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Combining conventional treatment with the unconventional delivers well-rounded, effective care

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THE HEALING POWER OF THERAPEUTIC MASSAGE
When the unconventional becomes conventional

Until a Denver hospital brought in therapy dogs in the mid-1980s for ill children to nuzzle and pet, the medical community didn’t think much of the unconventional idea of animals in a medical setting. But the difference they made was hard to ignore.

Music as a therapeutic tool began taking shape shortly after World War II when musicians went to veterans’ hospitals to lift moods of soldiers undergoing rehabilitation. Again, the difference they made was hard to ignore.

While we tend to prefer conventional medicine, sometimes unconventional treatments — usually referred to as alternative therapy — begin to emerge as viable remedies. Massage and reiki have been found to reduce pain and nausea; music generates positive responses in patients with Alzheimer’s or other memory disorders; art therapy encourages social behavior and self-esteem; pet therapy reduces stress.

Alternative therapies are gaining such traction that, while not standard in Veterans Administration medical centers, many VA healthcare facilities are incorporating them into conventional medicine.

By combining these unconventional therapies with conventional medical treatment, allowing them to complement each other — hence the term “complementary therapy” — hospice can provide well-rounded, effective care that safely and securely delivers symptom management, well-being and quality of life.

As always, we are interested in your reaction to our words, and we are eager to hear and share your stories.

Sincerely,

James A. Deal
Chief Executive Officer
Alternative Therapies

Alternative and complementary therapies are a growing option for many hospice patients to manage symptoms and improve quality of life. Music and pet therapies, for example, reduce stress and, for some Alzheimer’s, dementia and memory disorder patients, generate positive responses. Research has shown that massage, reiki and aromatherapy can reduce pain and nausea.

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ON TOPIC

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Relieving pain, stress and more with unconventional remedies.

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Resources that families may find helpful in their hospice journey.
Angels among us
make dreams come true

By Cheryl Datiun

When Shirley Pace of Florence, Alabama, was asked to compile a “bucket list” of activities she would like to experience, she had just a single wish: to once again see her sister, who lived in Mobile — at the other end of the state.

Billie Mock, former RN case manager at Compassus in Florence, where Pace is a patient, contacted Bobby Behel, a pilot with Angel Flight Southeast, a volunteer group that provides free, non-emergency air transportation for those with serious medical conditions.

Behel, who had volunteered to fly numerous hospice patients before, agreed without hesitation. Mock began coordinating schedules with the pilot, patient and her sister. The Florence team also made arrangements for Pace’s medical equipment to be placed at her sister’s home and for hospice care to be available should the need for symptom management arise during the visit.

Angel Flight transported Pace from the Muscle Shoals airport to Mobile where she spent Thanksgiving week with her beloved sister. When it was time to return, Behel also flew Shirley home.

We can’t thank Bobby Behel and the Angel Flight crew enough for what they did to boost Shirley Pace’s well-being. Her wish was granted because of their generosity. It’s very exciting to see the smiles on patients’ faces when we all work together to make such a big difference in their lives.

Cheryl Datiun is a former hospice care consultant for Compassus in Florence, Alabama.
The family trip to Italy was to be extra special for Jan and Joe Franzone. Their family originated from Italy and they had planned a special trip to visit their ancestral home to connect with the Mediterranean country’s rich history and culture.

Unfortunately, Jan’s declining health made it impossible to travel such a long distance. And because she couldn’t go, Joe couldn’t bear to go without her.

That’s when a little bit of Italy was brought to them, courtesy of Compassus in Sheboygan, Wisconsin. Linnea Shamir, a case manager, came up with the idea to boost Jan’s spirits and well-being by hosting a complete Italian dinner at the assisted living center where she resides.

Musician Karen Mani volunteered to help create the mood by softly serenading the couple with her violin as they dined on traditional Italian cuisine.

It was a magical night for the Franzones and a heartwarming experience for all those who helped make it possible for them to have a little taste of Italy come to them.

Terra Hubacek is a former hospice care consultant for Compassus in Sheboygan, Wisconsin.
It is a wonderful feeling as a caregiver to know something we said or did provided comfort to a patient. But sometimes there are moments there are simply no words, no experience or no skills that will address the patient’s needs.

Whether tending to a loved one or caring for a patient, it’s likely we’ll experience a sense of helplessness as a caregiver. Understanding that and learning to embrace it allows us to experience the grace that so often accompanies it. These stories show us how.

‘DON’T TALK AND DON’T RUN’

A hospice chaplain of more than 30 years recounted the story of a newly ordained Episcopal priest who was called into the rector’s office and told that a prominent parish member had been hospitalized and requested a priest for spiritual care.

The young priest felt an immediate sense of fear; nothing in his training had prepared him for this. He had spent very little time in hospitals and wondered what he might say or do to bring comfort. He soon stood outside the parishioner’s room, trembling and praying, but eventually found the courage to enter. The woman took one look at him and, realizing his fear, called him over to the bed. “Don’t talk,” she said, “and don’t run.”

The priest was certain his role was to say something that would bring comfort and perhaps healing. His need was to do something, but that’s not what the patient wanted. As caregivers, we must listen to what the patient or our loved one really needs. This patient simply wanted the priest’s presence to reassure her.
‘GET OUT OF THE WAY AND TRUST THE WORK OF GOD’

The same chaplain told me about ministering to a man who was nearing death and had closed down emotionally. He would no longer talk to staff or family, causing his care team to be especially concerned.

This chaplain entered the room and found the patient lying in bed, awake and eyes fixed on the ceiling, hands resting one on top of the other above his blanket. She approached him, sat next to him and introduced herself. She placed her hand on top of his and asked if he needed anything or if he wanted to talk.

He didn’t say a word, look at her or even acknowledge her presence. They remained that way for a few minutes until he withdrew his hands from her touch and moved them beneath his blanket. She admitted feeling a little humbled; with all her experience, she thought she could help this man open up and perhaps reconcile whatever needed healing inside him.

