THEO 330 – SECTIONS #09-10 ACTIVITY (ANSWER KEY)

The University of St. Francis

Name _____

Short Answer

1.. Who is at the center of the "ideal caring situation?"

The Patient

2. According to Richard Sandor, what is the "single most valuable asset of the skilled doctor?"

Accurate Communication

3. Regarding hospice and palliative care, what are the three "Cs" of high-quality care?

a. ***Competent*** c. ***Coordinated***

b. ***Compassionate***

4. During the U.S. Civil War, Army Major John Letterman developed a system for evacuating casualties. What is the term for this system? What was this system's purpose?

Triage; To reduce the time between injury and care.

5. What is the purpose of post-trauma defusing?

To assure people involved that their feelings are normal.

6. Today's complex health care system confronts a range of economic, technological, social, and moral challenges. The response of Catholic health care institutions and services to these challenges is guided by five normative principles that inform the Church's healing ministry. Name them.

   a. ***First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.***

   b. ***Second, the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country's health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.***

   c. ***Third, Catholic health care ministry seeks to contribute to the common good. The common good is realized when economic, political, and social conditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.***

   d. ***Fourth, Catholic health care ministry exercises responsible stewardship of available health care resources. A just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community. The responsible stewardship of health care***

resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.

e. *Fifth, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.*

7. What three principles establish medical ethics?

a. *Autonomy*
b. *Beneficence*
c. *Justice*

8. According to Barton Bernstein, what are the first two legal stages in cases of terminal illness?

a. *Involving the patient in long-range planning and arranging legal and financial affairs.*
b. *Medical personnel being notified if the dying patient intends to make an organ donation or anatomical gift.*

9. According to the reading material, what are four basic guidelines to follow concerning Catholic health care?

a. ***The Bible teaches that our human life is a sacred gift from God. We must protect it. We should never intentionally and directly use or avoid a procedure, device or medication to reject that gift and cause the death of any person.***

b. ***At the same time, we are not obliged to undergo or avoid all treatments to preserve life.***

c. ***As believers in the mystery of the resurrection, we know our current life is not all there is. It is morally permissible to say "No" to a medical intervention that does not reasonably offer a benefit or places an excessive burden or expense on us, our family or our community. Death is a beginning, not an end.***

d. ***Each person has two basic rights regarding medical care and treatment: (1) the right to be clearly and accurately informed about a proposed course of treatment, including its risks, benefits, cost and alternatives; and (2) the right to decide to receive or not receive morally-reasonable care.***

True or False

1. ***True*** In 1900, about 80% of deaths in the United States occurred in the home.

2. ***True*** With earlier diagnosis and sophisticated medical care, the "terminal" stage of an illness may now last more than a decade.

3. ***False*** Ninety-two percent of Americans believe that medical technology can always save their lives.

4. ***True*** A covenantal relationship in healthcare implies a mutuality of interests between providers and patients.

5. ***True*** Surveys indicate that most people want to be told if diagnosed with a life-threatening illness.

6. ***True*** Nonverbal communication includes gestures, postures and clothing.

7. ***True*** Most hospice care takes place in patients' homes with family members as primary caregivers.

8. ***True*** An example of "respite care" is temporary care that gives caregivers a break.

9. ***False*** Funding for hospice services is plentiful because there are no limits on who qualifies.

10. ***True*** Death notification style can be significant in a family's experience of grief.

11. ***True*** Physicians in the 1960s tended to withhold information regarding a life-threatening condition.

12. ***True*** The right to refuse treatment remains constitutionally protected even when a patient is unable to communicate.

Multiple Choice

1. All of the following are associated with the mission of modern hospitals EXCEPT which one below?

    a. Aggressive Techniques.
    b. Diagnosis of Symptoms.
    c. Care of Patients with Long Term Residential Needs.
    d. Care of Patients with Acute Illnesses.

