



THE GREYPE-VINE.

GREY'S HOSPITAL
PIETERMARITZBURG.

February 2004.



PICTURE.JPG

EDITORIAL COMMITTEE:

Editor: Alison Guise-Brown Pager 515

Members: Mrs A Chetty Pager 200
Mr W Hoosen. Pager 314
Sister E Harper OPD
Sister C Stilwell H1
Mrs E Vosloo Switchboard.

This edition seems to contain an endless number of farewells. To those who have left or who are leaving we would like to say goodbye and wish you well in your new venture. I feel sure you will take the good wishes of the staff at Grey's with you and hope you will have good tales to tell the people you meet about the hospital where you used to work.

Looking around Grey's at the moment one can't help but notice all the new building and alterations that are occurring. The 'Great Trek' up the hill from The Old Grey's occurred nearly 20 years ago and those of us who took part in that memorable journey must look around today and find that Grey's has changed dramatically since it first opened its doors in August 1984. We look forward to exciting changes ahead in the next few months.

The Greype Vine has been in print for four years (the first edition was printed in February 2000) and hopefully it has contained some articles that are of some interest to its readers. If there are any budding authors out there who would like to contribute we would gratefully accept your

input. All articles can be e-mailed to me at 'Clinical Training Department' or they can be sent to me at the Nursing Campus and we will include them in the magazine. (Remember, not everyone is interested in medical matters so your input can involve almost any subject you choose.)

Recipe for Isijingi Sethanga.

Izithako: (Ingredients)

$\frac{1}{2}$ pumpkin or 2 butternuts.
250g mealie meal
 $\frac{1}{2}$ cup sugar
pinch of salt
 $\frac{3}{4}$ cup butter
Pinch of bicarbonate of soda

Indlela yokwenza: (Method)

1. Clean the pumpkin, peel it and cut into small pieces.
 2. To 1 litre of boiling water add salt, sugar, butter and bicarb.
 3. Add pumpkin and leave to cook for 1 minute.
 4. Add mealie meal, stirring continuously until soft.
- Serves four as your breakfast porridge.
It tastes "Mchwa".

Thandi Khanyezi.

Employee Assistance Programme

Employees form the backbone of our service and the Department of Health recognises that personal problems can affect an employees job performance, including, family, financial, alcohol, drug, legal problems, emotional stress or other problems. To address these issues, Grey's Hospital has 5 trained EAP Practitioners who are able to provide our employees with an Employee Assistance Programme (EAP).

What is an EAP?

"An organised, systematic, programme of counselling, advice and assistance, operating within Grey's Hospital and designed to help employees with personal and work-related problems." The ultimate concern is with identifying, preventing and treating problems that adversely affect job performance. EAP is a confidential and voluntary programme. It is not a substitute for any labour relations procedures.

Benefits of the EAP:

For the Employee:

- Confidential Service
- Impartial and Independent
- Help for the social problems
- Transferable Skills & Empowerment
- Facilitate lifestyle change in the context of improved productivity and performance
- Provide simple, quick access to help and information
- Incorporate assistance on a broad range of issues

For the organisation:

- Skills Development
- Valuable People Support
- Employee Well Being
- Improved Productivity
- Referral Resource
- Advice and Guidelines

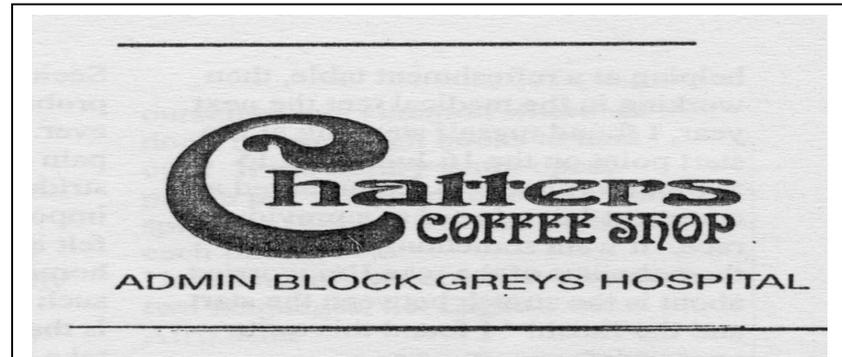
The EAP Practitioners & their contact details are as follows

