A pair of Spencer Wells (always carried by my Vice-President Marie Burroughs!) saved the day. The evenings spent in the hospitable café and beer hall with *all* the delegates attending

were simply hilarious and memorable. We had survived a near disaster and came out the stronger for it.

As a postscript, I must mention another near disaster, when one of our number developed a small bowel obstruction, having had 19 laparotomies as a child to adulthood ... so she was not unprepared for occasional adhesive interludes. She was sharing with our colleague, who happens to be a paraplegic. The attending doctor who paid a house call announced she had never been in a hotel room so full of pathology before! Hospital admission and subsequently surgical intervention for her gall bladder was a salutary moment for one who had come to the meeting without medical insurance. We owe everything to Convatec Germany, who hosted her after recovery, and Salts (UK) stood surety for her. Never travel without adequate health insurance!



Munich – The beer hall for the business meeting!

Transkei, South Africa 1984

The challenge of delivering this congress was the problem of Apartheid, which was so abhorrent to humanity, and for

many of the WCET™ delegates an issue. In order to get around this, I opted to run the conference in the "Homeland" of Transkei up on the east coast of South Africa! Logistically, this was quite an undertaking. Determined to let all the African delegates experience the WCET™ and, conversely, let all the International Delegates see the genuine love and respect all the South African ETs felt for each other, we drove several hundred kilometres in kombis from Capetown — others flew in from Johannesburg and Durban — all requiring long drives to the wonderful venue on the beach at the Wild Coast. The other rationale for that venue was to ensure that our delegates stayed together in the same hotel and, because of the isolated region,

FOREWORD FOR THE PROCEEDINGS OF THE FOURTH CONGRESS OF WCET – MUNICH – JULY 12, 1982

Prilli Stevens, WCET President, Cape Town, South Africa

The fourth Congress of Enterostomal therapists belonging to the WCET convened in Munich from July 10th - 13th, 1982. The success of the meeting far exceeded the expectations of the organisers!

148 international enterostomal therapists gathered from 19 countries to participate in the proceedings. A full day of presentations from the members was held on July 13th.

The presentations were from a wide range of topics and presented in several tongues. This year, for the first time, simultaneous translation was installed to enable non-English speaking delegates from Italy and France to actively participate.

The high quality of the presentations was met with enthusiastic response from the large audience. The pleasure in sharing with both sophisticated centres and those just in their infancy balanced the programme to perfection. Awareness of the needs of others was engendered in enterostomal therapists who until that moment had been unaware of the superb and selfless work carried out by pioneering

therapists in third world countries. The excitement stimulated by new concepts in surgical technique, and the importance of the realistic management by the stoma therapist, rather than a statistical report associated with surgical assessment; the interesting evaluation of a new pouch designed by a motor company executive; the effects of alcohol on ostomates; spiritual needs; sexual considerations and practical ingenuity in fistula and drain management were just a sample of the wide ranging topics covered. The extended role of the Nurse Enterostomal therapist was well covered with excellent papers on current concepts in Incontinence and Decubiti. The very special needs of paediatric patients and a delightful paper on "Yesterday's children", tracing the babes from infancy until today, well complimented an academic and practical look into the Role of the ET in Biliary atresia.

For those unable to share with the congress delegates, we hope that this booklet containing the papers will encourage you to join in the next meeting in 1984 — an opportunity to share and learn.

Munich preamble.

we spent the whole week in each other's company! This was especially beneficial for bonding friendships between our commercial membership and the ETs and surgeons.

Our program was highly spiced with cultural, religious and ethnic presentations from around the globe. Excellent surgical and medical updates were delivered by highly experienced surgeons, including those involved with war zones and trauma. Our exhibition was well patronised and the exhibitors

much enjoyed being a part of the whole meeting, including challenging tennis, golf and horse riding or just strolling along the beach at the hotel. A large shark was caught in the nets and caused much interest! A national evening where all the delegates wore national costumes and enjoyed magnificent banqueting, dancing and entertainment from the local African choir.



National costumes, 1984



South African ETs and the new banner



Zulu, Xhosa ETs



English colonials



New England, USA



South African Boer!



Dianne Garde and Claude and Marie Burroughs, Canada, sporting SA T-shirts



Durban rickshaw

Perth, Australia 1986

Everything up to this point had been pretty amateur! (I can say this because I was the ultimate amateur at the helm!) Perth saw the beginning of the excellence and high standards set by the "new guard" ably led by the highly efficient Mary Jo Kroeber. So, after four years at the helm, I happily passed the mantle onto Mary Jo who became our third President. We already had a fine international network going: with identified pioneers with clinical excellence and speaking skills; treasurers who could cope with high finance; a constitution and projects a-plenty in pioneering ET nursing globally. We were ready to embark on sharpening up our journal, which was perfect for Mary Jo and her newly appointed editor, Pat Blackley. Everything to do with the business side of the association was finely tuned and run with precision by Mary Jo, who was herself a doyen of the nursing profession in Australia. So here we began an era masterminded by a group of top-class Australian ETs.

The meeting was magnificent! It happened to coincide with the passage of Haley's comet the very night we were cruising down the Swan River. The hospitality of the Australians was epic and it couldn't have been a happier occasion.



AL PRIEST commercial liaison with Mary Jo Kroeber WCET President and congress chairperson



Norma and Herbert Gill Thompson, Bryan Brooke, Dianne Garde, Katherine Jeter and Prilli Stevens, Perth, 1986

Lyon, France 1992



Norma with Prof Yu de Jong

WCET™ Lyon — Yu De Hong



Michelle Guyot, Michelle Conge, Lyon hosts, 1992



Lyon entertainment, Hollister! 1992



French gourmet food! Lyon, 1992



Ole Hahn, Katherine and Jack Jeter. Lyon evening out

Yokohama, Japan 1994



Atsuko, Japanese ID



Geisha!



Chile meets Japan



Japanese Saki — Hollister, Coloplast, Mary Jo Kroeber and Aliza Jaffe (Israel)



Tokyo musical entertainment



Musical entertainment, Tokyo



Smile and communicate

Jerusalem, Israel 1996

What an experience for those brave enough to venture into this beautiful and iconic country. Many potential delegates decided against travelling to a country always in a state of readiness for internal conflict. For those who attended, we were treated to an excellent scientific program, a true flavour



South Africa in Jerusalem

of the cultures and peoples through song and dance, and a chance to see something of the history and religious aspects of this biblical venue. To sit on the Mount of Olives, meditate in the garden of Gethsemane, sail on the Sea of Galilee and walk the Via Dolorosa — surely the dream for many in our membership.

We were extremely fortunate to see the Dead Sea Scrolls and marvellous museum. However, the highlight had to be the night trip to the Negev desert — accompanied by armed soldiers — where, dressed in Arabic head gear, we lay under the stars and were treated to an amazing Bedouin feast.



Three presidents: Mary Jo Kroeber, Mavis Watson and Prilli Stevens



Tom and Jeremy, Eakin, with Liz English and Prilli Stevens



Getting into the swing



Military guard in the Negev



Magnificent fiery logo!



Coloplast in the desert



Hot rock bread



Catchy music!

Singapore, 2000



Nancy Fallor, Liz English and Prilli Stevens.
Queen of Stoma Princesses Poo and Pee,
Singapore 2000



Renuka Narang, Indian ID



American delegates, Singapore 2000

Ljubljana, Slovenia 2008



Ljubljana, 2008



Pavle Košorok, Slovenia



Carmen George and Merle Borlee – proudly Australian



WCET™, 2008



Phoenix WCET™ WOCN, June 2010

Phoenix, USA 2010



Phoenix WCET™ WOCN, June 2010

Cape Town, 2016



Opening ceremony, Cape Town 2016



Executive at work WCET booth



WCET EB 2014-2016 at Cape Town Congress dinner



ConvaTec

Ostomy Care

It takes the experience and dedication of yesterday, to be prepared for the innovation of tomorrow.

ON THE 40TH ANNIVERSARY OF WCET & CONVATEC, WE ACKNOWLEDGE ALL THE ENTEROSTOMAL THERAPISTS AND NURSES THAT HAVE PLAYED SUCH A CRITICAL ROLE IN ADVANCING OSTOMY CARE TO WHERE IT IS TODAY.

At ConvaTec Ostomy, we understand that success in ostomy care depends on the nurses, therapists and organisations that are passionate about helping people living with a stoma. We have been proud to play a role in shaping how ostomy care is currently approached, and we know we didn't do it alone. We listened, to the nurses and our partners, to always offer the very best in products and support to the people we serve. Yes, we've faced some challenges along the way. But like the people we work for, we're not letting it hold us back. Together, we can accomplish so much more.

The success of our past has always been rooted in collaboration and breakthrough thinking. Our first Stomahesive® skin barrier was originally developed as a hydrocolloid medical adhesive for dental surgery. It took the vision of a group of scientists, a surgeon and a stoma therapist to realise how this new technology could revolutionise the future course of ostomy care.