2. What is a holistic program of care for the dying?

a. Hospice
b. Nursing Home
c. Hospital Intensive Care Unit
d. Social Service Intervention

3. The elements of the health care system are patient, institution and which one below?

a. Culture
b. Government
c. Staff
d. Spirits

4. Depersonalization of the dying patient can occur when what happens?

1. An illness is not well understood or rare.
2. Physicians and nurses believe "nothing more can be done."
3. Physicians and nurses avoid contact due to their own death anxiety.
4. Hospital staff shifts change frequently.

a. 1 and 2
b. 1 and 4
c. 3 and 4
d. 2 and 3

5. Which country spends more on health than any other industrialized country?

a. United States
b. Sweden
c. Belgium
d. Japan

6. The "principle of symmetry" advocated by Daniel Callahan states that a technology should be judged by a balance between what?

   a. The cost and the seriousness of the illness.
   b. The extension and saving of life and the quality of life.
   c. The cost and the extension of life.
   d. The desire to live and the ability to pay for medical care.

7. Surveys indicate that most people diagnosed with a life-threatening illness…

   a. would rather suspect it without being told directly.
   b. would rather not know.
   c. want to be told.
   d. do not want their families to be told.

8. In Candace West's study of how doctors and patients relate to each other, all of the following were true EXCEPT which one below?

   a. There is a "communications chasm" that hinders the healing process.
   b. Patients want to talk about "the cure."
   c. There is a lack of introductions, greetings, laughter and the use of the patient's name.
   d. Physicians tend to advance questions that restrict patients' options for answers.

9. When a nurse says to a patient "Oh, you're doing so well," his or her intention is probably to do what?

   a. Compare him or her to others.
   b. Avoid discussion and deny seriousness of the ailment.
   c. Help the patient realize that everybody is cheering him or her on.
   d. Provide reassurance to the patient.

10. Hospice programs are mandated to do what?

   a. Provide bereavement follow-up services for the family.
   b. Prescribe a particular way of dying.
   c. Review the family's financial status.
   d. Offer options for alternative and disease-directed therapies.

11. By acknowledging the inevitability of death what spiritually constructive attitude can we have towards this condition?

   a. We can prepare for it.
   b. We can become sad and worried.
   c. We are more open to near death experiences.
   d. We may divest of financial burdens.

Short Answers

According to the reading material, be prepared to describe the following categories of institutional medical care:

Each of the three major categories of institutional medical care – hospitals , nursing homes, and hospices- is intended optimally to serve a specific purpose within the overall health care delivery system. Patients with life-threatening illness usually receive a com bi nation of acute and supportive care. As conditions change institutional care may alternate with home care.

1. *Hospitals*

   Hospitals are devoted mainly to acute intensive care of a limited duration. Aggressive medical techniques are used to diagnose symptoms, provide treatment, and sustain life. The typical patient expects to regain well-being after a short period of treatment and then return to normal life. Patients with chronic or life-threatening illness may alternate between receiving acute care in hospitals and obtaining supportive care in nursing homes, from hospices, or at home. Some hospitals are evolving toward an integrated approach by offering a "portfolio" of health care services, which can include outpatient and extended care, as well as palliative care. ("Palliat" originates from the Greek and translates as "to cloak," meaning care that is meant to cloak or prevent the experience of pain or other distressing symptoms. In the context of modern medicine, "palliative" wa originally used by Dr. Balfour Mount at Royal Victoria Hospital in Canada.)

2. *Nursing Homes*

   Nursing homes (a category that includes convalescent and extended-care facilities) provide long-term residential care for people who are chronically ill and those whose illness does not require acute, intensive care. Most patients in nursing homes eventually return to

the community. A smaller percentage of patients includes those who require ongoing supportive care, as well as those who die while being cared for in a nursing home. 'Increasingly, the nursing home is the place of care and death for older Americans."

3. *Hospice*

   Hospice care is distinguished by its orientalion toward the needs of dying patients and their families. The mission of hospice care is to comfort the patient rather than to cure a disease. Hospice i not necessarily a place but, rather, a fnogram of caring. Care that matches the aims of hospice can be provided in various settings, including a palliative medicine department within a hospital, a nursing home or resid ntial-care facility, a community hospice, or the home. These options for hospice and palliative care are examined in more detail later in this chapter. (Palliative care services for children are discussed in Chapter 10.)

