



TERRACE HOSPICE SOCIETY

APRIL 2012 NEWSLETTER

Hospice News

Volume 2 - Issue No. 2

Announcement: Coming Events

- **Hike for Hospice** will take place on June 3rd, 2012 at the Millinium Pathway. Come and enjoy a walk with family and friends while raising money!
- **Garage Sale May 4th; 3 pm - 8 pm, May 5th; 9:30 am - 1:00 pm** will be held at Tawana's home: 3529 Cory Drive. Tel: 778-634-3394. Please come and take a look at the items on sale!
- **Annual General Meeting**
Tuesday, May 29, 2012 at Terrace Public Library starting at 7 pm
- **B.C. Hospice Palliative Care Conference** will take place on May 25th & 26th, 2012 in Richmond, BC. A group of professional and volunteers will gather to have discussions about the hospice societies in B.C. ♥

What is Hospice?

Hospice is an approach to care which:

- emphasizes comfort, quality of life and dignity to those approaching death,
- provides friendship and assistance from volunteers who understand the needs of patients and their families,
- affirms every person's right to die with dignity, and to be informed and involved in decisions affecting their care,
- enables terminally ill people to be cared for and die at home if desired,
- focuses on quality of living when cure is no longer an option

At Hospice we believe that no one needs to face his or her end of life journey alone. Hospice volunteers are wonderful people who aren't afraid to walk beside one another through the valley of the shadow of death and afterward through the wilderness of grief. ♥

A Message from the Chairperson

Similar to a meal in a great restaurant, a well-run board just seems to happen, and out of sight of the clients (diners). Like the restaurant's kitchen, you generally don't even think about what happens behind the office doors on the second tuesday of each month. It just seems to happen!

Like all non-profits, the core work of Hospice centers on our many volunteers who are busy fulfilling the mission - day to day activities centered on helping our friends and community members cope with life's final stage, and supporting grieving survivors.

Our Board (and I do think it is a well-run board!) quietly meets once per month to plan our programs, budget for then, help Penny keep the office running smoothly, and address any legal and administrative requirements under the Non-Profit Society Act (which governs all BC non-profits).

Board meetings are not too serious; you are likely to hear some laughter coming from the room. We have an agenda, and our Chairperson makes darn sure we follow it. But, the good side of this is that our meetings are typically completed in one hour. In case you don't know, Board meetings are open to everyone. Fair warning, you have to bring your own coffee!!

If administration is something you enjoy, please consider donating an hour per month to helping out on the Hospice Board. In my opinion, healthy boards (including the Hospice Society) always need a bit of rotation each year - new board members bringing fresh ideas and thinking, and saying thanks to one or two members, who typically go on to focus on a new community project. ♥

David Try, Chairperson

Meet Our Volunteer

Hello!

My name is Linda Perry and I have lived in Terrace for 35 years. We raised six children in the area and now have eleven grandchildren. I retired two years ago and when I was younger I had committed to joining the Hospice Society as a hospice worker. I thoroughly enjoyed the ten week workshop and am looking forward to some rewarding years as a visitor for hospice. I love anything electronic and have lots of "gadgets", but mostly I enjoy the moments I can spend with the grandchildren and our family. ♥

The Road Not Taken

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth.

Then took the other, as just as for,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same.

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less travelled by,
And that has made all the difference.

Robert Frost (1874 - 1963). ♥

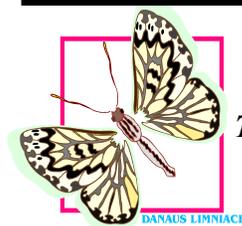
Hope is the thing with feathers that perches in the soul
... And sings the tune without words, and never stops
.... at all. by Emily Dickinson ♥

Organizations who donated to Terrace Hospice Society

Rio Tinto Alcan
Rain Coast Cranes
Independent Order of Foresters
C. Stewart Enterprises Inc.
London Drugs
Pronto Towing Ltd.
Kitsumkalum Band Council
Dr Phillips Inc.
BC Hospice and Palliative Care Association
Park Avenue Medical Clinic
Knox United Church
Foresters BC Regional Council
Sherry Anderson Notary Corporation
Northwest Fuels Ltd.
Dr. Mark Forgie Inc.
McAlpine & Co.
Far-ko Contracting Ltd.
Terrace Rotary Club
Kitimat LNG

Individuals who donated to Terrace Hospice Society

Kathy Kuzyk
Dr. Don Strangway
Shirlee Lindsay



*The Butterfly: A symbol of Hope
A Symbol of New Life
by Eunice Brown*

*The simplest things - a gentle word,
a soothing touch -
bring joy and peace like summer rains.
by Dinah Mulock Craik*

*Keep what is worth keeping -
and with a breath of kindness blow the rest
away.
by Dinah Mulock Craik*

The art of dying gracefully

Much end-of-life care is futile.

