



California Hospice Foundation



CHOICES

Empowering People

Winter 2012

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Happy New Year!

Dear Friends of Hospice:

Happy New Year! It is with great honor that I assume the role of Chair of the Board of Trustees for the California Hospice Foundation.

First and foremost I want to thank you, our hospice friends and foundation supporters. Without you we could not continue the mission of the California Hospice Foundation (CHF) which is to support quality hospice and palliative care through providing education to individuals and the communities who care for them.



*Martin McDonough, PharmD, GCP, DAAPM
Chair, California Hospice Foundation
CEO, Outcome Resources*

Many great leaders have served before me in this position, and I particularly want to recognize Susan Plummer, PhD, MFT, MSW, and Sally Adelus, RN, SRN, DN, for their years of dedicated service and great leadership to our organization. As they end their service with us we wish them well in their future endeavors, and know their influence will be greatly missed.

As we embark on a new year, the Board's focus will be increasing our outreach to educate the public. Part of this process will include expanding our board leadership to include corporate, non-profit and private sector leaders not directly related to

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If you or anyone you know has a need for Hospice Information and Referral services please call the California Hospice Foundation's toll free number: 888-252-1010

CONTACT

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Happy New Year!

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healthcare. We feel their influence will help us branch out to offer new educational opportunities to new communities and focus groups. At the same time, we will continue our partnerships with Veterans' organizations, cultural and religious groups to better understand and respect their special needs, beliefs, history and traditions.

Great goals and ambitions can only be achieved with strong partnerships, and we need your continued support and belief in what we do to achieve tremendous results. We truly appreciate your past support and look forward to a long partnership in the future.



Martin McDonough, PharmD, CGP, DAAPM
Chair, California Hospice Foundation
CEO, Outcome Resources

Don't Wait to Talk About the Care You Would Want

Unfortunately, the following situation is one that's far too common and happens every day all across the country. A family is gathered by the bedside of a loved one who has been seriously ill, and now is likely near the end of life. Each member of the family has a different idea of what should be done and what their loved one would have wanted. Throughout the course of the illness, the family never discussed what the care priorities should be in the final months and weeks of life.

Even in the final days of life, these important decisions go unaddressed. This can leave a dark shadow over the death of a loved one that can linger long in the memory of family and dear friends. No one wants to think they might have done more after a person is already gone.

"Hospice and palliative care professionals see such challenging situations every day," said J. Donald Schumacher, president and CEO of the National Hospice and Palliative Care Organization. "It's difficult to know that more could have been done."

One recommendation offered by these professionals who care for the dying would be to learn more about hospice and palliative care long before you or your loved one might need it.

"Don't wait until you are in the midst of a healthcare crisis. After 30 years in hospice, one of the most frequent comments I've heard from families is 'why didn't we get hospice sooner,'" Schumacher said.

When a family is coping with a serious illness and a cure is no longer possible, hospice provides the type of care most people say they want at the end of life: comfort and dignity.

Considered to be the model for high-quality, compassionate care for people with a life-limiting illness, hospice care includes expert medical care, pain management, and emotional and spiritual support. Care is provided by an interdisciplinary team of professionals and trained volunteers. The wishes of the patient and family are always at the center of care.

Palliative care brings the same interdisciplinary team care to a patient earlier in the course of an illness and can be provided along with other treatments that may still be underway. Hospices are the largest providers of palliative care services and can help answer questions about what might be most appropriate for a person. Many hospitals also have palliative care teams available to provide services.

Most hospice care is provided in the home – where the majority of Americans have said they would want to be if facing a life-limiting illness. Hospice care is also provided in nursing homes, assisted living facilities, and hospice centers.

The National Hospice and Palliative Care Organization reports that more than 1.5 million people received care from hospice every year.

Hospice providers can help with information about care options and choices and ensure you live as fully as possible throughout your entire life. They will make sure your loved ones receive support as well.

Schumacher offered some final advice, "One of the best ways to make sure you and your loved ones benefit fully from hospice and palliative care is to talk about it before it becomes an issue."

Resources:

California Hospice Foundation
3841 North Freeway Blvd., Ste. 225
Sacramento, CA 95834
888-252-1010
info@calhospice.org
<http://cahospicefoundation.com>

Caring Connections
HelpLine: 800-658-8898
Multilingual Line: 877-658-8896
caringinfo@nhpco.org
<http://www.caringinfo.org>

Coalition for Compassionate Care
1331 Garden Highway, Suite 100
Sacramento, CA 95833
916-489-2222
<http://www.capolst.org/>

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How Can Palliative Care Help?

As a friend of the California Hospice Foundation, you are familiar with hospice care. But there is an important medical term that you may not have heard of: **Palliative Care** (pronounced PAH-LEE-UH-TIVE). “Palliate” means to make comfortable by treating a person’s symptoms resulting from a serious illness. Hospice is one form of palliative care that many Americans have heard of.

Both hospice and palliative care focus on helping a person be comfortable by addressing issues causing physical or emotional pain, or suffering. Hospice and other palliative care providers have teams of people working together to provide care. The goals of palliative care are to improve the quality of a seriously ill person’s life and to support that person and their family during and after treatment.

For more than thirty years, hospice programs have been caring for people at the end of life. Hospice serves more than 1.5 million patients and their family caregivers each year. Hospices are the largest providers of palliative care services in the county. However, this very same approach to care is being used by other healthcare providers, including teams in hospitals, nursing facilities and home health agencies, in combination with other medical treatments, to help people who are seriously ill.

Hospice focuses on relieving symptoms and supporting patients with a life expectancy of months not years, and their families. Palliative care may be given at any time during a person’s illness, from diagnosis on.

Under hospice care, a patient focuses on comfort care and quality of life. Under palliative care, a patient may continue with other treatments being provided by his or her doctor.

Caring Connections, a program of the National Hospice and Palliative Care Organization has prepared a list of questions and answers about the difference between hospice and palliative care that are available online: <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3355>.

Information for this issue of CHOICES was provided by the National Hospice and Palliative Care Organization.