

# Offering Care for the Mind, Body, & Soul

Winter 2005 Issue

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## Faith Hospice



of Oklahoma

### FAITH HOSPICE OF OKLAHOMA ANNOUNCES THE OPENING OF THREE NEW LOCATIONS

Faith Hospice of Oklahoma announces its move to cover the Central, South Central, and South Eastern regions of Oklahoma by opening locations in Ardmore, Norman, and Magnum. These new offices will be Faith Hospice of Oklahoma's 5th, 6th, and 7th locations with more in mind for the near future.

"Our goal is to develop a statewide presence to service the majority of Oklahoma's counties and to mirror the coverage areas of our sister operation of Healthback Home Health," says Carl Ganter, Director of Operations. The company currently manages opera-

tions in Elk City, Anadarko, Seminole, Oklahoma City, Norman, Ardmore, and Magnum. For more information about services and coverage areas, call the Faith Hospice Central Intake Nurses at 1-800-HOMECARE.

Faith Hospice is a community-based hospice devoted to clinical excellence, emotional support, and spiritual well-being. Our program is licensed by the state of Oklahoma and is certified by Medicare.

Faith Hospice of Oklahoma provides services through the collaborative efforts of physicians, nurses, social workers, home health aides, therapists, clergy, trained volunteers, and many others.

*Comfort and Compassion for the Terminally Ill  
and Their Families*

## WHEN IS HOSPICE CARE APPROPRIATE FOR COPD PATIENTS?

A report in a recent issue of the journal, *Respiratory Care*, provides practical guidelines for determining and disclosing prognosis in patients with chronic obstructive pulmonary disease (COPD). Below are highlights of the article written by John Hansen-Flaschen, MD, chief of the Pulmonary, Allergy, and Critical Care Division, University of Pennsylvania Medical Center, Philadelphia.

**The following are characteristics of patients with COPD who are most likely to die within six to 12 months:**

- More than one hospitalization for acute care in the past 12 months
- Severe, irreversible airflow obstruction
- Severely impaired performance status, including a clear decline in activities of daily living

- Ability to walk just a few steps without assistance
- Co-morbid disease, such as cardiovascular disease
- Older age

**Clinicians should consider referring a patient to hospice if:**

- The patient may die at any time from an ordinary respiratory infection due to limited cardiopulmonary functional reserve
- The patient could benefit from the multidisciplinary services provided by hospice, due to distressing symptoms or severely limited performance status
- The patient is aware that death might occur within six months or less and does not want to suffer needlessly

## ONLINE PAIN MANAGEMENT SITE OFFERS PRACTICAL TOOLS

Busy clinicians can now find pain assessment tools and downloadable patient forms at [www.npecweb.org](http://www.npecweb.org), the website for the National Pain Education Council (NPEC). Developed by a team of leading pain management experts, the site aims to “relieve the burden of human suffering by educating physicians about the latest aspects of pain assessment and management.”

Practitioners can access the site for free after completing a one-time user registration. The NPEC site offers a reference section with links to abstracts from the National Library of Medicine database on pain management, the pathophysiology of pain, and opioids; clinical journals; as well as relevant websites. The online learning section offers interactive, multimedia CME/CE programs. The following are among the practical

tools available to print or download:

*Printable clinical forms and guidelines include:*

- Tools for assessing pain, functionality, and quality of life
- Prescribing information on selected pain medications
- An equianalgesic chart
- Pain management and regulatory guidelines

*Downloadable patient forms include:*

- The Patient Bill of Rights developed by the American Academy of Pain Management
- The Code of Ethics and Opioid Consent Form developed by the American Academy of Pain Medicine

## EARLIER HOSPICE ENROLLMENT MAY REDUCE RISK OF CAREGIVER DEPRESSION

A Yale School of Medicine research team has found that caregivers of patients enrolled in hospice for less than three days before death are at an increased risk of experiencing major depressive disorder.

Being unprepared for the death of a loved one is one of the risk factors for post-loss depression, and a shorter hospice stay has been found to be related to inadequate death preparation, the researchers note in their study published in the *American Journal of Psychiatry*.

Some of the team's research results include:

- Caregivers of patients enrolled in hospice for less than three days were significantly more likely to have post-loss major depressive disorder than caregivers of patients with longer hospice stays (24.1% vs 9.0%).
- Caregivers of patients enrolled in hospice for less

than three days first learned from their loved one's physician that the disease was incurable 8.1 weeks before choosing hospice, while caregivers of patients with a longer hospice stay understood the terminal nature of the disease 26.4 weeks prior to enrollment.