That's why most medics refuse it for themselves, says Ken Murray

Years ago, Charlie, a highly respected orthopaedist and a mentor of mine, found a lump in his stomach. He asked a surgeon to explore the area, and the diagnosis was pancreatic cancer. This surgeon was one of the best in the country. He had even invented a new procedure for this exact cancer that could triple a patient's five-year-survival odds - from 5% to 15% - albeit with a poor quality of life. Charlie was uninterested. He went home the next day, closed his practice, and never set foot in a hospital again. He focused on spending time with his family and feeling as good as possible. Several months later, he died at home. He received no chemotherapy, radiation, or surgical treatment. Medicare didn't spend much on him.

It's not a frequent topic of discussion, but doctors die, too. And they don't die like the rest of us. What's unusual about them is not how much treatment they get compared to most Americans, but how little. For all the time they spend fending off the deaths of others, they tend to be fairly serene when faced with death themselves. They know exactly what is going to happen, they know the choices, and they generally have access to any sort of medical care they could want. But they go gently.

Of course, doctors don't want to die; they want to live. But they know enough about modern medicine to know its limits. And they know enough about death to know what all people fear most; dying in pain, and dying alone. They've talked about this with their families. They want to be sure, when the time comes, that no heroic measures will happen - that they will never experience, during their last moments on earth, someone breaking their ribs in an attempt to resuscitate them with CPR (that's what happens if CPR is done right).

Almost all medical professionals have seen what we call "futile care" being performed on people. That's when doctors bring the cutting edge of technology to bear on a grievously ill person near the end of life. The patient will be cut open, perforated with

tubes and assaulted with drugs. All of this occurs in the intensive care unit at a cost of tens of thousands of dollars a day. I cannot count the number of times fellow physicians have told me, in words that vary only slightly: "Promise me that if you find me like this you'll kill me". They mean it. Some medical personnel wear medallions stamped "NO CODE" to tell physicians not to perform CPR on them. I have even seen it as a tattoo.

To administer medical care that makes people suffer is anguishing. Physicians are trained to gather information without revealing any of their own feelings, but in private, among fellow doctors, they'll vent. "How can anyone do that to their family members"? they'll ask. I suspect it's one reason physicians have higher rates of alcohol abuse and depression than professionals in most other fields. I know it's one reason I stopped participating in hospital care for the last 10 years of my practice.

How has it come to this - that doctors administer so much care that they wouldn't want for themselves? The simple, or not-so-simple, answer is this: patients, doctors, and the system.

To see how patients play a role, imagine a scenario in which someone has lost consciousness and been admitted to hospital. As is so often the case, no one has made a plan for this situation, and shocked and scared family members find themselves caught up in a maze of choices. They're overwhelmed. When doctors ask if they want "everything" done, they answer yes. Then the nightmare begins. Sometimes, a family really means "do everything", but often they just mean "do everything that's reasonable". For their part, doctors told to do "everything" will do it, whether it is reasonable or not.

Feeding into the problem are unrealistic expectations of what doctors can accomplish. Many people think of CPR as a reliable lifesaver when, in fact, the results are usually poor. I've had hundreds of people brought to me after getting CPR. Exactly one, a healthy man who'd had no heart troubles, walked out of the hospital. If a patient suffers from severe illness, or age, or a terminal disease, the odds of a good outcome from CPR are infinitesimal, while the odds of suffering are overwhelming. But, of course, doctors play an enabling role here, too.

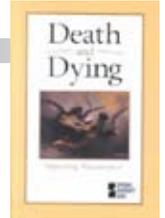
The art of dying gracefully con't

The trouble is that even doctors who hate to administer futile care must find a way to address the wishes of patients and families. Imagine, once again, the A&E ward with those grieving, possibly hysterical, family members. They do not know the doctor. Establishing trust and confidence under such circumstances is a very delicate thing. People are prepared to think the doctor is acting out of base motives, trying to save time, or money, or effort, especially if the doctor is advising against further treatment.

