

A Publication of Harbor Hospice

Touching Lives™

Holding Hands. Holding Hearts.

Yes, A Time for Hope

In This
Together

Sibling Rivalry
...or Revelry?

Finding Grace
and Peace

7 Ways to
Celebrate
A Life

HARBOR
HOSPICE



This was the inspiration for designing our Poppen Hospice Residence.



Focusing on comfort from the patient's point of view.



When a terminal illness keeps patients in bed much of the time, it changes how they experience life. Most patients prefer to be at home in their own beds, comforted by familiar surroundings. But if the medical condition is too complex — or a patient doesn't have someone able to care for them at home — Harbor Hospice offers all the comforts at our Poppen Hospice Residence. Here, our team of hospice professionals surrounds patients with expert medical, emotional and spiritual care. All in a beautiful, comfortable environment to help them feel right at home. Spacious, sun-drenched private rooms overlook woods and meadows easily seen from the patient's pillow. Plus, home-like amenities such as family rooms and kitchens welcome visitors to enhance the joy of life. To learn more about the Poppen Hospice Residence, call or visit our website.

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HARBOR
HOSPICE

Serving all, regardless of ability to pay

Welcome to *Touching Lives*



Dear Friend,

When you or a loved one has a serious or terminal illness, we understand you can feel overwhelmed. Harbor Hospice is here to provide expert care and support for you and your loved ones.

Through *Touching Lives*, we want to paint a more complete picture of all Harbor Hospice has to offer patients and families. We want you to know that access to Harbor Hospice's expert medical care as well as emotional and spiritual support is available to you, regardless of your financial situation or ability to pay. We also will help you navigate through this challenging time by connecting you with the right resources and bringing any medical equipment and medication right to your home. While we cannot alter the reality that our patients are in the final phase of life, we can assist them in *living* those months to their fullest by providing comfort and peace of mind.

Harbor Hospice is firmly committed to our mission of bringing empathy, expertise and excellence to end-of-life care. Contact us to see how we can help fulfill your wishes.

Warm regards,

Mary Anne Gorman
Executive Director



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Approaching Hospice as a Hopeful Alternative

There are many thoughts that come to mind when you hear the word “hospice.” Some may immediately think of the last few days of a loved one’s life or others may feel a deep sense of appreciation for the months their loved one spent receiving care and support at home. While we are honored when family members make comments such as, “how could we have ever done this without you” or “your help has been a blessing,” it’s almost disappointing when we hear, “I wish we would have known about hospice much sooner.”

“It is gratifying to hear families appreciate the end-of-life care that we provided to their loved one,” says Mary Anne Gorman, executive director, Harbor Hospice. “But, at the same time, it is sad that the patient, as well as their family members, didn’t know about the expert medical care and emotional and spiritual support we could have provided sooner.”

According to a recent study highlighted in the National Hospice and Palliative Care Organization’s Facts and Figures, patients who choose hospice care lived an average

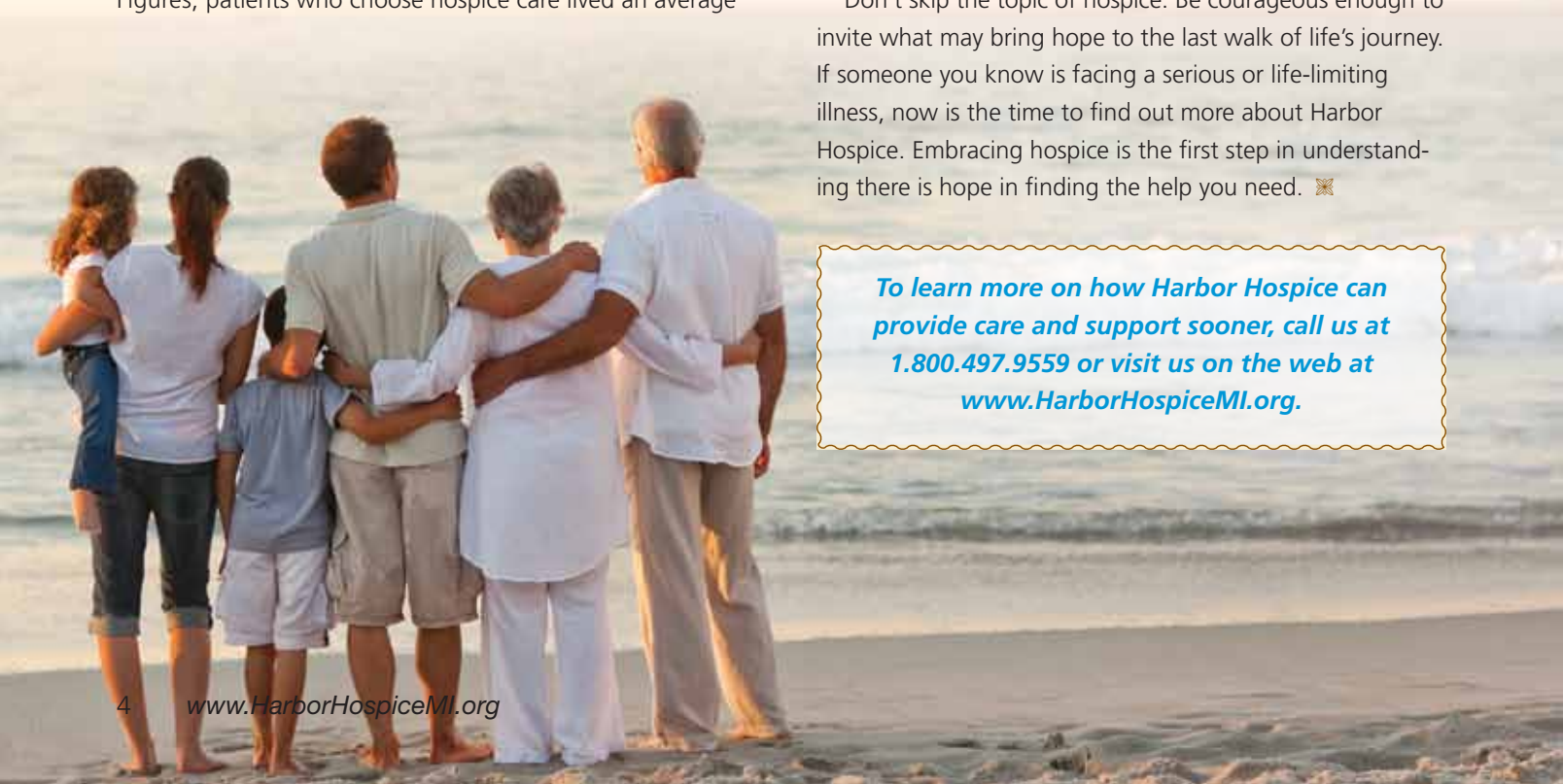
of one month longer than similar patients who did not choose hospice care. During this extra time, patients and families are redefining hope while spending quality time with each other.