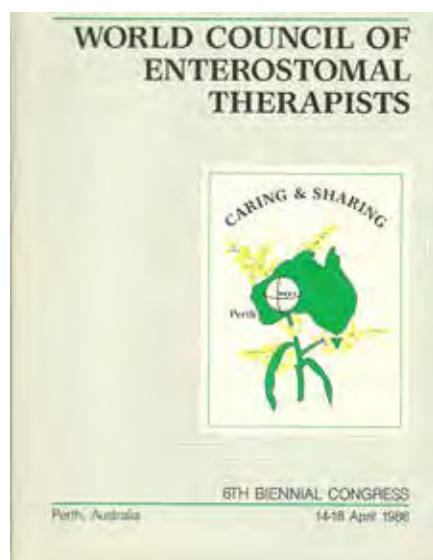
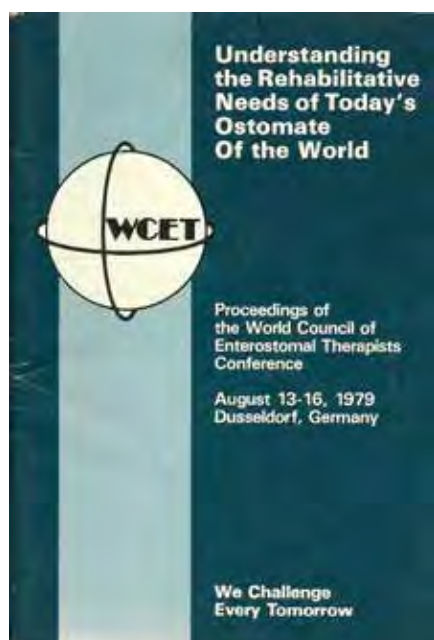
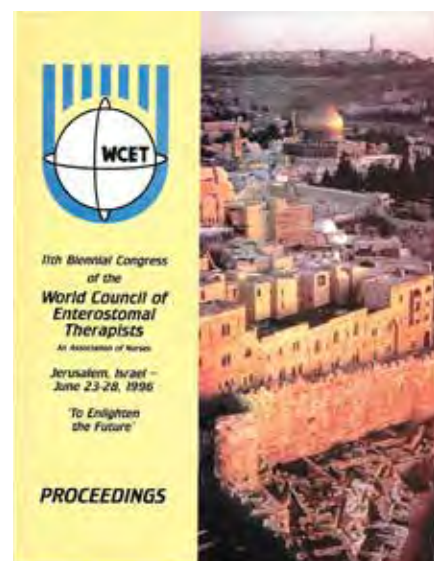
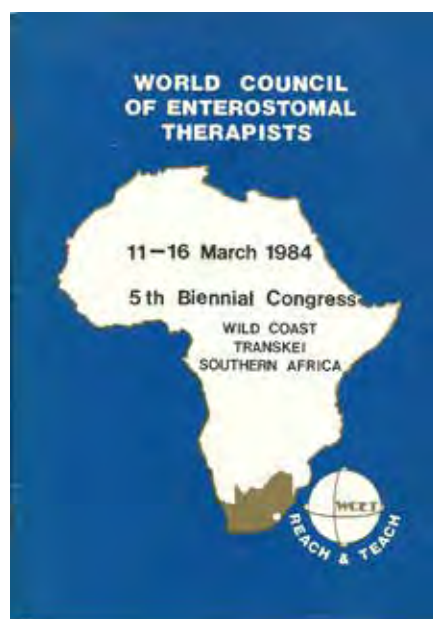
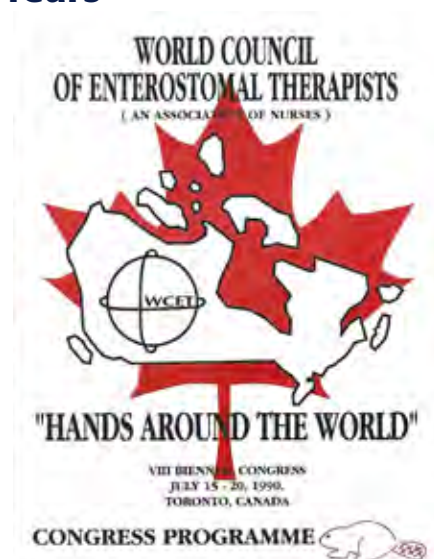
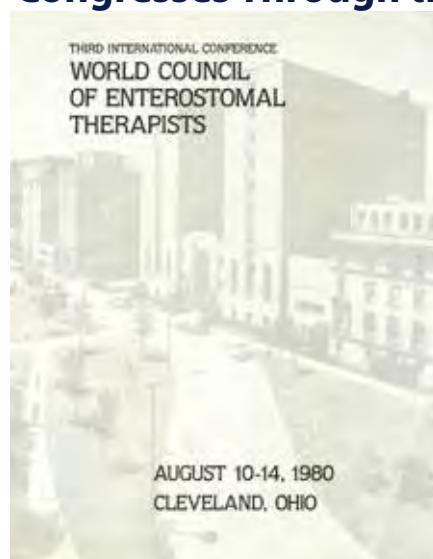
From early on we established ourselves as an innovator in skin adhesives. By staying focused on the needs and wants of our patients, we continued to create products that were the first of their kind in the industry. From our two-piece systems to our Durahesive™ Baseplates and Mouldable Technology™, we're an organisation that has experienced a lot of firsts. As we approach our next chapter, we're inspired to continue to drive for excellence and innovation in all that we do.

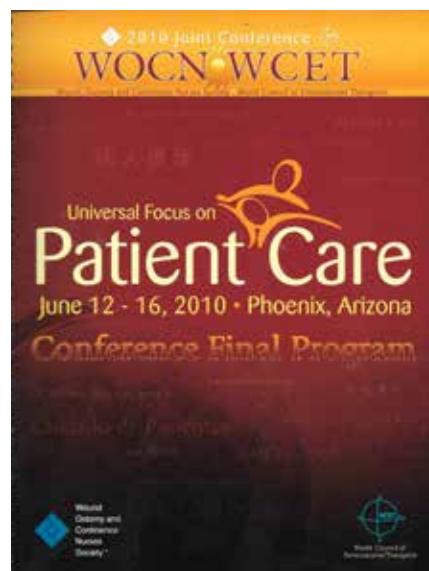
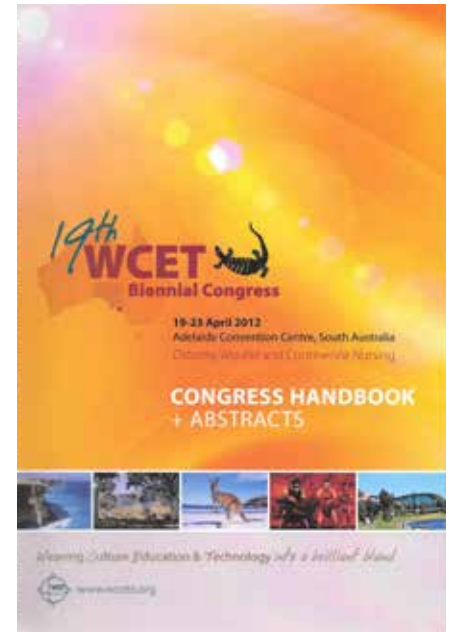
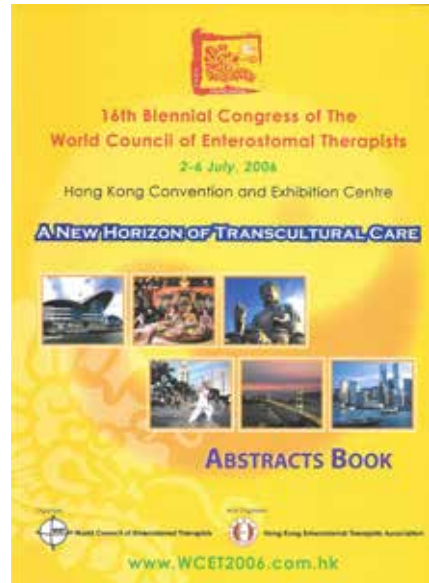
Today we find ourselves focused on the future. Through our ostomy products and programmes like me+™, we are finding more ways to support the nurses and restore everyday function into the lives of people living with a stoma. The passion we have for improving people's lives is extended to the therapists, nurses, employees and partners we work with every single day. We will always be built by the truth behind our performance, reliability and our commitment to continued innovation.

This year's event marks the 40th anniversary of the founding of ConvaTec. We are honoured to share this important 40th anniversary milestone with the WCET. We look forward to a continued partnership in helping advance nursing care for people with ostomy and wound needs around the world. Only through the collaboration with partners like WCET will we be able to continue the breakthrough thinking that established us as a leader in ostomy care.

Through our purpose, passion and partnerships, we can all improve the lives of so many people.

Covers of the Scientific Programmes from WCET™ Congresses Through the Years





Pre-Congress Executive Board Meetings

Pre-Congress meetings ...the lighter side!

To those of us familiar with the extremely hard work associated with being a member of the WCET™ executive or chairing a committee, the prospect of a pre-Congress working week really gets the adrenaline pumping! I can write from firsthand experience of several of these gatherings and can vouch for the *hours* and *hours* and *hours* spent trying to ensure that the WCET™ stays on an even keel, has projects laid out and outcomes scrutinised. To say nothing of keeping within a financial budget that is realistic! Discussions and frank responses often lead to diplomacy and putting out fires ... and the qualities of those nominated to their roles are tested to the full. Remember that these girls and boys give freely of

their time and expertise — and we owe them an enormous debt of gratitude!

Those early days were, of course, pre-digital, pre-cyberspace, so everything had to be carried — typewriters and ribbons, paper, pencils and biros, 35 mm slides projector. No cell phones for quick communications, plenty of running to the local phone box and putting the coins in — another world! Our secretaries, Margie Konschell (Zimbabwe) and Dianne Garde (Canada) deserve medals for keeping up with everything — deciphering their notes and tapping away at typewriters late into the wee small hours. Our treasurer, Heather Hill (Australia) was constantly dealing with foreign coinage and notes arriving from badly identified sources and trying to reconcile our books, especially once we got into major fundraising mode. Extracting the correct dues from the membership was an ongoing task.

The venues for such pre-Congress happenings are varied, but I can tell you that in the early days — firstly — we got ourselves there at our own expense or through raising funds in our own country. We often stayed in very “interesting” accommodation. I would just mention two unusual ones. The first was when we stayed in a Catholic retreat outside Toronto. We actually slept in “cells” usually enjoyed by religious visitors on retreat and meal times in the main refectory had to be held in silence! We



Paul Bocuse, Lyon, 1992



Maggie as Secretary



Trek from our beach cottage to WCET™ pre-Congress

developed some very interesting hand signals and eyebrow-raising to get the salt or butter passed our way. However, as our conference organiser pointed out, we saved the WCET™ a fortune! Coincidentally, I don't think we have ever laughed so much!

In Sweden we were given a marvellous wooden hut up the coast in Arod on a rocky peninsular. The only catch was that accommodation was a bit sparse, so two of us were put in a hut on the beach — a chemical loo — and it involved a rocky climb up to the meeting hut. The added problem for us South Africans at the time was that the rand didn't go very far when it came to financing our food, so we set about collecting all the cans and bottles we could find and took them to the recycling centre to get money back! Professor Leif Hulten visited us by sea and helped our cause with the empties off the boat!

There were, of course, marvellous positives, the main one being the lasting friendships that have endured this past 40 years. Also it wasn't all austerity. One visit to the *best* gourmet eating place in Lyon after a hard week for the executive and chairpersons was an experience like never before. The Paul Bocuse restaurant was the best in France! Our lasting thanks go to the supportive commercial teams who recognised our hard work that week!

