

Suburban Life

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Hospice care

A national movement toward helping the dying depart with dignity

By Sherry Kahan
staff writer

"I have watched people die under standard conditions in a hospital, and always felt there is another way."

With these words a student in a Madonna College class on hospice care put her finger on the reason behind the new national movement toward helping the dying depart with dignity.

She echoed the feelings of guest speaker Carolyn Fitzpatrick, director of Good Samaritan Hospice in Battle Creek.

"I had a son who died in a place I was not satisfied with," she told a class of about 46 students, many of whom are in social and medical service fields. "What matters is how they want to spend their last days. If they want to smoke away their last breath, you may be sure the hospice attendant will help."

However, she suggested, "Let's not fall against the medical system. It's a good system for those who have the opportunity to get well. But when the patient has no opportunity to get well, we need to throw out some rules."

A student remarked that some of the hospice philosophy should be absorbed by the health system. "A lot more caring should go into it," she said.

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— Carolyn Fitzpatrick

FITZPATRICK, who is the new president of the National Hospice Association of the United States, defined hospice care as "a medical program for caring for terminally ill patients." She also referred to it as a "crisis intervention program."

The key element is controlling pain, but hand holding and listening are additional ingredients.

"The time of the hospice idea has come," reported the speaker, who holds a master's degree in hospital administration. "There are 74 programs in Michigan. That's incredible. It's a grassroots organization, and not imposed from the top down."

She told Sr. Mary Cecilia Eagen, director of the expanding program of hospice studies at Madonna, that she was delighted to see hospices studied in the classroom.

Sr. Mary believes it is one of the few programs of its kind in the country. Plans are being made to enlarge it. The fundamentals class addressed by Fitzpatrick will be taught again in the fall, and two new courses will be added: care and comfort, and the psychosocial aspect of hospice care. By the following May students will begin to have hospice field work to get clinical experience.

FITZPATRICK CALLED hospice nurses "involvement-oriented, not technicians who carry out orders. It's an exciting way to care for patients in the last period of their life."

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"The hospice way assumes the patient can make 99 percent of the decisions about his care," she continued. "We see alert, active patients making decisions. From the beginning hospice programs decided that the patient would be in the center (of the decision-making process)."

The hospice in Battle Creek which Fitzgerald directs started in 1981. It became a national demonstration project of the Kellogg Foundation. The program is essentially self-supporting now. The average age of its patients is 59 years, but a number of them are young people.

It serves 15-20 patients a year in their homes, and has giving in-patient care. In three years it has cared for 300 patients with a staff of 29 and 80-90 volunteers.

RELATIONSHIPS with people who are dying must be carried out in thoughtful, caring, empathetic ways. So staff members and volunteers at a hospice must have certain qualities not demanded everywhere.

Fitzpatrick explained to her audience the criteria used to hire staff or accept volunteers.

"We want to know why they want to work with the terminally ill and their families," she pointed out. "We want them to feel no need to take something back from the bedside. If you go to work out your own grief, you'll find yourself not caring for the patient, but for your grief."

The director of the Good Samaritan Hospice would also look for experience



ART EMANUELE/staff photographer

Professionals and students in the health care fields discuss the value of the hospice philosophy with Carolyn Fitzpatrick (at left) who is director of Good Samaritan Hospice in Battle Creek and newly elected president of National Hospice Association of the U.S. At Fitzpatrick's right are Elizabeth Beger of Westland, Alice Morgan of Farmington Hills and Penny King of Plymouth.

and a sense of involvement in the professional or volunteer who applies for work.

"If you don't become involved in their lives, you should be in another business," she noted. They must also be willing to listen because "patients need and want people to talk to."

But don't rush up to a patient and tell him, "I know exactly how you feel. Let me tell you about my loss," Fitzpatrick indicated that the purpose of the staff and volunteers is not to share their own experiences.

The person she believes wrong for this work is someone who had a recent loss of a loved one, who has not worked through his loss and is still openly grieving.

AN INTERDISCIPLINARY team deals with each patient. A volunteer is on each team, and sometimes proves to be the one who becomes closest to the patient.

"The theory is that everyone is an

equal member of the team," said the speaker. "It sounds nice, but in hospice it really works."

She added that volunteers do everything that is needed, from counseling and care "to running vacuum cleaners. The hospice would not have a program without volunteers. It is quite wonderful how volunteers fill the gaps when they are needed."

Volunteers must take an eight-week training program. The director has found that 90 percent of them complete the program and the same number stay with the hospice.

The nurses are charged with controlling pain.

"The greatest fear of the patients is pain," said Fitzpatrick. "Hospices offer assurance that attention will be paid to controlling pain and the physical symptoms of pain. Ninety-five percent of our patients are cancer patients."

But psycho-social care is also emphasized. Those working at the hospice

are encouraged to respond to questions like "Why did this happen to me?"

"Some find help in traditional religions, some only in finding someone willing to talk to them," she observed.

Requests are carried out if possible. Prompted by a dying man, Fitzpatrick bought a car for his wife. Another man refused a hospital bed in his home, preferring to die in his own.

FOLLOWING THE DEATH the team doesn't disappear from the lives of the family.

"Hospice care doesn't stop when the person dies," she said. "It continues for 1 1/2 years, and enables the family to find its way through the hardest part. The hardest part is not during the dying. They are busy then. The hospice team also helps the children adjust."

A professional bereavement person listens to find out what is going on in the family, and keeps the staff aware. We find they re-adapt and get back into life."



ART EMANUELE/staff photographer

Carolyn Fitzpatrick describes the hospice concept as a combination of medical care and crisis intervention.



At the heart of things

Door prizes galore will highlight the annual Valentine card party sponsored by the Catholic Central Luthers' Club at 8 p.m. Wednesday, Feb. 15 in the Catholic Central High School cafeteria, Breakfast Drive, Redford Township. Admiring some of the many door prizes are Pat Chretien (left), Livonia; Mary Sobczak, Farmington; Lynn Galvin, chairman, Farmington; Carol Ferrera, Farmington; and Joy Garcia, Detroit. For reservations, call Audrey Convery at 637-0615 or Mary Sobczak at 477-2392.



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