The Harbor Hospice team of professionals offers care depending on the unique needs of each patient and family. We have physicians, nurses, home health aides, social workers, chaplains and volunteers who visit as often as needed to provide care. Nurses also are on-call around the clock to address crises that need immediate response.

Talking to someone about hospice may be difficult initially, but after learning the benefits hospice care brings to a patient and their family members that may be all you need to know. Not only can the quality of life improve for the patient, but hospice care also will remove the stress for the individual’s caregiver. The final months can be lived to the fullest knowing the patient is comfortable and has peace of mind.

Don’t skip the topic of hospice. Be courageous enough to invite what may bring hope to the last walk of life’s journey. If someone you know is facing a serious or life-limiting illness, now is the time to find out more about Harbor Hospice. Embracing hospice is the first step in understanding there is hope in finding the help you need. ✨

To learn more on how Harbor Hospice can provide care and support sooner, call us at 1.800.497.9559 or visit us on the web at www.HarborHospiceMI.org.





In This Together

Three ways hospices help not only patients, but their loved ones, too.

by Paula Spencer

Myth about hospice care abound: That it's just for the last days of life. (People with a prognosis of six months or less are eligible, though there is no time limit, and it is not unusual for a person's health to improve while in hospice care.) Or that it's expensive. (Hospice care is covered by Medicare and private insurance.) Or that signing up means "giving up." (It doesn't!).

Here's one more misconception that you may be surprised to learn is untrue: That hospice is just for the dying person. In fact, **hospice care is designed to support the entire family at the end of life.**

Hospice is a special concept of care designed to provide comfort and support to patients *and their families* when a life-limiting illness no longer responds to cure-oriented treatments, according to the Hospice Foundation of America. "And their families" is no casual choice of words.

Here are 3 ways hospice supports loved ones, too:

Hospice helps relieve overall stress.

Most Americans have limited experience with terminal illness. Coping with difficult medical decisions, fear and worry, and great sadness—usually while trying to continue some semblance of everyday life—can exhaust anyone. A hospice team tackles the situation with diverse resources, both on site and a phone call away. Net result: Sadness obviously remains, but the shared burden means stress levels plummet.

Studies link hospice care to better quality of life not only for the terminally ill, but for their families as well. A 2010 study of more than 700 cancer patients, for example, found that those whose loved ones died in intensive care units

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Sibling Rivalry...or Revelry?

How to set aside old habits and come together for a parent's care.

by Melanie Haiken

Coping with a parent's illness is hard enough. But in too many families, resentment, guilt, past problems, and hurt feelings among siblings amp up the stress level. "Every issue from the original family can come back into play," says Francine Russo, author of *They're My Parents Too: How Siblings Can Survive Their Parents' Aging without Driving Each Other Crazy*. "And as the parent's condition worsens, the feelings get more intense."

How to escape old rivalries in a crisis and come together for the common good?

If You're the Sibling Who Lives Nearby...

Understand that you all accept things at different paces

Someone who lives close to parents and sees them frequently may be more aware of their declining health. So when bad news arrives, it may come as a much bigger shock to more distant brothers and sisters. The opposite can also occur; a sibling who visits after an absence may pick up on a new symptom that you've grown used to without "seeing" it.

Talk about who wants to know what, and when

When a parent's health reaches a crisis or decision point, when do your siblings want to be called? Do they want to be included in consultations with doctors and social workers,

possibly by conference call? Or are they comfortable with you making the decisions and relaying information?

Some distant siblings may want to be informed every time there's a new test result or medication change, while others may find that level of involvement overwhelming. Respect their wishes—but first you have to know them.

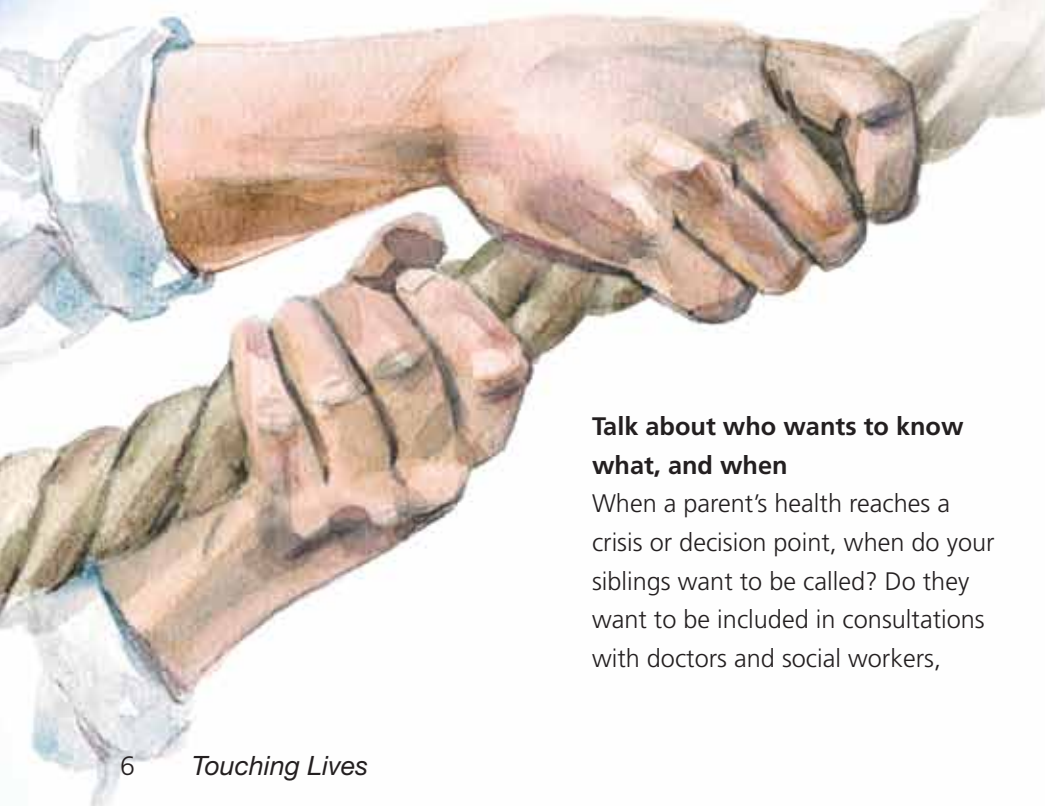
Consider bringing in a neutral party to aid decision-making

