

Hospice: A Loving Alternative

The process of dying is one of the most traumatic life events -- not only for the person who is dying but also for loved ones who provide a needed support system at a most critical time. It is often commented that an individual in the dying process experiences a range of emotions, from grief, sadness, anger, disbelief and fear of the future. While the experience is painful, it is a natural part of the dying process.

As modern medicine has made advances in treatment of long-term illnesses, the dying process has, necessarily, become prolonged. Will the person live for two weeks or two years? No one knows with certainty, but the person must cope with the illness and accompanying discomforts and emotions for whatever period of time he or she has left until natural death occurs.

To respond to the need for a better system of caring for the dying, the hospice movement was born in the late 1960s. Dame Cicely Saunders was the founder of the first hospice in England at that time. Her outlook for her patients was: "You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live with dignity until you die."

The first hospices were places to which a dying patient was brought to live out his or her last days. More recently, hospices can be found in hospitals and nursing homes, and hospice care can even be brought directly to a person's home. The patient in need of hospice care can choose from many of these loving alternatives. There are over 2,500 hospices in the United States today.

The job of the hospice team is to keep the patient as comfortable as possible, providing emotional and spiritual as well as physical support. A typical hospice patient is one for whom all treatment options to achieve a cure have been exhausted. Consequently, in a hospice setting, there is no high technology equipment or treatments. The most important part of hospice care is to provide relief from pain through medication that the patient can sometimes self-administer as pain levels ebb and flow. Simple things such as hot baths or massages, turning the patient to provide comfort, and assisting with household chores, are key to ministering the patient's well being. Hospice caregivers also involve the patient in open dialogue about feelings and worries, not only for themselves but also for the family members who will be left behind. It is common to include the patient's family in such discussions.

A patient can be encouraged to write letters to family members, resolve old issues, plan a funeral, enjoy favorite foods or entertainment, care for a treasured pet, complete a will, be visited by family members from near and far, and remain as active as his or her condition will allow. All of these avenues are designed to ease the patient through the dying process and the emotions that accompany the realization that one's life is about to end. For the families, the hospice caregivers are a valued lifeline to assist in caring for and dealing with the impending death of a loved one.

To learn more about when hospice care is appropriate, insurance and Medicare coverage of hospice services, where the nearest hospice is located, or becoming a hospice volunteer, contact the National Hospice Helpline provided by the National Hospice and Palliative Care Organization at: 1-800-658-8898.

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