



Benton
Hospice
Service

HOSPICE SUPPORTS A GOOD DEATH

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By Peg Elliott Mayo

When Earl Spees, a Benton Hospice Service patient dying of metastasized kidney cancer, was asked about the hereafter, the visitor was treated to a joke. Spees said, "Oh my, yes. When I go to the shop, sometimes I just stand there and say, 'Now what did I come here after?'"

The hospital bed in front of the picture window looked out on blooming begonias, a well-tended yard and a collection of whimsical garden art under the fir trees. The clinical details and equipment for managing a terminal illness were not much in evidence. The small Eden was a happy place to end a life and spend the last days of a marriage of 53 years.

Asked to be serious for a moment if possible, the old man twinkled his eyes, waiting for a straight line. It came in the form of, "What advice do you have for your grandchildren?"

He was thoughtful a moment before replying. "Be honest. That's what's really important." Heads nodded around the room, testifying to that value in his life. Questioned further about how he felt about what was coming, Earl said, speaking for all humanity, "I'm not scared and I hope it is painless."

Hospice nurses—in Earl's case Doug Hare—visit frequently to evaluate a patient's ebbing life. Symptom control is always a concern since comfort and calm are central objectives. The patient and family receive comprehensive information about what to expect and full options on treatment. Because it is only relatively recently that people are choosing to die at home rather than in hospitals, education about the process is vital.

Knowledge counteracts the panic associated with the hollow feelings of not knowing what to do or look for in this profound and natural process. With compassionately directed comfort care, the chances of a peaceful death are immensely enhanced.

Wilma, Earl's wife, was a little baffled at the idea that it could be otherwise. "Why, I can't imagine anything else. With the help of hospice, even though it was hard, we managed. They gave 100%. They even did follow up after he died. Of course I still miss him, but I was never all on my own. It isn't easy letting go of 53 years, but he made me laugh a lot. I don't know how we could have managed without those good people. Doug is such a wonderful comfort and so are the others."

A vital point must be emphasized: *the earlier Hospice is involved—several months, when possible—the more services can be offered to improve the quality of this*

important last stage of life. The patient and family are relieved of anxiety, and this precious time may be spent on loving interactions, practical matters and, in some cases, refreshed spiritual experience.

People are alive until they die: hospice care allows transition with grace. Hospice provides a whole array of professional services according to patient and family needs: nursing services, of course, but also psychosocial support, counseling, massage, spiritual care, many additional therapies, and much more. And hospice staff is on-call 24 hours a day for support and emergency care.

While Medicare or other insurance covers most costs, no patient is turned away from BHS for lack of financial means. The patient must choose comfort (rather than curative) treatment, and be referred by his/her physician. The patient and family must have a realistic plan for the last weeks or months of life—something hospice can assist in creating.

Hospice serves all ages and terminal diagnoses. The constant encouragement is to *call early*, and prepare for the inevitable passage of death in a wholesome, nourishing way, supported by compassionate professionals who will, in the words of one, 'bring order out of chaos.' To be fully alive in "the light of death" is a healing, instructive way to complete the life cycle.

As for Earl, his life ended quietly in the presence of those who loved him, leaving both sadness and good memories behind.