Essay

Daniel Cunningham offers the following testimony concerning his pastoral care hospital experience. Please summarize the case studies that he summarizes below…

Recently, on the same evening during an overnight shift I was working, two patients died (I refer to the patients as BAP and LUT). The occurrence of their deaths were similar; older adults whose hearts ceased to function due to the onset and diseases common at old age. Their deaths were unlike each other in how death and dying were acknowledged, however. The Pastoral Competencies in these two cases required the widest of spectrums of care and response. Explain in detail the narrative which I offered, my attempt to relate these competencies.

KEY TERMS – REQUIRED TO KNOW	
Advance Directive	A general term that describes two kinds of legal documents, living wills and medical powers of attorney.
Autopsy	A medical examination of a body after death to determine cause of death or investigate the nature of changes caused by disease.
Basic Care	This includes nursing care, pain relief and relief of other symptoms, and the offer of food or drink by mouth (perhaps with a spoon, straw or cup).This kind of care may also be referred to as comfort care.
Comfort Care/Do Not Resuscitate Verification Protocol (CC/DNR)	Followed by emergency medical service (EMS) personnel when encountering an authorized CC/DNR Verification Form outside of a hospital setting.
Curative Care	Health care practices that treat patients with the intent of curing them, not just reducing their pain or stress.
Decision-Making Capacity	The ability to make and communicate meaningful decisions based upon an understanding of the relevant information about options and consideration of the risks, benefits, and consequences of the decision.
Do-Not-Resuscitate (DNR) Order	A DNR order is a doctor's written order instructing the healthcare team not to attempt cardiopulmonary resuscitation (CPR) when the heart or breathing stops.
Durable Power of Attorney	Document that permits an individual to appoint another person to make any decisions regarding health care if the principal should become unable to make decisions.
Elder Care	Comprehensive care for chronically ill older adults, which can range from limited assistance with

	independent living to supervised, institutional care in a variety of settings.
Hospice	Program designed to provide care for the terminally ill while allowing them to die with dignity.
Hospital	A medical institution designed to provide short term intensive care of patients.
Living Will	A type of advance directive in which a person writes down his or her wishes about medical treatment should he or she be at the end of life and unable to communicate.
Medical Power of Attorney	A document that names someone else to make decisions about his or her medical care if he or she is unable to communicate.
Palliative Care	The active total care of patients whose disease is not responsive to curative treatment; emphasizes healing of the person and relief of distressing symptoms rather than curing a disease.
Total Care	A personal and comprehensive approach to medical care that attends not only to a patient's physical needs, but also to his or her mental, emotional, and spiritual needs, also known as whole patient care.
Triage	A method or responding to emergencies that aims to reduce time between injury and treatment by assigning priorities to patients based on the seriousness of their injuries, lower priority is assigned to patients with only a remote chance of survival and those with minor injuries while higher priority is given to patients whose injuries are serious but survivable.

KEY TERMS – OPTIONAL	
Acute Care	The use of aggressive medical techniques to diagnose illness or injury, relieve symptoms, provide treatment and sustain life.
Advance Care Planning (ACP)	An ongoing process of discussing and clarifying the current state of a person's goals, values and preferences for future medical care. The discussion often, but not always, leads to the signing of documents known as advance directives.
Advance Decision	A statement of a patient's wish to refuse a particular type of medical treatment or care if they become unable to make or communicate decisions for themselves.
Advance Directive (AD)	A general term referring to a written document to direct future medical care in the event that a person loses capacity to make health care decisions (i.e. Becomes "incapacitated").
Artificial Nutrition and Hydration	Artificial nutrition and hydration replaces eating and drinking by giving a balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.
Brain Death	Irreversible cessation of all functions of the entire brain, including the brain stem.
Burnout	A reaction to stress in which a caregiver goes beyond the state of exhaustion and depression to "past caring."
Capacity	In relation to end-of-life decision-making, a patient has medical decision-making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the treatment options.
Capital Punishment	The execution of an offender sentenced to death after conviction by a court of law for a criminal offense.

