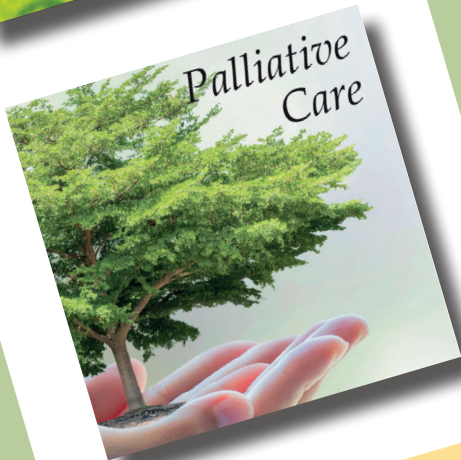


Compassionate Connections

Summer 2021 - Edition 4




**Mary Washington
Healthcare**
Hospice, Palliative & Grief
Support Services

Hospice.intake@mwhc.com
540.741.3580
Hospice.mwhc.com



Hospice Insights

Expressive Therapies for Hospice Patients **The Benefit of Therapeutic Massage for Hospice Patients (and therapists)**

One of the largest segments of the U.S. population who are regular consumers of massage therapy is those who are either retired or approaching retirement – commonly referred to as ‘the Baby Boomers.’ This group is well educated in natural therapies and is more accepting of holistic health care such as massage therapy than their parents were.

But many in this group are also suffering from debilitating illnesses, some of which are terminal. While those diseases can afflict a person at any age, simply the size of this group makes those numbers high. One of the associated statistics has to do with the rising incidence of hospice care. Hospice was virtually nonexistent in the 1970s, yet by 2013 the number of hospice providers was estimated at 5800. *

Unlike hospitals and many other health care facilities, the goal of hospice is not to treat but rather to make the patient as comfortable as possible, offering what is called palliative care. Improving quality of life as much as possible, as well as easing symptoms such as pain and stress are important parts of hospice.

Patients with terminal illness, most of whom are confined to bed, have multiple issues that reduce quality of life – pain, difficulty sleeping, depression, anxiety, digestive issues, and more. Since massage therapy has been shown to help with all of these conditions, bringing therapeutic massage into a hospice facility seems like a natural fit.

In fact, many hospice programs now include massage therapy in their treatment protocols. But what we might consider a ‘normal’ or ‘typical’ massage is not what is called for here. Those needing end-of-life care are usually very physically fragile and cannot tolerate a regular Swedish massage or other aggressive bodywork. Gentle, light, loving touch is the most beneficial. Quite often the therapy is a hand or foot massage, or perhaps a gentle scalp massage. Sessions may only last a few minutes, depending on the tolerance of the patient.

MWHC Hospice Services Expressive Therapies Program

Mary Washington Healthcare Hospice Services Expressive Therapies Program includes art, music and massage therapy and is the first of its kind in the Fredericksburg region.



Art Therapy

Art therapy uses creative activities like drawing, painting, sculpting, and crafts to help patients along their journey. Art therapy can give patients a healthy sense of control as they process the pain associated with fear, anxiety, and grief.



Music Therapy

Music therapy is a powerful tool promoting physical and emotional healing, while enhancing overall quality of life. Music can relieve anxiety, help manage pain, and encourage relaxation. It also helps patients find a way to reminisce, socialize, and express themselves.



Massage Therapy

Therapeutic massage is well known for its ability to naturally relieve pain, improve circulation, and encourage relaxation. The simple, careful touch of the human hand is one of the most ancient and effective means for reducing discomfort in the body. Massage Therapy creates a unique connection and helps ease feelings of loneliness and separation that many patients experience.

One of the most incredible benefits of this hospice massage is the patient feels loved, cared for. And therapists who opt for this often report a sense of deep satisfaction, knowing they are helping their patients achieve a sense of peace and comfort at the most challenging time of their lives. Dying, after all, can be thought of as a natural part of living, one where caring massage therapist can make a definite impact, improving quality of life at the end of a life.

