



Teaching Doctors To Help Heal When Death Is Near

*"Hospice is a therapeutic option."
Not a process you choose when all
else fails." - Hospice Medical
Director*

"On a rainy, dreary December day, Nathan Marsh is visiting a dying man and his wife at their home on a narrow street overlooking Lake Washington.

With a social worker from Providence Hospice of Seattle as his instructor, Marsh, a fourth year medical

student, is there to learn a skill most doctors haven't honed --how to guide someone through the end of their life with minimal pain and anguish."

Thus begins a story in the Seattle Post-Intelligencer dated January 4, 2005, about an innovative program at the University of Washington Medical School to aid new physicians in fully understanding palliative care, a relatively new but growing area of study at medical schools nationwide.

"Talking about death -- even with a patient who is speeding toward it -- is difficult for many doctors," said Dr. J. Randall Curtis, director of The End of Life Care Research Program at Harborview Medical Center. "If we're going to improve the quality of care for people around the end of life, we have to talk to them about it." "These are skills that too often have been given short shrift during earlier phases of a physician's education," states Steven Radwany, M.D., Chairman of the Palliative Medicine Review Committee which conducts accreditation for training programs. "Most physicians are strongly motivated to provide this care, but have often not been exposed to this training in their residency programs." [Quality of Life Matters, Feb/Mar/Apr 2005]

Hospice is a specialty focusing on palliative care; concentrating on providing physical, emotional and spiritual comfort for patients with life-limiting illnesses. All too often, palliative care is delayed until death is imminent, leaving people with chronic illnesses to suffer while there's still hope for a cure. Discussions about and planning for hospice care is delayed, too. "What's important is that we don't think of it as being an either/or -- either you treat the disease or give up hope and just treat the symptoms," said Dr. Susan Block, co-director of the Harvard Medical School Center for Palliative Care. "I think about palliative care beginning at the time of diagnosis of a life-threatening illness."

A full understanding of hospice, coupled with open, honest dialogue with patients regarding their care options and choices, can guide physicians in appropriate referrals to hospice care. Donna Waters, LBSW, Home Hospice of Grayson, Cooke and Fannin Counties Social Work Supervisor tells families, "Hospice is a speciality, not a last resort. Hospice is provided by specialists in end-of-life care when curative treatment is not an option, is not available, or not desired." (continued on p. 2)

Your Community's Non-profit Hospice since 1982

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“**Teaching Doctors...**” continued from page 1.

In another segment of the Post-Intelligencer article, Marsh describes a call made on a hospice patient, a 97 year old Russian woman struggling with a severe bout of angina in the tiny apartment she shares with her daughter who is 70. He is there with the woman’s hospice nurse, Beverly Fletcher. “The family has decided the time for extreme, life-prolonging measures has passed.

Fletcher explains that this patient has chosen to be kept comfortable and symptom free rather than enduring trips to the hospital emergency room. She guides the older woman to the couch, puts nitroglycerin tablets under her tongue, hooks up her oxygen, and gives her some pain medicine. “We’re just going to give her some comfort.”

Watching a woman with heart disease have an attack without calling 911 is tough for Marsh. “With a hospice patient, I didn’t know. What do we do? How much treatment do we give?”

For many doctors, forgoing life-saving treatments can leave them with a sense of failure.

“We can keep people going with a chronic debilitating disease,” Dr. Stanley Farber, a Seattle physician who learned about listening to patients several years ago, the hard way. ‘People live longer, but they may be living the life they fear most.’

For his part, Marsh said he’s always aspired to do more as a doctor than put people back together again. “You want to fix those things because you think if people are healthy they have a more fulfilling life. When you get to the end of life and you don’t have those life-prolonging things to do anymore, how do you help people find healing?” [Seattle Post-Intelligencer, Julie Davidow, reporter]

Many in the medical profession are discovering that healing can be found in timely referrals to quality hospice care where an interdisciplinary team of professionals guide the patient and family to the desired level of comfort and symptom relief regardless of whether the pain is physical, spiritual, emotional or psychosocial. Home Hospice of Grayson, Cooke and Fannin Counties has been providing that care for more than 22 years with a staff of professionals with a great deal of expertise and experience.

For more information on discussing end-of-life care options, go to <http://old.capc.org/content/65/?topic=11> to see an article dated March 2001, entitled “A Physician’s Guide to Talking About End-of-Life Care” or call Home Hospice of Grayson, Cooke and Fannin Counties, (903) 868-9315; (903) 583-9320; (940) 665-9891.

**Home Hospice provides care for the body,
mind & spirit...**

Complimentary Therapies

now offered for our patients’ comfort

Massage offered by a trained and licensed massage therapist who serves as a volunteer.

Bed Top and Seated Yoga offered by our Personal Care Providers who are certified facilitators for these two wonderful, stress reducing and peace promoting techniques available for patients & caregivers.

Aroma Therapy offered by trained volunteers who are available to guide patients in this calming therapy.

Grief Support

Please make your patients and family members aware of these support groups that are offered free of charge to all who grieve. These groups are facilitated by licensed professionals and are part of our service to our community.