Cardiopulmonary Resuscitation	(CPR) CPR is used to try to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.
Cardio-Pulmonary Resuscitation (CPR)	A set of medical procedures that attempt to restart the heartbeat and breathing of a person who has no heartbeat and has stopped breathing.
Care Home	Residential, community-based provision in the statutory, voluntary and independent sectors where a number of elderly people live with access to on-site care. This may be personal care only (help with washing, dressing etc.) or nursing care, which offers the same personal care but also the provides on-site medical care.
Caregiver Stress	A category of stress related to frequent exposure to suffering and multiple losses, as well as to nonreciprocal giving, excessive demands, feelings of inadequacy at inability to provide cure, and institutional constraints.
Carer	Anyone who voluntarily provides care to another person who would not be able to manage without them. Carers can be any age.
Cellular Death	The death of cells and tissues in the body, which occurs as a progressive breakdown of metabolic processes, resulting in irreversible deterioration of the affected systems and organs of the body.
Certification of Death	A process involving the official registration of death and providing legal proof of death by certifying the pertinent data and facts regarding the deceased and the mode and place of death.
Chronic Illness	A persistent or recurring illness which often results in disability and may shorten life expectancy.

Clinical Death	Determined on the basis of either the cessation of heartbeat and breathing or the criteria for establishing brain death.
Clinician	Any health professional, for example, a nurse, involved in clinical practice.
Coma	A state of profound unconsciousness (may be reversible).
Consent and Capacity	Consent must be sought for all medical treatments. Giving (or refusing) consent is the means by which people can choose to accept (or refuse) medical treatments.
Coroner	An individual, usually an elected official, whose job it is to conduct investigations into the cause the circumstances of suspicious or sudden deaths.
Death Certificate	A document that constitutes official registration and legal proof of death by certifying the facts of a death and recording pertinent data about the deceased.
Death Notification	The process of announcing that a death has occurred, important elements include timely notification, control of the physical environment, details of the efforts to save life, explanation of cause of death, and appropriate emotional support.
Death Penalty	The taking of life as a form of retribution or as a deterrent to crime, it may be carried out in various ways, either more or less humane, depending on the underlying philosophy for its uses.
Depersonalization	An aspect of the scientific method applied in medicine which results in focusing more on the disease than on the patient.
Dialysis	The process of filtering the blood through a machine via two small tubes inserted into the body in order to remove waste products from the body in the way that the kidneys normally do.
Do Not Hospitalize Orders (DNH)	Medical orders signed by a physician, nurse practitioner or physician assistant that instruct

	health care providers not to transfer a patient from a setting such as a nursing facility (or one's home) to the hospital unless needed for comfort.
Do Not Intubate Orders (DNI)	Medical orders signed by a physician , nurse practitioner or physician assistant that instruct health care providers not to attempt intubation or artificial ventilation in the event of respiratory distress.
Do Not Resuscitate Orders (DNR)	Medical orders signed by a physician, nurse practitioner or physician assistant that instruct health care providers not to attempt cardio-pulmonary resuscitation (CPR) in the event of cardiac and respiratory arrest.
Donor Card	A document used to specify the intent to donate organs or body parts after the donor's death.
Durable Power of Attorney for Health Care	A term used in some states for a health care proxy.
Emergency Medical Services (Ems)	A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.
End of Life Care	End of life care has been defined by the National Council for Palliative Care, the lead charity for Dying Matters, as 'care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die.
End Stage	The final phase in the course of a progressive disease leading to a patient's death.

General Practitioner (GP)	Your GP is the first port of call when your health is failing or causing concern. He or she will arrange for relevant tests through the NHS and refer you onto a medical consultant when necessary.
Grief	Nearly universal pattern of physical and emotional responses to a bereavement, separation, or loss.
Guardian	A court-appointed individual granted authority to make certain decisions regarding the rights of a person with a clinically diagnosed condition that results in an inability to meet essential requirements for physical health, safety or self-care.
Health Care Agent	A trusted person, officially appointed, who speaks on behalf of a person 18 years of age or older who is unable to make or communicate health care decisions.
Health Care Proxy (HCP)	A document in which a person appoints a health care agent to make future medical decisions in the event that the person becomes incapacitated.
Healthcare Agent	The person named in an advance directive or as allowed under state law to make healthcare decisions for a person who is no longer able to make medical decisions for themselves.
Home Care	Medically supervised or supportive care provided in a person's home.
Homicide	The killing of one human being by another.
Intubation	Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to help the patient breathe.
Life-Sustaining Treatment	Medical procedures such as cardio-pulmonary resuscitation, artificial hydration and nutrition, and other medical treatments intended to prolong life by supporting an essential function of the body in order to keep a person alive when the body is not able to function on its own.