Prilli Stevens — bottle recycler and the quietest in the Retreat refectory!



Can collecting for money to live! Leif Hulten



Cashing in the cans



Fancy loo!



Mountaineering Maggie

WCET® Life Members

A WCET Life Member is someone who has shown distinction and eminence in his/her contributions to the field of Enterostomal Therapy Nursing.

Recommendation for this recognition can be submitted to the WCET Executive Board by any member.

The designation of WCET Life Member has been awarded to the following WCET members:

Patricia Blackley RN, GDHE, STN

Stomaltherapy Educator
Queensland
Australia

Journal Editor = February 1986



My first WCET Congress at Transkei, Southern Africa presented by Prilli de Stevens and the South African Stomaltherapists led on to my role in the formal WCET Journal

Concerns were expressed there by commerce about continuing the production and distribution of the WCET communication newsletter

which had supported WCET from the beginning free of cost to the organisation.

Mary Jo Kroeber was determined to offer the WCET membership a platform for a scientific publication to further entrostomal therapy education; and to extend further communication between member countries.

Perth, Australia was the next congress venue in 1986 so following long consultation with Norma N Gill about her role in such a publication. we aspired to present our first issue by 1986.

Mary Jo Kroeber crossed Australia on the West coast to visit me on the North East coast of our vast country to (amongst other things) formulate the appropriate content for the original quartley issues of 36 pages. This has by now expanded to 48 pages.

In the beginning the journal was distributed to 35 countries in 1986 to 60 countries at the present time.

The work involved by all concerned has been worth it!

The Editor's role in consultation with the Publication Committee was to collect and encourage contributions to share 'tricks of the trade'. We aimed for four journals each year.

Norma N Gill agreed to provide her activities titled 'Around the World with You' each quarter. Fascinating information.

News and reports from International Delegates together with advertising of WCET events around the world together

with letters to the Editor and Commercial advertising were included.

Mary Jo liaised with the various publishing companies and appliance manufactures -an extensive and onorus task of its own!

Advances in electronic communication eased the volume of work required though I will always remember the rolls of fax paper billowing into my tiny office tray during those years. All our roles have varied over the years too.

It was a great learning experience and one I enjoyed and will always recall with pleasure.

Judy Chamberlain (formerly Truscott) RN ET Life Member



Having been drawn into co-pioneering Stomacare under the auspices of the National Cancer Association (Durban Branch, South Africa) in 1971, I was very privileged to attend the 1978 1st WCET CONGRESS in MILAN ITALY together with my partner Doris Williams, Prilli d'E Stevens, Marylyn McManus, our founder Norma N. Gill Thompson, and other interested RN's from abroad.

Since then I have attended at least 16 WCET Congresses including Business Meetings all of which have been interesting, exciting, informative, educational and really wonderful experiences. Being an ID and also a Committee Member and later the Chairman of Publications and finally a Life Member, meant the world to me. and I thank the WCET Executive and Members for putting their trust in me.

I think back to our awful "banning experience" in Sweden during 1988 due to harsh political problems in our home country, which Prilli, Marylyn and I overcame against all odds that experience really brought home the importance of caring for traumatized patients regardless of race, religion, culture, etc. The support given to me, the International Delegate for South Africa at the time, was phenomenal and proved beyond doubt that ALL of we Enterostomaltherapists had the same dedication to ALL our patients globally. I thank the Members of that time most sincerely for their complete support in dire circumstances when we S. Africans were up against all odds. I think Nelson Mandela would have been proud of us all.

During the following years, the NCA continued to employ, and provide time for Stoma-Care Nurses to qualify as an ET, with experience and attending the Stomalthery Course at Groot Schuur and Red Cross Hospitals, by the first class tutorship of none other than the brilliant Prilli Stevens. The NCA also provided a voluntary service and Stomacare Clinic for 4 years, at a large Provincial Hospital in Durban, after which more Provincial clinics were set up countrywide.

Retrenchement came as a shock after 21 years, but fortunately we were rescued by Clinic Holdings, who built us perfect clinics all over the country, and allowed us to continue our services to all private patients and hospitals in and around Durban and District. We were employed years later by Bristol Myers Squibb who continued to provide excellent ET services in the private sector and where we were really appreciated and encouraged to grow and look after our patients and colleagues as best we could without worrying about finances etc. It was a great time !!

Today I am finally retired (third time!) and am so proud of my ET's who worked under me, qualified at GSH and RED + Hospitals too, and some of whom today run their own extremely busy clinic and services to many hospitals. I am also so very proud of our wonderful patients whom we treated over many years, and I feel so thankful to all the nursing staff in the various hospitals, the participating first class Surgeons, the Physicians, the Oncologists, the the the the the the everyone involved in making Stomalthery a well known incredible service for those in need and their families. I salute them all.

Mine has been a successful, happy, wonderful career, and I would do it all over again if I had the chance.!! THANK YOU. Judy Chamberlain. RN ET Life Member.

Thank you. Judy. .

Dianne Garde



When I went to the Cleveland Clinic Foundation in March 1969 to take my Enterostomal Therapy education with Norma Gill I did not know where it would lead to. At that time you needed to have an ostomy and a position to go to. I did have a position to go to at the Toronto General Hospital and I was the third ET. in

Canada. Little did I know that in 1992 I would be relieved of my position because I wasn't a nurse. I have continued to practice in the community from that time to present.

In August 1980 when I attended my first World Council of Enterostomal Therapists meeting in Cleveland, Ohio, once again I did not know where my journey would take me. I really became involved when I was asked if I would run for secretary in 1984 in South Africa.

In 1986 I bid for the congress to come to Toronto, Canada in 1990. Being the co-chair of this congress was the highlight of my career as an ET. We had 910 registrants from 55 countries and our profit was \$120,000. Can. The Right Honourable Lincoln Alexander, Lieutenant Governor of the Province of Ontario officially opened the congress. Our theme song was "What a Wonderful World", by Louis Armstrong, which was played at the beginning of each session and we all sang it at the closing banquet. Some stood on chairs and held hands.

Having attended all of the congresses except in 1982 in Germany and 2014 in Sweden I have had many ET's tell me that when they hear that song it reminds them of Toronto.

From 1993 to 2010 I was privileged to take the position as Administrative Assistant for WCET and set the office up in my home. This gave me the opportunity to get to know the names of ET's from all the countries in the world and make many friends.

In 2010 I was very honoured and gratified to be made a Life Member of the WCET.

Heather Hill



Highs and lows of being involved with the World Council of Enterostomal Therapy:

- instigating change and making a difference
- gaining new knowledge and skills
- being inspired and included
- realizing that you can come out of your comfort zone and grow
- rising above the fact that in all organisations (even WCET!) there are some people who will put you down and attempt to undermine you
- travelling far and wide and meeting people of all races, cultures and religions

Most members of WCET nowadays have never heard of Heather Hill, who completed her Stomal Therapy Course at Sydney Hospital, Australia in 1981 and found a path that was to become a lifelong passion and challenge.

1983, I was persuaded to present a paper on an ileostomy survey we had done at Concord Hospital to the AASTN 13th Annual Conference in Melbourne. Already terrified, with a mouth that was opening and closing with no sound emerging, the AV equipment stalled completely. Dr. Ian Cunningham was

sitting in the front row and he gently invited me to go down and sit with him and his colleagues:

"You stop worrying about that, it is not your problem, come and talk to us until they fix it for you."

His simple phrase has helped me put many others at ease over the years in all types of situations. Plus I find it easier now not to look like a fish out of water ...

At that conference I was invited to present the same paper at the WCET Conference being held in South Africa in 1984. So, I was hooked. In South Africa, Mary Jo Kroeber and Prilli Stevens told me how much I would enjoy being the treasurer. In 1986 four incredible years began of intense involvement with WCET executive and members worldwide. In 1986 I was also the membership secretary. My membership report of August 1988 states in 1987 we had members from 36 countries but by January 1988 we had an overall membership increase of 25% representing 40 countries. Very exciting!

Following WCET Conferences (where most paid their fees to me) I could be seen loaded with currency from all over the world finding an English speaking bank to deposit it. The inspiration and joy of asking people to send bank drafts was quickly instigated!

During those early years I was also on the national working party for the publication of the World Council of Enterostomal Therapy Journal – what a shame it has changed to a "corporate" cover instead of the flags of our member countries.

In 1994, due to unforeseen circumstances, the executive asked me to become the caretaker treasurer, another steep learning curve as computers had well and truly entered the scene! Subsequent treasurers all have different stories of their role as technology takes over.

One of the main highlights of those years was being involved in initiating the first Norma N. Gill Scholarship which was awarded to Amira Cohen from Israel. Amira attended the Stomal Therapy Course at St. Vincent's Hospital in Sydney and I had the added joy of Amira accepting the invitation to stay

with me for the duration of the course. Like so many others around the world – a wonderful friend.

Thinking of all that has happened over these 40 years quietly aroused sounds from albums, journals, diaries, sounds of faraway people and places softly breathing my memories - too many for 300 words!

The words of Norma N. Gill-Thomson (the founder and first Life Member of WCET) bear repeating:

"In a pioneering field like enterostomal therapy, all the players have travelled different routes yet most have become involved out of a love for humanity and a desire to end suffering. By remaining true to themselves they have achieved professionalism and are thus able to help educate other to continue the cycle".

Katherine Jeter, EdD, ET



How could these last 40 years have melted away? It is pure joy to recollect the early days of our profession. Each of us seemed to be "called" to serve a group of underserved patients: infants, children, men and women with ostomies and fistulae. Later many of us would use our experience and expertise to care for patients

with chronic wounds and incontinence. In the beginning, in the 1960s, the majority of enterostomal therapists were themselves ostomates or had children with an ostomy. Our second child, a son, required a urinary diversion at the age of 3. His urologists were desperate for practical information and techniques. They pressed my husband and me into service right away. We published a small pamphlet instructing parents how to care for their child with an ostomy. Amazing that a non-credentialed person would soon become "an authority" and be on the urologic and surgical service in a major American medical teaching hospital!