Still, she kept her hand resting on this chest and sat quietly and prayed. More than an hour passed without anything being said and then slowly, without a word, the patient’s hand reappeared from beneath his blanket and grasped her hand. They continued in silence for another hour before he quietly passed away.

“I don’t know what happened between him and the Divine Spirit in that time, but I know he found peace,” she told me. “Sometimes when we feel most helpless, we need to get out of the way and trust the work of God.”

SIMPLE CARING

In a book about end-of-life care, a social worker was working with a hospice patient whose self-identity and sense of dignity was a product of his physical presence. He was highly successful as a businessman, husband and father, but his mere physical presence set him apart.

As his illness slowly stripped him of his strength, looks and energy, it took a toll on his sense of dignity. The social worker diligently worked to help him rediscover a deeper sense of who he was and the dignity that went beyond the mere physical.

Near the very end of his life, she visited with him and asked as a favor if he could tell her what was most helpful of all the things she had done. His answer: to care.

Often, it is not so much what we do, but how we do it. If we serve our loved ones and patients with compassion and love, that is what matters most. We must realize that our caregiving is more than what we do — symptom management, safety and security, and working to improve well-being and quality of life. Caregiving is first and foremost about our loving, compassionate presence, even if and when that presence is without action or words.

Timothy Schumacher is chaplain for Compassus in Albuquerque, New Mexico.
Practical tips to help family and friends interact with patients

We often feel helpless when someone we know is facing a serious illness and may not know how to act or what to say. These tips can help family and friends interact with someone who is facing a serious illness to aid in their comfort and quality of life.

1. Don’t avoid the patient. Be the friend or loved one you have always been.
2. Call before you visit, but don’t be afraid to visit. They may be lonely.
3. Call to tell the patient you are bringing their favorite dish and what time you are coming. Bring food in disposable containers so they won’t worry about returns.
4. Take care of the patient’s children. They may need time to be alone with their loved one. The children may also need a short break.
5. Touch the patient. A simple squeeze of their hand can tell them you still care.
6. Take the patient out for a pleasure trip but know their limitations.
7. Call for a shopping list and make a “special” delivery to their home.
8. Weep with the patient when they weep. Laugh when they laugh. Don’t be afraid to share these emotions.
9. Celebrate holidays by decorating the patient’s room or home.
Help the patient’s family. Offer to come stay with the patient to give the family a break, or invite them out.

If appropriate, pray together.

Send a card that says, “I care.”

Ask the patient if they need transportation to the doctor or the store.

Bring small gifts of flowers or other natural treasures.

Bring a positive attitude; it’s contagious.

Water the plants.

Don’t always feel you have to talk. Sitting silently together can still be a comfort to the patient.

Ask if the patient wants to talk about their illness. Ask, “Do you feel like talking about it?”

The Patient Choice and Quality Care Act

When faced with a serious illness, individuals must have the freedom to make informed choices about their care, and the power to have those choices honored. Initiating early conversations on this challenging topic can help families and patients have their wishes known and their voices heard. My mother, Marjorie, passed away from Alzheimer’s disease in 2010 at the age of 81. One of my biggest regrets is not having these discussions with my own mother, who suffered for 11 years with Alzheimer’s disease, before she grew too ill to make her wishes known.

The Patient Choice and Quality Care Act is legislation that I have offered each Congress I’ve served in the Senate that aims to empower patients and families to make care decisions based on their own values and goals. This bipartisan bill creates a new patient-centered care model with an interdisciplinary team that would work together to meet the physical, medical, psychosocial, emotional, and spiritual needs patients and caregivers by providing important information and services. It would also support the development of resources to educate Americans about advance care planning, and strengthen advance directive transferability between states. These efforts will help ensure that the care patients receive at the end of life is consistent with their wishes.

I believe that Congress must do more at the national level to support patients, caregivers and families and I’m pleased to work with my colleagues to continue this important conversation.

Mark R. Warner, U.S. Senator of Virginia
ON TOPIC

COMPLEMENTARY AND ALTERNATIVE THERAPIES

CONTROLLING SYMPTOMS WITHOUT MEDICATION
Relieving pain, stress and more with UNCONVENTIONAL REMEDIES

By Carol Davis

The hospice patient’s brain cancer took her speech but she still could sing and enjoy her beloved music, so her husband and music therapist would sing with her.

As the cancer took over and she became comatose, the music therapy continued, only now it became therapeutic for her husband as well.

“He brought a box full of letters he had written to her along with poems and cards,” says Amy Clements-Cortes, a board-certified music therapist. “We spent the next couple of months writing a song cycle of nine songs.”

That process helped him cope with his wife’s illness. “As time passed, the music therapy became more for him than his wife,” says Clements-Cortes, a psychotherapist and assistant instructor at the University of Toronto in Ontario, Canada.

They recorded the song cycle and eventually played it at the patient’s large memorial service. “It helped her family honor her,” she says.

Music is among the growing number of complementary and alternative therapies offered to enhance quality of care for hospice patients. Others include:

- Acupuncture/acupressure
- Aromatherapy
- Art therapy
- Chiropractic
- Deep breathing/relaxation
- Massage therapy
- Meditation
- Pet therapy
- Yoga
Alternative therapies can help with symptom management, including pain and anxiety, and can improve mood. Music and pet therapies, for example, reduce stress and for some patients with Alzheimer’s, dementia, or other memory disorders, generate positive responses. Research has shown massage and Reiki can reduce pain and nausea.

A study of art therapy for Alzheimer’s and other dementia patients concluded it engages the patient and provides pleasure while improving symptoms, social behavior and self-esteem, according to the Journal of Alzheimer’s Disease.

Madeleine Kerkhof, an expert and world-renowned educator in clinical aromatherapy, uses essential oils for many symptoms, including pain relief.

“A mouth gel I make for painful inflammations and infections of the mouth made an enormous difference to one hospice patient,” Kerkhof says. “She had suffered from ‘burning mouth syndrome’ for more than seven years due to her terminal illness. She had tried everything, had been to every specialist, but no one could help her.”

A nurse had heard of Kerkhof’s mouth gel and suggested the patient try it. “After two weeks, the patient was pain free,” Kerkhof says.