A family meeting or conference call with a social worker, geriatric care manager, or hospice coordinator helps everyone feel included. This objective third party can lay out the realities and suggest ways to work together.

"A professional who's experienced in family relations can keep any sibling issues that are coming up from overwhelming the discussion," Russo suggests.

Share the care (even when it's hard)

For some hands-on caregivers, it can be hard to step back and let others in. If you're feeling resistant, ask yourself why. Because you're worried others are less capable? Because you're seeking validation from a parent who's always withheld approval?



"It takes a lot of soul searching to examine your motivations, which may not even be conscious," Russo says. But if you can let go of past needs, you can better accept help in the present moment.

If You're the Sibling Who Lives Far Away...

Trust the messenger

Beware of "distrusting the messenger," the phenomenon where a healthcare professional delivers difficult news to the local sibling, who in turn communicates what she's been told—and is promptly dismissed. "Fear, combined with old family patterns, can lead us to have responses like 'Oh, she exaggerates,' or 'She's a drama queen,'" Russo says.

Unfortunately, responding with doubt or loads of skeptical questions puts the messenger on the defensive. So if you find yourself reacting this way, take a deep breath and remind yourself that your sibling is doing the best he or she can with a thankless job. If you feel you need to hear the news directly from the doctor, ask to do so. Otherwise treat the communicator with trust.

Don't take "I'm Fine" for an answer

"Most people have trouble saying they need help, so you may need to probe

harder than asking 'Are you okay?' or 'What can I do?'" Russo says.

A few ideas:

- Send small gifts, particularly those geared towards stress relief and self-care: A gift certificate for a massage, fresh fruit, a relaxing CD.
- Treat your sibling to a nice dinner when you're in town.
- Time your visits so that you can give your sibling a break away.
- Help pay for respite care or your parents other financial needs.

Let your sibling vent

An empathetic ear may be what your sibling needs most. "Just by being available to listen when your sibling tells you how awful her day

was, you're making an enormous contribution to her emotional health," Russo says.

But take care to avoid the pitfall known as "anger-guilt gridlock." It's natural to hear your sister's complaints as accusations and go straight to guilt. But that's not her goal. She just needs validation of her feelings. By setting aside your reaction, you can give that to her.

Focus on the ultimate goal:

Your parent's care

Stop tension in its tracks by reminding yourself that right now, the focus should be on your parent, not your own drama. Concentrate on your shared concern for your parent. That's good for everyone's well being. ✕

Experienced family caregiver Melanie Haiken writes about health and travel from Marin, CA.

take a deep breath and remind yourself that your sibling is doing the best he or she can

Yes, *A Time for Hope*

Why researchers say life's last chapter can be a time of optimism.

by Paula Spencer



In his mid-80s, Ned was diagnosed with a fast-growing brain tumor. Eventually, he and his oncologist decided no more treatments existed that could either cure his cancer or prolong his life. So he quit curative care and entered a hospice program.

Not a very auspicious beginning to a story about hope, is it?

Yet Ned, it turns out, was exceedingly forward-thinking, even though he knew he was nearing his end due to a fatal disease. He bought a camcorder to record stories for his grandchildren, to whom he wanted to pass on his knowledge. He also decided he wanted to leave a legacy of his trademark humor. So he began writing down all his jokes. By the 150th, his hands were too shaky to continue, so he dictated another 200. Then, noticing that musicians sometimes entertained at the hospice, he asked to perform a stand-up routine. Except Ned could no longer stand, so the audience came to him—doctors, nurses, aides, volunteers, and fellow patients gathered around his bed. Ned was a riot; the room filled with laughter.

"Now I know my jokes will live on," he smiled with satisfaction and optimism as he gripped the hand of a hospice counselor.

Hope helps all through life

"Dying is not an inherently hopeless state," says David Feldman, Ph.D., assistant professor of counseling psychology at California's Santa Clara University and the author of *The End of Life Handbook: A Compassionate Guide to Connecting with and Caring*

for a *Dying Loved One*. Yet too often, doctors and families fear that once the patient goes off a curative path, he or she will fall into a state of despair.

"There's no evidence to support this," Feldman says. "What happens is that people re-define hope. Hope is invested in different goals other than a cure."

"If all we hope for is to live longer, always, then at some point we will all become hopeless," says Ira Byock, MD, director of palliative medicine at Dartmouth-Hitchcock Medical Center and the author of *Dying Well*. "But I am sure it's possible for hope to shift, because I've seen it over and over in 30 years as a doctor."

These new hopes can take limitless forms because individuals' aspirations and goals are as unique as they are.

Here are some common themes:

- To reconcile with someone or make amends
- To have good pain control
- To experience something one always wanted to do
- To leave a legacy of some form
- To help others
- To take up a hobby
- To have dignity
- To do a favorite thing one last time
- To be out in nature
- To enjoy intimacy with loved ones
- To build a good relationship with God
- To pass on one's knowledge or expertise
- To distribute possessions meaningfully
- To carry out some hope from the past.