As the enterostomal therapists in the United States formed the IAET and the WCET coalesced lay specialists, nurses, technicians and surgeons from around the world, we were gratified to see patient care improve and product development make quantum advances. One of the salient memories of my early practice was the presentation by a representative of the major pharmaceutical company E.R. Squibb. The gentleman visited me in my New York office in 1972 with a small 4"x4" square of a tacky amalgam called Stomahesive. A nurse in Australia, he said, had found great success using this dental product to relieve skin irritation under the adhesive of ostomy bags. I thanked him politely and explained that we were fairly satisfied with karaya gum powder and skin cement to affix our appliances and prevent skin damage. Thank goodness, an opportunity to try one of his



wafers presented itself during the following week. And, as the saying goes, “the rest is history”!

For those of us who were privileged to convene in London, Milan, South Africa and Lyon in those early years, there were opportunities to exchange ideas for improving our methods of ostomy management and, even more important, for developing professional practices suitable for myriad clinical settings. The enthusiasm shared by clinicians, regardless of their academic training or stature, was critical to the growth of the WCET. The collegiality between world-renowned surgeons such as Mr. Ian Todd, Professor Bryan Brooke, and Dr. Vic Fazio and the enterostomal therapists around the world was, I believe, unique in medical annals. The cooperative relationship modeled by Dr. Rupert Turnbull and our founder Mrs. Norma Gill was critical to the international advancement of enterostomal therapy. Every culture has its peculiarities, which presented some of the daunting challenges faced by the WCET during its seminal years. In the Southern United States, in the early 1980s, physicians and surgeons were males and rarely were nurses considered contributors to the art and science of patient care. With a grant from Convatec, I invited Prilli Stevens to address our local Medical Society. The formal invitation for the dinner meeting identified the speaker as P. J d'E Stevens, giving no hint that she was a female or a nurse. Of course, the entirely male audience, who would not have turned out to hear a nurse speak, was enthralled by her presentation.

Progress should never be impeded by tradition; however, the WCET will do well to reflect on the unique aspects of our history that created and sustained our specialty. I hope the recollections of Founders and Life Members will spark new determination to improve patient care worldwide through interdisciplinary collaboration.

Mary Jo Kroeber



To read about Mary Jo Kroeber, please go to her president's biography on page 17

Marylyn McManus

In life – one is fortunate to meet many exceptional people – in my case none more so than Marylyn McManus - a pioneer and Life member of the WCET .

From the very beginning of her life in Stoma care – back in 1972 in Johannesburg, South Africa – it became



apparent that this lady was the most dedicated caring efficient and hard working person around! She started her work as a stomaltherapist with the Cancer Association of South Africa. Her services were free and her time spent on the job were all the hours available ! She was evangelical in her mission to provide optimal care to all persons requiring stoma surgery and was a pioneer of the South African stomaltherapy association back in 1978. Her patients were across the social and economic spectrum . Her willingness to share her knowledge abd skills made her a wonderful teacher and role model to many.

Marylyns talents stretch not only from her clinical knowledge and practical skills – but her clarity of mind when it comes to all things requiring organisation, accuracy and transparency. Thus, when she joined the newly formed WCET – she was appointed as TREASURER AND MEMBERSHIP SECRETARY, following the footsteps of Barbara Foulkes, holding the role for two terms between 1980 – 1984. In 1984, Marylyn took over the chairmanship of the NORMA N GILL FOUNDATION – Marylyn was the natural person for the role of chairperson. This she carried out with true zeal – raising funds and majestically investing and growing the monies to provide much needed bursaries. She personally organised \$50,000 to the foundation through shepherding a donation from one of her patients in South Africa into this worthwhile cause.

Her dedication to the organisation led her into constitutional matters– and she served tirelessly on this committee for several years.

On a personal note – Marylyns friendship and counsel have always been a major part of my life. She is never one to push herself to the front of a crowd – but rest assured is the reason most of us function efficiently thanks to her organisation of our lives!

It was with immense pleasure that we watched her receive firstly a LIFE MEMBERSHIP in 2000 – and recently at the 2016 conference in Capetown – be greatly honoured by the naming of a bursary scholarship in her name. I know that this very meaningful award has meant everything to her – and will perpetuate her name in stoma care – her passion.



Priscilla J d'E Stevens SRN, ET

President WCET 1980 – 1984

Chairperson Education 1984 – 1990.

Life Member 2000.



I was fortunate to be a pioneering member of the WCET –when in 1976 a pilot group of eight met at St Marys Hospital in London and subsequently in 1978 formally meet in Milan in tandem with the International Ostomy Association to establish the WCET. At this time – we appointed Norma Gill as our President. We met one further time in Dusseldorf a year later – with

Norma still at the helm. In 1980 – we went to America to the MECCA of ET Nursing – The Cleveland Clinic – where I was most honoured to accept the nomination to be the Second President of the organisation.

Following in Norma's footsteps was never going to be easy – but I am a great believer in “DIFFERENT HORSES FOR DIFFERENT COURSES. – and also acknowledge that no ONE person was going to make the organisation – but that an efficient team approach would work well.

One of my first actions in 1980 was to establish THE NORMA N GILL FOUNDATION – this to honour and recognise Norma for her wonderful vision and work – and to act as a fund raising vehicle for the organisation. I must acknowledge the very particular contribution to this foundation by the chairperson – Marylyn Mcmanus who worked tirelessly and efficiently building up the funds and investing them wisely in order to generate bursaries .

COMMUNICATION in all its forms in those days was epic! Typing with two fingers – writing airmail letters – or utilising ones home telephone (courtesy of the unsung heroes our husbands!) kept the show on the road. The midnight oil was burnt by all the executive – and the enthusiasm and work accomplished was magnificent considering all were juggling their own busy clinical jobs and shouldering the postage, stationary, telephone bills and travel expenses in order to keep everything alive!

Early conferences were organised by ourselves – and facilities including overhead projection – 35 mm slides projection and a white board were it! Commerce frequently exhibited on a tressle table – and in what would now be classified as very suboptimal space!

I set myself some simple goals – firstly to COMMUNICATE with the members – and we managed to put out a quarterly newsletter – kindly facilitated by Bristol Myers Squibb and Bob

Loy . I also wrote regularly to many of them – and encouraged them to participate in our biennial conferences

One of my MAIN drives was to ‘SELL’ the concept of SPECIALIST CLINICAL NURSE IN STOMAL CARE to as many institutions as possible around the globe.

We established an ONSITE EDUCATION PROGRAM – and were able to personally answer requests for ONSITE EDUCATION by seconding a “TUTOR” to deliver the information and demonstrate the clinical skills . In my time at the helm – I ran a course in Bologna Italy – and Marylyn Spencer (Normas colleague at the Cleveland Clinic) went to India – and Joan Van Niel – ET tutor at the Cleveland Clinic went to St Lukes Hospital in Japan.

WCET membership included persons already working in established and well supported practices in teaching hospitals ,large centres and community nursing . However – we also supported those from emerging services – often trying to work as unrecognised clinicians in countries and hospitals where there were few consumables, no education in stoma care nursing . A further barrier existed with the inability to speak or understand English -our language of communication.

Many talented speakers and educators emerged. Papers delivered at our conference in Munich in 1982 highlighted the amazing practice from places such as the flying doctors in Australia – to Commuting on snow shoes and reindeer drawn sledges in Norway and Finland . Slides shown by our Indian delegate caught fire in the projector . Subsequently, commercial interest in our organisation obviously enabled us to produce bigger and better meetings – and their financial support of members enabling them to travel and subsist opened another area of concern as such activities came under the spotlight .

My final coup de grace in 1984 was convening our meeting in South Africa where inspite of major political restraints due to Apartheid – we had a wonderful meeting and specifically aired cultural and ethnic differences around the globe as they impacted on ostomy care. The warm comederie of the attendees and the sharing of our clinical expertise amongst others doyens of the global surgical fields as well as research and development from commerce all together in one hotel on the edge of the Indian ocean with a magnificent African choir serenading us under the stars was as good as it gets!

I have been so proud to be a member of the WCET – and have had a lifetime of wonderful personal growth and experience – to say nothing of meeting and enjoying the company of some amazing colleagues from all over the world.

THANKYOU! Prilli Stevens (Life member.)

Cultural Contributions

THE INFLUENCE OF JEWISH RELIGIOUS LAWS ON ORTHODOX JEWISH OSTOMATES IN ISRAEL

by Yaffe Aliza, R.N., E.T.

The religion and ethical systems of individuals are generally the major source of their human values and guide them in choosing and using health care services. The more one understands their ethical and religious beliefs, the greater the assurance that their health-care needs might be fulfilled.

The State of Israel was founded in 1948 and its population is about 4.5 million, the majority of whom are Jews from all over the world. Jewish religious laws, as given to Moses on Mount Sinai, and interpreted by generations of Rabbis, apply to all Jews wherever they may have lived during the 2000 years of their exile. During this long period, some Jews stayed in one place, while others - mostly because of persecution - were driven from country to country, even from one continent to another. Most of them adhered to their religion, while still being influenced by the customs of the people among whom they lived.

In recent years, there has been a decline in religious orthodoxy in many countries, especially among the younger generation. Israel, on the other hand, has been experiencing a growing return to orthodoxy in the past 10-15 years.

In spite of clear religious laws, the practice of religion by individuals is highly personalized. Religious denomination is not synonymous with religious practices and beliefs.

In Israel we find groups of extremely orthodox belief, who live their life according to all the strict religious rules and who have not changed their habits and don't let themselves be influenced by modern technology. On the other extreme, there are freethinkers, who live modern lives, abide by the religious laws only with regard to circumcision, bar-mitsvah, marriage ceremony etc., if at all, go to the synagogue on High Holidays only, and are not particular about religious dietary laws ("kosher"). In between these two extremes there are "conservatives" who keep the Sabbath and dietary laws, but are more tolerant than the orthodox.

In general, Orthodox Judaism accepts the teaching of the Holy Books literally, while Conservative and Reform Judaism adopt their own commentaries of the teachings so as to make them more streamlined to modern life and situations.

Since in Israel religion and government are not totally separate, (e.g. family law is based on the religious law), all hospitals, recreation centres, old age institutions, day nurseries, as well as most restaurants are strictly kosher. Therefore, traditional patients do not have any problems getting kosher food. Moreover, health professionals in hospitals as well as in communities do their best to give proper attention to each individual patient according to his special religious needs.

During the life cycle of a Jew there are important stations. Every new-born Jewish male is circumcised eight days after his birth. If a child is born with a defect in his alimentary or urinary tracts and an ostomy-surgery has to be performed in order to save his life or enable him to function until additional surgical intervention will be possible, he can be circumcised as long as he reaches a minimal health condition, which is determined by his physicians.