**BRIDGING A GAP**

The National Hospice and Palliative Care Organization (NHPCO) advocates alternative therapies and has even released a video highlighting the use of music therapy in hospice care. “Mr. Gregg: The Life of the Party,” follows Robert Gregg, a hospice patient suffering from memory loss and agitation due to advanced illness.

Music therapy was introduced into Gregg’s care after a hospice aide realized he was responding positively to the songs she would sing to him. With Sara Harris, his certified music therapist.
When the mother of Rep. Phil Roe, M.D., (R-Tenn.), was nearing the end of her life, music was the tonic that made her feel better. “At the end of life, people tend to focus on what brought them the most joy,” says Roe, an East Tennessee physician. “For my mother, music played a big part in her life and she loved hearing me play gospel hymns.”

Roe is quite familiar with end-of-life issues and, to that end, has worked with Rep. Earl Blumenauer (D-Ore.) to introduce the Patient Choice and Quality Care Act, legislation to help prepare individuals and their loved ones for the use of advanced illness, palliative and end-of-life care.

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NHPCO President and CEO Edo Banach agrees. “As a musician, I believe in the power of music to transcend words and connect people,” he says. “Music therapists help provide physical and emotional peace to patients and families at the end of life.”

“While these talks are never easy, they need to happen. Having gone through this in my own family twice in the past five years, I have come to accept the need to have these candid conversations,” he says. “These discussions … are important because everyone eventually reaches the end of the road, and they help patients and their loved ones best prepare for the inevitable.”

And when the inevitable approaches, comfort and quality of life are more important than ever.

“There are many things that can give someone peace,” he says, “but to me, time with loved ones is the strongest form of therapy.”

HELPING FAMILIES, TOO

While patients can benefit from alternative therapies, their families, who are going through an emotionally wrenching time, can benefit, as well. Family members of all ages use various forms of art therapy to deal with grief, both during their loved one’s illness and after death. Others may find that yoga, meditation, deep breathing or aromatherapy can induce calmness at particularly stressful times.

If an alternative therapy might help your loved one — be they a patient or family member — your care team will be happy to look into adding it to the medical and social support already offered.

“Time with loved ones is the strongest form of therapy”

Art therapy is beneficial to engaging a patient and improving symptoms.

Carol Davis is assistant editor of Everyday Compassion.
The hospice patient knew she was dying and her devoted husband knew she was dying. But they continued to deny that sad fact to one another despite her pancreatic cancer diagnosis.

Dr. Amy Clements-Cortes, a board-certified music therapist, knew music could help them express their feelings to each other. “The patient and I would write or choose songs that reflected important memories to them. We would sing the songs and talk about what the lyrics meant,” she says.

“La Vie En Rose,” for example, was a memory of their trip to Paris. “At the end of each session, her husband would come back into the room and together we all shared a relaxing journey through music and a closing song,” Clements-Cortes says.

The couple ended up with seven songs that held deep meaning and ultimately opened up communication between them. “When we finished, we had a concert,” Clements-Cortes says. “It was quite emotional.”

Music therapy is the clinical use of music interventions with a professional music therapist to accomplish individualized goals, according to the American Music Therapy Association. Music therapy interventions within the hospice setting can be designed to:

- Manage stress
- Alleviate pain
- Express feelings
- Enhance memory
- Improve communication

Music as a therapeutic tool began taking shape shortly after World War II when music educators and musicians went to veterans hospitals to lift the moods of former soldiers undergoing both mental and physical rehabilitation, says Clements-Cortes, a registered psychotherapist and assistant professor at the University of Toronto in Ontario, Canada.

“What makes music therapy a unique effective therapeutic intervention is that a music therapist
uses music as a tool to create a relationship between the client and therapist, working on goals in all domains: motor, spiritual, psychosocial, communication, cognitive and emotional,” she says, adding, “It’s such a non-threatening intervention and it really complements all the other therapies.”

**NATURAL MOOD LIFTER**

Music therapy is most commonly used to alleviate pain and anxiety, Clements-Cortes says.

“If someone is in pain or they have labored breathing, music therapists can match their heart rate and respiratory rate and, with music, bring it to a much more relaxed state,” she says.

Music also releases endorphins — your brain’s feel-good neurotransmitters, as described by the Mayo Clinic — resulting in pleasant emotions that help raise a person’s mood and decrease their pain perception, sometimes quite rapidly, she says.

It is also particularly helpful to patients with end-stage dementia, who suffer irritation or agitation.

“When a patient is agitated, irritated or having angry outbursts, I think of these as responsive behaviors in which they’re responding to something that is or isn’t there,” Clements-Cortes says.

A music therapist can divert that patient’s attention by having them engage in something meaningful, thereby calming agitation, she explains. Such natural, safe symptom management aids in the patient’s comfort and quality of life.

Music therapists also sing with patients, play instruments or write lyrics to open the door to a discussion of emotions. Some patients choose to write songs expressing their love; others write songs to release pent-up feelings; and some compose lyrics to articulate their emotions.

One 90-year-old patient, a retired lawyer, chose to write an opera.

“We wrote an opera together because that was his plan,” she says.

“We had written songs of lamenting and grief, and opera was the only musical modality that could represent the dramatic feelings he was having.”

The characters in the opera were members of his family — both living and dead.

“He passed away before he finished writing the last piece and he had asked me, before, if I would finish it and take it to his family,” says Clements-Cortes, who fulfilled his wish.

Music therapy helped another hospice patient explore something she never experienced in childhood — play.

“She was a child Holocaust survivor ... and never experienced a real childhood,” Clement-Cortes says. “I gave her several musical instruments to play. She said, ‘Now, I have a chance to play and explore.’ It was such a different and meaningful experience for her.”

Patients often write and perform or record their songs to leave as legacy gifts to their loved ones. One patient who was in her 40s wrote a song for her children as a legacy gift. “We invited her children to come to a session and I performed the song for them. It was highly emotional, but it helped with their grief,” Clement-Cortes says.

