



WITH YOU ALL THE WAY: A DAY IN THE LIFE OF A HOSPICE NURSE

Caring Times, Spring 2009

by Susan Shumway

Curtis Murphy, BHS nurse, radiates the kind of warmth that lets you know that hugs are welcome. He looks far too young to be a devoted husband and father, full-time nurse and chair of the BHS Quality Assessment and Performance Improvement Committee. However, he is all that plus pain-reliever, stress-reducer, friend, and counselor as well. And that is what he does not over a lifetime, but every single working day.

Curtis was drawn to hospice work from the beginning of his career five years ago when he realized the value of treating a patient in their own environment. "You get to see who they really are," he says. "I am not just treating the patient but the family, and that's what I love."

A typical day for Curtis starts with sharing breakfast with his wife, Heather, and three young sons. A baby girl will be joining this busy family soon. These early morning hours spent with family help him maintain a healthy balance at work and contribute to the affection that he brings to all his patients.

Once Curtis arrives at the hospice office, he checks his messages for situations requiring immediate response. If nothing is urgent, he begins his visits to patients. A hospice nurse is generally the case manager for about a dozen patients, seeing three to four a day. Each patient has a schedule that fits their needs at the moment so Curtis sees some of them three times a week and others only once or twice. "As a patient approaches death, I prefer to see them every day," he remarks, "but not everyone wants that. It's not about me, it's about them."

Being able to adapt to each patient's individual needs is part of his job. "I usually try to talk to the patient," he says, "but I've learned that sometimes they just want conversation going on around them. So I might talk to the caregiver about her family, my family, or daily events; and the patient is happy just having people there."

A visit with a new patient often takes longer than the ones that follow. "You've heard the saying that nobody cares how much you know until they know how much you care?" Curtis asks. "Unless there is an immediate medical problem, I spend my time with a new patient and family members by getting to know them and allowing them to begin to know and trust me. Later, when their condition begins to change, they will know they can relax with the confidence that I will do whatever is needed."

Curtis is male in a world of predominantly female nurses, but Curtis hasn't had much problem with this issue. One family member commented: "We were skeptical about my mother's acceptance of a male nurse but my mother enjoyed his visits. We all loved his demeanor and how he treated her."

Today, Curtis begins with a visit to a patient he has seen many times. From her delighted smile when he enters the room, it is easy to see that he dispenses more than just pain medication. Instead of blood pressure medicine, he offers a hug and several minutes of easy conversation before beginning medical evaluations. As in all his visits, Curtis assesses pain levels, bowel problems, and heart and lung function. Curtis notes that the patient is sleepy this morning and not communicating well. After checking her vital signs, he visits with residence staff to get their input. As always, he listens carefully for family or staff concerns that might need to be referred to other hospice professionals.

In general, Curtis feels, an informed patient is a happier patient. "I like to talk about what the disease process is. I don't try to explain what's going to happen three months down the road – sometimes that's too much information. I might say something like, 'Oh, your appetite is down. Well, this is why you might not be hungry.' And also, 'This is what you might see next.'"

One of the big issues hospice nurses confront is a patient's fear of dying. Curtis tells about one man who initially felt secure about heaven and his own spiritual well-being. As death drew near, however, he confessed feeling fear about the actual moment of death. "Imagine being blindfolded," the patient said, "and told to walk to some staircase. You believe the stairs are there but those first few seconds of freefall is still scary until you touch that first step. Right now I'm at the staircase and I'm blindfolded."

"I don't think we can escape fear all the time," Curtis says. "I don't even know if that would be healthy. As a hospice nurse, it's like I come in halfway through a movie. I don't know what the first ten acts have been, but I am here for the last act. My job is to support each person where and when they will let me. I always tell my patients that they don't have to do this alone. A hospice nurse will be there any time they need someone."

Most visits take an hour. Some take longer. By the time Curtis heads back to the hospice office, it is already getting late. Once there, he will check in with other staff members if he has seen that a family could use spiritual counseling, the help of a social worker, a visit from a volunteer, or any other hospice service. He calls or faxes doctors with updates on each patient's condition or requests for changes in medication. Finally, he electronically enters detailed notes about each patient in his daily charting.

Curtis also knows how important it is to take care of his own health by keeping to an eight hour work schedule as much as possible. At the end of the day, he looks forward to returning home to Brownsville and family. "My philosophy is to live life, do the things you want to do, and keep family close," he says, "because, in the end, it's family and friends who matter."

And whether it's the end of a day or the end of a life, it's good to know that people like Curtis Murphy will walk that road with you.