Another benefit for the patient is that massage releases endorphins in the body, so the patient may need less pain medication. That may allow them to be more alert and interact with friends and family. Hospice massage is routinely performed by visitors, although some larger facilities may either have therapists on staff or contract with them to provide massage therapy.

—Source: Centerpointmn.com blog
*National Hospice and Palliative Care Organization (NHPCO)



We are honored to be chosen as the Best in the "Burg's Most Respected Hospice Agency again this year. Thank you to the Fredericksburg community for your votes of confidence.

The Heart of Hospice

"Your staff filled so many needs with gracious and loving hearts. You brought us all to a place of peace."

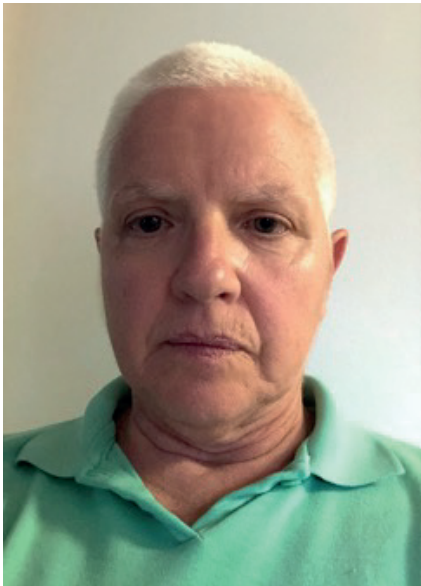
— Daughter of MWHC Hospice patient



“The fact they cared for me as much as they cared for my wife sustained me through this difficult period.”

— husband of MWHC Hospice patient

Volunteer Spotlight



Darlene McGuigan
Patient and Family Care
Volunteer, Mary
Washington Healthcare
Hospice Services

Darlene McGuigan is a retired USMC Veteran and a Patient and Family Care Volunteer with Mary Washington Hospice since 2016. When asked why she chose to volunteer with Hospice she stated,

"I retired from the Marine Corps in 2000. During my last tour, one of my Marines died as a result of pancreatic cancer. I was impressed with the hospice care he received, which fueled my desire to become a hospice volunteer. I enjoy this role and particularly enjoy being a sounding board for the families of patients who are experiencing such a difficult time in their lives."

Darlene has given many valuable hours to our patients and families and we truly appreciate having her as part of our team. Her patients and families have singled her out on many occasions for the care and tenderness she exhibits when supporting them at the end of life. As a "Vet-to-Vet Volunteer" with Mary Washington Hospice Darlene has participated in many of our Veteran's Day programs throughout the years, honoring veterans in assisted living and nursing homes throughout Fredericksburg, King George, and Colonial Beach.

If you are interested in becoming a volunteer, please call Kathy J. Wall, Volunteer Program Support, MWHC Hospice Services at 540.741.3595.



MWHC Palliative Care Services

WHAT IS PALLIATIVE CARE? The Relief You Need When You Have a Serious Illness

PALLIATIVE CARE: Improving quality of life when you're seriously ill.

Dealing with any serious illness can be difficult. However, care is available to make you more comfortable right now. It's called palliative (pal-lee-uh-tiv) care. You receive palliative care while you're receiving treatments for your illness. Its primary purpose is to relieve your pain and other symptoms and improve your quality of life. Palliative care is a central part of treatment for serious or life-threatening illnesses.

What is palliative care?

Palliative care is comprehensive treatment of the discomfort, symptoms, and stress of serious illness. It does not replace your primary treatment; palliative care works together with the primary treatment you're receiving. The goal is to prevent and ease suffering and improve your quality of life.

If you need palliative care, does that mean you're dying?

The purpose of palliative care is to address symptoms such as pain, breathing difficulties, or nausea, among others. Receiving palliative care does not necessarily mean you're dying.

Palliative care gives you a chance to live your life more comfortably.

Palliative care provides relief from symptoms including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, problems with sleep, and many other symptoms. It can also help you deal with the side effects of the medical treatments you're

receiving. Perhaps most importantly, palliative care can help improve your quality of life and provide help to your family as well.

Palliative care is different from hospice care.