“We are using music to help people say important words like ‘goodbye’ or ‘I love you,’ — the work of relationship completion,” she says. “It helps people find a place of closure and peace.”

Carol Davis is assistant editor of Everyday Compassion.

“*If someone is in pain or they have labored breathing, music therapists can match their heart rate and respiratory rate and, with music, bring it to a much more relaxed state.*”

Visit Amy Clements-Cortes’s website at notesbyamy.com
Music can be instrumental in unlocking the door of dementia

By Rev. Dr. Cathy Genthner

“Music gives a soul to the universe, wings to the mind, flight to the imagination and life to everything.”

— Plato

Shortly after becoming a hospice chaplain nearly eight years ago, I realized it was always difficult and sometimes impossible to communicate in the traditional sense with some patients who had severe dementia. I really wanted to reach them, to bring them a sense of joy, well-being and comfort at the end of their lives. Most of all, I wanted them to know they were loved.

Words didn’t always work. In fact, I could tell some patients were frustrated because they couldn’t engage in a typical conversation and were silenced by their disease.

Though they may have understood some of what was being said, it was impossible for them to respond with words. Our patients were having their symptoms managed in a safe and secure environment, but I also wanted to make their last days as rich and loved-filled as possible.

I prayed about it and waited — for an answer, for direction. That answer came in a “still, small voice” — the words the Hebrew prophet Elijah used to describe his encounter with God.

One day, I brought my hymnal and flute — I played 40 years ago in the Windham (Maine) High School Band — to a visit and started playing those old hymns. In many patients, I could see the music brought back old memories that were just waiting to be set free, like a bird from a cage.

I played many hymns my patients had sung in their younger, healthier days, when they were active in church, raising families, going to work, cleaning the house and just living their lives. Music always takes us back to different chapters of our lives as we remember what we were doing when we heard or sang a particular song or hymn. Those memories are powerful, moving and miraculous.

My first experience with the miracle of music in hospice happened several years ago with a
patient who could only say a few simple words, such as “yes” and “no,” and who rarely strung sentences together. However, she had a history of being quite active in her church when she was younger. I started playing “How Great Thou Art” on my flute.

Recognition sparked in her eyes. The music worked as a mental backhoe, digging up memories long encrusted by dementia.

Then I started singing the words. She joined in and knew all the words to the first verse. I was amazed and got rather daring at this point. So, while I was looking at the hymnal with the words in front of me, I sang the second verse. So did she — only she was not looking at the hymnal.

Then, feeling even more inspired, I sang the third and fourth verses from the hymnal and so did she. The words to the hymn were written on her heart, rather than on a piece of paper.

MUSIC TRANSCENDS

“Music is a powerful way to tap into memories and connections we may not always be able to access consciously,” says Dawn Burley, LCSW, a Compassus social worker in Scarborough, Maine.

“We see so many of our patients singing or tapping along with their favorite songs, even when they are unable to fully access communication skills or to engage socially in the present. Additionally, and perhaps most importantly, it brings so many people joy,” she says. “It is a pleasure that allows our patients to transcend their current circumstances, even if only partially or only for a short time.”

I also experienced the phenomena of musical aptitude, despite disease, with my own mother, Kathryn Althea Genthner, who died in 1998 after being diagnosed with dementia. Music was very much a part of her; at age nine she played the piano in her rural Baptist church and, later in life, she wrote many original pieces having only three months of piano lessons.

As her dementia progressed and her mental storm grew in intensity, she still struggled to play the old hymns for me and my father. Before she had several strokes we would gather together around the piano and sing hymns such as “Power in the Blood” — my favorite — as my father sang the melody and I worked to sing harmony. When she became unable to sit on the piano bench, my dad bought her a portable keyboard to play as she sat on the couch.

We were amazed that she could still play, though not with the precision and timing as before, but the essence of the music — and of her — remained. Despite adversity, disease and decline, she retained the soul of the music in her fingers.

Music touches the soul of all people, despite their age, income or mental ability. It is a feeling, an energy, that not only fills our ears with notes but refreshes our being like living water. We respond to music not only physically, but soulfully. In responding to our call to bring comfort, well-being and quality of life to those at the end of their lives, music can really be ‘soul food’ to patients who are hungry.

Rev. Dr. Cathy Genthner is chaplain and bereavement coordinator for Compassus in Scarborough, Maine.
It is time to make my chaplain visit. Lizzie (not her real name) is lying in bed. Her eyes are closed. I knock gently on the door and, as she opens her eyes, a faint smile comes to her face.

“Oh, it’s you,” she says in greeting me.

“Rosie and I are here to see you,” I reply.

“Oh, good!” she says. “You brought your banjo.”

“Rosie” is my rosewood Martin guitar — not a banjo — and we have been visiting Lizzie for the last several weeks. Cancer has stolen her strength and ravaged her body, but her spirit and her mischievous sense of humor are still there — hence, the “banjo” joke.

I know her favorites: “Jingle Bells” — at any time of the year — “Amazing Grace,” “Let Me Call You Sweetheart,” “Side By Side” and, of course, “You are My Sunshine.”
But why is a chaplain playing music? And not even religious music? Isn’t the chaplain’s domain word and sacrament, prayer and consolation? Well, yes, but there are times when the “religious” aspects of the chaplain’s job actually get in the way of our primary responsibility: helping people cope with the spiritual aspects of death.

Fewer people are attending religious services and the ties people have to their religious roots are often stressed and even torn. As a result, more people are describing themselves as “spiritual, but not religious.” I often hear from our nurses that new patients aren’t interested in having a “chaplain” visit but if they want to come and play music, that would be fine. Also, as people begin to decline, and speech and logic become impossible, words begin to lose their ability to communicate comfort and hope.

So, Rosie has become my partner in getting around the barriers of culture and disease. Alzheimer’s patients who haven’t said a coherent sentence for weeks will recognize the lyrics to familiar hymns and popular songs and try to sing along. Patients who don’t want any “religious nonsense” open up and talk about some meaningful event in their lives after hearing a song that reminds them of happier times. An impromptu singalong in a common area creates a sense of community and an escape from the sameness of nursing home life.

