



How Hospice Can Help When A Loved One Is Dying

By Diane Walker, RN, MS and Jane Feinman, RN, MS

Many GRISWOLD SPECIAL CARE Offices have strong relationships with local hospices that care for individuals at the end of life. Although death and dying can cause feelings of discomfort, the more you know about the care of someone who is dying and ways to get support from organizations like hospice and home care, the more comfortable you will be helping a loved one during this stage of life. The need for hospice care has been driven by dramatic changes in our society. For centuries, people died at home in the care of family members. The mobility of younger adults has put great distances between them and older family members so they are not as able to provide care as before. Advances in medical care and the ability to technologically prolong life often moves death from the home to high-tech hospital intensive care units.

“In some respects, this century’s scientific and medical advances have made living easier and dying harder. On the one hand, discoveries and innovations in biomedical sciences and clinical medicine have brought remarkable advances in our abilities to prevent, detect, and treat many illnesses...On the other hand, many people have become fearful that the combination of old age and modern medicine will inflict on them a dying that is more protracted and, in some ways, more difficult than it would have been a few decades ago.” (Field, 1997)

Hospice care involves *palliative* care rather than *curative* treatment. One of the misconceptions about hospice is that it means everyone “has given up.” In fact, palliative care represents a very positive and intensive effort to maintain the individual’s comfort and dignity at the end of life. The mission of hospice care is to affirm life so the person can make the most of the time that remains to them. Once a relative or friend receives a life-limiting diagnosis, it’s helpful to talk about what

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Maximizing Your Retirement Independence by Kent Griswold, Ph.D., M.B.A., President

The ALS Association

By Stephanie Dufner, National ASLA Communications Coordinator

You won’t be surprised to learn that two representative national surveys report the cost of long-term care went up again last year. According to the 2005 Genworth Financial Cost of Care Survey, the average cost* of a private room in a nursing home rose 6 % to \$69,400 and the average cost of a one-bedroom apartment in an assisted living facility rose 5 % to \$30,300. Home care costs rose marginally from 2004 to a new high of \$18.58. (Genworth, 2005)

The MetLife 2005 Market Survey of Nursing Home and Home Care Costs mirrored the Genworth findings for comparable nursing home accommodations. Their survey of 996 home care agencies found that the average hourly rate for a home health aide rose 5.5 %, up *one dollar* from 2004 to \$19.00. (MetLife, 2005)

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Sixty-five years ago, Amyotrophic Lateral Sclerosis (ALS) took the life of baseball great Lou Gehrig... and his name.

There is still no known cause or cure for Lou Gehrig’s disease, a devastating neurological condition that strikes men and women in the prime of their lives.

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Special points of interest:

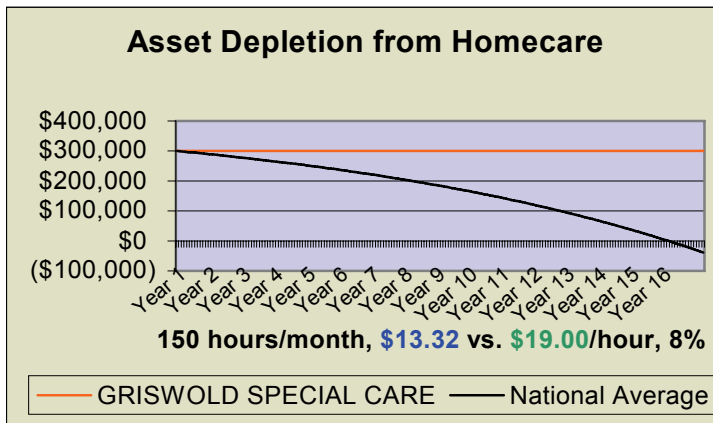
- Redesigned Website on Pg. 2
- Free Email Subscription and Web Access on Pg. 4

Retirement Independence *continued...*

Holding true to their mission of superior quality and affordability, the average hourly rate nationally for *GRISWOLD SPECIAL CARE* Offices rose **only 3 % to \$13.32 which is 30 % below** companies that offer comparable services using a home health aide.