1. Dr Magaqa	Ext 3714	Pager 714
2. Lekha Chirkoot	Ext 3136	Pager 136
3. Mrs Dlomo	Ext 3322	Pager 116
4. Nicky Jordaan	Ext 3296	
5. Merle Hughes	Ext 3271	

Lekha Chirkoot

EAP Practitioner

Time is too slow for those who wait, too swift for those who fear, too long for those who grieve, too short for those who rejoice, but for those who love, time is eternity.



Telephone 033-8973274 or phone us on extension 3274 and we will have your order ready for you to collect.

Due to popular demand the Curry and Rice/Phutu special will continue until the end of March.
R9.95 per serving.

We are now open 7 days a week.
Monday- Friday
07h00-17h00
Saturday and Sunday
08h00-16h00

Farewell to Sister Heather Ngcobo.

Heather Ngcobo was employed at Grey's Hospital in 1996. She has worked in the old District Nursing Service, where she relieved Jenny James while she was on leave, as well as in G2 and M5. She moved to the Stomatherapy Department in February 1997 and has been there ever since giving valuable advice to both her patients and nursing staff in the hospital. She is now leaving Grey's to go to the UK to work in a private nursing home. We wish her luck in her new venture.

Logistics of teaching a 'Double Intake'.

Group 1/2004 started their training in January 2004 with 72 students in the group, and with 'drop-ins' this number had swelled to 88 by the end of the year.

An alternate venue had to be found to teach them in as none of the classrooms in the campus are big enough, so the exam hall was used. In summer the temperature in this hall becomes unbearable as there is no air-conditioner. Desks had to be close together to maintain an interactive environment.

Preparation of timetables was a tedious task. A large component of teaching in first year involves the acquisition of psychomotor skills. Both demonstration rooms had to be used at the same time, as it is very difficult for more than 40

students to comfortably view what is being taught at one time. This meant that two tutors had to be teaching the same subject simultaneously. Practical procedures required a duplication of equipment, some of which was not always available. Models and equipment had to be set up in a third venue as one of the demonstration rooms is frequently used by other staff members, particularly the Clinical Sisters. Aseptic blocks had to be repeated two weeks running as the demonstration rooms can only accommodate 50 students for this block at one time.

The gap between high achievers and low achievers was wide. The marks ranged from as high as 90% to as low as 17%. The necessary assistance and guidance required to facilitate application and understanding of content by one tutor to many students may have been ineffective: 7 students did not attain the 50% D.P. (entrance mark) for Fundamental Nursing science. 8 students did not attain the D.P. for A&P1 and there were 6 failures at NCN Exams. 8 students did not attain D.P for A&P2.

The other aspects that posed problems were a high incidence of absenteeism and the increased number of documents i.e. sick leave forms, lecture makeup and register records that were required. Test, examinations and assignments were time consuming – both marking and collating a final mark.

Miss Cynthia Paul. Group Tutor.

The journey of a thousand miles begins with a broken fan belt and a flat tyre.

Sister Gladys Mthembu

Sister Mthembu started at Grey's in 1993 working as a Primary Health Care sister in OPD. with Sister Gael Meter. In 1999 she went to work in Staff Clinic (Occupational Health Clinic) with Sr Hardman and from 2000 until her leaving Grey's at the end of January 2004 she worked as an Occupational Health Nurse. She has now moved on to a new job with CAPRISA, which is a non-governmental organization, where she will be working as a nurse trainer, training nursing staff on HIV and AIDS and the AIDS related drugs at the following clinics.- Eastwood, Municipality, Willowfontein Clinic and Esigodini Clinic. We wish her all the best in her new venture.

