

Hospice Makes Life Meaningful

“You matter because you are. You matter to the last moment of your life and we do all we can, not only to help you die peacefully, but also to live until you die.”

—Dame Cicely Saunders, M.D.

Founder of hospice

The hospice philosophy

Hospice is not a place, but a concept that focuses on caring for patients, not curing their illness. It is the model for quality, compassionate care for people facing life-limiting illnesses and their families.

Hospice involves a team-oriented approach that includes expert medical care, pain management, and emotional and spiritual support specifically tailored to the patients’ needs and wishes. At the center of hospice and end-of-life care is the belief that everyone has the right to die pain-free and with dignity, and that families will receive the necessary support to allow them to do so.

The history of hospice

Both “hospice” and “hospitality” stem from the Latin word “hospitium,” which means guesthouse. In medieval times, it was a place of shelter for weary and sick travelers returning from religious pilgrimages.

The name was first applied to specialized care for dying patients in the 1967 by Dame Cicely Saunders, M.D., who founded the first modern hospice—St. Christopher’s Hospice in a residential suburb of London. St. Christopher’s organized a team approach to professional caregiving. It was the first program to use modern pain-management techniques to compassionately care for the dying.

Dr. Saunders introduced the idea of specialized care for the dying to the United States during a visit to Yale University. Her lecture, presented to medical students, nurses, social workers and chaplains, demonstrated the dramatic differences before and after care using medication and other techniques to control symptoms.

The collaboration between Dr. Saunders and Yale University, as well as the 1969 publication of Elizabeth Kubler-Ross’ book, *On Death and Dying*, were instrumental in bringing hospice to the United States. The first hospice in the country was established in 1974 in New Haven, Conn.

How does hospice care work?

Typically, hospice care is provided in patients’ homes, with one or more family members serving as the primary caregivers. Care also can be provided in hospice centers, hospitals, nursing homes and other long-term care facilities. Members of the hospice staff make regular visits to assess patients and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

Together with the family, the hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. The team usually consists of:

- Clergy or other counselors
- Home health aides
- Hospice physician
- Nurses
- Patient's personal physician
- Social workers
- Speech, physical and occupational therapists, if needed
- Trained volunteers

What services are provided?

Individual care plans are developed for each hospice patient. Hospice services include:

- Coaching the family on how to care for the patient
- Delivering special services, like speech and physical therapy, when needed
- Helping patients with the emotional, psychosocial and spiritual aspects of dying
- Making short-term inpatient care available when pain or symptoms become too difficult to manage at home
- Managing pain and pain symptoms
- Offering volunteers or inpatient services to care for the patient when the caregiver needs respite time
- Providing bereavement care and counseling to surviving family and friends
- Providing needed drugs, medical supplies and equipment

Facing death and making illness and loss a time of sharing and remembrance is difficult. The hospice experience may not be for everyone. But those who choose hospice find caring for a loved one and the richness of sharing memories of youth, trials and joys a rewarding experience.