Life-Threatening Illness	An illness that potentially may cause the patient's death
Managed Care	Efforts to control where, when, and from whom medical services can be obtained by standardizing policies and procedures to reduce cost.
Manslaughter	The unlawful, but unplanned killing of a human being without malice.
Mechanical Ventilation	Mechanical ventilation may be known as a 'breathing machine'. A ventilator forces air into the lungs through a tube that is inserted into the nose or throat. The machine does the breathing work for the lungs to keep oxygen moving that is necessary for life.
Medical (or Physician's) Orders for Life-Sustaining Treatment (MOLST /POLST)	A document intended for seriously ill patients that documents decisions for life-sustaining treatment based on the patient's current condition. A MOLST form becomes effective immediately upon signing and is not dependent upon a person's loss of capacity. It does not take the place of a health care proxy.
Medical Examiner	A qualified medical doctor, generally with advanced training and certification in forensic pathology, usually appointed to conduct investigations into the cause and circumstances of suspicious or sudden deaths.
Medicare Hospice Benefit	A legal provision enacted by the U.S. Congress in 1982 whereby qualifying for hospice care requires a doctor's certification that a patient's life expectancy is six months or less if the illness runs its normal course.
Murder	The unlawful killing of a person with deliberate intent (malice aforethought).
National Organ Transplant Act	Enacted by the U.S. Congress in 1984, this act instituted a central office to help match donated organs with potential recipients.

Nursing Home	A medical facility designed to provide long-term residential and supportive care for patients whose illness does not require acute, intensive care.
Oncologist	A doctor who specializes in diagnosis and treatment of cancer. Most NHS hospitals have an Oncology unit, and a team of oncology nurses.
Organ Transplantation	The transfer of living organs, tissues, or cells from a donor to a recipient with the intention of maintaining the functional integrity of the transplanted tissue in the recipient.
Peaceful Death	The aim of an approach to end-of-life care in which successful management of pain and other distress in symptoms, along with provision of emotional and spiritual, allows a patient to live as fully as possible to the end of life.
Postmortem	Occurring after death.
Post-Mortem Care	Care given to the body immediately after death; begins when the physician has pronounced the patient dead.
Power of Attorney	A legal document allowing one person to act in a legal matter on another's behalf about financial or real estate business.
Primary Caregiver	An individual who is available on a more or less full-time basis to provide home care for a patient, this may be the patient's spouse, partner, parent, other relative, or someone hired by a family or funded by public agency to carry out such duties.
Prognosis	The length of time a patient may have left to live. Sometimes referred to as a 'five-year survival rate', this indicates the statistical chance of the patient dying in the next five years (of anything).
Respiratory Arrest	An event in which an individual stops breathing. If breathing is not restored, the persons heart will stop beating, resulting in cardiac arrest.

Respite Care	Temporary care that allows family members or other caregivers a break in caring for a patient.
Rigor Mortis	Temporary rigidity of muscles that occurs following death.
Skilled Nursing Facility	A health care institution designed to provide a comprehensive level of non-acute care, including medical and nursing services as well as dietary supervision.
Surrogate Decision-Making	Surrogate decision-making laws allow a person or group of people (usually family) to make decisions about medical treatments for a patient who is unable to make their own decisions and did not prepare an advance directive.
Terminal Illness	An illness defined as having no known cure and likely to result in death.
Trauma/Emergency Care	Care for accidental injuries and other physically threatening conditions that require immediate medical intervention to sustain life or well-being.
Ventilator	A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube).
Vital Signs	The conventional vital signs, or "signs of life," consist of pulse rate (heartbeat), respiratory rate (breathing), body temperature and blood pressure, pain has been increasingly viewed as a "fifth vital sign" that should be monitored on a regular basis
Withholding or Withdrawing Treatment	To stop life-sustaining treatments or discontinuing them after they have been used for a certain period. This is generally done when treatments are no longer helping to improve a patient's health, or the treatment is causing more symptoms.