HIV UPDATE.

There has been much publicity about the anti-retroviral drugs which are going to be provided from six accredited sites in District 22.

Grey's Hospital is one of these sites and participated in an accreditation process on 29 January 2004, where all the support services were evaluated for readiness to start the anti-retroviral role out. Improvements will be made to ensure the process goes smoothly.

Not every HIV positive client will receive anti-retroviral therapy. Criteria to start ARVT have to be strictly adhered to. The criteria amongst others will include a CD4 count below 200 cells per ml

and compliance to the treatment.

Poor adherence is the most powerful indicator of treatment failure. Efficacy of ARV regimes is reduced with inadequate adherence, that results in partial suppression of viral replication and selection of resistant viral strains.

Adherence also has a public health significance in that it reduces the amount of virus in the genital fluids and so decrease the risk of transmission during unprotected sex, but it can develop the risk of transmitting the resistant virus during risky sex.

Adequate virus suppression is only achieved with adherence greater than 95%. Viral load follow up is a good way to measure adherence.

Patients will be monitored to ensure the goals of ARVT are achieved.

These goals are to delay the onset of AIDS by increasing the CD4 count and reducing the viral load.

A readiness education programme is underway to educate clients on ARVT and promote compliance of treatment.

The ARV drugs are not yet available and improvements are under way to ensure that all stakeholders are ready when the drugs are made available. We don't know when, but we hope soon.

Watch this space for more news.

SR J L MCLOUGHLIN
HIV CO-ORDINATOR.

Toy making initiative by Group 1/2002.

In the third year of their training the students study child growth and development as part of their community health lectures. For learning to be a more meaningful experience, students make toys with resources (materials) that are available to them.

The toys must be safe, durable and stimulate the senses, eg. Tactile – by feeling the different textures on a toy a child will learn to differentiate between rough and smooth, toys made from various colours stimulate sight, rattles stimulate hearing etc....

Toys encourage children to play actively, this assists in the development of muscles, hand-eye co-ordination and allows for the release of excess energy.

During play children develop intellectual skills by learning colours, shape, size and by learning to count. Social skills like sharing and moral values such as adhering to the rules of a game are inculcated.

The nurses had the opportunity to show off their creative and innovative skills. They found the toy making session a challenge and an enjoyable experience.

As part of a community development project the students from Group 1/2002 arranged for their toys to be donated to an organisation called “Little Angels”. This is a home for abandoned and HIV/AIDS babies run by Sandy and Melanie, who believe that a loving home is essential for the well being of these children. 50% of the children are HIV positive and the other 50% have AIDS. “Little Angels” is an active organization of the CINDI Network.

On 29th January 2004, Sandy Lyne visited the Campus to collect the toys. Two children, a boisterous 3 year old boy and an ill, frail looking 2 year old from Little Angels accompanied Sandy. The nurses appreciated seeing these children being taken care of within the community and were able to make a comparison with

the ill HIV/AIDS babies that they nurse in the wards. This experience reinforced the need for community home based care for HIV/AIDS patients as well as the need for more dedicated people like Sandy and Melanie in South Africa.

The group were glad that their initiative would bring a ‘smile’ to the faces of many young children.

Mrs Mary Subhan. Group Tutor.

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The Mind of a Child.

*The mind of a child is a beautiful place.
An Eden where many things grow,
A garden of beauty where, sheltered by love,
Grow flowers in row upon row.*

*The mind of a child is a wonderful place.
Where wishes and dreams are so real,
Where kittens and puppies and gingerbread
men
Can talk and can actually feel.*

*The mind of a child is a mystical place,
Where character grows like a tree,
And children become either better or worse
By the actions of you, or me.*

Herbert Parker.

