April 2003
Volume 1, Issue 4

HEAL Project

Community Outreach Program in Education (COPE) Series

A Case in Point:

As this issue is being published a dear friend is dying at Kaiser Hospital hooked up to various machines with very restricted access by friends and family rather than under hospice care in her own home. It is difficult to watch her experiencing all of the difficulties I have written about in previous issues. There can be a hesitancy to commit to hospice care for fear that such a decision will be perceived as "giving up" and that care options will be limited as a result. This can delay the decision beyond the point of no return to the dismay of the dying person, the family and friends who wish to support her.

Walter Adams never considered facing the end of his life, even at 82. Since the recurrence of his colon cancer, he seemed to be in the grip of endless questions. His oncologist told him surgery was not an option this time. For many years, Walter and his wife, Carol had discussed not having excessive treatments or procedures.

After increasing discomfort from his cancer and little relief from medications prescribed by his oncologist, Walter decided it was time to consider hospice. He wasn't real sure he was ready for that transition. The hospice reminded him "If you have a remission you can still be discharged from hospice. You really have nothing to lose." They also told him that his Medicare benefit would cover most of his expenses, including medications. This was a concern and helped put his mind at ease, not wanting to financially burden Carol.

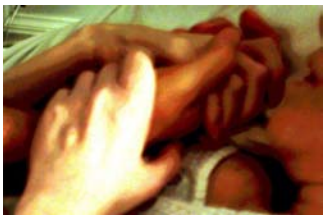
Walter and his family quickly found that hospice was able to give them an opportunity to participate in his care while improving his quality of life and time he had left with people he loved.

After Walter had died Carol said "I'm awfully glad that I was able to care for Walter. It wasn't easy for me; I just couldn't have done it without hospice."

adapted from
The Hospice Choice
In Pursuit of a Peaceful Death

Caring for a Terminally-Ill Loved One:

What is Hospice Care?



The term ***hospice*** most often refers to an organization that exclusively serves the needs of the dying. The principal philosophy of hospice is to provide end-of-life care that emphasizes comfort management through palliative medicine (management of pain and symptoms is one of its cornerstones) complemented with supportive services for the dying and their families. The philosophy of this type of care focuses on quality of life and making the most of the time remaining in one's life as opposed to cure-oriented therapies and technological interventions commonly practiced in the ***hospital*** environment.

History of Hospice – Dame Cicely Saunders, a London physician, is universally credited with developing the modern hospice movement through the establishment of St. Christopher's Hospice in the town of Sydenham, just outside of London, in 1967. Through the encouragement and assistance provided by Dr. Saunders, the first hospice program in the U.S. was established in Connecticut in 1974. Established then as strictly a home-care program without the inpatient beds that characterized its model, St. Christopher's Hospice, the Connecticut hospice program itself became a model of care that swept the country. The Connecticut Hospice eventually added inpatient beds and became the first independent hospice inpatient facility in the country.

Hospice Care – hospice is a unique blend of services that is designed to address the majority of physical, emotional, and spiritual needs of the terminally ill and their families. As a result, hospice care is provided by an interdisciplinary team of professionals and volunteers, guided by the goals of an individual plan of care. A person is considered "terminally ill" and qualifies for admission to hospice care if they have received a prognosis of 6 months or less to live from their physician. Services are most commonly provided in the patient's own home or in alternative residences such as nursing homes, hospice residential facilities, and other congregate living facilities.

Home Care vs. Residential Hospice Care – the choice to have in-home hospice care or to have your loved one cared for in a residential inpatient hospice is a choice that is highly dependent upon your family situation and support that is available. Home hospice is often considered a more comforting alternative to the dying person because of the proximity to beloved family members and familiar surroundings. However, if the primary caregiver needs to work to financially support the household or other family duties make it difficult to dedicate the time necessary to adequately take on all of the responsibilities associated with the care of a dying loved one, then residential hospice is an excellent alternative. Residential hospices provide round-the-clock professional care, significantly reducing the stress that can be associated with caring for your loved one.

Who pays? – most medical insurance policies provide a hospice care benefit. In 1986 Congress made hospice care a permanent benefit for those eligible for coverage under *Medicare Part A*. At the same time, it also established hospice care as an optional Medicaid benefit. Your local hospice can provide you with additional information.

Resources – there are numerous resources available on the Internet and most likely in your own community that can guide you towards making the right hospice choice. Please visit our website for more information.

If you would behold the spirit of death,
open your heart wide unto the body of life.
For life and death are one,
even as the river and sea are one.

Kahlil Gibran
The Prophet