

## Honor shining examples of end-of-life care

BY DAVID J. BALTZER

In 1981, my father traveled on his own dime to visit St. Christopher's Hospice in London, England as part of his preparation to become a hospice volunteer. At that point, he did not know that he would develop terminal cancer six years later. My father died pain-free on the back porch of his own home in 1992, surrounded by loved-ones, and supported by hospice. The dreaded moment was actually peaceful.



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It is impossible for me to think about end-of-life issues without remembering the care that my father received. The work of health care executives routinely involves emotional decisions made in detached settings like boardrooms, meeting rooms, and offices. The actual care of patients involves a different type of work and emotion.

Fortunately, nurses and doctors are expert at reminding executives that all decisions affect the patient.

The patient is a human being who lives through a life cycle. The human life cycle can be plotted in a chronological age continuum that intersects matrix-like with care provided by physician and nursing specialists as disease/wellness issues dictate. Hospitals that provide obstetric services know the corporate joy that comes with delivering new life into the world. There are corresponding feelings of satisfaction that come with end-of-life care. It is interesting to note that society has chosen to reimburse health care providers less favorably for care of people at the human life cycle entry and exit points than for care of people in other phases of life. It takes commitment to certain deep-seated values to provide end-of-life care.

End-of-life care has evolved to receive more of the attention it deserves. An example is the requirement that every patient reg-

istering for hospital inpatient admission must be asked if there is an advanced directive. End-of-life care has become a professional specialty for a stage in human life. The Rehoboth McKinley Christian Health Care Services (RMCHCS) Hospice medical director is board certified in Hospice and Palliative Care. Nurses are also certified in Hospice and Palliative Care. Hospice volunteers are highly trained. Hospice has become a respected professional discipline.

At RMCHCS, end-of-life care is part of our corporate mission. End-of-life care is viewed as an active rather than passive approach toward treating an important human condition. The terminally ill patient is viewed as one who is in a chronic state of physical decline that deserves the same level of attention as patients who are in an acute treatment phase. Palliative care is a treatment choice. Pain management is a highly developed skill. End-of-life care fits all four of our core values: family, com-



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petence, human dignity, and social responsibility.

The RMCHCS hospice, home health agency, and adult day care program report to one administrative director. This coordination of services allows staff to plan the patient's care and to use the appropriate resources. Patients can move within the continuum of services as needed. Quality of care is enhanced through an integrated delivery system.

We are pleased that our efforts have earned us a citation of honor from the "Circle of Life Award." The award is funded by the Robert Wood Johnson Foundation and co-sponsored by the AHA, the American Medical Association, the National Hospice Organization, and the American Association of Homes and Services for the Aging. The award honors those who chart new directions in treating terminally ill patients.

The recognition provided by the Circle of Life Award has helped to lift awareness in our community about the value of end-of-life care. It has helped to change the thinking and attitudes of our community. The attention given to the hospice as a result of this award has helped to build the credibility of the program. Increased community trust has helped in the enrollment of patients and in the recruitment of staff. Compared with the previous year, there has been a 42% increase in the number of Native American patients who have enrolled in Hospice. There has been interest for further research about end-of-life care in our community.

Thirty years ago I worked as a medical-surgical floor staff nurse. I attended many patients as they took their last breath. I did my best for them and their families. Although the choice is not always ours, we professionals talk

amongst ourselves about how we would prefer to die. My response would be, "to die pain-free at home on the back porch, surrounded by loved ones, and supported by hospice."

End-of-life care is emotionally difficult for patients, families and staff. Fortunately, professionally delivered programs do help provide closure through a formal planning, grieving and bereavement process and through compassionate care. The AHA and its co-sponsors should be thanked for bringing attention to end-of-life care in the United States through the Circle of Life Award.

Baltzer is president of Rehoboth McKinley Christian Health Care Services in Gallup, NM, which received a Circle of Life Award 2002 Citation of Honor. Want to apply for a 2004 Circle of Life Award? Applications are due Aug. 15. Go to [www.aha.org/circleoflife](http://www.aha.org/circleoflife).



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