As a musician and chaplain I am not a “therapist” in any traditional sense of the word. “Therapist” comes from a Greek root that means “treatment” and is often translated as “cure.” Rosie and I do not cure anyone of anything. Rather, we are in the healing business. “Heal” comes from a Greek root associated with wholeness and well-being, and that is what we try to provide — quality of life and well-being.

Rosie and I try to connect people to the feelings, memories, hopes, regrets, people and places that have filled their lives with joy and meaning.

Rosie and I serve as a combination magic carpet and time machine as we transport people from their sick beds and reconnect them to important times and familiar faces. As this connection is made, the window to the spiritual — that which is indescribable, but real; that which links us to one another, to the past, to the future and to the eternal — is opened. Light streams. Breath flows. Years and burdens lift. Tears fall. Smiles break. Rhythm and melody carry us away.

Lizzie was tired out from my visit. I could see in her eyes she was glad I had come but that now she needed to rest. As I pack up, say my goodbyes and give a blessing, I see her sense of humor twinkling in her eyes.

“Thanks for the sunshine!” she grins.

Rev. Dennis Zimmerman is chaplain/bereavement coordinator for Compassus in Cleveland, Ohio.
7 reasons why music therapy is so helpful to patients

By Melanie Bullock, MSW, SWLC

In years of working with patients I’ve found many alternative therapies to be highly effective for symptom management related to diagnosis and quality of life. One in particular is music therapy.

Working with Alzheimer’s and dementia patients has required me to be creative with options in symptom management. Since implementing music in treatment, I have seen depressed patients’ moods improve and completely turn around once music begins playing, especially when it’s a tune they recognize.

Here are some of the reasons music is so therapeutic:

- Music therapy can serve a diverse range of patients, such as those who are terminally ill, developmentally disabled, neurologically impaired or elderly.
- It can help patients with medical conditions such as Alzheimer’s and dementia, stroke, cancer, post-traumatic stress disorder, mental health issues, emotional disturbance, physical disability, substance abuse and dual diagnoses.
- Music is a non-pharmacological approach when other treatment methods have not proven effective.
- It provides a means of communication for a patient who can no longer talk or express himself or herself because of illness.
- It can improve quality of life, lead to better outcomes and higher happiness levels, thereby reducing depression.
- Music therapy is cost-effective. With modern technology, you can easily find appropriate music using just a computer or cell phone.
- It can be used in many settings. Technology allows music to be played just about anywhere.

Melanie Bullock is a former medical social worker for Compassus in Billings, Montana.
The human-dog connection provides improved quality of life in hospice care

The close bond between dogs and humans reaches back some 12,000 years to when animals began being domesticated. The friendship, comfort and happiness dogs provide has only grown stronger with each generation.

That deep connection can be therapeutic and beneficial when humans are nearing the end of life.

Dogs can improve the side-effects of mood disorders and reduce drug dependence and abuse.

Dogs decrease loneliness and increase socialization and well-being with elderly patients.

Dogs bring a sense of normalcy to health care facilities, boosting quality of life.

Dogs ease hospice patients’ anxiety and despair and increase their comfort.

Dogs have the ability to be unconditionally loyal to those who interact with them.

The human-dog interaction positively increases the level of “feel-good hormones,” such as cortisol and endorphins, in both humans and dogs.

Dogs are a natural pain management therapy.

Dogs improve the patient-staff relationship because they provide comfort and support, making their jobs a little bit easier.

Dogs help stave off depression, loneliness and physical illness by providing friendship, lightened spirits and a sense of security.

Source: “The Effect of Dog-Assisted Therapy on Cancer Patients in Hospice Care” research proposal by Allison Turnbach.
When JJ, a Golden Retriever therapy dog, climbed into bed with a comatose hospice patient who was alone in the world and in her final hours, a little miracle happened.

As JJ gently nuzzled and licked the patient’s unmoving hand, it began to respond, first with tiny, almost imperceptible, movements.

JJ encouraged the faint response with more nuzzling and received what would be the patient’s final act — tender caresses to JJ’s soft, furry head.

Tracy Calhoun, a hospice nurse, caught the poignant moment between her dog and her patient with a camera phone and posted it on JJ’s Facebook page, creating a video that quickly went viral in summer 2015, seen by millions worldwide. (You can see it here: https://www.facebook.com/JJHospiceTherapyDog/videos/351290348342872/)

The idea of bringing animals into a medical setting hasn’t always been a welcome idea. But when a Denver hospital began allowing therapy dogs for ill children in the mid-1980s, the tide began to turn, Calhoun says. “It made such a huge difference and the staff could see that,” she says.

As dogs have been elevated to family status and migrated from the back yard to the living room, their therapy counterparts have been welcomed into schools, libraries, nursing homes, hospitals and hospice settings.

Animal-assisted therapy has been shown to reduce anxiety, pain, depression, fatigue and stress in both medical and nonmedical situations, according to the Mayo Clinic. Not only does pet therapy help in symptom management, but it boosts patients’ well-being.

“There’s just something very real when you touch an animal,” she says. “It’s calming and lowers your stress level and blood pressure.”

Calhoun has been a pet therapy advocate for decades. Indeed, as a hospice nurse in the mid-1990s, she arranged the first hospice visit in Washington state by therapy dogs.

“Dogs live in the moment and they bring you to the moment,” Calhoun says. “Even if it’s just for two or five or 10 minutes, they make you forget what’s going on, whether it’s sadness or anticipatory grief. Spending time with this unconditional love is a huge, huge benefit.”
FOUR-LEGGED FRIENDSHIP

Registered therapy pets can include cats, rabbits, baby goats, miniature horses and even pot-bellied pigs, but generally, they are dogs, Calhoun says.

Pet therapy is safe and secure for patients because therapy animals are clean, vaccinated, screened for temperament and well-trained to gently interact with those who need them. “Therapy animals go out into the world just to be loved on and bring comfort,” Calhoun says.

