



**MAY
2008**

**Volunteer
Continuing
Education**

LAKE HAVASU CITY
Meetings are at 10 a.m.
on Mondays

May 12
Boundaries

March 26
Office closed
Memorial Day

PARKER
Meetings are on the 2nd and
4th Tuesdays at 11 a.m.

May 13
Palliative Care: Let's get a
Diabetes Update

May 27
Physical Care of the Dying
Patient

It's a privilege, indeed, to be a volunteer

It is a privilege to be a hospice volunteer

To share time with someone who does not have much time left to share

To be alone with someone who does not want to be alone

To learn lessons of life from someone who is facing death

It is a privilege to touch someone who is losing touch with their world

To share memories of

the past with someone with a limited future

To share humor with someone who has no reason to laugh

To be a good listener to questions which have no good answers

It is a privilege to share silence with someone who is searching for the right words to speak

To learn about courage from someone who says they are afraid

To learn to appreciate

each day from someone who has been told how many days they have left

To find strength in someone who says they feel weak

It is a privilege to learn about sensitivity from someone who says they feel numb

To have a normal conversation with someone who wants to have a normal life

To share feelings with someone who has strong feelings to share

To share tears with someone who thought they were all cried out

It is a privilege to help face fears with someone who has great fears to face

To watch someone find a dignified acceptance of the most unacceptable circumstances

*From Mark Alleman
Patient Care Volunteer &
Past Board President
(Hospice unknown)*

*I think we all have a little voice
inside us that will guide us...
if we shut out all the noise and
clutter from our lives
and listen to that voice, it will tell us
the right thing to do.
— Christopher Reeve*

*From Daily Motivation
BYWALKTHETALK.COM*

Volunteer Services Wish List

Volunteer Services is in need of funds to purchase a small CD player to be used by the "Gift of Presence" volunteers. These are volunteers who have been trained to sit with dying patients.

Frequently Asked Questions About Hospice (And the answers you need to know)

1. When should a decision about entering a hospice program be made and who should make it?

At any time during a life-limiting illness, it's appropriate to discuss all of a patient's care options, including hospice. By law the decision belongs to the patient. Most hospices accept patients who have a life-expectancy of six months or less and who are referred by their personal physician.

2. Should I wait for our physician to raise the possibility of hospice, or should I raise it first?

The patient and family should feel free to discuss hospice care at any time with their physician, other health care professionals, clergy or friends.

3. What if our physician doesn't know about hospice?

Most physicians know about hospice. If your physician wants more information about hospice, it is available from the National Council of Hospice Professionals Physician Section, medical societies, state hospice organizations, or the National Hospice Helpline, 1-800-658-8898. In addition, physicians and all others can also obtain information on hospice from the American Cancer Society, the American Association of Retired Persons, and the Social Security Administration.

4. Can a hospice patient who shows signs of recovery be returned to regular medical treatment?

Certainly. If the patient's condition improves and the disease seems to be in remission, patients can be discharged from hospice and return to aggressive therapy or go on about their daily life. If the discharged patient should later need to return to hospice care, Medicare and most private insurance will allow additional coverage for this purpose.

5. What does the hospice admission process involve?

One of the first things the hospice program will do is contact the patient's physician to make sure he or she agrees that hospice care is appropriate for this patient at this time. (Most hospices have medical staff

available to help patients who have no physician.) The patient will be asked to sign consent and insurance forms. These are similar to the forms patients sign when they enter a hospital.

The so-called "hospice election form" says that the patient understands that the care is palliative (that is, aimed at pain relief and symptom control) rather than curative. It also outlines the services available. The form Medicare patients sign also tells how electing the Medicare hospice benefit affects other Medicare coverage.

6. Is there any special equipment or changes I have to make in my home before hospice care begins?

Your hospice provider will assess your needs, recommend any equipment, and help make arrangements to obtain any necessary equipment. Often the need for equipment is minimal at first and increases as the disease progresses. In general, hospice will assist in any way it can to make home care as convenient, clean and safe as possible.

7. What specific assistance does hospice provide home-based patients?

Hospice patients are cared for by a team of physicians, nurses, social workers, counselors, hospice certified nursing assistants, clergy, therapists, and volunteers - and each provides assistance based on his or her own area of expertise. In addition, hospices provide medications, supplies, equipment, and hospital services, related to the terminal illness.

MAY BIRTHDAYS

Kris Jackson -- May 15

Jacqueline Anderson -- May 16

Jana L. Hertz -- May 21

Joanne Nicholson -- May 25

Leona M. Marshall -- May 26

Donna Nahas -- May 28

Mary Comella -- May 30

Helen Dean -- May 30