What, exactly, is hope?

Psychologists' definitions vary, but a standard one is this: Hope exists when three conditions are met:

- 1. Goals** – having something to hope for. Call 'em dreams, aspirations, desires. They can be big or small, and concern any arena of life.
- 2. Pathways** – having a plan or strategy that will get you to your goals. Not having any idea how to reach a goal would contribute to hopelessness, not hope.
- 3. Agency** – having the energy or motivation to go after your goal. Without an urge to make it happen, you can't feel hopeful.

Having goals, a pathway to make it happen, and the desire to follow through make people feel hopeful at any life stage. A large body of positive psychology research on healthy people links hopefulness to less depression and anxiety, stronger cardiovascular health, an ability to tolerate pain better, a greater sense that life has meaning and purpose, more contentment, and better coping with stress, adversity, and trauma.

Hope likely holds similar benefits for the terminally ill, Feldman, Byock, and others believe, although there's less data so far because this is a fairly new way of looking at the end-of-life mindset. Hopelessness—which is one of the hallmark symptoms of depression—has been linked with thoughts of suicide and assisted suicide in the terminal and elderly.

Interestingly, people in hospice seem to have more goals, and in more areas of life, than those who continue on a curative path, preliminary results from Feldman's own research have shown. This may even be a contributing factor to why studies show hospice patients live longer and report better quality of life than those who receive standard care.

What hope *isn't*.

"Hopeful thinking is not the same as wishful thinking or the so-called 'power of positive thinking,'" Feldman says.

Consider the long-married Harold and Helen. While Harold underwent treatment for bladder cancer, Helen refused to talk to him about anything negative—not his pain, not his nausea, not his hair falling out—for fear it would bring him down. Meanwhile, Harold felt unsupported because his partner wouldn't listen to him. Their relationship struggled at the very time they needed one another. "Helen's way of thinking wasn't positive thinking, it was denial," Feldman explains.

Denial denies and distorts reality. It says: "I will ignore reality to maintain a positive outlook." Hope builds on reality. It says, "I will face reality, admit the prognosis, and then ask, 'Now what?'"

How families can help.

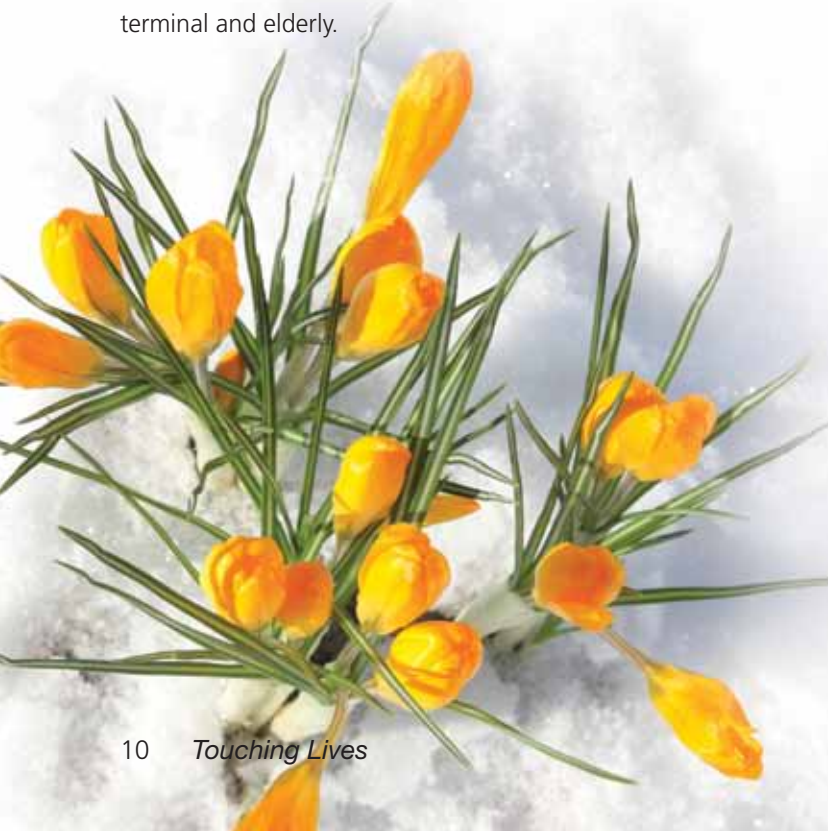
"The challenge at the end of life is not so much protecting or restoring hope as diversifying and redirecting hope," Mark J. Sullivan, MD, PhD, summarized in an influential 2003 *American Journal of Geriatric Psychiatry* article about hope and hopelessness at the end of life.

And that's where loved ones come in. What can you try?

First, make sure pain management is appropriate.

When someone is in pain, they can't focus on their desires and they certainly don't have energy to make them happen. In fact, Feldman calls pain one of the biggest roadblocks to hope. (The other is having your family be in denial about death.)

A cornerstone of hospice care is addressing pain so that the person is always comfortable and can have a better quality of life.



Ask leading questions.

Talk openly with your loved one. Ask, *what are your hopes right now? What's important to your life? What gives you a sense of meaning? What would you like to do in the time you have left? What would be left undone if you were to die sooner rather than later?* (See sidebar on this page, "Nothing Critical Left Unsaid.")



Be a cheerleader.

Sometimes the dying have doubts about what's possible or appropriate. Encourage that sense of motivation: "Sure you can do it; we'll help!" "You don't want to pressure the person into anything, just give gentle encouragement," advises Feldman.

Look for ways to make dreams and plans come true.

When someone expresses a desire, take it seriously. Try to find ways to build a pathway for it to happen. One 90-year-old yearned to drive a Ferrari before he died; his family and hospice coordinator worked with a local dealership to make it happen. (His oxygen tank sat in the passenger seat next to him!)

But know that many wishes are more basic and easy, if no less heartfelt. Perhaps your loved one wants to reconcile with an estranged sibling or child. Or meet with a clergy person one-on-one. Or take up birdwatching.

Or tell jokes.