FAREWELL

NOW IS THE HOUR TO SAY GOOD-BYE
TO THE GREYS HOSPITAL FAMILY
I WILL MISS YOU ALL
BELIEVE U ME

HAVING U AS THE PART OF MY FAMILY
WAS A GREAT PLEASURE
NOW I AM MOVING TO ANOTHER PLACE
BUT I'LL BE JUST A PHONE CALL AWAY

I WILL MISS MY ABET LEARNERS
THEY WERE LIKE MY KIDS
PRAYING THAT THEY WILL BE SAFE
NO ONE IS GONNA HURT THEM

I THANK THE HRD COMMITTEE
FOR GIVING ME THE OPPORTUNITY
TO PROVE MYSELF & TO DEVELOP MYSELF
I AM NOW MOVING TO A BETTER POSITION
OF COURSE I AM GOING TO DEVELOP A NATION

I WILL NEVER FORGET THE MANAGEMENT
MY SUPERVISORS AND COLLEAGUES
MY DEAREST KIDEOS SISSIE AND SHAKES
ALL THE STAFF AT HRM AND FRIENDS
GOD BLESS U ALL

FARE THEE WELL– TILL WE MEET AGAIN
GUGU MPULO (DADO)

Abet is growing very fast. This year we are going to start level 3. We now have new abet tutors, who are Lorraine Mathi Khumalo – switchboard, Wonder Xulu – pharmacy and the principal Shakes Gwamanda

Our human resources manager **Sihle Hlongwa (ugweje obovu onjengentolwane)** is getting better slowly but surely. He is recovering at home. It is only a matter of time and we'll see him again.

GUGU MPULO **HUMAN RESOURCES MANAGEMENT**

THE HEAVIEST THING TO CARRY IS A GRUDGE.

Ethics and the Ethics Committee

“I'll do it myself!”

“Be nice!”

“Don't be nasty!”

“It's not fair!”

Anyone who has had a child or remembers being a child is familiar with the above oft-repeated phrases in a child's vocabulary.

People think that ethics is something very esoteric and complicated – something for the initiated – for those who take a “special interest” in it. But it is really all quite simple, because the basic principles of ethics are encompassed in the above four short phrases very popular with any 5-year-old child.

What is ethics about? It is about trying to find answers that make sense, to questions about situations or problems, where the course of action to be taken is not obvious or clear.

What are the four basic ethical principles?

1) Autonomy: “I’ll do it myself!” This is about everyone’s right to be involved in decisions that involve them – and to do things the way they want to do them. In days gone by doctors decided what was best for patients and then went ahead and acted on those decisions without consulting, or even sometimes without informing, the patient. Now we are expected to discuss our opinions about management with patients, and the patients themselves are expected, and indeed expect, to be involved in making decisions about the treatment they receive or don’t receive.

2) Beneficence: “Be nice!” This is about trying to do what is right and best under the circumstances. It is about being good, and being kind. These are all things that we would all agree are important. The difficulty comes in when it happens that the course of action, which is right or good, is not obvious. To put a person who can’t breathe on a ventilator may seem like a good and right thing to do, but it may not be a good thing to do when we are convinced that we will never get them off the ventilator again once they are on it, as might be the case in someone with terminal lung cancer.

3) Non-maleficence: “Don’t be nasty!” This is about not doing harm wantonly or unnecessarily. Clearly we often have to do some harm in order to do a greater good. We often have to cut a mother’s stomach open to take out a baby which would not be able to get out through the birth canal – this is a Caesarean section. We do the harm of making the cut in the mother’s stomach to accomplish the good of giving her a healthy baby. We must be sure if we do harm to accomplish a good, that the harm we do does not outweigh the good we are trying to achieve.

4) Justice: “It’s not fair!” This is about being fair in the way we use the resources (drugs, beds, staff, time, equipment) that we have at our disposal. Resources are never unlimited, so there is

often the need to make decisions about who gets the benefit of them, Mrs X or Miss Y. Mrs X may be an elderly lady with kidney failure who will die if she does not get dialysis. Miss Y may be a young rural woman with HIV/AIDS who needs antiretrovirals to survive to bring up her 5 children. Justice would probably dictate that we devote our resources to Miss Y and not to Mrs X.

