



A Different Kind of Holiday Gift

Hospice: Comfort Care with Competence and Compassion

All those “C” words! Comfort, Care, Competence, Compassion. Mr. Chavez, our just retired high school English teacher, certainly wouldn’t have taught it this way in his classroom. He was a stickler for correct spelling and hated alliteration. Yet, in the end—Mr. Chavez’s own end of life experience—we all learned with him that CCCC alliteratively spells “hospice.”

He wasn’t supposed to die. Not during the first year of retirement after 40 years of teaching in the same suburban high school. Mr. Chavez was his elderly mother’s only child. She needed him. His faith community needed him. We all needed him.

But when a stealthy and fast moving disease got our teacher-son-friend, and when treatment options for cure ran out, what Mr. Chavez needed was comfort care, provided with competence and compassion. He needed hospice.

Hospice is palliative or comfort care that is available to everyone, or ought to be, during the last months of terminal illness. It marks a shift of goals from cure to care, from aggressive treatments to aggressive comfort measures. It is not “doing nothing” or “giving up hope.” Hospice is health care that does everything possible to keep a dying patient comfortable. Competent, compassionate, hospice caregivers make possible the hope we all have to die without much discomfort and pain, in surroundings of our own choosing, attended by loved ones rather than strangers. Hospice spells hope for something like a “good death.”

Mr. Chavez received hospice—spelled in that alliterative way that would have irked his English teacher sensibilities. But he loved the competent and compassionate comfort care that was provided in his dying days. It feels bad that Mr. Chavez died, yet his grieving mother and students feel better knowing that hospice helped ensure a “good death,” or as good as it could be.

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Hospice care is:

- comprehensive—addressing physical, emotional, educational, social, and spiritual needs of terminally ill patients and their family caregivers
- accessible—provided in the patient’s home, nursing homes, residential hospice facilities, other institutions
- interdisciplinary—involving physicians, nurses, dietitians, aides, social workers, chaplains, therapists, volunteers

Hospice care includes:

- | | | |
|--------------------------|------------------------|--|
| • physician services | • social work services | • medications |
| • skilled nursing | • spiritual support | • durable medical equipment and supplies |
| • home health assistance | • dietary counseling | • ambulance transport |
| • light housework | • therapy | • bereavement support |

Resources:

- **St John Health** provides excellent hospice care and online resources: <http://www.stjohn.org/HomeCare/>
- The **Duke Institute on Care at the End of Life** provides an annotated list of other helpful websites: <http://www.iceol.duke.edu/resources/index.html>
- The **Center for Practical Bioethics** website is a treasure trove of print resources, many of them freely downloadable: <http://www.practicalbioethics.org/cpb.aspx?pgID=868>
- More information is available from the **National Hospice and Palliative Care Organization** (NHPCO) at: <http://www.nhpco.org/templates/1/homepage.cfm>
- **To access this article, please visit** <http://www.stjohn.org/PalliativeCare/>

Rev. Tarris Rosell, PhD, DMin
Center for Practical Bioethics
Central Baptist Theological Seminary
Consultant, Duke Institute on Care at the End of Life

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