Dave Feldman was the hospice counselor whose hand Ned, in the opening anecdote, clutched after his bedside comedy routine. "It was an amazing moment of immense hope," he says. "You could see it on his face."

And that, as they say, beats the alternative. ✂

Paula Spencer is the editor of *Touching Lives* and a senior editor of *Caring.com*. She specializes in writing about life stages.

Nothing Critical Left Unsaid

The refusal of family members to accept end of life is one of the biggest obstacles to hope for the dying, studies show. "A conspiracy of silence," Ira Byock, MD, calls it. The remedy: Talk about what's happening.

"I'm not sure we have to be happy about it, but we do have to acknowledge we're mortal," says Dr. Byock, professor at Dartmouth Medical School and author of *The Four Things That Matter Most*. When families avoid talking about impending death, he says, the inability to be truthful puts up an emotional wall that separates them from one another. "Everyone puts ever more effort into ignoring the obvious." He suggests a better way:

Stay attuned to ice breakers from the dying person that can be openings for frank, loving conversations. Some examples: "I wish it would be over." "I think the doctor is just trying to make money off me." "I hope I can live to see Julie's baby born."

Resist the common impulse to deflect such comments with a quick, "Oh don't talk like that!" Instead, try a response that sounds more like an invitation for sharing: "That sounds hard." "I'm so concerned and I'd love to hear how you're really feeling." "I hate to see you going through this." "I can't imagine how you're going through this."

Also use "I" statements to open up to other family members. Because you're talking about your own feelings—"I'm worried Bill's getting weaker"—this way of speaking is less threatening than saying, "Bill's sicker, we need to talk about his dying!"

FINDING

*The Touching Lives Interview:
Insights from spiritual adviser and
author Kathleen Dowling Singh*

What do those who haven't witnessed much of it misunderstand about the experience of dying?

Dying is often a radiant and grace-filled moment. It is a privilege to be present with it. Entering this mystery, and being able to stay present with it, calls forth our own courage and calls forth deep compassion and common humanity. We see the quieting, in another, of the striving and the grasping and the tension that characterize the majority of the moments of most of our lives. We see, finally, the ease and surrender that herald entrance into our essential nature, buried for most of us beneath layers of constructed identity.

Why are many people afraid of dying?

The most beneficial way to understand this question is to ask it to ourselves: *Why am I afraid of dying?* See what arises. For most of us, even the asking of the question stirs up deep feelings of attachment, of aversion, of uncertainty. If we ask the question and ponder the response with a willingness to be attentive to what arises, most of us will notice attachment to this sense of self,

attachment to this sense of body as "me," attachment to loved ones, attachment to this beautiful planet, attachment to what we know. Most of us will observe our own aversion to the unknown, aversion to physical pain, aversion to perceived loss.

It's an epic inner struggle to come to peace with a deep realization that we are mortal beings, that we have a shelf life. Most people avoid the questions and the struggle, which only makes our dying more filled with emotional anguish.

Describe what you call the "nearing death experience."

The nearing death experience can occur weeks, days or only moments before we enter the phase of active dying. It has powerful parallels with deep experience of spiritual realizations. It's characterized by qualities of relaxation, of withdrawal from worldly activities, of brightness or radiance, of a sense of attention drawn inward in a concentrated way, of silence, of the sacred, of transcendence of who we have believed ourselves to be and of all the places in our lives where we've been "stuck," of knowing rather than simply

Grace AND Peace

believing, of intensity, of merging, and of perfection.

These are qualities not ordinarily experienced by our separate sense of self. They are the qualities of grace. The very presence of these qualities suggests that their source is in our essential nature, far beyond the conceptual image of the self.

Whether death occurs slowly from a disease or quickly from an accident, these qualities seem to emerge. They're identical to the qualities necessary for deep spiritual insight and cultivated by spiritual practitioners from every tradition.

Dying is the most profound spiritual experience of a lifetime.

You talk about transforming death, in our perceptions, from a time of tragedy to a time of grace. What can families do to help foster such a shift?

Discriminate between the time of sickness and the time of dying. In the former, it's appropriate to help a loved one fight to stay alive, be present and supportive. In the latter, it's appropriate to help a loved one let go and face death, be present and supportive.

Also, do our own work. Honestly look at our own fear, attachment,

worries, and sadness, and, to the degree we are able, let go. May we approach each other at our deathbeds with less fear and preoccupation and with more clarity and compassion.

Affirm these things: "I love you." "I'm grateful you love me." "I forgive you." "Please forgive me." "You can go."

Give the gift of our attention. May we assure our loved ones of our presence, without clinging or control... just with love.

May we exercise true compassion and allow the dying person to turn inward. Let us help them unbind all that binds them to attachment to this body, this lifetime, this self.

Be present.

What else helps one more peacefully surrender the body and the ego at the end of life?

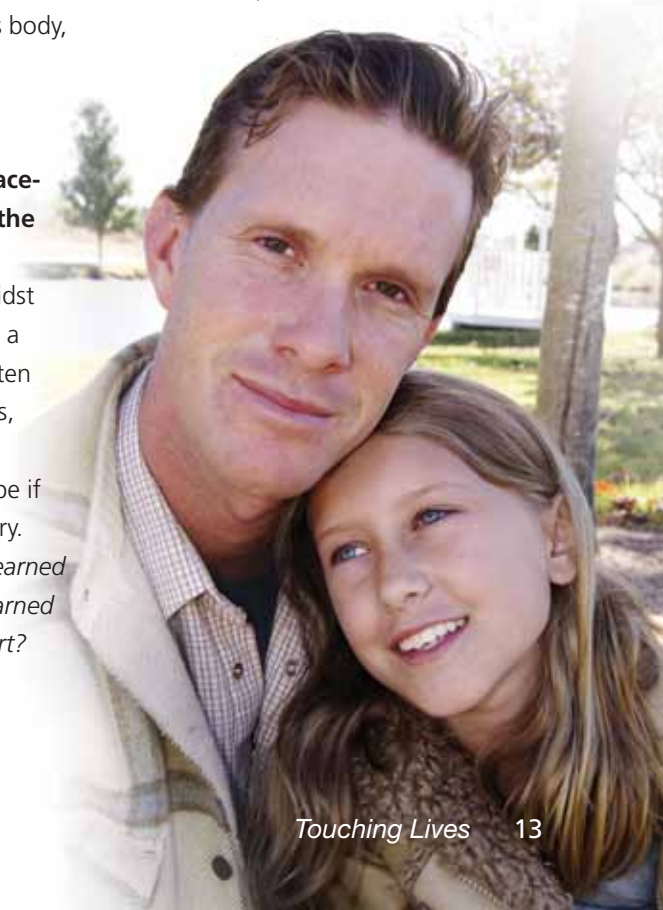
Prepare for death while in the midst of life, far before the moment of a terminal diagnosis. Just as we often inventory our worldly possessions, accounts, and advance directive wishes, how beneficial it would be if we conducted a spiritual inventory.