Grey’s Hospital has recently established an Ethics Committee to look into ethical issues in the hospital, and in the service that it is providing. Representation on the Ethics Committee is broad, with representation from all “walks of life” within the hospital. Broad representation from the hospital’s client base is yet to be achieved, but the Committee is working on it. The Committee has a mandate to:

- 1) Draw up Ethical Guidelines for Grey’s Hospital
- 2) Educate the hospital staff and the community served by the hospital about ethical issues
- 3) Provide consultation to the hospital staff on particular ethical problems if called upon to do so
- 4) Look into ethical issues surrounding clinical research at Grey’s Hospital

A list of members of the Committee and the parts of the hospital community they represent appears at the end of this article. If you have ethical issues or ethical problems that you would like to bring to the attention of the Committee, you are welcome to do so, through your “representative” or through any member of the Committee.

Dr Jim Muller

Chair

Grey’s Hospital Ethics Committee

Greys Hospital Ethics Committee

Membership

February 2004

Hospital Board Member	Professor Bredenkamp
Hospital Manager	Dr Naidu
Medical Manager	Dr Bilenge
Nursing Manager	Miss Findlay
Human Resources	Mr Hoosen
Social Worker	Ms Chirkoot
Ethicist	Ms Stobie
Lawyer	Ms Hebblethwaite
Theologian	Professor Prozesky
Nursing	Mrs Gee
Nursing Student	Miss Nqeto
Consulting Discipline	Dr Muller (Chair)
Surgical Discipline	Dr Ojur
Reproductive Discipline	Dr Rockey
Anaesthetist	Dr Gradinski
Child Representative	Dr Harris
ICU	Ms Pillay
Casualty	Dr Mohamed

NEWS FLASH!!!

**Senior Sister M Fletcher-Campbell is
officially the new Case Manager.**

Congratulations!

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Jumping to conclusions is bad exercise.

Rehab Department News.

Rehab staff would like to congratulate Judith Gush on attaining her Masters in English. Her Thesis was titled "Representations of pain, illness and the body in Leo Tolstoy's 'The Death of Ivan Ilych' and Franz Kafka's 'Metamorphosis' and 'A Hunger Artist'.

Judy has a special interest in Physiotherapy management of chronic pain, a condition that the Physiotherapists at Grey's see frequently. Judy's research and the broad range of reading she had to do lead to interesting discussions on pain and its management

Heidi Shanahan.

HUMAN RESOURCES NEWS.

The following staff qualifies for 20 years service for the period 1 January 2004 to 31 March 2004:

Dr FJ Muller - Chief Specialist - appt date 1984.02.01
Ms MG Zuma - Chief Prof Nurse - appt date
1984.03.01
Ms SH Mabida - Cleaner - appt date 1984.01.16
Ms BI Mabizela - Cleaner - appt date 1984.01.16
Ms ZV Mncube - Cleaner - appt date 1984.01.16
Mr RS Mpulo - Stores Asst - appt date 1984.01.10
Ms GS Mthalane - Cleaner - appt date 1984.01.16
Ms TL Sibiyi - Cleaner - appt date 1984.01.16
Ms NC Zondo - Cleaner - appt date 1984.03.08
Ms CE Aranja - Snr Aux Serv Off - appt date
1984.03.19
Ms TJ Goge - Snr Linen Super - appt date 1984.02.06
Ms TH Ntshangase - Snr Linen Super - appt date
1984.02.21

Campus Update February 2004.

In the last update that I wrote, I think it was November 2002, I said, 'There was light at the end of the tunnel', having had three of our vacant tutor posts filled. Well, little did I know that light was not only an oncoming train but an avalanche as well!!

We started 2003 with double intakes ie. January : 81 students, February - Enrolled : 20, April – Bridging Course : 36, July :51 students and September – Enrolled :40. A total of 228 students!