A pious *colostomate* prefers to irrigate his stoma, rather than leave it to dietary restrictions. The enema will be performed prior to his morning prayers. On the Sabbath, the day of rest when most activities are forbidden, the *colostomate* may do his irrigation, provided he prepares ahead of time the necessary aids - such as hot water, vaseline already squeezed out of the tube etc. In general, Jewish religious law releases a person from the stringent rules for the Sabbath and holy days because of sickness. Most of the pious find it easier to irrigate only every other day, as long as doing so does not endanger their life.

Family Life. The first "Mitzvah" (command) given to Jews is to multiply. Sexual intercourse too is a mitzvah a husband pledges in the contract of marriage to fulfill with certain minimal frequency. From the Jewish point of view, sex and marriage are exemplified in Ecclesiastes: "Enjoy life with that you love!" The family is the fountainhead of Jewish life and is immersed in Jewish practice. The basic value for the Jewish home is called "Shalom Bayit" or peace at home. This is the obligation of every couple.

With regard to the urinary *ostomate* who had cancer of the bladder and, in consequence, remains impotent, he will seek an implant of a penile prosthesis. Such an implant

will assist him in overcoming his psycho-social inhibitions and, at the same time, enable him to perform his religious sexual duties.

Jewish women have to undergo the rites of a ritual bath (Mikveh) before receiving the marriage vows; the orthodox woman has to repeat this ritual every month after her menstrual period, as a precondition for the resumption of sexual intercourse, which had to stop during her period, and at least 7 days afterwards, when she is regarded as "unclean". This ritual has to be carried out while the woman is completely nude and nothing separates her body from the water in the pool. In a special case of a young married woman *ileostomate*, she is now allowed to use the pool without her appliance as the last bather, after deliberations between the stoma nurse and the Rabbi's wife. She is now able to perform her religious duties and to continue her sexual life.

Calling to the Thora. Every male adult Jew after his Bar-Mitzvah (confirmation) is entitled to be "called to the Thora" in Synagogues to read part of the weekly chapter of the Bible, which is considered a great privilege. The law demands such a Jew to be clean in body and heart, on this occasion as on any other one, when he says blessings of any kind. The appliance carried should be water-tight and worn snugly on the skin.

Bar-Mitzvah means the legal entry of a male child at the age of 13 into the responsibilities of the adult world. The religious ceremony consists, among others, of calling up the boy to the public reading of the Thora. Thus, he becomes a full member of the religious community. For the *ostomate* the same rules apply as for the adult.

Dietary Laws. The customary food served on religious holidays does actually not cause any problems, although we are approached by many for advice regarding the eating of Mazza (the traditional unleavened bread on Passover). The eating of Mazza during the 7 day Passover holidays may lead to diarrhoea in some cases and constipation in others, the same as before their operation. I would also advise an *ostomate* with a Kock Pouch to be careful on Arbor Day (Spring of the trees &

Continued on p.12

JEWISH OSTOMATES (cont'd)

planting) and to not eat too much fruit (dates, figs, carobs) which might block the catheter and obstruct proper discharge.

On the **Day of Atonement** (Yom Kipur) the rehabilitated ostomate may fast without fear for his health. On the other hand, religious law provides for the sick in releasing them of this duty, even if there is no direct danger to their health. The patient should be made aware that this particular day is the Day of Atonement, in case he decides that he needs nourishment in spite of his doctor's opinion.

Death and Dying. It is very important for the orthodox Jew to be preserved whole in body and soul. (This is connected with the belief in the resurrection). This, however, will never prevent Stoma Surgery when called for by two expert physicians.

In Conclusion - The nursing profession is known as a charitable and tolerant one. Moreover, the stoma care nurse should be aware of the limitations of the orthodox Jew, pay attention to his needs, and thus help him to cope with the predicaments he is confronted with as a traditional Jew. As there are in Israel several religious minorities (Moslems, Christians, Druse, Bahai etc.), the nurse has to be open to all kinds of needs, to be able to comprehend and support all her patients.

INSTRUCTIONS FOR BOLUS OBSTRUCTION OF THE ILEOSTOMY

**Norma N. Gill-Thompson, E.T.
Board Certified**

Bolus Obstruction is a food obstruction that occurs in the ileostomy because of high residue foods. This happens because the ileum is in an unnatural state where it crosses muscles of the abdominal wall near the end of the ileostomy. High residue foods may stock up behind the "exit" point of the stoma from the abdominal wall. The result is known as "Bolus Obstruction".

This condition usually occurs in the newly operated patient though it can happen at any time in later years. It is generally assumed that the new patient should be conservative about eating high residue foods for the first six weeks after surgery. By this time, the swelling of the intestine due to surgical manipulation has receded so that the food will pass through the opening more easily.

Some of the most problematic foods are shrimp, Chinese cuisine, popcorn, nuts, whole olives, bran and pineapple. Unfortunately, high residue foods are usually the foods the new patient wants to eat the most since they are often avoided before surgery is performed.

If the ileostomate has not been instructed in methods of relieving Bolus Obstruction, the ileostomate should consult a physician and/or ET for professional advice rather than treating themselves.

PROCEDURE

The ileostomy must be lavaged (washed out) with normal saline - one rounded teaspoon of salt to one quart water, tepid or cool, using a 22 foley catheter. This is then slowly inserted into the ileostomy with the saline solution running through the catheter for easier insertion. If the catheter is inserted into the ileostomy, an asepto syringe* full of saline solution is slowly squirted through the catheter. This fluid and the subsequent residue is then allowed to run back out, thus helping the food blockage to be released. This is continued until up to two liters (or quarts) have been inserted and drained. This is repeated when the cramp starts up again, which indicates that the blockage has again moved down into the opening. The procedure is repeated until the ileostomy is again running freely. *(A baby rectal syringe can be used as a substitute for the asepto syringe and catheter.)

It is strongly suggested that a hypodermic injection of 100 mg Demerol and/or nagogastric suction be given for faster relief from the pain and spasms that food obstruction causes. (R.B. Turnbull, M.D.)

If irrigation of the stoma does not produce relief from the obstruction, the blockage must be higher in the ileum. If so, irrigation must be discontinued and medical help sought. Bolus Obstruction is not the only type of obstruction patients can get after surgery and occasionally

readmission to the hospital is required. (Ian Lavery, M.D.)

Before operating on a patient for Bolus Obstruction vs. obstruction of the small intestine higher in the ileostomy, an X-ray should be obtained. If, after taking upright and flat film, dilated loops are found, barium can be inserted into the ileostomy. A foley catheter can be inserted into the ileostomy and the balloon inflated (up to 4 cc water); one ounce of barium is then injected into the ileostomy and oblique films (villus) of the abdomen are made. This procedure can be repeated by injecting one more ounce and then taking two more oblique films. After the barium has drained out, more oblique films can be made, if needed. If the obstruction is at the end of the ileostomy (firm bolus), the bowel will be dilated right behind it.

From this information, you will learn if the problem is Bolus Obstruction or obstruction of the small intestine higher up, such as an adhesion.

Lavaging the ileostomy with two liters of saline (in and out) usually will tell you if the problem is Bolus Obstruction or not. If it is Bolus Obstruction, there will usually be some food in the discharge. If the discharge is perfectly clear, the obstruction is normally higher in the ileum.

(The above information was provided by the late Rupert B. Turnbull, M.D. and Ian Lavery, M.D., Colon and Rectal Department, Cleveland Clinic Foundation.)

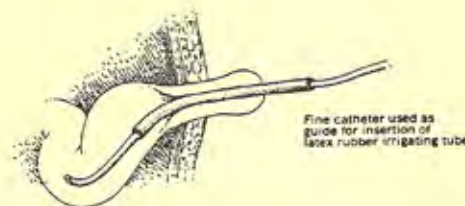
ILEOSTOMY LAVAGE



This is an Asepto Syringe (4 oz.).

Ileostomy lavage may be done with syringe and tubing as shown, or through a Foley catheter, or with a long-enout rubber syringe inserted into the stoma.

This is an F-22 Foley Catheter.



Fine catheter used as guide for insertion of latex rubber irrigating tube

Regarding
CODE OF ETHICS FOR STOMA WEARERS

Beseeching mercy, piety and aid from God, the Legal Rulings Board of the Islamic Mission Council of Indonesia, having:

- a.1. That the Islamic Faith is a perfect, complete and comprehensive religion with dimensions that are *kaffatan* [meaning *unavailable*] to people and merciful to all worlds.
- a.2. That God as the maker of canon law (*shahih-us-syar'a*) is a Deity who is All-Merciful and All-Knowing towards the limitations and weaknesses of His servants as evidenced by the existence of laws relating to emergencies and leniency or tolerance in Islamic canon law
- a.3. That those who are ill, journeying, under duress, or in difficulty are *ahlu'l-dar'ul* [meaning *unavailable*] to whom God and His Messenger give facility and lenience in matters of worship and behaviour. This includes for sufferers of stoma conditions which require them to take a special bag as a substitute for their defecation passage.
- a.4. For this purpose there is no need to state any more convincing legal reference point that provides an utter assurance for those concerned!

b.1. The verses in relation to those who are deemed 'udzur (*ahlul-a'dzar*) [meaning unavailable], including: that God has not made this religion something restrictive (Al Hajj:78). God always desires lenience and facilitations (Al-Baqarah:185), with difficulties come facilitations (Alammasyrah:5-6). God does not impose burdens but always matches them to the abilities of his servants (Al Baqarah:286; At-Thalaq:7; At-Taahbun:16)

إذا أمرتكم بأمر فأتوا منه ما استطعتم ، وإذا نهيتكم عن شيء فذوقوه (رواه البخاري كتاب الإحصام بالكتاب والسنة
برقم: 6858 ، مسلم كتاب الفضائل برقم: 3236 6188)

أَيُّهَا النَّاسُ إِنَّمَا لَنْ نَطِيعُوا أَوْ لَنْ نَفْعُلُوا كُلَّ مَا أَمَرْتُمْ بِهِ وَلَكِنْ سَتَدُونَا وَتَأْمُرُونَا (رواه ابوداود كتاب الصلاة برقم: 1096، البيهقي في السنن كتاب الجمعة برقم: 5541، أبو يعلى في السنن برقم: 6826، وحسنه الألباني في صحيح الجامع برقم: 7871)

"O mankind, you will not be continuously able to do everything I command, therefore keep proportion and be encouraged." *Hadith of Hasan. HR. Abu Dawud [1096], Imam Baihaqi [5541], Abu Ya'la [6827]. Shahihul Jami' no.:7871)*

- 2.2. If this condition causes difficulty for those concerned, then they may perform ablutions by alternative means, whereby everything relating to the cleanliness of their clothing and the prayer room has been prepared in advance.
- 2.3. Those concerned are also permitted to perform their ablutions with water or otherwise at the time when they are in difficulties (burdened), so they may perform their prayers by combining two prayer times; perform a prayer time just before a later one or after an earlier one, except for the dawn prayers. For these combined prayers, it will be sufficient to pause with a call to prayer between the two series of prostrations.