Sit and ask: *How well have I learned to love? How truthfully have I learned to live? How generous is my heart?*

How honest is my self-inquiry? What do I know of my own depths? How thorough is my forgiveness? How deep is my gratitude? How mindfully am I living each moment?

Investigate the "who" it is we think will die. Practice living a life only lightly dusted with form. Practice letting go. Letting go not only makes dying easier; it brings much more joy and ease to living. ✨

Spiritual adviser and former hospice worker Kathleen Dowling Singh, Ph.D., is the author of *The Grace In Dying: A Message of Hope, Comfort, and Spiritual Transformation*.





7 Ways to Celebrate a Life

by Marlene Prost

Peering into the past and examining the events that gave life meaning can be a surprisingly uplifting experience. Many families find that celebrating the life of a terminally ill loved one brings everyone closer. It can inspire candid talk and laughter. What's more, the process gives the ill person, who may be feeling vulnerable, a sense of control over his or her own legacy.

These seven loving ideas can help you all cherish old memories while creating new ones.

1 Create a memorial DVD

Thanks to video and digital technology, families can select photographs, slides, and action shots of their loved one and put them to favorite music on a DVD that the "star" can enjoy now.

Helping to plan the DVD gives a dying person a sense of control at a

time when they are losing control over many things, said Carol Weaver, director of enrichment at a hospice for the past 10 years. "They're leaving a living legacy for their children and grandchildren," she explains. "And it's something for family members to keep and cherish."

2 Record a life review

We all want to know that our life mattered. That's why the formal "life review" has become a popular process. Prompted by prepared questions, a dying loved one is encouraged to talk about life experiences, from early childhood on, while the family records the conversation.

"Just give suggestions, like when were you born? What was the favorite toy you played with? What are you afraid of?" Weaver says. "Not just facts and figures. Evoking emotions presents a more comprehensive view of their life."

3 Share a personal message

Sometimes it's awkward to tell even your most beloved relative or friend how you really feel. Another way: Make an audio or video recording of yourself sharing reminiscences and feelings. Weaver recalls a young woman whose taciturn grandfather wouldn't let her talk about her feelings for him. Putting them on tape, she told Weaver, allowed her the opportunity to have closure.

"Patients are reassured that their life had meaning, and that they are loved and respected," she adds—even those who are reluctant to hear it face-to-face.

Some of our happiest family memories are of everyday life: Going fishing, watching a child's music recital, playing ball.

4 Weave tangible memories
 Tributes can take non-media forms, too. For example, family and friends who live too far to visit can contribute to a quilt made up of fabric squares that capture memories and sentiments. Send everyone a square to embellish or decorate with ink, embroidery, or other mementoes. A T-shirt collector saw his favorites assembled into a blanket, which was passed on later to his son.

Another popular trend: Huggable memorial teddy bears made out of a loved one's clothing.

5 Record day-to-day living
 Some of our happiest family memories are of everyday life: Going fishing, watching a child's music recital, playing ball. One grandmother asked for a videotape of herself baking cookies with her granddaughter. Try turning on a camera set up on a tripod during dinner on a good day. Play back these relationship-building moments later, on not-so-good days.

6 Leave a work of art
 Few of us ever get to write that novel or record that hit song. But the creative process can take on urgency when time grows short. One 35-year-old hospice patient wrote a book for

his five-year-old son, explaining every step of his illness. Weaver says her hospice's bereavement department still uses the book.

Music was a big part of life for another 39-year-old father who was debilitated by strokes. With the help of his music therapist, he surprised his eight-year-old daughter with a song about a father putting his daughter to bed. The song ended with words she'd always say: "I love you all the way to God and back."

"This is a CD just for her, she'll have the rest of her life," Weaver says.

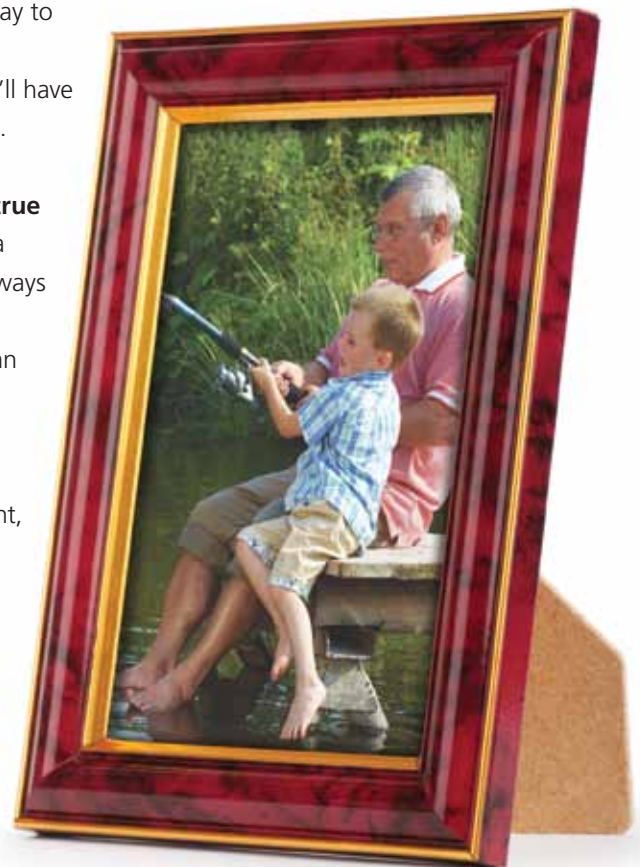
7 Make a wish list come true
 Many of us carry around a "bucket list" of things we've always wanted to do, or would love to do one more time. Often you can find ways to turn even unlikely wishes into realities, with a few modifications.