THE DASH

by Linda Ellis

I read of a man who stood to speak at a funeral of a friend.
He referred to the dates on the tombstone from the beginning… to the end.
He noted that first came the date of birth and spoke of the following date with tears, but he said what mattered most of all was the dash between those years.
For that dash represents all the time they spent alive on earth and now only those who loved them know what that little line is worth.
For it matters not, how much we own, the cars… the house… the cash. What matters is how we live and love and how we spend our dash.
So think about this long and hard; are there things you'd like to change? For you never know how much time is left that still can be rearranged.
To be less quick to anger and show appreciation more and love the people in our lives like we've never loved before.
If we treat each other with respect and more often wear a smile… remembering that this special dash might only last a little while.
So when your eulogy is being read, with your life's actions to rehash, would you be proud of the things they say about how you lived your dash?

NOTES FROM JOLIET COMMUNITY HOSPICE LECTURE

Chaplain Donald Barrett
November 27, 2018

Introduction

- We all have something in common – we all are going to die; we all grieve or know someone who does
- 15-20% of those in grief from losing a loved one invest in grief support groups
- Hospice is not meant to be seen as a "nail in the coffin" but as a re-educating and updating.
- JACH is in the top 5% of National Hospice Outreach
- JACH is the first free-standing Care Facility
- If patient cannot be managed in the field, they come to hospice
- JACH recognize over three hundred registered religious denominations (according to the Department of Defense)

Chaplain Donald Barrett

- Donald is a native of Chicago, IL. He has been ordained for more than thirty years. Chaplain Barrett has been a Church Planner and is a leader conference organizer / facilitator in Church ministry.
- Chaplain Barrett is a Firefighter and Paramedic, a Chaplain who served in Waukegan & Atlanta
- He has served as a chaplain for more than twenty-five years in the area of first responder, hospitals and the Village of Dolton Police Department.
- Chaplain Barrett currently serves at JACH.
- As a resident chaplain of Emory University, he provided spiritual care in their psychiatric unit.
- Along with spiritual care, he also facilitated support groups in both the psychiatric unit and the rehabilitation hospital in Emory, Atlanta.
- Chaplain Barrett received his master's degree in Theological Studies and Doctor of Ministry degrees from Logos University in Jacksonville, FL.

- He completed his post-graduate studies at Emory University in the area of Clinical Pastoral Education (CPE) in Atlanta, GA.

There are all Types of Loss
With Loss comes Grief
Types of Loss

- Losing Home
- Losing at Casino
- Losing a Pet
- Loss of Income
- Loss of Friend
- Loss of Health – Assisted Living

Support Groups at JACH

- A support group is a meeting of members or persons who provide help and compassion to one another. Support groups are comprised of persons with like experiences.
    - Often a cross-section of society – diverse
    - Middle, Upper, Lower Classes
    - All Walks of Life
        - Intellectual
        - Religious
        - Financial
- Can be Led By…
    - Peer-Led (People in Group Leading Group
    - Professionally Led
    - Unorganized Groups
- In a grief support group, all have experienced some type of loss. With loss comes grief and the group concept helps to bring people out of isolation.
    - Grieving is Personal – Each Person is Different
    - In Break-Out Groups, Try to Connect Those with Similar Grief Experiences
- Grief the common ingredient

- Grief based on specific situations
    - The death of a child
    - The death of a spouse
    - Unexpected/tragic death
    - In these groups, the leader allows sharing without judgment.
        - Listening to stories
        - Chaplain gives *permission* to grieve.

Positive Outcomes

Positive Outcomes of Support Groups Include, but are not limited to…

- Emotional and physical support in a safe, non-judgmental environment.
- Support and understanding from others who have experienced a similar loss
- An aid in the healing process by sharing one's own personal story
- Sharing and receiving stories.
- Gives/receives permission to grieve and to heal
- A reminder that you are NOT alone (you are NOT going CRAZY).

Negative Perceptions

- Potential Negative Perception of a Grief Support Group...
    - Incorrect information or bad advice
    - Overwhelming
    - Discouraging (One may be well but I am not!)
    - Judgment
- Just remember – even Jesus wept (Jn 11: 35; Lk 19: 41)

Grief Support Groups are not...

- Support groups are not magic and do not create a panacea that soothes all hurt. – Chaplain Donald Barrett
- Nor do they vanish your grief.
- They are not meant to replace your feelings.