If you are one of the estimated 10 million Americans who need long term care, you may wonder what a difference 30% means for your ability to live in your own home and receive the assistance you need with activities of daily living. Here is an example of the impact such savings can have on your independence and life style.

If you have \$300,000 in lifetime savings to cover the cost of your care, you could maintain those assets in their entirety using *GRISWOLD SPECIAL CARE*. Otherwise, at the current average national



rate of \$19.00, your assets would be completely depleted in 16 years. If you would like specific information about the average cost of care for 2005 in your area, go to:

http://longtermcare.genworth.com/genworth/long_term_care/overview/what_is_ltc.jsp#cost_of_care_by_state
Rates vary nationally by region.

Redesigned *GRISWOLD SPECIAL CARE* Website Launched by Fiona Middleton

Earlier this year, *GRISWOLD SPECIAL CARE* launched its new website at www.GriswoldSpecialCare.com.

The new site is intuitive, user-friendly, and packed with useful information. Come visit us on our new site and meet some of our Clients, offer a testimonial, watch a video, and more:

- ◆ Subscribe on-line to the *CARING TIMES* newsletter. Simply type in your email and click “go”.

- ◆ Visit our Care Resource Center to view informative articles and back editions of this newsletter.
- ◆ Travel with us through time when you read “Our Story” and meet our Corporate team when you visit “Our Company”.
- ◆ Our interactive office directory makes finding care easier with a listing of the office closest to you, rates, information about the staff, and directions from your front door to ours.

ALS *Continued...*

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The ALS Association (ALSA) is a national organization dedicated solely to the fight against ALS. ALSA has an internationally respected ALS research program funding research around the globe; a nationwide network of chapters; ALSA Certified CenterSM; clinics offering patients, families and caregivers exceptional care and support; and an advocacy effort that works closely with legislators to increase awareness and boost funding for ALS. The ALS Association will go anywhere, at any time, follow any lead, and work with any credible person or organization in its commitment to unlock the secrets to ALS and find a cure for this devastating disease.

For more information about The ALS Association visit www.alsa.org or call (818) 880-9007.

You can also contact your local chapter for more information about the specific programs and activities ALSA offers in your area such as an extensive lending program providing durable medical equipment and communications devices to ALS families in need.

The Role of Hospice *continued...*

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hospice care entails and to determine whether s/he wants to elect hospice in the future. Planning for hospice care in advance often means that the person will have the time necessary to peacefully bring closure to a lifetime of accomplishments and relationships. Ideally, there will be time to share, reminisce, come to closure, and say good-bye.

For those who choose hospice care, services are structured around the person's physical, emotional and spiritual needs and wishes in consultation with family members. Hospice is provided by an interdisciplinary team of professionals that includes physicians, nurses, social workers, physical therapists, spiritual and bereavement counselors, home health aides, and volunteers. Dietitians, music therapists, message therapists, and occupational therapists can also be involved. Members of the team are available to offer support twenty-four hours a day, seven days a week. Families often request *GRISWOLD SPECIAL CARE* Caregivers to help provide personal care because hospice services are intermittent and usually occur during the day.

The hospice team helps the Client, family members and Caregivers make informed decisions about caregiving, teaches the family the necessary skills for "hands on" care and pain management, offers emotional support, connects the family to appropriate community resources, and guides the family through the actual death.

There are generally two types of "advance directives" that impact the care a hospice client receives: a durable power-of-attorney for health care and a living will. Both documents pertain to the person's wishes about end-of-life care. They are written in response to difficult questions about the type and extent of treatment the individual wants to prolong life and under what circumstances. If the person doesn't have advance directives, the Social Worker can help the family complete these documents so the person's wishes will be honored at the time of death.

Once an individual receives a life limiting diagnosis, they experience it as a loss and respond by grieving. Family members will also respond to the impending loss of a loved one by grieving. Some of the very normal feelings people experience include shock and disbelief, fear, anxiety, anger, guilt, and finally acceptance. Some individuals may also experience depression. The members of hospice team can be very supportive to each individual as they deal with the loss in their own personal way.