“There are times when, as a nurse, there are no words to comfort a patient or family ... but there were times when JJ would go and seek out those who needed her the most,” Calhoun says. “With heavy grief, dogs can lick away the tears or put their head in someone’s lap.”

Even if a patient doesn’t want to interact with a therapy dog, the animal’s mere presence can create a homey atmosphere, adding to the patient’s quality of life, she says.

Pet therapy can be as helpful for family members as for hospice patients, Calhoun says, recalling one of her patients — a man in his 30s with a brain tumor — who had moved in with his parents after diagnosis. While her patient enjoyed the visits from Calhoun’s therapy dog, Callie, his parents joyfully embraced the gentle dog to the point they bought a big box of dog biscuits to treat her each time.

“I can remember the dad’s expression; he just loved spending time with her,” she says. “That respite — having her around for half an hour, petting her while I was doing my thing — was so nice for them.”

“It doesn’t take away from what’s going on,” she adds, “but it gives a brief little respite from the sadness around you.”

Besides being part of her professional life, animal-assisted therapy is also deeply personal to Calhoun.

“When my mom was on hospice in Montana, they would bring in baby goats. She had ALS (amyotrophic lateral sclerosis, a progressive neurodegenerative disease also known as Lou Gehrig’s disease) and was losing some of her motor movement,” Calhoun says. “But when they brought in the baby goats, she had a big smile on her face.”

“There’s just a magic about animals.”

Carol Davis is assistant editor of Everyday Compassion.

As dogs have been elevated to family status and migrated from the back yard to the living room, their therapy counterparts have been welcomed into schools, libraries, nursing homes, hospitals and hospice settings.
Diagnosis of a terminal condition brings upheaval and fear to patients and their loved ones. Feelings of disconnection and loneliness, unfortunately, can add to the fear. Pet-Assisted Therapy can help patients and their families begin to reconnect.

In my weekly patient visits in Payson, Arizona, I see what fear and loneliness can do to a family that’s not really connected. Each of us has a fundamental need to feel safely attached to another; one who will be there in our times of physical or
emotional need. The goal of my visit with a patient is to engage them in their trial; to help them increase their quality of life and begin a new positive connection.

As a certified pet therapist, I work with patients assisted by my pet beagle, Shiloh. After we are introduced to a patient, Shiloh, with the patient’s approval, is placed alongside the patient in their bed or chair. As the patient strokes Shiloh’s coat or looks into the caring brown eyes of a friendly dog, their focus begins to shift from themselves to Shiloh.

The longer my four-legged colleague communes with a patient, the simpler it is to convince them to stop for just a moment, take a deep breath and relax. Perhaps Shiloh’s sweet presence helps the patient remember and reflect on a beloved childhood pet or a time when life was simpler and not as frightening.

ESTABLISHING A CONNECTION

Generally, we outwardly display what is occurring inside us, which is why our pet therapy team embodies a sense of trust, peace and the comforting feeling of being safe. Almost immediately, the patient begins to “mirror” the same positive sensations. As the patient discerns this, it strengthens their connection with their care team. Those who often feel isolated and disconnected might begin to feel a bit better about themselves and their situation. If family, friends or staff are present, they become a part of this process.

In such a setting, some of a patient’s most painful experiences can emerge and be positively addressed, causing walls of separation between patient and family or friends to finally crumble.

Michael died unexpectedly shortly after he wrote this article. We chose to publish it because of the helpful information he shared and because he did such important work. “Mike left an enormous imprint on our Compassus program and entire community in Payson, Arizona,” says Janine M. Nielson, the bereavement and volunteer coordinator in Payson.

Michael and Shiloh served more than five years with Love On A Leash, a national 501(c)(3) not-for-profit organization that trains pet therapy teams.
If the sweet fragrance of honeysuckle transports you back to your childhood neighborhood or a particular restaurant aroma conjures up the sights and sounds of your elementary school cafeteria, then you understand the power of scent.

Aromatherapy — a form of herbal medicine that uses specific traditional plant extracts called essential oils — uses that power of scent to help support health and well-being in both general and specialized health care. Hospice providers are integrating it into patient care to help with symptom management and to add to patients’ well-being and quality of life.

“With aromatherapy, we can greatly support quality of life — think of reducing pain and inflammation, diminishing nausea or constipation, relaxing muscles and ligaments and thus improving mobility, supporting immune function, breathing or circulation or offering excellent mouth care as well as skin care,” says former nurse Madeleine Kerkhof, an expert and world-renowned educator in clinical aromatherapy, aqua care.
and other complementary therapies. “These actions, in my experience, can often be very beneficial for those in hospice care. Aromatherapy and other therapies do not stand in the way of pharmaceuticals or medicine but complement them when performed by a well-trained caregiver,” says Kerkhof, the founder, chair and principal teacher of the Knowledge Institute for Integrative & Complementary (Nursing) Care in The Netherlands. She also wrote the book “Complementary Nursing in End-of-Life Care,” a comprehensive guide written for professionals in palliative and hospice care.

“I actually prefer the word ‘AromaCare’ to express what aromatics do for the very ill and dying — it helps care for them in a true holistic manner, rather than aim at a cure or being a type of therapy,” she says. “My goal is to complement standard care rather than being an alternative to it; having it integrated into the many possibilities we have to improve quality of life in hospice.”

**WELL-CHOOSEN FRAGRANCES**

Aroma blends can be formulated for a variety of issues. For nausea, Kerkhof may combine a CO2 ginger extract — a CO2 extract is purer and superior to distilled essential oils — with essential oils of lemon, mandarin and peppermint. If a patient is having trouble sleeping, she may try essential oils of lavender, mandarin and vetiver. For muscle spasms and pains, the blend may be copaiba, black pepper, sweet marjoram, ginger and geranium.

“Fragrant essential oils can be significant in supporting emotional, social and spiritual well-being of patients,” Kerkhof says. “Scent can have a great impact on our sense of feeling safe and secure by provoking responses through the limbic system. Creating a pleasant atmosphere and removing offensive odors is so very important.”

