HOPE IN HOSPICE: RIDING THE WAVES

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What does this have to do with hope?

- Research shows that the #2 reason that physicians don’t discuss end-of-life care with their patients when appropriate is a belief that it will destroy their hope.

(Curtis, Patrick, Caldwell, & Collier, 2000; Johnson & Slaninka, 1999)
Too many people believe that…

• Hospice is a place where patients lose all hope.
• Patients should never enter hospice because they’ll wind up feeling hopeless and depressed.
• These popular myths can add to the stress of the hospice care team.
WHAT IS HOPE?
Two Common Misconceptions

- Cure
- A warm, squishy feeling that we cling to when we don’t know what else to do.

(Buckley & Herth, 2004)
“When all else fails, at least we still have our hope.”

“Hope springs eternal.”

“Cross your fingers and hope for the best.”
A Definition of Hope

Goals
Pathways
Agency

(Snyder et al., 1991)
The Benefits of Hope

• Depression, anxiety, & meaning in life
• Accomplishment of goals
• Coping with cancer
• Health-promoting behavior
• Tolerance of pain and discomfort
• Growth from trauma

(Curry, Snyder, Cook, Ruby, & Rehm, 1997; Feldman, Rand, & Wrobleski, 2009; Feldman & Sills, 2013; Feldman & Snyder, 2005; Tennen & Affleck, 1999)
Goal

Agency  Pathways  Goals

(Snyder, 2002)
Goal
Cure
Cure
RESTARTING & REDEFINING HOPE AT THE END-OF-LIFE
Redefining Hope, Riding the Waves

“Hopelessness is not the absence of hope, but an attachment to a form of hope that is lost. If we are tied to a hope for survival that is ‘sinking into the deep blue sea,’ we will be unable to see the other forms of hope floating before us.”

(Sullivan, 2003)
Redefining Hope...

• “Hope” doesn’t have to mean hope for a cure.

• Hope can be for:
  ▪ Making amends with an estranged loved one.
  ▪ Experiencing something one last time.
  ▪ Getting practical affairs in order.
  ▪ Having good pain control.
  ▪ Improving one’s relationship with God.
  ▪ And countless other things...
What can we do for our patients?

- Don’t assume that it is unhealthy for patients to have “cure” as a goal. Seemingly “false” hope is still hope.
- Allow patients to evolve their hope on their own, with you as gentle guide.
- When appropriate, help patients connect with their spirituality as a source of hope in a variety of ways.
- Talk with patients about their goals for life, not just their goals of care.
  - Refocus patients on the goals they were working on before they got sick.
  - Help patients to develop new goals (even simple ones).
  - Work in practical ways to help make these possible (“Be the pathway”).
What can we do for ourselves?

• Be open to the possibility that our interactions with patients can mutually energize hope.
• Don’t be afraid to hope, yourself.
• Be aware of where your hope falters—goals, agency, or pathways. How can this understanding help you to strengthen your hope?
• Remind yourself what’s truly meaningful about the work you do—it’s easy to lose sight of this in the day-to-day hustle and bustle.
• Set and nurture meaningful goals outside of work.
Hope is the thing with feathers
That perches in the soul,
And sings the tune--without the words,
And never stops at all,

And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.

I’ve heard it in the chillest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

- Emily Dickinson
THANK YOU!
Resources