The examination Room on the second floor was turned into a classroom to accommodate the masses. Miss Cynthia Paul was the class tutor for Group 1/2003 and you can imagine what a nightmare it was to try and keep track of who was off sick, at staff clinic etc. Lecturing to 81 students is no joke and as for the marking of tests and assignments as well as Clinical Assessments!!

Complicating everything and adding enormously to the tutors stress was the third year Nursing Science component. The Midwifery Module was moved to the second half of third year and as a result we had 81 students in third year for Nursing Science. This huge group was lectured to in the auditorium. (Unlike the first years, at least they had air conditioning.)

While coping with these two 'armies' we started to lose staff. Mrs C Naiker left in April to go to Head Office and Mrs G Ntuli in early June to the EPI.

The second half of the year saw the arrival of a smaller 'army' as well as the other students. Meanwhile tutors were making plans to go and work overseas or elsewhere. We were already 6 tutors short and Mrs Ballim and Mrs Hyde were having an extremely difficult time trying to get these

posts advertised. They were eventually advertised in November.

In October Mrs J Reynecke and Mrs R Magrimo left for Greener Pastures, (more like desert,) to Uman.

Mrs Mhlongo left in December to work for Adventis, a pharmaceutical company, and Miss I Maikoo resigned in January and left at the end of the month. We say goodbye to Mrs Mahadeo at the end of February, she is to join Mrs Reynecke and Mrs Magrimo. That will leave us 11 tutors short!

Interviews are underway for the 6 tutor posts advertised and we hope that these tutors arrive soon.

Last year has taken its toll on all of us and it is not over yet, the 'armies' will be around for at least the next three years! And that, Ladies and Gentlemen, is our sorry state of affairs.

MRS MOIRA WILES. TUTOR.

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Dr Paul Hatfield and his partner came
Thirteenth in the 2004 Duzi
Canoe Marathon
and he was 3rd in the 2004
Iron Man Competition.

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**Ever notice that people who are late are often much
jollier than the people who have to wait for them.**



Gardening Getaway.

Summer rains have come after a start so slow
Each plant and flower has a bright new glow.
My life too, has found new meaning
A baby grandson is the greatest feeling!

A searing pain creeps into my chest
A pain exquisite – it is the best.
It surges when, in his cot, I peep
This little figure engulfed in sleep.

So rounded now, his little form
Very different from the day he was born.
Rounded face and soft round cheeks
Chubby round limbs and a nose so sweet.

A sucking motion his little mouth makes
So often a sign before he wakes.

Tasks on hand their urgency lose
Time stands still as thoughts I peruse.
Craig and Liesl you have brought me such joy
By bringing to this world this dear little boy!

Wakefulness stirs as my fill I drink
Big blue eyes in the brightness blink.
Fluttering leaves his attention capture.
Intrigued, he gurgles in a state of rapture.

Chubby hands stretch out and clutch a toe.
To his mouth (the testing ground) it must go!

Suddenly he spots me!
He chortles with glee.
Eyes fixed upon this granny figure
He wriggles about, his smile grows bigger.

My heart swells as I feel his love and trust
I cannot resist – pick him up I must!
I cuddle him to me, so grateful to share
This precious little person, given to our care.

Gael Meter.

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MORE REHAB NEWS.

Ms Jessica Street, Mrs Kirthee Pillay and Mrs Marietta Muller all swam the Midmar Mile. Congratulations to these Rehab ladies who braved the cold water and did us proud.

Miss Valentine's Competition.

The first ever Miss Valentine Competition organised by The Grey's SRC (Student Representative Council of 2004) was held on 13th February in the Grey's Recreational Hall. This spectacular event included entertainment such as a ballroom dancing item performed by Grey's student nurses and some pansula dancing performed by dancers from 'Gxa location' commonly known as Dambuza.

The contestants strutted their stuff in their favourite items of clothing and then in designer gowns of their choice.