“Well-chosen fragrances can offer rest for the nervous and stressed or comfort for the despondent,” she says. “Some essential oils and CO2 extracts can have a profound influence on our mood, the way we experience ourselves and the world. For the very ill, fragrant oils can bring consolation, acceptance, support of trusted rituals and a sense of peace.”

Safety is of key importance, Kerkhof notes. Making a thorough assessment ensures essential oil is safe to use for very frail patients. “Of course, you need a well-trained caregiver, preferably a professional nurse trained in aromatherapy, or an aromatherapist trained in hospice care, for a
different essential oils can aid in management of particular symptoms.

successful and safe treatment,” she says. The National Hospice and Palliative Care Organization offers classes on aromatherapy in palliative care as part of continuing medical education for medical professionals.

appropriate application

Essential oils should be administered based on the reason they’re being used, properties of the oil, desired effect and, of course, the patient’s preference. Aromatherapy can be administered several ways, according to the American Journal of Nursing:

- Indirectly breathing the scent that’s been dispersed in the air by a diffuser
- Directly breathing the aroma from a lightly scented cotton ball, tissue or inhaler wick
- Topical application of spray, lotions and gels through light touch and massage
- Through mouthwashes and gargles

“It is imperative to know what kinds of fragrances the patient may dislike and why, especially when we address emotional and spiritual needs,” Kerkhof says. “Fragrances provoke memories and people respond to them with emotional and instinctive responses. By avoiding those that could bring back bad memories and choosing those fragrances that bring back memories of happier moments and the joys associated with those, we can add a bit of spark and sunshine and help patients and their loved ones cope better.”

Kerkhof has seen aromatherapy work for a hospice patient whose painful years-long mouth inflammation subsided after using Kerkhof’s specialized essential oil mouth gel, and for a bowel cancer patient whose terrible nausea finally subsided with the help of an essential oil inhaler.

“One of my most profound memories is that of a gentleman in hospice care, suffering from extreme pain due to multiple bone tumors. They never found the primary tumor actually, but it had spread to every bone in his body,” she says. “He and his wife loved to spend their holidays in their cabin in the woods, 200 miles south of their home. He so wanted to go there one last time, but his pain was so severe he couldn’t be moved.

“When I heard of him, I made up a blend with essential oils and rich fragrant CO2 extracts that reminded him of forest walks in the autumn. I wrote a guided imagery exercise that ‘took’ him and his wife ‘on a trip’ to their cabin deep in the woods on a sunny autumn day. We diffused the oil — just a drop or so — in the room and a CD with gentle forest sounds played in the background. When reading the fantasy to him, he relaxed and smiled, his eyes closed.”

“Afterward, his nurse told me that in those precious moments the patient felt entirely pain-free, even though that would have been impossible. When he passed, it helped his family, who had wonderful memories of him being in peace in his last days.”

Carol Davis is assistant editor of Everyday Compassion.

Visit the Knowledge Institute for Integrative & Complementary (Nursing) Care website at www.kicozo.nl
A 2007 National Home and Hospice Care Survey on the use of complementary and alternative therapies in hospice found such therapies provide another avenue for symptom management and to improve quality of life at the end of life.

The survey showed:

**41.8%**

*of hospice care providers* offered alternative services.

**2 weeks**

*of massage or simple touch therapy* resulted in significant improvements in pain relief, distress and quality of life.

**81.8%**

*of patients who received alternative therapies* controlled their pain without medication.

Among hospice care providers offering complementary and alternative therapies:

- **72%** offered massage
- **69%** offered supportive group therapy
- **62%** provided music therapy
- **59%** used pet therapy
- **53%** provided guided imagery or relaxation
- **48%** used therapeutic touch
- **40%** provided aromatherapy

A 2007 National Home and Hospice Care Survey on the use of complementary and alternative therapies in hospice found such therapies provide another avenue for symptom management and to improve quality of life at the end of life.
The 54-year-old patient had been in a vegetative state for more than 21 years after being hit by a car while riding his bike. Eventually his condition became terminal and he was admitted to hospice. His care team decided to try a therapy called Reiki — a technique of healing and symptom management through touch — to offer a calming sense of relaxation and well-being.

I was the Reiki volunteer. The care team had advised me he was non-responsive and immobile.

I put some soft, soothing Reiki music in his CD player and introduced myself.

There was no visible response but I could feel his energy. Soon, the patient began responding to my touch with quiet moaning, so I told him I would next put my hands on his head.

And though the care team had told me he never made sounds, he softly moaned again.

The Reiki was obviously bringing well-being and quality of life to someone who seemed to have neither.

On subsequent visits I always started by just holding his hand and suggested if he was ready for more energy, to let me know. His breathing would relax and calm into a regular slow rhythm and I could see he was in a tranquil place.

Every time I would ask him, “Do you like the way you’re feeling now?” He would vocalize a soft, “Mmmmmmm.” Maybe it made him feel relaxed. Perhaps it brought some sense of calm.

On my last visit to see him, I instinctively felt it was going to be the final visit; the patient seemed ready to go. There hadn’t been any particular significant decline in his condition, but something told me this was going to be my last visit with him. I don’t know why it was his time, but perhaps he finally felt the human connection he was looking for through my many visits, playing the gentle Reiki music, the warmth of my hands on his hands, and the flow of the energy through the Reiki I provided.

Many of Mary Cheers’ patients can’t thank her for their massage treatment, but as a volunteer hospice massage therapist, she knows when her work has been effective.

Hospice patients may be unable to verbalize their discomfort or anxiety because of their illness, but it presents itself in restlessness, moaning, frowning and grimacing, she says.

By the end of a massage, however, those signs of distress are gone, and they’re calm, Cheers says. Their breathing has slowed and becomes more consistent and their face is visibly relaxed.

“The idea of massage as being therapeutic took time to accept because it was viewed as a luxury — a spa indulgence,” Cheers says. “I’ve been in business for 30 years and we’re finally just starting to educate people enough to realize massage can help keep you healthy and reduce pain.”

Other medical professionals also express belief in the healing power of massage.