One 92-year-old hospice patient, a former flight instructor who once owned an airport, wanted to fly again—something he hadn't done in more than 40 years. His loved ones arranged for him to go up in a four-seat plane with a flying instructor, his daughter, and a nurse. In mid-flight,

he leaned over and said, "I haven't felt this young in a long time." He even took over the controls for 20 minutes.

You can bet those are 20 minutes both he and his daughter will cherish forever. ✖

Marlene Prost is a freelance writer who specializes in writing about health care issues.



(continued from page 5)

suffered more physical and emotional distress than those whose kin died with hospice services.

When Jennifer Wall Alamdari was 16, her 56-year-old mother was dying of cancer at home in Crutchfield, Kentucky. “My father and I were completely unequipped to take care of her,” she remembers. “It was such a relief to know that someone skilled was coming to take the weight off of us and that mom was being properly cared for.” Because her dad had another adult to talk to and consult with, Jennifer felt she gained some space “to be a kid again.”

She also learned ways to cope with impending loss. “Our hospice nurse showed me ways to be close to my mom and give her comfort: massaging her hands and feet with lotion, reading to her, buying her a new nightgown, making food that was easy for her to swallow (her throat was raw from the radiation),” she says. “Hospice helped us find ways to be there for her and ourselves.”

Hospice helps with hands-on guidance.

When Alicia Garate-Golembiewski’s mother was dying at her San Francisco home of mesothelioma, a rare form of cancer caused by asbestos exposure, she liked her hospice caregivers so well she called them her “angels.” For Alicia, these angels were teachers as well.

That’s because in addition to providing hands-on care like bathing, changing sheets, and medication dispensing, hospice workers also show curious families how to manage common situations when they can’t be present.

“When I would try to lift my mom to take a shower, she’d cringe,” Alicia says. “The nurse would show us how: ‘Put your arm like this, let her move with you, move the sheets this way.’ I loved that they took the time to show us all those little things. And I could



Hospice care is designed to support the entire family at the end of life.

call any time with questions—they truly were angels.”

Hospice helps with grief support, both now and later.

Grieving doesn’t begin at a loved one’s death. “Grief started the day Steve was diagnosed,” says Tyra Damm of Frisco, Texas. Her 39-year-old husband of 15 years eventually died of a brain tumor they soon referred to as the “Damm spot.”

The emotional pain of losing a loved one, felt before death, is called *anticipatory grief*. A 2001 study in *The Gerontologist* called anticipatory grief equivalent in intensity and breadth to the response to death. It’s real grief—and not surprisingly, it’s very common among those who care for the terminally ill.

Beginning while Steve was in hospice care and for 11 months after he died, hospice grief counselors met with Tyra and her two children, Cooper, then 8, and Katie, 4. The children’s therapy included music and artwork—“things they could control, when they couldn’t control everything else going on,” Tyra says. “They helped me work through things like Steve’s first birthday without him and what was normal for grieving kids when I wondered about how to discipline,” she says.

“I was surprised to get grief help for both me and the kids even before Steve died,” Tyra adds. “We all needed it.” ✨

Paula Spencer is a writer based in San Francisco and Chapel Hill, North Carolina. When each of her parents used hospice services, she gratefully experienced the hospice care described in this article.

Caring for You in Your Home or Ours

Lives are enriched as families open themselves to the 'hospice' experience. Hospice, a philosophy of care that surrounds the patient and family, provides support (medical, emotional, social and spiritual) services to help see them through the end-of-life journey.

Hospice care is available to anyone who has received a terminal diagnosis and life is measured in months—not years. Care is typically provided in the home, but that may be different for each patient. Home could be a private residence, an assisted living facility, a nursing home, or even a summer cottage on a beautiful West Michigan lake. If the goal is to remain at home, Harbor Hospice staff will do everything possible to help make that happen.

There may be times, though, when medical needs become too complex to remain at home or a caregiver becomes unable to provide the care needed. This was the scenario facing Mike and Donna.

After 50 years of marriage, Donna lovingly cared for Mike at home. The children helped as much as possible, but soon they saw how exhausted their mother was getting, even with the in-home assistance of Harbor Hospice.

"Mom, it's time for dad to go to the Harbor Hospice Poppen Residence. He needs more care than you are able to give him here at home and you need more rest," said their daughter.

Over time, Donna looked back on this decision as one of the very best she and her family made. Mike's stay at the

Poppen Residence gave Donna time to regain her personal strength, which had been rapidly diminishing. Also, she was able to spend quality time reminiscing with Mike instead of

making sure all of his needs were being met. If any family member wanted to stay with Mike at the Poppen Residence, they could spend a comfortable night on the sleeper sofa



in his room. Their large family visited "Papa" often and was comfortable in his spacious, private room. If a break was needed, the nearby family room equipped with TV, DVD player and snacks provided a diversion as did our reflection room and beautiful wooded landscaped lot.

The most important thing that happened during Mike's stay at the Poppen Residence was that the family focused on living again. Donna stopped being Mike's caregiver and became his wife again. The staff at Poppen Residence took care of Mike's physical and nursing needs. For Mike, this allowed him to live and love his final days with Donna.

Love, kindness and compassion. That is what Harbor Hospice and the Poppen Residence is all about. ❄

For more information contact us at 1.800.497.9559 or visit our website www.HarborHospiceMI.org.

Five Reasons to Call Hospice

Navigating the health care system is a daunting task for anyone, but for individuals with life limiting and complex illnesses it can be especially challenging. For almost three decades, Harbor Hospice has walked with patients on their end-of-life journey. We have established relationships with physicians, nursing homes, and health care professionals and have the expertise and experience to connect our patients with all the critical resources that they and their loved ones will need.