The nature of the prayers for persons who are *udzur* such as sufferers of stoma conditions: they may sit, lie down, gesture or adopt such other position as they wish whereby they carry out their prayer obligations to the best of their ability.

Further, the nature of the Ramadhan fasting rituals for those who are *udzur* consists of several options: *firstly, the compliance mode*, namely that they eat the fasting meal just before dawn to strengthen them physically; *secondly to perform it outside the normal time* if they are able to discharge it during another month; *thirdly by the substitutionary mode* namely providing food to several poor people to the number of non-fasting days, the amount of which is to be calculated on the basis of their normal eating and drinking over the period of a day and a night. If they die while still owing a Ramadhan fasting debt then their heirs or next of kin can discharge it in substitution.

Pilgrimage rituals for sufferers of stoma conditions. If they are able, they may perform them in the way the pilgrimage ceremonies are generally done. If they are unable, they may authorize a relative or other according to the deputised pilgrimage system which will be entrusted to a family member or relative who has made the pilgrimage, at the expense of the person concerned, either fully or in part.

LEGAL RULINGS BOARD OF THE
ISLAMIC MISSION COUNCIL OF INDONESIA

H. Ali Fahmi Arsyad, LC
Secretary

Certification:
Translated by D.H. Deck, NAATI Accredited Professional Level (3), no 15698. To the best of my knowledge and ability this is a true and correct translation of a document in the Indonesian language.

The Indonesian original contains a number of Arabic phrases transcribed into romanised spelling. With some of these, the transcription process has rendered the words unrecognisable, and the meaning is therefore unclear. These are indicated with '[meaning unavailable]' at the first occurrence of each.



Islamic ruling, page 3.

قوله (صلى الله عليه وسلم) : "وتؤموني لئلا صلاة حتى يحين ذلك الوقت وتلا في المستحضة : " يؤمنا عند كل صلاة " وقوله : " أنه صلى الله عليه وسلم أمر المستحضة بالجمعة بين الصلوات

The Prophet said to Fathimah binti Abi Hubaisy: "you should perform ritual ablutions each time you pray until the time of the next prayers." The Prophet told a woman suffering a gynaecological condition: "and perform ritual ablutions each time you pray." The Prophet ordered women undergoing menstruation to combine two prayer times." (*Muttafaqu'n alaih and others, from the Kitab Irwa'ul Ghaili Sveikh Albani hadith no: 205-207*)

The Prophet said to Hannah: "I informed you to use cotton, because it can absorb the blood". Hannah said: "The bleeding is greater than that." The Prophet said: "use a cloth!". Hannah said: "There is still much bleeding." Then the Prophet said: "So use something to hold it!" (HR Ahlus-Sunan)

عَنْ إِسْمَاعِيلَ بْنِ حُصَيْنٍ، رَضِيَ اللَّهُ عَنْهُ، قَالَ: بَلَغَنِي يَوْمَاسِمِيرٌ، فَسَلَّمْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنِ الصَّلَاةِ، فَقَالَ: صَلِّ قَائِمًا، فَإِنْ لَمْ تَسْتَطِعْ قَائِمًا، فَلِنْ لَمْ تَسْتَطِعْ فَعِنِّي خَبِيرٌ. وَفِي رَوَايَةٍ: سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنْ صَلَاةِ الْمُرِيضِ؟ فَقَالَ: صَلِّ قَائِمًا، فَإِنْ لَمْ تَسْتَطِعْ قَائِمًا، فَلِنْ لَمْ تَسْتَطِعْ فَعِنِّي خَبِيرٌ (رواه البخاري في رقم: 1117، والبيهقي في رقم: 952، والترمذي في رقم: 372، وأحمد في رقم: 20057).

From 'Imran bin Hushain it was said, "I suffer from haemorrhoids." I asked the Prophet what should be the manner of prayers for sufferers of this condition. The Prophet said: "perform the prayers standing up. If you are not able to, perform the prayers seated. If not able, lying down." In another story: "I asked the Messenger of God about the prayers for sick people." Said the Prophet: "perform the prayers standing up. If you are not able to, perform the prayers seated. If not able, lying down." (HR. Bukhari [1117], Abu Dawud [952], Turmudhi [372], Ahmad [20057])

b 4. The Jurisprudential Precepts relating to the laws of lenience and emergency, be it because of illness, journeying, burden or difficulty, that *al-masyaqqatu tajlibu-taysir* [meaning unavailable], difficulties necessitate convenience; *ad-dhararu yuzalu* [meaning unavailable], something that endangers must be eliminated.

A letter requesting a legal ruling from the Executive of InOA-Indonesian Cancer Foundation and Wocare Clinic Bogor which was followed up with the views expressed at a restricted exchange-of-opinions session of the Fatwa Board on Friday, 7 August 2009.

Decides that:

1. The manner of worship of those suffering from stoma conditions is in general classified in the category of persons who are deemed *udhar* (*ahul-ad-dhar*) namely the existence of various types of lenience and facilitations (*at-takhffuf wat-taisrat*) in accordance with the characteristics and nature of the Islamic Faith.
2. The nature of ritual ablutions for *ahul-ad-dhar* such as sufferers of stoma conditions is that at all levels the sufferers can select one option from the following alternatives:
 - 2.1. If the faeces are discharged continuously, they should perform ritual ablutions each time they say their prayers. With these ritual ablutions, their prayers will be obligatory and/or recommended. If the faeces still discharge without any sense of intentionality, whereby the stoma bag is set in place and is purely maintained, their ritual ablution status will not be deemed cancelled on the grounds of emergency because of the seriousness of their illness. It will be sufficient if they pray to and rely on God to always be given the strength and the ease to worship from God, may He be honoured and worshipped.

WCET™ 40th Anniversary 1978–2018

HASIL KEPUTUSAN
MAJLIS FATWA DEWAN DA'WAH
Nomor: 23/B/MF-DD/VIII/1430/2009

Tentang
TATACARA IBADAH PENYANDANG STOMA

Al Hamdulillah, wasshalatu wassalamu 'ala rasulillah, wa ba'du

Dengan memohon rahmat, taufiq dan 'inayah dari Allah s.w.t, maka Majelis Fatwa Dewan Da'wah Islamiyah Indonesia setelah;

a. Menimbang:

- Bahwa Dinul Islam adalah agama yang sempurna, lengkap dan komprehensif dengan dimensinya yang kaffatan linnass dan rahmatan lil'alam.
- Bahwa Allah s.w.t sebagai pembuat syari'at (*shahib-us-syar'i*) adalah Rabb Yang Maha Pemurah dan Maha Tahu akan keterbatasan dan kelemahan hamba-Nya seiring dengan adanya hukum darurat (emergensi) dan rukshah (keringanan) atau as-samhah (toleransi) dalam syari'at Islam
- Bahwa orang yang sakit, safar, terpaksa, dan mereka yang dalam kesulitan adalah *ahlul-a'dzar* yang Allah & Rasul-Nya beri kemudahan dan keringanan-keringanan dalam hal ibadah dan mu'amalah. Termasuk bagi penderita penyakit stoma yang mengharuskannya memakai kantung khusus sebagai pengganti saluran pembuangan hajat.
- Untuk keperluan ini perlu adanya pegangan hukum yang lebih kuat dan menyakinkan serta menentramkan batin bagi pihak-pihak yang bersangkutan.

b. Mengingat:

- Ayat-ayat yang berkaitan dengan orang-orang yang diberi 'udzur (*ahlul-a'dzar*), di antaranya; bahwa Allah s.w.t tidak menjadikan dalam agama ini suatu kesempitan (Al-Hajj:78). Allah s.w.t senantiasa menginginkan keringanan dan kemudahan (Al-Baqarah:185), bersama kesulitan ada kemudahan (Al-Anasyrah:5-6). Allah s.w.t tidak memberi beban melainkan selalu sesuai dengan kemampuan hamba (Al-Baqarah:286; At-Thalaq:7; At-Taghabun:16)

b.2. Hadits Nabi s.a.w:
Riwayat Abu Hurairah:

إِذَا أَمَرْتُمْ بِأَمْرٍ فَأَتُوا مِنْهُ مَا اسْتَطَعْتُمْ ، وَإِذَا نَهَيْتُمْ عَنْ شَيْءٍ فَعُدُّوهُ. *(رواه البخاري، كتاب الاعتصام بالكتاب والسنة رقم: 6858، ومسلم كتاب الفضائل رقم: 3236، 6188)*

"Apabila aku memerintahkan kalian melaksanakan sesuatu, maka lakukanlah sesuai kemampuan yang ada. Dan apabila aku melarang kalian dari sesuatu, maka tinggalkanlah." *Shahih Bukhari [6858] Mustim no.3236,6188*

Riwayat Hikam bin Hazn:

أَيُّهَا النَّاسُ إِنَّكُمْ تَنْظُرُونَ أَوْ لَنْ تَفْعَلُوا كُلَّ مَا أَمَرْتُمْ بِهِ وَلَكِنْ سَدُّوا وَأَبْشَرُوا *(رواه ابوداود الصلاة رقم: 1096، البيهقي في السنن كتاب الجمعة رقم: 5541، ابو يعلى في المسند رقم: 6826، وحسنه الألباني في صحيح الجامع رقم: 7871)*

"Wahai manusia, kalian tidak akan mampu seterusnya melakukan setiap apa yang aku perintahkan, karena itu seimbanglah dan bersemangatlah." *Hadits hasan. HR. Abu Dawud [1096], Imam Baihaqi [5541], Abu Ya'la [6827]. Shahihul Jami' no.:7871*

b.3. Kasus wanita istihadah di zaman Nabi s.a.w.