Some doctors are stronger communicators than others, and some doctors are more adamant, but the pressures they all face are similar. When I faced circumstances involving end-of-life choices, I would discuss the issue in layman's terms that portrayed the downsides clearly. If patients or families still insisted on treatments I considered pointless or harmful, I would offer to transfer their care.

Ken Murray, MD, is clinical assistant professor of family medicine at USC. Taken from an article originally published at Zocalo Public Square ♥

Book Review by Julie



Death and Dying

Published by Greenhaven Press

Source: Hazelton Campus NWCC

This easy to read book of anthologies is part of a series; it is edited by Diane Andrews Henningfeld. The topic of death and dying is approached as one of global importance and successfully provides an overview of many cultural details associated with the end of life.

Several chapters make up the book's content; these are further subdivided to portray a variety of perspectives that the overall chapter's issue addresses. Topics include: causes of death worldwide; end of life care; death, dying and religion; and, funeral practices throughout the world. ♥

How did You Become Involved with Hospice?

contributed by Julie Walsh

I became involved with Hospice work in England before coming to Canada. The work inspired me towards assisting people to achieve their own goals and make the most of their lives, while dealing with life threatening illnesses.

When I came to Canada, I learned of the same needs in the community of Terrace. My membership in the Terrace Hospice Society started in the summer of 1992. Then I moved to Terrace in 1999 and took the volunteer training course. I have been an active volunteer with Terrace Hospice ever since.

What are some of the highlights and challenges you have experienced while working with Hospice?

I really enjoy the people I've met through Hospice. In some ways, I suppose when people are dealing with a life shortening illness, they tend to dispense with superficial relationships and take the risk of being who they really are. The other volunteers are mostly like-minded people who are also passionate about the philosophy of Hospice.

The biggest challenge for me is saying the final goodbyes; it's both tough and sad. The process of saying that last goodbye is made somewhat easier through having the opportunity to attend a funeral or a memorial of life celebration. The celebration of someone's life helps to bring closure, for me, to mark the end of another relationship. After a death, I need a little time for self-care to come to terms with the change that has occurred. Mostly I am left with some good memories of the person who has died and that has helped me to cope and look forward to building further relationships through Hospice work.

What keeps you involved with Hospice?

That's an easy question to answer; it's the people I've met and got to know that helps to keep me involved with Hospice. There are also the numerous tasks to be done in order to maintain and keep our Society running. It's satisfying to feel that our efforts can make a difference in people's lives; also I can honestly say that my experience with Hospice has indeed been very stimulating. ♥

Co-ordinators Corner

Spring has sprung! It is so nice to see the snow melt and the sunshine! The volunteers and I are eager to promote Terrace Hospice Society's services through events like: our AGM, the Annual Hike for Hospice, a spring garage sale and a new fundraiser called Pennies for Hospice! For Pennies for Hospice, we will place donation boxes or jars at various local businesses around Terrace and Thornhill. Customers entering these businesses can deposit their pennies in the boxes. This is a great way to discard pennies; which the Government will no longer be producing and contribute to worthy cause!

Our Volunteer Training Session ended on March 12th. The following individuals were successful in completing the training: Lysandra Chan, Allan Chapman, Linda Perry, Linda Izult and Jennie Mackinnon! Fr. Buchanan took in a few sessions too. CONGRATS to all of you!

We are excited to be running our first ever Children's Grief Support Group with support from Mourning's Dawn Grief Counselling and Terrace Rotary Club! We have 7 children registered for the group. A BIG THANK YOU to all the supporters who made this group possible!

I am excited to announce that our new program "Sharing My Story" is now in full operation! Lysandra Chan, who has been working on this program, recently trained volunteers to audio record a person's life story of personal message. Thanks Lysandra for taking the lead on this program!

I have one last announcement; our Society now has a Facebook group called Terrace Hospice Society! If you are a Facebook user, we invite you to join our group.

Enjoy the Spring Weather!

By: Penny Dobbin, Coordinator

Board Members

Chair _____ **David Try**
Vice Chair _____ **Betty Stewart**
Treasurer _____ **John Malo**
Secretary _____ **Mag Fleming**
Medical Liaison _____
Ministerial Liaison-Father Ernest Buchanan
Shirlee Lindsay
Judy Marceau
Annette Sorenson
Kelli Louie

Terrace Hospice Society

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*You held my hand...
I felt your strength
I was not alone.
E. Latimer*