The risk of major depressive disorder can be reduced during the first six to eight months of bereavement with an earlier hospice enrollment, the researchers note. Caregivers experiencing the death of a loved one in the first days of their hospice stay would be good candidates for hospice bereavement interventions, they conclude.

*Source: "Depression among Surviving Caregivers: Does Length of Hospice Enrollment Matter?" American Journal of Psychiatry; December 2004; 161(12):2257-2262. Bradley EH, Prigerson H, Carlson MDA, Cherlin E, Johnson-Hurzeler R, Kasl SV; Department of Epidemiology and Public Health, Yale School of Medicine, New Haven, Connecticut.*

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## 99% OF PATIENTS, FAMILIES CITE VALUABLE FEATURES OF HOSPICE

A research team based in Philadelphia has found that 99% of patients and their families discovered features of hospice care that they consider valuable and that would have motivated their decision to enroll earlier.

In their report, which was published in the November 2004 issue of the *Journal of the American Geriatrics Society*, researchers suggest that doctors can help improve the hospice referral process by describing hospice care during advance care planning discussions and by explaining the major features and benefits of hospice to both patients and their families.

The aspects of hospice care that motivated enrollment included:

- Terminal care at home
- Pain and symptom management
- Caregiver support

The aspects of hospice care that would have motivated earlier enrollment included:

- Spiritual and emotional support
- 24-hour-a-day help by phone
- Regular visits by a nurse
- Patient/family education about physical care and the dying process
- Coordination of care and case management

# Offering Care for the Mind, Body, & Soul

## TODAY I SAW A MAN

By Wade McCoy, MD

Today I saw a man. We agreed to meet at the nursing home. His wife, Millie, has Alzheimer's disease. She requires twenty-four-hour care. I met him to make a medical visit with her. As we got off the elevator, he bounded toward her room like he was headed to the ice cream counter. He strolled down the hall at a fast pace on his way to see Millie. At the end of the hall, he entered the last door to the left. Today I saw a real man.

Today I saw a man almost bounce into the room of his ill wife. He knelt down beside her chair, more like a grandchild than a husband. He leaned over and kissed her on the forehead and said, "How are you today, Millie?" He brushed her hair out of her face and commented on how good she looked. Today I saw a real man.

Today I saw a man go into the bathroom and get a hairbrush. He brushed her hair gently and rubbed the back of her head. He told her how pretty she looked. He looked down at her feet and said, "Millie, your shoe is untied." He then knelt before her and tied her shoe before urging her to get up and go for a walk. Today I saw a real man.

Today I saw a man recognize that his wife's lips were dry. He went to the table and poured her a glass of cold water. He then approached her carefully and placed the straw in her mouth. He patiently urged her to drink because she looked dry. Today I saw a real man.

Today I saw a man take the arm of his frail wife and walk to the door. He walked her out into the hall and had her sit down while we reviewed her chart. He sat with me and we looked over her medical "data." We visited about her disease and her de-

mise. I watched as his emotions turned to grief. He wept. He didn't sob for himself, for all that he was missing out on. He didn't sob because of the apparent burden his wife was placing upon him. He sobbed when he said, "I looked at some pictures of Millie taken years ago. I remembered how smart and alive and lovely she was." Today I saw a real man.

Today I saw a man lead his wife down the hall to the dining room to feed her. He fed her every bite she took at the meal. She no longer feeds herself. I parted ways with them, but today I saw a real man.

Today I saw a man, a Christian man, a person who has truly taken on important characteristics of Christ. He is a humble servant, though he's a successful attorney. I saw a man put his wife's needs before his. I saw a man sacrificing many hours of his day for his ill wife. At that moment, I realized that we sometimes do catch a glimpse of how Christ affects people. I realized that in comparison to this scene, many other matters that concern Christians seem petty. It became clear to me that the Christian message is more about servanthood and less about which political party speaks for God. I understood the Christian message is about sacrificial loving more than it's about overcoming the bandwagon moral issues that preoccupy the Christian community cultural war machine. I understood that this message of Christ is always more about being loving than it is about being "right."

Today I saw a man, a Christian man who looked more like Christ than I could have ever imagined.

*This story reflects the experiences of Dr. Wade McCoy. Faith Hospice does not impose the dictates of any values or belief system on its patients and families.*

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