Palliative care is available to you at any time during your illness. Remember that you can receive palliative care at the same time you receive other treatments for your illness. Its availability does not depend upon whether your condition can be cured. The goal is to make you as comfortable as possible and improve your quality of life. You don't have to be in hospice or at the end of life to receive palliative care. People in hospice always receive palliative care. Hospice focuses on a person's final months of life. To qualify for some hospice programs, patients must no longer be receiving treatments to cure their illness.

Palliative care also provides support for you and your family and can improve communication between you and your healthcare providers.

Palliative care strives to provide you with:

- Expert treatment of pain and other symptoms so you can get the best relief possible.
- Open discussion about treatment choices, including treatment for your disease and management of your symptoms.
- Coordination of your care with all of your healthcare providers.
- Emotional support for you and your family. Palliative care can be very effective. Researchers have studied the positive effects palliative care has on patients and their families.

Recent studies show that patients who receive palliative care report improvement in:

- Pain, nausea, and shortness of breath.
- Communication with their healthcare providers and family members.
- Emotional support.

Other studies also show that starting palliative care early in the course of an illness:

- Ensures that care is more in line with patients' wishes.
- Decreases stress and increases confidence in making decisions surrounding a loved one's care.
- Meets the emotional and spiritual needs of patients and their families.

Palliative care is designed especially for your needs.

Palliative care can improve your quality of life in a variety of ways.

Together with your primary healthcare provider, your palliative care team provides pain and symptom

control with every part of your treatment. Team members spend as much time as it takes with you and your family to help you fully understand your condition, care options, and other needs. They also help you make smooth transitions between all the settings where you may receive care (the hospital, nursing facilities, or home care).

This results in well-planned, complete treatment for all of your symptoms throughout your illness—treatment that takes care of you in your present condition and anticipates your future needs.

Palliative care is a team approach to patient-centered care.

Every palliative care team is different. Your palliative care team may include:

- doctors
- nurses
- social workers
- religious or spiritual advisors
- pharmacists
- nutritionists
- counselors and others

Care that supports you and your wishes.

Palliative care supports you and those who love you by making you comfortable. It also helps you set goals for the future that lead to a meaningful, enjoyable life while you get treatment for your illness.

How do you know if you need palliative care?

Many adults and children living with serious illnesses such as cancer, heart disease, lung disease, kidney failure, multiple sclerosis, AIDS, and cystic fibrosis, among others, experience physical symptoms and emotional distress related to their diseases. Sometimes these symptoms are due to the medical treatments they are receiving.

You may want to consider palliative care if you or your loved one:

- Suffers from pain or other symptoms due to ANY serious illness.
- Has physical or emotional pain that is NOT under control.
- Needs help understanding their illness and discussing treatment.

Start palliative care as soon as you find out that you have a serious illness.

It's never too early to start palliative care. In fact, palliative care occurs at the same time as all other

treatments for your illness and does not depend upon the course of your disease. There is no reason to wait. Palliative care teams understand that pain and other symptoms affect your quality of life and can leave you lacking the energy or motivation to pursue the things you enjoy. They also know that the stress of what you're going through can have a big impact on your family. And they can assist you and your loved ones as you cope with the experience of living with a serious illness.

Palliative care involves working together as a team.

Patients who may want palliative care often wonder how it will affect their relationships with their current healthcare providers. Some of their questions include:

- Will I have to give up my primary healthcare provider?
- Who do I ask for palliative care?
- Will I offend my healthcare provider if I ask questions?

Most importantly, you do NOT give up your own healthcare provider to get palliative care. The palliative care team and your healthcare provider work together.



Grief and Bereavement Resources

Grief is a healthy response to death.

Our grief counselors and volunteers at Mary Washington Healthcare Grief Support Services are specially trained to listen closely to your concerns, answer your questions, and offer encouragement, empathy, and support. No two experiences are the same. Just as our lives differ, the journey through grief is unique.


Our mission is to nurture individuals and families along their grief journey as they cope with the death of a loved one. All programs are provided at no cost to the participant. We are here for individuals and families in the community and are funded by the community through private donations, fund raising events and grants.

Practicing self-care as you grieve.