Our patients and their families tell us that getting the hospice care team in place early on helps relieve the stress of dealing with many unknowns. Here are five of the many benefits of earlier referral and admission to hospice.

Medication Management

Our nurses, who are certified in hospice and palliative care, are skilled in helping patients adjust their medication to obtain the best effect. They take time to listen to patients' concerns and answer their questions. Our patients set their own goals. Their preferences are important to us to ensure the right balance of medication and patient comfort.

Quality of Life

We encourage patients to conserve their energy for the things that matter most to them. By providing practical tips and resources on topics such as nutritional support, health care equipment and home oxygen, Harbor Hospice can have a very positive effect on conserving patients' energy for the things they want to do.

Patient Safety and Security

The Harbor Hospice team helps patients and families deal with the challenges near life's end, including diminished mobility and strength. They also anticipate when additional care is needed to keep the patient safe and make care at home possible. The practical assistance offered by having a walker, wheelchair, shower chair or electronic bed available is invaluable.



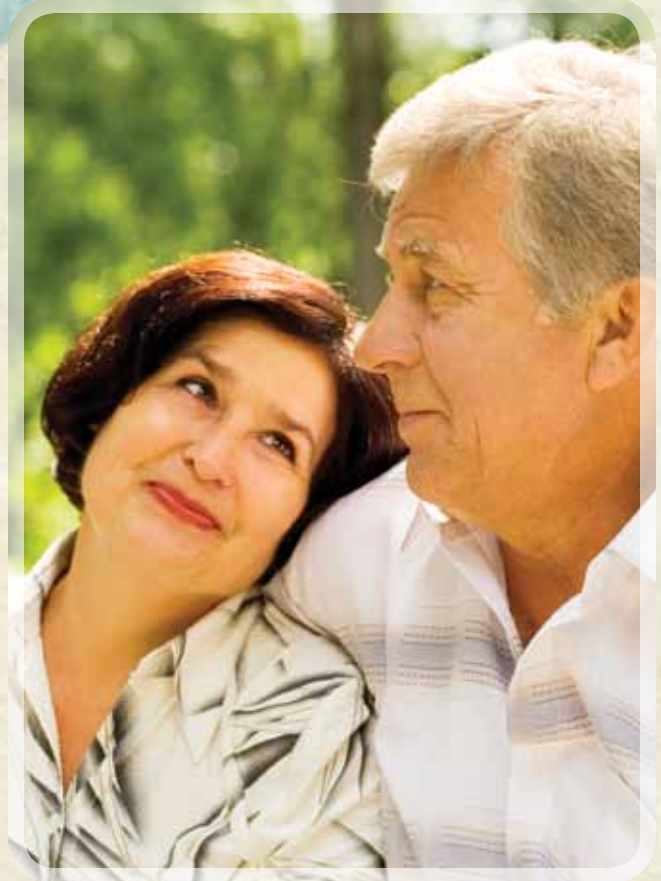
After-hours Emergency Response and Crisis Management

Because Harbor Hospice shares our patients' goals to stay at home and avoid unnecessary trips to the Emergency Room or unwanted hospitalizations, a hospice physician and RN are on call to address after-hours emergencies. Many crises can be resolved by phone, but our staff does not hesitate to make home visits in the evening, on weekends or holidays. In some instances, additional care or treatment that can only be provided in an inpatient setting will be needed and the hospice team will coordinate the transitions for that care in our Poppen Hospice Residence.

Sooner

Financial Benefits for Patients and Families

Financial relief to the patient and family is another benefit for involving Harbor Hospice sooner. Since 1985, Harbor Hospice has been certified by Medicare to manage the care and comfort of patients who elect the hospice benefit. We have a long history of managing the cost of care for our patients while exceeding their expectations for service and support. Due to the comprehensive nature of the hospice benefit, services that would otherwise be subject to co-pays or proof of medical necessity are offered as part of the whole package at no additional cost to the patient. The level and intensity of the service is determined with the patient by the clinical hospice team ensuring patients' individual care needs and preferences are met.



Harbor Hospice provides care to all *regardless of ability to pay*. As a community-based, non-profit organization, Harbor Hospice has a strong commitment and special responsibility to serve all in need of hospice care. The hospice staff will respectfully and carefully explain the financial requirements for hospice care and always end with the question "how can we help?". We do not want anyone to delay coming into Harbor Hospice care because of financial worries.

As the wife of one patient wrote recently "To a person, the generosity of your time and caring was unsurpassed and made our gift of (my husband's) dying at home possible. It was his last wish and we will be forever indebted to you for helping us make that happen."

We understand that navigating through the health care system can be challenging, especially during stressful times. Let us help you take some of the stress away by contacting Harbor Hospice at 1.800.497.9559 or visit our website at www.HarborHospiceMI.org.

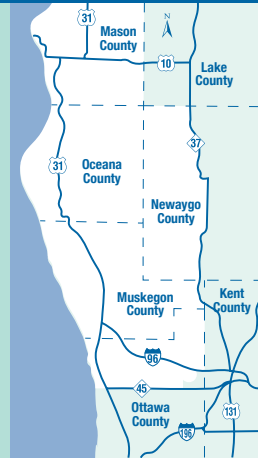


Harbor Hospice brings expert end-of-life care home. Wherever that may be.



We're nearby to respond right away.

About 70% of people say they wish to take their last breath in their own homes.* That's a big reason Harbor Hospice brings expert medical, emotional and spiritual care to wherever a patient lives — whether a private residence, nursing home or assisted living facility. Our specially trained physicians, registered nurses, social workers, certified nursing assistants and volunteers live and work in this community, too. So we're nearby to respond promptly to the needs of patients and families, helping to keep their final months filled with comfort and dignity. In fact, the sooner families invite Harbor Hospice in for assistance, the more we can do to provide support and enhance quality of life. Have questions about what Harbor Hospice can do for you? Call our location nearest you for answers, or to get a same-day patient evaluation or admission.



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Mason • 231-845-5060

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