قَوْلُهُ (صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ) لِقَاعِمَةِ بِنْتِ أَبِي حَبِيشٍ : " وَتَوَضَّعْ لِكُلِّ صَلَاةٍ حَتَّى يَجِيءَ ذَلِكَ الْوَقْتُ وَقَالَ فِي الْمُسْتَخَاضَةِ : " وَتَوَضَّعْ عِنْدَ كُلِّ صَلَاةٍ " وَقَوْلُهُ : " أَنَّهُ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ أَمَرَ الْمُسْتَخَاضَةَ بِالْجَمْعِ بَيْنَ صَلَاتَيْنِ

Sabda Nabi s.a.w terhadap Fathimah binti Abi Hubeisy: "hendaklah engkau berwudhu' setiap kali shalat sehingga datang waktu shalat berikutnya." Nabi bersabda terhadap penderita mustahadah: "dan berwudhulah setiap kali shalat." Nabi s.a.w menyuruh untuk menjama' antara dua shalat bagi penderita istihadah." *(Mutafaqun 'alaih dan lain-lain, dari Kitab Irwa'ul Ghaili Syekh Albani no.hadis:205-207)*

Nabi s.a.w bersabda kepada Hammah: "Aku beritahukan kepadamu untuk menggunakan kapas, karena hal itu dapat menyerap darah". Hammah berkata: "Darahnya lebih banyak dari itu." Nabi s.a.w bersabda: "gunakan kain!". Kata Hammah: "Darahnya masih banyak yang keluar." Nabi pun bersabda: "Maka pakailah penahan!" *(HR.Ahlu-Sunan)*

b.4. Kasus yang menimpa 'Imran bin Hushain:

عَنْ عِمْرَانَ بْنِ حُصَيْنٍ ، رَضِيَ اللَّهُ عَنْهُ ، قَالَ: كَانَتْ بِي بَوَاسِيرُ ، فَسَأَلْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنِ الصَّلَاةِ ، فَقَالَ : صَلِّ قَائِمًا ، فَإِنْ لَمْ تَسْتَطِعْ قَاعِدًا ، فَإِنْ لَمْ تَسْتَطِعْ فَعَلِّي جَنْبًا . - وفي رواية : سَأَلْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنِ صَلَاةِ الْمَرِيضِ ؟ فَقَالَ : صَلِّ قَائِمًا ، فَإِنْ لَمْ تَسْتَطِعْ قَاعِدًا ، فَإِنْ لَمْ تَسْتَطِعْ فَعَلِّي جَنْبًا . *(رواه البخاري رقم: 1117، وابوداود رقم: 952، والترمذي رقم: 372، واحمد رقم: 20057)*

Dari 'Imran bin Hushain ra ia berkata, "aku menderita sakit ambieny." Aku tanyakan pada Nabi s.a.w bagaimana tatacara shalat penderita penyakit ini. Nabi s.a.w bersabda: "shalatlah dengan cara berdiri. Jika kau tidak mampu, shalatlah dengan duduk. Jika tidak mampu dengan cara berbaring." Dalam riwayat lain: "aku bertanya kepada Rasulullah s.a.w tentang shalatnya orang yang sakit." Sabda Nabi s.a.w: "shalatlah dengan cara berdiri. Jika kau tidak mampu, shalatlah dengan duduk. Jika tidak mampu dengan cara berbaring." *(HR. Bukhari [1117], Abu Dawud [952], Tirmidzi [372], Ahmad [20057])*

b.4. Qaedah Fiqhiyyah terkait dengan hukum rukshah (keringanan) dan darurat (terpaksa), baik karena sebab sakit, safar, masyaqqa (berat, sulit), bahwa *al-masyaqqatu tajlibut-taysir*, kesulitan itu menghajatkan pada kemudahan, *ad-dhararu yuzalu*; sesuatu yang membahayakan itu harus dihilangkan.

c. Memperhatikan:

Surat permohonan fatwa dari Pengurus InOA-Yayasan Kanker Indonesia dan Wocare Clinic Bogor yang ditindak lanjuti oleh pandangan peserta sidang mudzakarah terbatas Majelis Fatwa pada hari Jum'at, 7 Agustus 2009.

MENETAPKAN

d. Memutuskan:

- Cara ibadah penderita penyakit stoma secara umum digolongkan pada kategori orang yang diberi udzur (*ahlul-a'dzar*) yaitu adanya berupa keringanan-keringanan dan kemudahan-kemudahan (*at-takhfifat wat-taisirat*) sesuai tabiat dan watak Dinul Islam.
- Sifat wudhu' *ahlul-a'dzar* seperti penderita stoma dalam semua tingkatan penderitanya bisa mengambil salah satu pilihan dari alternatif sebagai berikut:
 - Jika hadatsnya keluar secara terus-menerus, maka hendaklah ia berwudhu' setiap melakukan shalat. Dengan wudhu' ini, ia shalat fardhu dan/ atau sunnah. Bila hadatsnya tetap keluar juga tanpa perasaan kesengajaan, di mana kantong stoma tersebut dipandang aman dan terjaga kesuciannya, maka status wudhu'nya tidak dihitung batal dengan alasan dharurat

lantaran beratnya penyakit ini. Ia cukup berdo'a dan bertawakal kepada Allah s.w.t agar senantiasa diberi kekuatan dan kemudahan beribadah oleh Allah 'Azza wajalla.

2.2. Jika keadaan ini memberatkan yang bersangkutan, maka ia boleh bertayammum, di mana sebelumnya sudah dipersiapkan segala sesuatunya menyangkut kebersihan pakaian dan tempat shalatnya.

2.3. Yang bersangkutan juga dibolehkan berwudhu' atau bertayammum disaat mana ia berada dalam keadaan masyaqqa (terbebani), sehingga ia boleh melakukan shalat dengan menjama' di antara dua shalat; taqdim maupun tak'hir, kecuali shalat shubuh. Shalat jama' ini cukup ia beri jeda dengan iqamat di antara dua rakaat salam.

3. Sifat shalat orang yang udzur seperti penderita stoma; bisa duduk, berbaring, isyarat atau posisi lain yang ia inginkan di mana kewajiban shalat dapat ia lakukan sebisa mungkin.

4. Sedang sifat ibadah puasa Ramadhan bagi orang yang udzur adalah dengan beberapa pilihan; pertama, dengan cara ada'an, yaitu ia makan sahur menjelang fajar untuk menguatkan fisiknya, kedua qadha'an jika ia sanggup membayarnya di bulan lain; ketiga dengan cara fidyah yaitu memberi makan beberapa orang miskin sebanyak hari tidak berpuasa yang jumlahnya ditaksir berdasarkan kebiasaannya makan dan minum dalam sehari-semalam. Jika ia wafat, sementara punya hutang puasa Ramadhan maka ahli waris/walinya dapat membayarnya dengan cara fidyah.

5. Ibadah haji penderita stoma. Jika ia mampu, ia boleh melaksanakan seperti umumnya tatacara manasik haji. Jika tidak mampu, ia boleh memberi kuasa kepada ahli nasab/ahli warisnya dengan sistem badal haji yang dikuasakan kepada keluarga atau kerabatnya yang sudah pernah haji dengan biaya dari yang bersangkutan, baik secara keseluruhan maupun sebagiannya.

Ditetapkan di : Jakarta
Pada tanggal : 12 Agustus 2009

MAJLIS FATWA
DEWAN DA'WAH ISLAMIAH INDONESIA

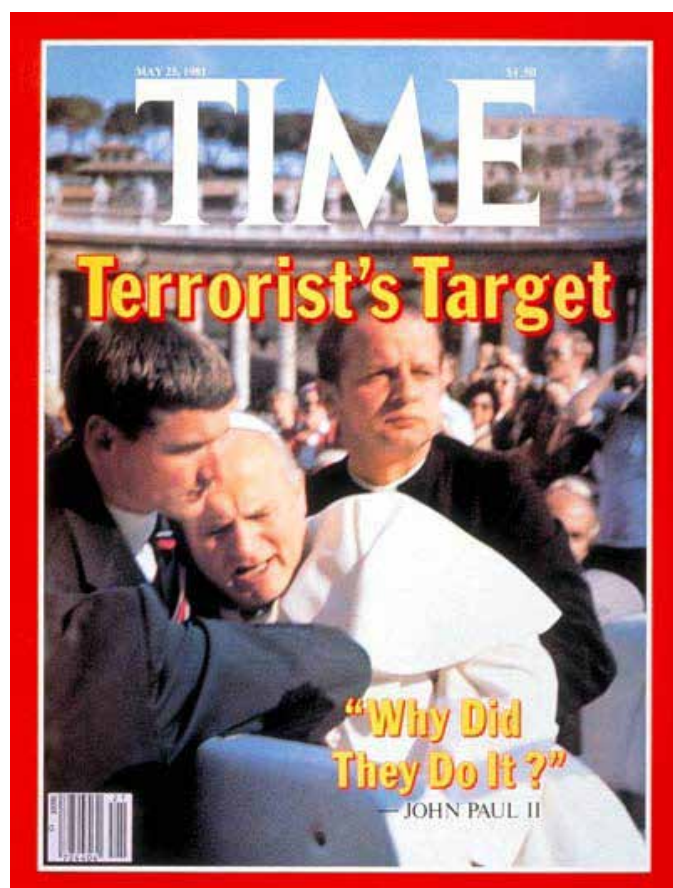
Drs.H.Dahlan Bashri, MA
Ketua

H. Ali Fahmi Arsyad, Lc
Sekretaris

Shooting of Pope John Paul II

Attempted Assassination of Pope John Paul II, 1982

On the occasion of his traumatic gunshot injury at the hands of an assassin in Vatican Square, Rome, in 1982, His Holiness Pope John sustained perforations of his gut requiring a temporary defunctioning colostomy. The event was well documented globally, with no secret made of the temporary diversion. His holiness returned to official duties during his convalescent period prior to stomal closure — he was indeed an ambassador and role model for many subsequent ostomates. The WCET™ President Prilli Stevens wrote to him and received a gracious reply.



Code of ET Practice — 1985

WCET JOURNAL

OFFICIAL JOURNAL OF THE WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS

Volume IV Worldwide, No. 2

May 1985

CODE OF NURSING PRACTICE FOR ENTEROSTOMAL THERAPY NURSES

A code of Practice is essential to establish professional standards which define the individual's responsibility to the profession.

