

How Hospice Can Help When A Loved One Is Dying

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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 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. Dieticians, 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 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.