Hospice offers quality to last few days of life

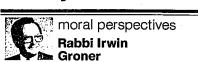
OU DON'T have to be poor in America to die badly. You just have to be dying; the rest is supplied. By "dying badly," I don't refer to immediate physical care but rather, the total environment which envelopes the patient. A typical intensive-care unit is a world of tubes, wires, pumps and machines that allow modern medicine to keep the heart beating, lungs breathing, kidneys functioning long after the body has given out.

DR. CICELEY Saudners, founder and medical director of St. Christo-pher's Hospice in London, has ob-

pher's Hospice in London, has observed:
"Far too many elderly people end
their days in pillful and degrading
isolation, with the reality around
them so distressing that they retreat
into confusion and do not even recoginte those they love...
"To prolong life by all means
available to intensive care, regardless of its quality, is not to serve
health, but rather to fail to balance
technical possibilities with informed
clinical judgement.
Seeking to counter these harsh realities is the hospice movement.
What is a hospice?

HOSPICE IS a program of care for the terminally III, or a place where such care is provided, or a combination of both. Hospice begins at that point of medical care when care is no longer a real possibility. Hospice to not a form of cuthana-time in the provided in the program of the program

Hospice is not a form of euthana-sia. Indeed, hospice can strengthen the will of the terminally ill patient to live with greater faith during the last period of his life and even to live longer. Hospice is also concerned with the patient's family during this period and after death.



Hospice provides for the fulfill-ment of "dying well." Dying well im-plies a sense of one's self, a mind that is reasonably able to understand and communicate.

and communicate.
For the conscious duration, those who die well hold a sense both of angulsh and humor. Amid concern for one's own plight and comfort and degree of pain, such hearty spirits turn the tablés and demonstrate sympathy to the pain of others, including family and friends.

family and friends.

IT HAS BEEN said that there is an art of dying, as well as an art of living, and one can argue that these two are more closely joined than is commonly recognized.

Hospice is a way of adding qualitatively to the patient's last day when there are no alternatives, except to help the patient face death.

Doctors and nurses are not generally professionally trained to handle death. Hospice demands a redirection of the goals of medicine from cure to care. It seeks to maximize the quality of life when the quantity of life cannot be extended.

THE HOSPICE approach can be provided as an outpatient program, can be implemented in the home, or can be offered in an institutional set-

ting.

Hospice is based on the principle that medical care must be understood broadly, to be provided by personnel with many kinds of skill in-

cluding: niviscians, nurses, home health aides, psychologists, social workers, clergy and volunteers trained to provide a service of support.

Hospice integrates spiritual care of dying persons and their families with all other aspects of care. The terminally ill patient confronts the most profound questions of human existence: the purpose of life, the meaning of death, the solace of faith, concern for the generation to follow and hope for existence beyond the grave.

and nope to grave.

Hospice provides for a support system between the patient and his religious community, whose tradi-tions and ideals are incorporated into the hospice environment.

HOSPICE MUST take into consideration the religious pluralism of our society, but hospice offers recognition of the patient's religious preference and linkage to his community of faith.

of faith.

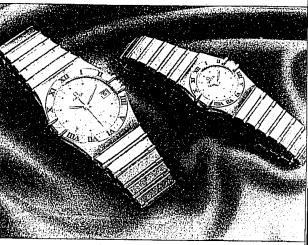
Since hospice is a new program, government polices for its funding and health insurance coverage for hospice are still under discussion and debate.

debate.

It is essential that the general public become more informed about hospice, its supreme value, and thereby secure from the public sector those resources of funding and support to provide dignity, beauty and meaning to the last chapter of life.



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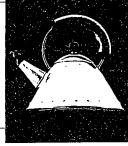


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