Organizing a Support Group

- Marketing
- Welcoming
- Ground Rules

Grief Support Rules

- When others have moved on, hospice provides care, especially for the thirteen months after a death (to commemorate milestone moments for those who are suffering)
    - Most people have moved but the immediate family
    - Summer camps for children
    - Rainbows for God's Children
    - Lights of Love – around Thanksgiving
    - Thanksgiving Service at Rialto
        - Slide Presentation of Family Members
        - Musical Selections from Family
- Grief is a part of life. It is not a pathological illness…
- This is a safe, welcoming place
- What is spoken here, stays here
- Share as is only comfortable for you
- Listening to others is a good growth experience
- Grief is a part of life. It is not a pathological illness…
- If you feel pressure to talk and don't feel like it, SAY NO!
- Your story is true and unique, not open to comparison
- Your grief is unique to you
- We will avoid giving advice
- Grief is a part of life. It is not a pathological illness…
- We will listen and not interrupt
- Each of us has equal time; we will not monopolize
- Grief is a part of life. It is not a pathological illness…
- Your spirituality and belief system is yours and is to be honored. Thoughts and feelings are neither right nor wrong… they just are.

Real People – Real Care (Family)

- Goal – to allow people to feel comfortable.
- The mission of Joliet Area Community Hospice is to provide comprehensive, holistic community-based support service and care for terminally ill persons, their caregivers and loved ones, without regard to economic status – to enable the dying person to live peacefully, in comfort, and with dignity to the last moment of life.

Hospice 101

- Hospice on call with live voice 24/7, for those young to old
- Medicare is big part of the program – bound to Medicare guidelines, though no one is turned away because of $$$ or lack of insurance
- Team-Approach – care of those to show dignity of life.
- Provides support and care for those in the last phases of a life-limiting illness, from children to adults.
- Affirms that life neither hastens nor postpones death – "all about life."
- Medicare benefit for someone who has a terminal illness (CTI) and predicted to have six months or less… some patients exceed six months and can still continue to have hospice services.
- Support available for patient, family, friends and doctor
- JACH has staff available for twenty-four hours a day; some needs can be addressed immediately over the phone or a hospice team member can be sent out.
- Hospice is a team approach to provide care to people with life--threatening illnesses or injury. Hospice supports the dignity of life, irrespective of how much time the person has
    - Therapists
        - Speech
        - Massage
        - Heart etc.
    - Chaplain – All have at least a master's degree and are board-certified.

    - Team Meets once a week, consisting of chaplain, social workers, nurse managers, medical directors etc.
    - Family and patients come first
- Joliet Area Community Hospice team consists of:
    - Physician
    - Nurse Manager
    - Nurse Assistant
    - Social Worker
    - Chaplain
    - Volunteers
    - Complimentary Therapies

What the Hospice Team Does

- Develops your plan of care
- Manages pain and other symptoms
- Addresses emotional, psychological and spiritual needs
- Teaches the family/caregiver how to provide care
- Advocates for the patient and family
- Bereavement services (JACH offers bereavement services to anyone in the community, even if their loved ones were with JACH upon death).
- We Do This Together

Repass

- Some cultures offer luncheon after burial
- Go back to the Church after the entombment
- Food of culture – demographic
- To provide support for family
- Fellowship dinner

Admissions Process of JACH

- A referral comes from Doctor, Social Worker, etc.
- The Admissions Department Interviews Family
    - Explains what hospice is about

    - If this is the place for your loved one
    - Sign consent form
- An Assessment Nurse comes to evaluate – educate
- Question – Does the person qualify for Hospice?
- Staff communicates about patient
- The next discipline looks at notes
- Group meets with the family – gives info about hospice to see if this is right for patient
- Follow-up – follow checklist
- Assignments are made to members of staff
    - Case Manager gets case and coordinates
    - Offers services within five days
    - Every discipline will call family to establish visit to introduce selves – establish rapport.
- Never turned away based on $$$

You may be able to navigate grief alone, but we are better together.
– Chaplain Donald Barrett

NOTES FROM PRESENCE-ST. JOSEPH'S HOSPITAL LECTURE

Chaplain Daniel Cunningham
November 29, 2018

Saying "I want to die" is not the same as "I don't want to live."