The following are some normal responses to a death or tragic event:

- Shock
- Sadness
- Disbelief
- Anger
- Guilt
- Crying
- Loss of meaning
- Questioning your faith
- Sleep disturbance
- Numbness
- Heaviness in chest
- Restlessness
- Absent-mindedness
- Physical aches
- Peacefulness
- Relief

Grief places your body through a substantial amount of stress. Part of moving through the grieving process involves treating your body carefully so that you have strength to move forward. Making sure you're eating healthy meals, walking, exercising, and sleeping well. This can give you the strength to better face your circumstances. Lightening your schedule while grieving may improve your well-being. Try temporarily reducing your work hours, taking some time off, implementing relaxation techniques, and setting aside time for yourself.



“The grief support writing group is a place where I could travel my grief journey with companions, rather than alone.”

— MWHC Grief Support Writing Group attendee

Grief Peer Support Groups

A grief support group can offer those who are coping with the loss of a loved one:

- Information about the grief process.
- Education on ways to cope with grief.
- Support for sharing grief and memories.
- Opportunities to be with others grieving the death of a loved one.

Due to COVID-19, the majority of our groups are not meeting in person.

The following groups continue to meet virtually:

Death of a Child

Meets 1st Thursday 6:00 p.m.-7:30 p.m.

Death of a Parent

Meets 1st and 3rd Thursday 6:00 p.m.-7:30 p.m.

Understanding Your Grief

Meets Quarterly-Dates TBS

If you would like to be notified when the following groups resume meeting, please call us at 540.741.1874 or email at griefsupport@mwhc.com.

Finding Words for Grief Writing Group

Survivor of a Suicide Loss (SOSL)

Death of a Spouse or Partner

Military Care Group

Family Expressions (program for families with children up to age 12)

Teens Helping Teens Writing and Collage (ages 13-18)

Teens Helping Teens (ages 13-18)

There is no fee to participate in any programs, but registration is required for groups. Please contact griefsupport@mwhc.com or call 540.741.1874 to register.



griefsupport.mwhc.com

MWHC Palliative Care Services, Continued

Most clinicians appreciate the extra time and information the palliative care team provides to their patients. You may have to ask your healthcare provider for a referral to get palliative care services. Tell your healthcare provider you are thinking about palliative care and ask how to access palliative care in your area.

Where is palliative care provided?

Palliative care can be provided in the hospital, at outpatient clinics, or at home. The process begins when either your healthcare provider refers you to the palliative care team or you ask your health care provider for a referral. Palliative care is provided by a team of professionals, including medical and nursing specialists, social workers, pharmacists, nutritionists, religious or spiritual advisors, and others. Who pays for palliative care? Most insurance plans cover at least part of the palliative care services, just as they would other medical services. Medicare and Medicaid also typically cover palliative care. If you have concerns about the cost of palliative care, a social worker, care manager, or financial advisor at your hospital or clinic can help you.

How does palliative care address pain?

If you have an illness causing you pain that is not relieved by drugs such as acetaminophen or ibuprofen, the palliative care team may recommend trying stronger medicines.

As always, if you have concerns about taking medications, talk to your palliative care team. They can tell you about how various medications work, what their side effects are, and how to get the most effective pain relief.

Don't wait to get the help you deserve. Ask for palliative care and start feeling better now.

If you think you or a loved one needs palliative care, ask for it now. Tell your healthcare provider that you'd like to add palliative care to your treatment and ask to meet with the palliative care team or ask for a referral for palliative care.

Source: National Institute of Nursing Research, NIH

For more information visit
palliative.mwhc.com or 540.741.3580.

MWHC Grief Support Services



Michelle Smith, LCSW Bereavement Coordinator, MWHC Grief Support Services

We want to introduce Michelle Smith, who has joined MWHC Grief Support Services as our new Community Bereavement Coordinator. Originally from Roanoke, VA Michelle has lived in Spotsylvania since 1995. She has 26 years of social work experience and has worked in child protective services, community mental health, medical case management, and as an outpatient therapist.