The winner, Miss Wendy Ngubane from group 1/2003, walked away with exciting prizes from Innox, Cadburys and one of the boutiques, as well as her much deserved title. Her princesses: First princess: Mpume Bushili and

Second princess: Princess Ndwandwe also received some spectacular prizes.

Special thanks must go to the contestants who were courageous enough to enter this event and also to those who worked so hard to ensure it was a great success. Thanks to Mr Boyce, Thembisa, the Clinical Sisters and mostly to all the supporters. We look forward to the next event!

Student Nurse Purity Potgieter.

Good ideas will not work unless you do.

News Flash.

Dr Bilenge and his wife recently had a baby girl, a sister for Benny. Her name is Tshama and she was born on 23rd January 2004. We wish them much joy with their new daughter.

Competition.

This month's competition is slightly different. Once again the prize has been sponsored by **Chatters Coffee Shop** and comes in the form of a large Chocolate Cake. If you can identify the person in the photograph, on the front cover of this month's edition, and you send your answer to Sister A Guise-Brown in The Nursing Campus by Friday 26th March 2004 you might be the lucky winner.

**Life's most urgent question is:
What are you doing for others?**



This is pretty profound.

Too many people put off something that brings them joy just because they haven't thought about it, don't have it on their schedule, didn't know it was coming or are too rigid to depart from their routine.

I got to thinking one day about all those women on the Titanic who passed up dessert at dinner that fateful night in an effort to cut back. From then on, I've tried to be a little more flexible.

How many women out there will eat at home because their husband didn't suggest going out to dinner until after something had been thawed? Does the word 'refrigeration' mean nothing to you?

How often have your kids dropped in to talk and sat in silence while you watched 'The Bold and The Beautiful' on television?

I cannot count the number of times I called my sister and said, "How about going to lunch! In half an hour?" She would gasp and stammer, "I can't. I have clothes on the line. My hair is dirty. I wish I had known yesterday. I had

a late breakfast. It looks like rain." And my personal favourite: "It's Monday".

She died a few years ago. We never did have lunch together.

Because people cram so much into their lives, we tend to schedule our headaches. We live on a sparse diet of promises we make to ourselves when all the conditions are perfect.

We'll go back and visit the grandparents when we get Stevie toilet-trained. We'll entertain when we replace the living-room carpet.. We'll go on a second honeymoon when we get two more kids through Varsity.

Life has a way of accelerating as we get older. The days get shorter, and the list of promises to ourselves gets longer. One morning, we waken , and all we have to show for our lives is a litany of "I'm going to," "I plan on," and "Someday, when things are settled down a bit."

When someone calls my 'seize the moment friend,' she is open to adventure and available for trips. She keeps an open mind on new ideas. Her enthusiasm for life is contagious. You talk with her for five minutes, and you are ready to trade you bad feet for a pair of Rollerblades and skip the elevator for a bungee cord.

My lips have not touched ice-cream for 10 years. I love ice-cream. It's just that I might as well apply it directly to my stomach with a spatula and eliminate the digestive process. The other day, I stopped the car and bought a

triple-decker. If my car had hit an ice-berg on the way home I would have died happy.
Now... go on and have a nice day. Do something you WANT to....not something on your SHOULD DO list.
If you were going to die soon and had only one phone call you could make!, who would you call and what would you say? And why are you waiting?
Have you ever watched kids play on a merry go round or listened to the rain lapping on the ground? Ever followed a butterfly's erratic flight or gazed at the sun into the fading night? Do you run through each day on the fly? When you ask "How are you?" Do you hear the reply? When the day is done, do you lie in your bed with the next hundred chores running through your head? Ever told your child, "We'll do it tomorrow." And in your haste not seen his sorrow?
Ever lost touch? Let a good friendship die?
Just call to say "Hi"?
When you worry and hurry through you day, it is like an unopened gift....Thrown away....Life is not a race.
Take it slower! Hear the music before the song is over.

Anon.