

HOSPICE: Dispelling the Myths



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Webster's Dictionary Has Two Definitions of Hospice:

1. Hospice, a program, begun in England in 1967 that eases the last days of terminally ill patients and assures a natural death in as home-like surroundings as possible;
2. Hospice, a building, usually kept by a religious order, where travelers can obtain rest and food.

Both definitions leave a lot to be desired. Hospice care goes much further back than this:

- 1879 The Sisters of Charity open hospices in Dublin
- 1905 The Sisters of Charity open hospices in London
- 1958-1965 Dr. Cicely Saunders works in St. Joseph's Hospice in London
- 1967 Dr. Saunders opens St. Christopher's Hospice in South London
- 1963 Dr. Saunders visits Yale University, USA and introduces

the idea of specialized care for the dying

- 1969 "On Death and Dying" by Dr. Elizabeth Kubler-Ross is published
- 1974 First American hospice opened in Connecticut
- 2004 More than 1 million Americans with a life-limiting illness were served by the nation's hospices, the first time the million-person mark has been crossed

Hospice Care Involves:

- Offering good medical and nursing care, and support to the patient and caregivers before, during and after death
- Evaluating the whole person and relieving symptoms such as pain, nausea and constipation as they occur
- Addressing depression and suffering, physical, mental, emotional and spiritual with love, patience, counseling, support and judicious use of medications
- Giving appropriate nutrition and hydration as wished by the patient

Ten Myths About Hospice

1. Hospice is a place

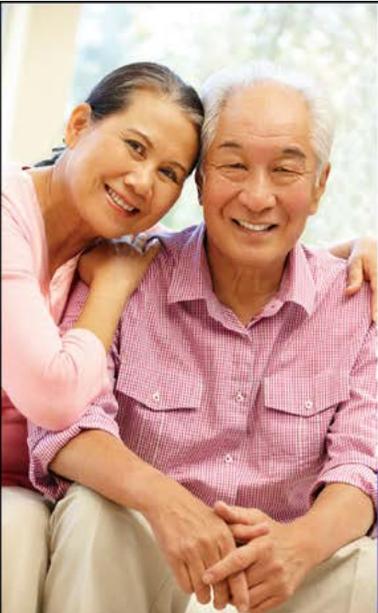
Those of us who now practice hospice care regard it more as an attitude of mind than a program or place. We call this the hospice mindset and it is not negative – it is dynamic, positive and committed to helping the terminally ill person and his or her caregivers.

2. Hospice is only for people with cancer

Experts in end-of-life care consider that at least 30% to 40% of dying Americans could benefit from hospice-type terminal care. It has even been suggested that general hospice principles would help anyone dying of a chronic illness whether mental and/or physical which means more than 70% of the dying.

3. Hospice is only for old people

Death can come at any age – not only the old die. The death of a child is one of the saddest experiences in life and devastates



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the family. Good, sensitive hospice care can help to ease the terrible lasting pain of the survivors.

4. Hospice can help only when family is available

While it is comforting and helpful to have some family/friends involved, the patient who is alone can be well cared for since hospice is a team effort.

5. Hospice is for people who don't need a high level of care

There are so many factors involved with a terminally ill person that he or she needs a high level of expert care to make the last days on earth as comfortable as possible. The hospice team can do this.

6. Hospice is only for those who can accept death

While it is important to acknowledge that death comes to all of us eventually, experienced members of the hospice team know how to work with and help the person who denies that they will die.

7. Hospice is only for those with a religious belief

This is not correct. Hospice care is for all kinds of believers and non-believers. Hospice staff, during their training, are told that no matter what their personal beliefs are and however deeply they hold them, they must NEVER impose

these beliefs on the terminally ill person in any way.

8. Hospice means the withdrawal of all medical care

Some terminally ill patients and families are under the impression that hospice is negative, a giving up, that all medications and other therapies are stopped and the patient allowed to die. This is far from the truth. Any medication that is making the patient feel better will be continued.

9. Hospice care is too expensive for most patients

Medicare, Medicaid in most states, the Department of Veterans Affairs, most private insurance plans, HMOs and other managed care organizations pay for hospice care. Also, community contributions, memorial donations, and foundation gifts allow many hospices to give free services to patients who can't afford payment. Some programs charge patients according to their ability to pay.

10. Hospice is only about pain management

Care of the terminally ill involves a great deal more than pain management and teamwork is essential.



- An interdisciplinary team of experienced health professionals works with the patient and caregivers to manage symptoms and other problems. The key person on the team is the hospice nurse closely followed by the medical social worker.
- Consultation, as needed, with a dietician, a pharmacist, and physical, occupational and communications therapists, is helpful.
- A physician, serving as medical director, consults with and advises the team members and makes patient evaluation home visits as needed.
- Volunteers also can contribute a great deal in day-to-day patient care and caregiver support. On occasion, with the patient's permission, they can even attend hospice team meetings.
- If the patient is religious, a minister, priest, nun, imam or rabbi, though not usually a member of the team, can provide counsel and spiritual comfort to the patient and may be able to give valuable insights to the hospice team.

For more information about hospice go to: <http://www.nhpco.org/about/hospice-care>

Got a question for Dr. Moira Fordyce?
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