Michelle was drawn to Grief Support Services after working closely with Mary Washington Hospice and Palliative Services in case management at Mary Washington Hospital. Inspired by her personal experience with Hospice and witnessing hospice nurses and CNAs care for their patients with the utmost compassion, Michelle is excited for the opportunity to join the team and give back. She loves to draw and paint and enjoys spending time with her husband and three children, all of whom are active swimmers.

MWHC Grief Support Groups in the Wake of COVID-19

The COVID-19 pandemic has proven to be a physical and psychological health crisis. Research shows that grief experienced during the pandemic is considered “complicated grief” - one that is more difficult, intense, prolonged, and disruptive than usual. Grieving can be incredibly overwhelming, especially when social distancing and limits on the size of in-person gatherings have changed the way we are used to gathering and honoring those who died.



Michelle Smith, our new Bereavement Coordinator, is looking forward to support groups returning to Harbor House and expanding grief services to meet the dynamic bereavement needs of our community in the wake of COVID-19. New groups such as Loss of a Grandparent, Loss of a Sibling or Loss of a Pet will be introduced based on community need. She also hopes to form a group focusing on the needs of first responders, law enforcement officers, and medical professionals who have worked tirelessly through the pandemic and witnessed insurmountable loss.

If you need help coping with grief, we are open to all community members, regardless of whether your loved one was a patient with us. Call **540.741.3580** or visit **griefsupport.mwhc.com**.

To attend a grief support group, call **540.741.1874** or e-mail **griefsupport@mwhc.com** with questions or for more information about upcoming group meetings.

Affirming Life Through Compassionate Care

Hospice is a special kind of care for anyone dealing with a life-limiting illness offering hope and support beyond traditional care. Mary Washington Healthcare Hospice Services is a certified, not-for-profit medical hospice, delivering high quality patient and family care to the Fredericksburg region for more than 25 years.



Advance Care Planning

Advance Care Planning is making decisions about the healthcare you would want to receive if you're facing a medical crisis and preparing for the unexpected while you are well and able to make difficult decisions for yourself.

Advance Care Planning includes:

- Getting information on the types of life-sustaining treatments that are available.
- Deciding what types of treatment that you would or would not want should you be diagnosed with a life-limiting illness.
- Sharing your personal wishes with your loved ones.
- Documenting in writing what types of treatment you would or would not want - and who you chose to speak for you, should you be unable to speak for yourself.

Having the Conversation – Once Is Not Enough

by Susan Ducharme Hoben

I loosened my embrace and pulled back to look at Bruce. "If anything happens," I said, "I don't want to be kept alive as a vegetable." I knew logically that these were my wishes, but I finally had the need, and the courage, to voice them in a way that left no doubt.

We'd already had this conversation. More than one in fact, but those had been hypothetical. On Christmas Day in 2000, it was suddenly real. Two days earlier we'd huddled together as the surgeon detailed the risks involved in cutting a jumbo-egg-sized tumor from the interior of my heart. When I agreed to the surgery, I also made clear my end-of-life wishes should something go wrong.



"You're going to be fine," Bruce said.

"I hope so, sweet love. But I need to know that you'll be able to make the tough decisions if it comes to that."

"I will. I would feel exactly the same if it was me," Bruce assured me. This clearly was not easy for him to say, but even so, I knew I could count on him.

Eight years later our roles were reversed when the most powerful chemotherapy available had weakened Bruce's body but failed to vanquish the Stage IV cancer that ravaged his esophagus and liver. Bruce decided to stop treatment. He chose quality of life over quantity.

When Bruce called our children and siblings to tell them of his decision, we both felt relief that they didn't try to persuade him to try more treatment. Frank discussions, as well as sharing our living wills and healthcare directives, had set the stage for this difficult conversation.

We met with his oncologist to make it official. Sitting side by side, my hand resting on his thigh and his hand atop mine, tears in our eyes, Bruce told her, "I'm done. I don't want to die with chemo in my veins or a tube in my stomach." He

would not spend his last days tethered to an IV for treatments that would sap his body and addle his brain. Instead, he chose to live his life as fully as possible.

"I understand." She wasn't surprised.

"I want to die at home," Bruce emphatically told her.