About Chaplain Cunningham

- Ordained an American Baptist
- Served as Chaplain for 15 Years, from NH Chaplain at Hospice Home to Joliet
- Feels that D&D is about hearing stories.
- D&D sometimes is an event (immediate) or a process (longer)
- Sudden death is easier on the patient than those who grieve; extended death is easier on those who grieve than the patient.

Key to Ethics from a Catholic Health Perspective – Two Elements must be considered…

- **HUMAN DIGNITY**: Human life is sacred and that the dignity of the human person is the foundation of a moral vision for society. This belief is the foundation of all the principles of our social teaching. Every person is precious, that people are more important than things, and that the measure of every institution is whether it threatens or enhances the life and dignity of the human person.
- **PURITY OF INTENTION**: The perfection of one's motive inspiring human action. An act is more or less pure depending on the degree of selfless love of God with which it is performed.

When the patient says, "I want to die," they really don't – few do. They might have the intent to die but you have to unpack what they mean. However, many do not want to live – in this case, you have to unpack their perspective on Human Dignity and their Purity of Intention.

In the example of the active shooter at Mercy Hospital, the shooter wanted to die but did not respect the Human Dignity of others. His intent was to

cause them to die; he lacked Human Dignity of other people's lives. Homicide & Suicide can be similar – I don't care about my life so I don't care about yours.

If someone wants to die, they need psychiatric help. "I don't want to live" – not intent but outcome (escape). Some approach death to escape (both adults and adolescents). They speak of desire to end and act upon it (to escape). They lose resolve to live – death becomes a friend.

"I am afraid to die?" means what? What's coming next? Afraid of hell? Eternal punishment? The process of dying?

Appropriate reaction to death – fear and trembling.
Everything is life is individualized.
BAP – Bad death did things that they should not have done.

Ethics –

- Curative – to keep person alive; will be aggressive to do so Nurses & Doctors try to "fix people." Very hard to say, "there is nothing more that we can do." They are offended when death takes place. Thus, at times they aggressively treat others out of fear of litigation – why often they are aggressive.
- Palliative – a separate medical process from grief process. This should be normative for all care. Hospice admission says, "probably will die within six months."

Catholic Directive – opportunity for patient and family to get as much education as possible, regardless of illness or outcome.

Key to Directive: Ordinary (Proportionate) vs. Extraordinary (Disproportionate)

Examples:

- Hernia – If no surgery, you will die. Thus, surgery is ordinary – if the patient says "no," we say their actions are disproportionate to the

surgery and then a Catholic hospital tells them to seek help elsewhere.
- Abortions – The Purity of Intention is violated, since act violates human dignity.
- Euthanasia ("Dying with Dignity" – This is disproportionate to the dignity of human life)

POLST Form
- Default – if heart is not beating, then CPR is performed (ordinary)
- If CPR, then yes, intubation – they go together
- If no CPR, then can still get intubation or medicine; can sign off on this
- For CHS, unless it's terminal, CPR is ordinary – unless medically indicated reason, you must receive CPR.

Artificial Hydration
- If patient has Advanced Alzheimer's and won't open mouth, then feeding tube does not promote life – it enables suffering
- If aspirating tube feeding via digestive process, stop nutrition hydration – eliminates suffering

Initial Stages in Hospital Visit
- Physicians need to follow ethical/religious directives, as they are taught
- Sometimes nurse puts in a request for ethics inquiry
- Often doctors and nurses act so they will not get sued

John Hart – Loyola Ethicist. There is a difference between

- Chronos (clock) time
- Kairos (sacred) time
- Let ethics process carry out; be true to follow ethical and religious directives

Euthanasia – The primary intent (effect) of the procedure is to cause death, even though the secondary intent (effect) is to remove suffering.

Physician Assisted Suicide (Death with Dignity) – is there "dignity" in death? Look up "Falling Man" picture from 9/11 – I'm jumping to avoid one type of death, leading to another.

- Taking pill over cancer
- Pritzker – Death with Dignity probably in five years
- Key is "intent" – provide treatment to cause death is *wrong* in CHC

Next Class:

- Go Over Power of Attorney – Health Care
- Go Over Advanced Directives
- Neither has to be witnessed by
- Living Will – Few People do it, since Power of Attorney Covers This
- DNR Form
    - Indiana does not have that – rather, "Die a Natural Death"