

Hospice Also Can Involve Pain-Management

By Melissa Weidman

Holly Marvin was worried about her mother. Ginny Marvin hadn't been well for several months. After a long healthy life, she was widowed at age 85. One morning, Ginny fell while getting out of bed, breaking her hip and two ribs. Thus began an ongoing series of hospitalizations that revealed she'd actually had a stroke and a growing tumor in her lungs.

Holly had been pleased with the medical care provided, with all surgical procedures going well. Yet her mother was continuing to decline while complaining of pain in her lungs. Medications didn't seem to help. Her doctor thought Ginny would be eligible for hospice services, covered by Medicare.

Holly became worried when the doctor mentioned hospice. Like most people, she'd always thought hospice meant giving up hope. So she was surprised to learn up front that hospice provided a range of services that could help relieve her mother's pain in many ways beyond medication.

A massage therapist herself, Holly knew the value of complementary therapies in addressing pain. She was aware of greater acceptance in the medical world to a wide range of healing modalities such as medical marijuana, mindfulness, acupuncture, Reiki and hypnosis. As she learned more about hospice, she discovered its model had been way ahead in addressing a much broader definition of pain.

This holistic approach of "total pain" refers to physical, spiritual, and emotional suffering commonly experienced by persons with life-limiting illness and their families. The hospice care model brings together hospice-certified nurses, social workers, hospice aides, chaplains and volunteers on an interdisciplinary team addressing the full range of factors causing pain, delivered directly to patient's homes or wherever they live.

Ginny's social worker, Giesele Castronova, visited regularly. And she soon became familiar with the family's internal dynamics that included unresolved issues within the family. "Each family has its own dynamic," she explains, "Pre-existing issues don't disappear when someone accesses hospice, which is often a time of heightened emotions. The social work role is to help navigate these waters by educating, encouraging and facilitating healthy communication."

The team's chaplain also noticed that Ginny had a well-thumbed Bible tucked under her pillow and gently asked Ginny if she'd like to talk about her beliefs. Thus Ginny began to share concerns about end of life that she'd been reluctant to reveal to her children. As Hope Hospice Chaplain Judith Hutton says, "Patients typically don't want to burden their families with spiritual wor-



ries and concerns, finding it easier to share them with someone outside of the family. A chaplain provides a safe, confidential presence which can lead to the patient finding meaning, forgiveness, reconciliation and peace.”

At their bi-weekly meeting, team members agreed that some of Ginny’s physical pain likely was intensified by these family issues and existential questions. As case manager Meg Fleming, RN, says, “Pain is an individualized experience. Through the interdisciplinary approach we are able to help patients address their physical, emotional and spiritual needs.”

With regular counseling visits, both the social worker and the chaplain were able to help the family put old antagonisms behind them. As they became more positive, Ginny’s pain lessened and the last year of Ginny’s life became a gift for all involved.

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