"The process of dying is first and foremost a spiritual experience for the person, for their family

members and for those who provide daily care [to the person who is] dying." (Satterly, 2001) Religion and spirituality are a central part of the dying process and these themes will be an important part of the care given at the end of life. The chaplain with the hospice team is a wonderful resource to talk to about any religious concerns and will help the entire family remain connected to their religious community.

In addition to emotional and religious concerns, the anticipation of and experience of pain can be one of the most frightening aspects of the dying process for both the person and their family members. An individual's response to pain is shaped by their cultural and religious beliefs, but regardless of someone's beliefs, uncontrolled pain affects a person's ability to perform daily tasks and activities-of-daily-living, mental alertness, personality, and one's sense of well-being.

Many people have incorrect information about pain and the use of medications to control it, specifically narcotics. Some of the more common misperceptions include:

- The use of pain medications will make the person an addict.
- The Client will be unconscious if they take medications.
- Pain is a form of punishment for past misdeeds.
- Narcotics are used to hasten death.

The hospice team will discuss everyone's concerns about the use of medications and tailor the person's treatment in response to their wishes and comfort level.

Almost all pain can be managed effectively. The hospice nurse will teach the family how to assess the individual's experience of pain and their response to medications to relieve the discomfort. This is also an area where having a Caregiver can provide great relief to the family. The Caregiver can offer the person comfort measures and engage the client in activities to lessen the pain naturally. Their support also enables the family members to get the rest they need so they can spend quality time with the person.

As the person approaches death, the hospice team will provide more intensive support if the family requests it. A common fear of someone who is dying is being left alone. Meeting this need can place a burden on family members who may already be fatigued from providing care to their family member. During the day, the hospice can provide volunteers to sit with the individual and provide companionship. The spiritual counselor will also visit with the family and can help

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Hospice continued...

with funeral arrangements. The nurse may also come to be with the family at the time of death.

The number of persons choosing hospice care in this country has steadily grown since the first hospice opened in 1974. Many people also qualify for the services to be paid for by Medicare. If you or someone you know would like more information about how to contact a hospice in your area, contact your local *GRISWOLD SPECIAL CARE* Office. They can also direct you to other appropriate resources in the community.

Field, M. and Cassel, C. Ed. (1997) Approaching Death: Improving Care at the End of Life. Washington, D.C., National Academy Press. Satterly, L. (2001) Guilt, Shame, and Religious and Spiritual Pain. *Holistic Nursing Practice*, 15(2), 32-35.

Find Us On The Web At www.GriswoldSpecialCare.com.

GRISWOLD SPECIAL CARE



The **CARINGTIMES**® newsletter and its companion online resource center are a service *GRISWOLD SPECIAL CARE* offers to Clients, family caregivers, and professionals who care for older adults and individuals living with a disability. Experts in gerontology keep you current with helpful articles, legislative updates, tips on caregiving, news about organizations and more.

- ◆ Welcoming A Caregiver Into Your Home
- ◆ Preventing Caregiver Burnout
- ◆ Tax Related Issues
- ◆ Legal Documents: POA and Living Wills
- ◆ Dementia: The Disease and New Hope for Treatment, Parts I and II
- ◆ Home and Community Based Care: What Consumers Want And Need

You will also find links to other national organizations that offer supportive services to family caregivers.

On-line Caregiving Resources

Our website (www.GriswoldSpecialCare.com) includes a resource center that is designed to help make it easier for you to provide and arrange for care in the home. At this site, you will have access to past newsletter articles and other topics. Check the website each month for the latest information. Here are some of the features that are currently posted:

- ◆ A brochure to prevent falls at home
- ◆ The Caregivers Marketplace

Free On-line Subscription

If you would like to **AUTOMATICALLY** receive issues of the newsletter via email, you can subscribe on-line at the website. Just click on the Resource Center and go through the link to complete your subscription. Don't forget the subscription is **FREE!**