

Caregiver Assistance News

“CARING FOR YOU... CARING FOR OTHERS”

Hospice Care and Crushing Grief

To qualify for hospice, the person must be certified as terminally ill by his doctor and the hospice medical director. “Terminally ill” means having a life expectancy of six months or less if the disease runs its normal course.

Hospice care is offered for two periods of 90 days, followed by an unlimited number of 60-day periods, as long as the physician recertifies that the patient is still terminal. A patient may leave hospice care if his condition improves, and reenter if it worsens.

Principles of Hospice Care

Hospice recognizes the importance of including the ill person, family, and other loved ones in the care plan.

Hospice services provide expert, compassionate care and make it possible for a dying person to remain at home. The earlier hospice care begins, the more it can help loved ones enjoy the best quality of life as a family unit.

Sometimes a doctor and hospice program don't agree on who should get hospice care, especially when a patient does not have a clearly defined illness or “terminal condition.” If this happens, ask the doctor to explain why she believes the person is eligible and why the hospice does not. Or, try another hospice.

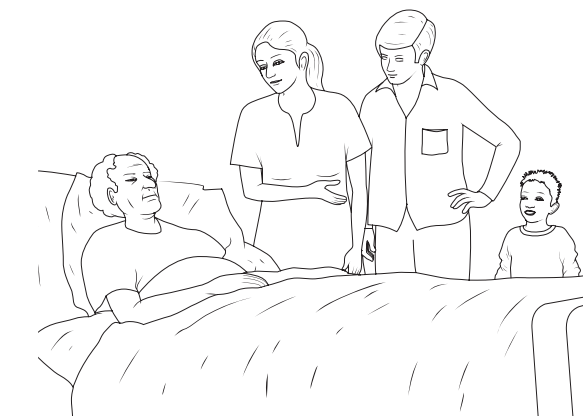
Once the decision is made for hospice care, a doctor must sign an order requesting it.

What Hospice Care Provides

Hospice delivers comfort and support to people in the final stages of a terminal illness—and to their families. The hospice team are specially trained medical professionals who focus on easing pain and managing symptoms. They provide medical, emotional, psychological, and spiritual care to the person and family. They assist the family in coping with their coming loss and their grief afterward.

Most hospice care is delivered in the home, but it can also be provided in nursing homes, some assisted living facilities, and hospice facilities. The person who is ill and the family are the core of the hospice team and are at the center of all decision making.

Although a family member or other caregiver cares for the person on a daily basis, a hospice nurse is available 24 hours a day to provide advice and make visits.



Dying at Home

Most people would prefer to die at home. Hospice gives them that choice. When setting up a home for hospice care, try to keep it as familiar and “homey” as possible, to make the person feel most at ease. If possible, consult with the person in your care to find ways to keep things comfortable and familiar.

Where a person dies may be as important as when they die. People who die at home, receiving hospice or *palliative* care (care that eases suffering but does not try to cure) experience less pain and distress than those who die in a hospital. Their friends and family suffer less too. And, less pain, distress, and emotional upset may even prolong life, giving the family more time to enjoy each other.

Sometimes, of course, a person's symptoms cannot be managed at home. In these cases, no one should think that going into a hospital for care is a failure. The dying person's comfort is the most important goal in end-of-life care.

Source: Coping with Cancer Study, Boston Dana-Farber Cancer Institute; New England Journal of Medicine; American Society of Clinical Oncology; USA Today



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NEXT ISSUE... EXPOSURE TO EXTREME HEAT

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GRIEF

Coping with Reminders After a Loss

Anniversary reactions happen when something reminds a person of the loss of a loved one. Grief doesn't just end at a certain point after a loved one's death. Reminders can bring back the pain of loss, even years later.

Holidays, certain places, birthdays, sights, sounds, or smells can make grief come back. This isn't a bad thing; it's a sign that the loved one was cherished. If you know what to expect, you can help the person in your care cope better.

Anniversary reactions can last for days or weeks often causing:

- ♣ Sadness, loneliness and crying spells
- ♣ Anger
- ♣ Anxiety
- ♣ Lack of interest in usual activities
- ♣ Trouble eating and sleeping, including stomach upset and nightmares
- ♣ Memories of events surrounding their loved one's death



Dealing with Returning Grief

Be prepared. Don't let the person dread upcoming anniversary days. Grief is often worked through on these days and it becomes a time for healing.

Plan distractions. Arrange a short trip or a visit with friends or family.

Reminisce. Encourage the person to talk about shared good times.

Start a new tradition. Make a donation or plant a tree in honor of the loved one.

Connect with others. Talk about loss with people who were special to the loved one. Support also comes from religious and social groups, as well as bereavement support groups.

Feel. Celebrate special times; you might find both of you crying *and* laughing.

When Grief Becomes Overly Intense

If the grief of the person in your care is getting worse over time, or interferes with daily life, consult a grief counselor or other mental health provider. With professional help, you can help the person return to the path toward healing.

Source: www.mayoclinic.com; *The Comfort of Home: A Complete Guide for Caregivers*

Taking Care of Yourself—Talk Things Through

Caregiving for someone who is dying can be demanding, and it's important for everyone involved to take proper care of his or her needs. A leading cause of depression is not talking about your feelings. Your spirits lift after talking to a friend or therapist because you've shared your feelings. Try writing your thoughts in a journal when you feel down, and always maintain close contact with others who you can talk to.

Note

If a person with Alzheimer's is able to *retain* the information that a loved one has died, then he should be told. However, since Alzheimer's is a disease of severe memory loss, repeating information that only causes painful emotions may be unnecessary.

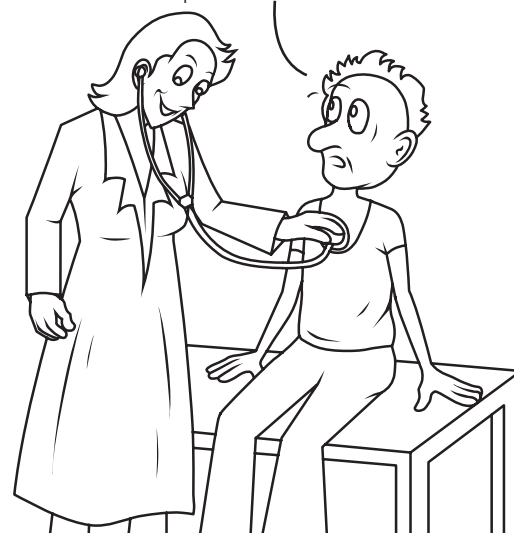
Inspiration

*They may forget what you said,
they may forget what you did,
but they will never forget
how you made them feel.*

~Maya Angelou

Live Life Laughing!

Doctor, I've lost my will to live—
except on weekends.



Resource for You

Hospice Foundation of America
(800) 854-3402
www.hospicefoundation.org

National Hospice and Palliative Care Organization
(800) 658-8898
www.nhpc.org

These organizations provide information and referral service, resources on end-of-life care, brochures on hospice, volunteering, and bereavement.

Call your local **Social Security Administration, State Health Department, State Hospice Organization**, or call (800) 633-4227 **Medicare Hotline** to learn about hospice benefits.