The Enterostomal Therapy Nurse has a professional obligation to adhere to the Code of Nursing Practice established by the World Council.

- (i) The Enterostomal Therapy Nurse will provide needed service to persons irrespective of race, colour, creed, sex, sexual preference, age, political or social status.
- (ii) The Enterostomal Therapy Nurse respects the beliefs, values and customs of the individual and maintains his right to privacy by maintaining confidentiality; sharing with others only that information relevant to his care.
- (iii) The Enterostomal Therapy Nurse will not participate in unethical practice.
- (iv) The Enterostomal Therapy Nurse must maintain competency by keeping abreast of new developments, theory and practice of Stoma care and related fields.
- (v) The Enterostomal Therapy Nurse must at all times maintain the highest professional standards of nursing care and professional conduct.
- (vi) The Enterostomal Therapy Nurse participates actively in professional, interprofessional and community endeavours to meet the highest professional standards.
- (vii) The Enterostomal Therapy Nurse will not permit her name to be used in connection with the advertisement of products or with any other forms of self advertisement.

Inside . . . Sexuality and the Cancer Patient
Rehabilitation of an Ostomate
Congress Information

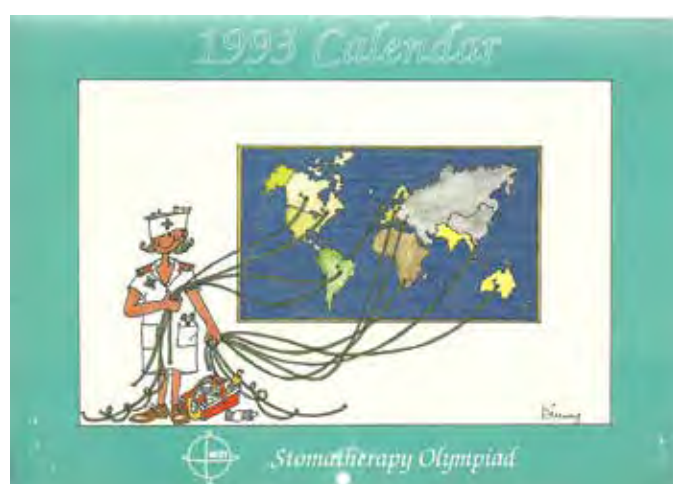
The WCET™ Calendar

Stomal Therapy Nursing Olympics

The WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS has members in fifty four countries - each country having a special flavour of people, language, food, tradition and architecture.

The brilliant pen of Dinny De Klerk (RN ET) and the innovative and fertile ideas of Prilli Stevens (RN ET) have combined to produce this delightfully humorous calendar depicting stomal therapy practice from around the world. We hope that each print will remind you of colleagues practicing the ART and SCIENCE of stomal therapy from the DEAD SEA to the EIFFEL TOWER!

Sales of this calendar will be utilised to provide finance for undergraduate and post graduate bursaries in stomal therapy nursing. The innovator, artist and WCET would like to thank the Director General of the SOUTH AFRICAN DEPARTMENT OF FOREIGN AFFAIRS for so generously sponsoring the publication of the calendar. This commitment will enable nurses world-wide to gain an education in stomal therapy nursing and thus help WCET reach its objective of "STOMA CARE FOR ALL" by 2000 AD. Copyright ©1992 By The World Council of Enterostomal Therapists



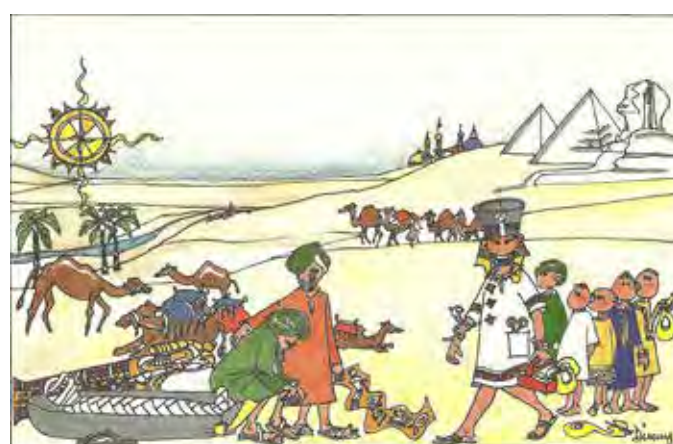
Pre-operative orientation Italy



The perfect Stoma U.S.A.



Dietetic Considerations The East



Fistula Management Egypt



Dermatology Problems Israel



Irrigation Techniques France



Keeping up the fluids Germany



Multidisciplinary Approach South Africa



Bowel Trauma Spain



Ating a Touch Australia



Merry Christmas Scandinavia



Siting a stoma Britain

A Husband's View of ET Life

A HUSBAND'S OVERVIEW

I was lying in bed one day – I don't know when or why – when all of a sudden this white bag of starch, covered with badges and pens, leaned over me and said, "Hey, guess what? I'm going to be a stomatherapist!"

Now, this kind of information might come as a shock to most men, but, having been married to a qualified nursing sister for five years, (the same one now kissing me!) nothing came as much of a surprise, I do think it cost me dinner out that night as a form of congratulations.

The next day at the office one of the guys I worked with asked, "How's the wife?" "Fine," I said. "She's going to be a stomatherapist." "Great," he replied. "What's that?" Not having the faintest idea, I mumbled something about being busy and left hurriedly.

Anyway, off went the wife. After a few weeks this highly motivated bird returned to the nest complete with books, more badges and a Provincial car. Life went downhill after that – there was so much work that we opened accounts at the local Kentucky Fried Chicken and Chinese Take Away. The back of the wife's car had enough plumbing gear to outfit a new Railway Station. On an illicit trip one day, a friend's kids were disappointed there was no flashing red light on top of the "ambulance".

Congresses, meetings and tremendous stimulation followed. I must say I found it difficult to understand how anyone could enjoy a job dealing with "that sort of thing" – but I soon

became impressed with the humility of the operation and the sincere care and respect for human life and comfort.

I remember one night being cajoled into going to a restaurant that neither of us really liked. It was only as we were driving home that I discovered the ulterior motive – we were stopping at a patient's home. Unfortunately, this old gent died a few days later; but he was so genuinely pleased to see us that I will never forget our call.

It has always amazed me that medical people can keep their private and personal lives independent. I wonder if you really do or if you are trained from the beginning to be such wonderful actors. If so, I know one nursing sister who acts so well she could get a part in "Dallas" tomorrow.

A few years ago, with the promise of a salary to match Sol Kerzner's, we were transferred to another town here in South Africa. My wife is still a stomatherapist. I am proud of her and the achievements of her colleagues. After all these years I think I understand what a colostomy is, what a bag is and all the other stuff you people use – but I still don't understand your humility and dedication to your work. It must be so difficult to divorce yourselves from your professional lives.

We still have accounts at the Kentucky Fried Chicken and local Take Away – but believe me, for the job my wife and all other stomatherapists do, it's worth it.

Ken Dixon
Durban, South Africa

*Ships, like men, do poorly when the wind is directly behind,
pushing them sloppily on their way. . . . What is needed is a wind slightly
opposed to the ship, for then tension can be maintained, and juices
can flow and ideas germinate; for ships, like men, respond to challenge.*

James Michener

WCET™ Leadership Through the Years (continued)

1996	
<i>President</i>	Catherine Foster, Canada
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<i>Treasurer</i>	Fiona Sheerin, Ireland
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<i>Administrative Assistant</i>	Dianne Garde, Canada
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<i>Constitution</i>	Norma Briggs, South Africa
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<i>Industry Liaison</i>	Jyette Gliim, Denmark
<i>Publications</i>	Mary Jo Kroeber, Australia
<i>Executive Editor</i>	Patricia Blackley, Australia
1998	
<i>President</i>	Nancy Faller, USA
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<i>Constitution</i>	Susan Dunne, Australia
<i>Education</i>	Elizabeth English, Australia
<i>NNGF</i>	Fiona Sheerin, Ireland
<i>Industry Liaison</i>	Jyette Gliim, Denmark
<i>Publications</i>	Judy Chamberlain, South Africa
<i>Editorial Board</i>	Julia Thompson, Australia
<i>Industry Congress Liaison</i>	Al Maslov, USA
<i>WCET™ Congress Liaison</i>	Mary Jo Kroeber, Australia
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2000	
<i>President</i>	Nancy Faller, USA
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<i>Treasurer</i>	Marianne Doran, Ireland
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<i>Constitution</i>	Susan Dunne, Australia
<i>Education</i>	Elizabeth English, Australia
<i>NNGF</i>	Fiona Sheerin, Ireland
<i>Industry Liaison</i>	Jyette Gliim, Denmark
<i>Publications</i>	Judy Chamberlain, South Africa
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<i>Committee Chairpersons</i>	
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<i>NNGF</i>	Judith Weller, Switzerland
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<i>Treasurer</i>	Susan Dunne, Australia
<i>Secretary</i>	Michelle Lee, Hong Kong
<i>Administrative Assistant</i>	Dianne Garde, Canada
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<i>Constitution</i>	Shirley McSavane, Canada
<i>Education</i>	Louise Forest-Lalande, Canada
<i>NNGF</i>	Judith Weller, Switzerland
<i>Industry Liaison</i>	Ameer Ally, England
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<i>WCET™ Congress Liaison</i>	Susan Stelton, USA
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<i>Constitution</i>	Bart Tappe, England
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<i>Committee Chairpersons:</i>	
<i>Constitution</i>	Bart Tappe, England
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<i>Publications & Communications</i>	Shirley McSavane, Canada
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<i>Congress Liaison</i>	Elizabeth English, Australia
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<i>NNGF</i>	Chi Keung Peter Lai, Hong Kong
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<i>Coordinator</i>	Dee Waugh, South Africa
<i>Committee Chairpersons</i>	
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<i>Committee Chairpersons</i>	
<i>Education</i>	Denise Hibbert, Saudi Arabia
<i>NNGF</i>	Arum Ratna Pratiwi, Indonesia
<i>Publications & Communications</i>	Laurent Chabal, Switzerland
References	
1976–2004 information obtained from the previous <i>Membership Handbook</i> .	
2004–2018 information obtained from the <i>WCET™ Journal</i>	