Grief Support and Guidance Seminars

are offered four times a year at both offices. This four part seminar is designed to provide both information and support valuable during the grief process.

Grieving Parents and Grandparents - this group is available in Sherman to provide support for those who have experienced the loss of a child of any age. 4th Thursdays at 6:30 p.m.

For Women Only - this group is available in Sherman to provide support to women who have experienced the loss of their spouse. 3rd Thursday at 9:30 a.m.

Compassion and Support - this group is available in both offices to provide support and information to those who have experienced any type of loss. In Sherman - 3rd Thursday at 6:30 p.m. & In Gainesville - 1st Monday at 6:00 p.m.

Caring Hearts - this luncheon group provides support to those caring for a loved one who is ill and to those who are bereaved. In Gainesville - last Wednesday at noon.

AREAS - Aids Resource, Education & Support - provides support to all whose life has been affected by HIV/AIDS. In Sherman - 2nd Wednesday at 6:30 p.m.



Home Hospice of Grayson,
Cooke & Fannin Counties
Golf Tournament
June 16th at Tanglewood
Come join us for a day of fun
for a great cause! \$100/golfer
or
Be a hole sponsor - \$150
Call John Bray 903-786-7088

Noncancer Diagnoses Continue to Rise

A report from the National Hospice and Palliative Care Organization (NHPCO) states that the number of terminally ill Americans choosing hospice as their end-of-life care option is rising, and along with that increase, the percentage of those hospice patients with diseases other than cancer is also increasing.

Nationally, more than 950,000 dying patients received hospice care in 2003, representing an increase of 22% over the number served in 2001. "Patients and families are becoming better advocates for their own health care, and the medical community increasingly is recognizing the value of hospice when dealing with a life-limiting illness," states Donald Schumacher, PsyD, NHPCO President and CEO. "It is gratifying to see more and more people understand what hospice providers have known for many years -- that compassionate, high quality care for the dying and their families is available."

According to the NHPCO, of all patients served by hospice on a national basis in 2003, more than half (51%) had noncancer diagnoses at admission. This trend is borne out by the numbers for Home Hospice of Grayson, Cooke & Fannin Counties admissions:

Cancer	49.67%
Cardiac Disorders	14.71%
Liver Disorders	12.54%
Alzheimer's & related disorders	10.32%
Lung Disorders	8.06%
Blood Disorders	3.36%
ALS & related disorders	1.28%

Even as the use of hospice care rises, it is also important that we recognize the need to understand the value of timely referrals in order that patient will receive full benefit from this valuable care option. If you are seeing an increase in the visits to your office for symptom relief or medication changes or an increase in trips to the ER, call our office to see if that patient is appropriate for Home Hospice care, 903-868-9315/940-665-9891.

Our Services to Medical Professionals

Home Hospice of Grayson, Cooke & Fannin Counties offers special services to members of the medical professional to ensure that your patients receive the very best end-of-life care available anywhere; your patients and their families fully understand the choices they have during advanced illness and end-of-life; and that your services during this time of your patient's life can be delivered with maximum ease for you, the medical professional.

To achieve those goals we offer:

Medical Director Oversight of Pain and Symptom Control If you wish, our Medical Directors are available to manage your patient's pain and symptom control issues, including the provision of necessary pharmaceuticals, while you remain the physician of record in charge of the patient's plan of care.

Hospice and Advanced Illness Options Consults and Evaluations Options and eligibility are often ill defined for patient's facing advanced illness or end-of-life. Our staff is trained and available to discuss these with you, the medical professional, or, if you prefer with family members, in order that the right choice for each of your patients is made. Our staff is also available for hospice evaluations for your patients at no charge.

Medical Professional Education Should you ever have a question about hospice care, options for patients with advanced illness, pain or symptom control, or grief, a member of our highly trained and very experienced staff would be happy to assist you in any way possible. Phone calls, visits or staff inservices for your office, can be arranged.

It is our goal to increase access to hospice care for those patients who qualify for it, and would benefit from it and desire it.



Home Hospice of Grayson, Cooke,
& Fannin Counties
P. O. Box 2306
Sherman, Texas 75091



Eligibility Criteria for Non-Cancer Hospice Diagnosis

Heart Disease - CHF

The patient has both 1 and 2, factors from #3 will add supporting documentation.

1. Patients must be optimally treated with diuretics and vasodilators. (Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs, eg., hypotension or renal disease.
2. Significant symptoms of recurrent congestive heart failure at rest, and is classified as New York Heart Association Class IV. (Class IV patients with heart disease have an inability to carry on any physical activity without discomfort. Symptoms of heart failure of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.) Significant congestive heart failure may be documented by an ejection fraction of 20%, but is not required if not already available.
3. Documentaion of the following factors will support eligibility for hospice care.
 - a. Treatment of resistant symptomatic supraventricular or ventricular arrhythmias
 - b. History of cardiac arrest or resuscitation
 - c. History of unexplained syncope
 - d. Brain embolism of cardiac origin
 - e. Concomitant HIV disease

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