"I don't see any reason why you can't. Hospice can come to you on an outpatient basis."

"You said last time that I'd probably have three to six months. Do you think it will be closer to three or six?" Bruce was already pivoting to planning the rest of his life.

"It's impossible to tell," she replied, not comfortable going beyond citing a range. Bruce didn't let her off the hook. "If I made you guess, what would you say?"

"I'd say it would be closer to three months." As it turned out she was right on the money: Bruce would live another two months and twelve days. Bruce's decision to stop treatment was not as hard as one might expect. We had been talking about it in the abstract for months, even years. We had living wills and health care directives. We had reaffirmed them when I'd had open-heart

surgery, again when Bruce was diagnosed. Now, when the abstract became real, we did not agonize over whether it was still what we wanted. Our end-of-life wishes had been formed over a lifetime of watching people die, and just as importantly, watching people live.



It was strangely calming to have a more certain future and to be in position to better plan. The path became so clear, the priorities lit in neon. How Bruce wanted to live and to die was his choice, and my role was to make it happen. Our family had a single goal that everyone could devote themselves to—Bruce living the rest of his life as fully as possible. Little did we know that by focusing on easing his transition we would also be easing ours.

The many conversations we'd had over the years ensured his end-of-life experience was exactly what he wanted, albeit sooner than we wanted or expected. Doctors worked as a team to fulfill Bruce's wishes, fully supportive of his decision. Appreciative family and friends took advantage of the opportunity to say good-bye. These last months were some of the most celebratory, peaceful, and intimate we had shared during our forty-six years together.

— Susan Ducharme Hoben is the author of ***Dying Well: Our Journey of Love and Loss***, a memoir about an uplifting end-of-life journey that offers a thought-provoking perspective on dying.

Questions About Advance Care Planning?

Please call Mary Washington Healthcare Patient Relations Department at **540.741.3955**.

For more information, please visit **mwhc.com** and search Advance Care Planning.

Advance Care Planning Action Steps:

1. Create a Living Will and Medical Power of Attorney.
2. Store documents in a safe but accessible place.
3. Discuss your wishes with your doctor and with loved ones.
4. Give a copy of your Advance Directive to your doctor.
5. Review documents periodically in case your wishes change.



We Honor
Veterans

To all our nation's Veterans, thank you.

Mary Washington Healthcare Hospice Services has achieved Level II designation with We Honor Veterans, an innovative program developed by the National Hospice and Palliative Care Organization in collaboration with the Department of Veterans Affairs.

This recognition includes collaborative efforts ensuring excellent care at the end of life is available for our nation's Veterans and their families.

If you know a Veteran who is facing a serious or life-limiting illness, please reach out and help them learn more about the services that hospice and palliative care can provide.

Contact Mary Washington Hospice at 540.741.3580 to learn more about the ways we support our nation's heroes.



Meet the Team

Kristen Mills RN, BSN, CHPN, Manager, QAPI and Education, MWHC Hospice, Palliative, and Grief support Services



We would like to introduce you to Kristen Mills, pictured here with her family. Kristen's nursing career journey started when she was just sixteen years old. She worked in a primary care office where she learned medical assisting skills. She then obtained her Certified Nursing Assistant (CNA) license through a local skilled nursing facility and became an aide for long term care patients. She completed her education and graduated with her Bachelor of Science degree in Nursing in 2015.

Her first nursing position was at Mary Washington Hospital as a floor nurse. After exactly one year on the floor, she transferred to Mary Washington Healthcare Hospice Services as a case manager. Kristen recalls how she knew right away that the role was something special and took big shoes to fill.

Working as a certified hospice and palliative nurse (CHPN), has taught Kristen much about life, such as, "what matters, what does not, and just how important time is." She is excited to begin her new journey with Mary Washington Hospice, Palliative, and Grief Support Services as the Manager of Quality Assurance & Performance Improvement (QAPI) and Education. One of her goals is to "highlight our wonderful team's amazing work." Congratulations, Kristen!



**Mary Washington
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Mary Washington Healthcare exists to improve the health of the people in the communities we serve.



NHPCO
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