“Massage therapy has been noted to relax the nervous system by slowing heart rate and blood pressure. Stress and pain hormones are also decreased by massage, reducing pain and enhancing immune function,” says Dr. Tiffany Field, who heads the Touch Research Institute at the University of Miami Medical School.

Although massage and other complementary therapies are not standard in Veterans Administration medical centers, many VA health care facilities are incorporating them into conventional medicine.

That’s not surprising to Cheers, who has spent decades seeing firsthand the therapeutic value of massage and how it offers symptom management and improves quality of life.
A picture sits by her bedside

By Gary Blackmore

I wrote this poem about the love between a husband and wife and what the children have facing them when, basically, they are losing both of them.

Mother called again this morning, The third time she’s called today. She asked me the same old questions; “Thanks for calling — I love you,” I say.

Dad had seen it coming; His courage couldn’t have been stronger. Mom had been diagnosed with Alzheimer’s; They couldn’t hide it any longer.

Those first days in the nursing home were awkward, An adjustment we all had to make, Although seeing her like that Was so hard for our father to take.

People called them inseparable, seeing them apart — almost never. They’d been married for so long, It seemed like it had been forever.

He continued to be so faithful, going to visit her every day; Holding her hand — combing her hair, In her bed sometimes they’d lay.

One morning the nursing home called, “Your dad hasn’t been here today,” they said. Our father had died suddenly at home. He went peacefully, A picture of mom sitting beside his bed.
“My son came by this morning;  
Or was it this afternoon?  
He helped me with my dinner.  
My breakfast will be here soon.

“Who is that person in the mirror?  
I feel as if I should know ...  
A familiar looking hairstyle,  
Her smile a radiant glow.

“A picture sits by my bedside  
Of a man — they say I loved so.  
I wonder where he is now.  
I suppose I’d like to know.

“I think I saw him this morning,  
He was walking down the hall.  
I wonder what time he’ll be back?  
I’m sure it was him I saw.

“They tell me we were quite a couple,  
That we had a lot of fun,  
Did a lot of traveling,  
Enjoyed watching the setting sun.

“He was in the war, they say.  
I think that was where we met.  
I wonder what year that was?  
Is the fighting over yet?

“That nurse looks like an acquaintance.  
Could it be my daughter?  
Or maybe a student of mine;  
Perhaps in school I taught her.

“The hospice nurse reads to me,  
I believe it’s from the Bible.  
Or maybe it’s from a novel.  
I wish I could remember the title.

“Memories in my mind are now so muddled  
That — I truly hate.  
“The future is like the past again,  
Entered through a different gate.

“It’s like yesterdays I can’t remember,  
Many tomorrows I’ll never know.  
If only my forgetfulness will be forgiven  
When it’s time for me to go.

“A picture sits by my bedside  
Of a man — they say I loved so.  
I wonder where he is now?  
I suppose I’d like to know.”

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Gary Blackmore is a volunteer with Compassus in Columbia, Missouri.
Ronne was 92 years old when she died and had been my companion for 34 years while suffering a history of dementia and coronary illness. Lately, she had lost more than 20 pounds since relocating from our Northwoods lake home to an assisted living complex in Appleton, Wisconsin.  

By the time Compassus entered our lives, she looked like a shipwreck of her once athletically proportional self. She could no longer speak or swallow or move after surgery for a broken hip several weeks prior. The constant flow of oxygen tanks, tubing, adult diapers, medications, incontinence, coughing and pain had me wondering how long either of us could continue this excruciating condition.

The phone rang. It was a mutual friend who knew our ordeal, asking if I would mind taking a few minutes to talk. “Well,” I reasoned, “why not?” thinking that if it didn’t help Ronne directly, at least it might help me. Toward the end of our conversation, she included the Lord’s Prayer. When we were finished talking, I thanked her profoundly and hung up. Then I noticed, while still sitting on my bed, that the mood in our room had softened. I suddenly felt the impulse to check on Ronne and noticed her face had changed from a gaunt grayish cast to tranquil tender overtones.

I tried to hide the tears welling up in my eyes but it was useless. I searched my jeans pockets for a tissue, but didn’t have any, so I wiped my tears on my bare arm. Then I looked for a pulse with my fingertips over her carotid artery. Nothing. I took her wrist feeling for a heartbeat. Still nothing.

I finally placed my hand over her heart searching for one beat, something, anything to indicate she was still breathing. I shivered. The room grew silent. It was then that I noticed my nose running, my eyes watering and my body shaking as I cradled her in my arms for the last time.

Sue E. Krieck was a caregiver for a number of years.
The Four Things That Matter Most
By Ira Byock

Four simple phrases carry enormous power to mend and nurture our relationships and inner lives — “Please forgive me,” “I forgive you,” “Thank you,” and “I love you.” These four phrases and the sentiments they convey provide a path to emotional well-being, guiding us through life’s difficulties with integrity and grace.

Dr. Ira Byock, an international leader in palliative care, explains how we can practice these life-affirming words in our day-to-day lives. Byock demonstrates the value of “stating the obvious” and provides practical insights into the benefits of letting go of old grudges and toxic emotions.

Dying Well: Peace and Possibilities at the End of Life
By Ira Byock

Using his gift of storytelling, Dr. Ira Byock, a palliative care physician and expert in end-of-life decisions, recounts patients and families with whom he has worked, telling stories of love and reconciliation in the face of tragedy, pain, and conflict.

Byock shows a lot of important emotional work can be accomplished in the final months, weeks and even days of life.

“Dying Well” is a companion for families, showing them how to deal with doctors, how to talk to loved ones — and how to make the end of life as meaningful and enriching as the beginning.

On Death & Dying
By Elisabeth Kübler-Ross

One of the most important psychological studies of the late 20th century, “On Death and Dying” grew out of Dr. Elisabeth Kübler-Ross’s seminar on death, life and transition.

In this remarkable book, which remains relevant these many years later, Kübler-Ross first explored the now-famous five stages of death: denial and isolation, anger, bargaining, depression and acceptance.

Through interviews and conversations, she provides a better understanding of how imminent death affects the patient, the professionals who serve that patient and the patient’s family, bringing hope to all involved.
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