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Care Alternatives Hospice

An Experience Not Forgotten

Whenever Mrs. G came to talk to us that morning, I knew right as she began speaking that I wanted to volunteer with Care Alternatives Hospice. Initially, I hadn't been too familiar with what the term hospice meant. I knew it had something to do with aiding older people before they passed away, but I didn't know exactly what the process was. After hearing Mrs. G from Care Alternatives explain the experience of talking to an older person in their last days, hearing their stories and consoling them, being a friend and providing an escape from their sickness- I knew I wanted to take part.

I've never really dealt with death for the most part. In high school, I had a friend pass in a car accident, but the unexpected tragedy wasn't the same comparable to what I would imagine a slow death being. Death wasn't really something I was used to being around. My dad is a minister and I remember when I was younger he would have to leave at all hours of the night to go sit at the bedside of someone who would soon pass. I never quite understood how my dad could do that, be around so much death all the time. He explained to me one day, "Jess, there's nothing that comes close to the experience of being in the presence of someone who is taking their last breath. Especially if they're in pain- when the sickness leaves, there's a peace. Yes, it's painful for many people and it's the start of a new life for many who were close to the person, but there's nothing like it."

After hearing my dad talk about his experiences, when Mrs. G showed up and was talking about spending some extra time with someone who didn't have much time at all, I was intrigued. What if I could make the end of their life just a little more comfortable? I imagined

all that I might be able to learn from the wisdom of someone who was in their last days and reflecting upon a lifetime of choices, successes, and failures. Reverent things could be said while in a nursing home bed, wise words could be spoken from tired eyes.

And with that, I had chosen my service-learning partner. I had no doubt that my small amount of service would cultivate a much more influential learning experience. I contacted Mrs. G and had my first interview set up with D Baber, the new volunteer coordinator. I wasn't sure how the whole process would work and what would be required of me, but I was eager to know.

As I nervously entered the Care Alternatives building for the time, I breathed a sigh of relief when I shook hands with D. Her smile was comforting and I instantly knew why she was so successful with people who were in the final stages of their lives; she had a calming spirit. I filled out a few forms and then was asked questions about myself and what I would like to do with Care Alternatives. D asked me why I had chosen Care Alternatives, and I had the chance to explain my dad's impact and reflection on my life and my desire to have my own experiences to look back on. I was hired on the spot.

One of the great things about Care Alternatives is that I was able to make my own schedule. D talked to me about the importance of living my life and doing the things that I needed to get done first and then spend my extra time volunteering. She explained that someone who doesn't meet their own needs has a hard time meeting the needs of others. D provided a solid support system and helped me with anything I needed or questions I had.

I was required to have a physical and a two-step TB skin test done before I could start working with patients. This was because all of the people that I would work with have less than stable immune systems, and bringing in any harmful bacteria, diseases, or sicknesses

could be a serious problem.

After the necessary medical requirements had taken place, I went through an 8-hour training session with D and DG. Danielle had chosen the same service-learning partner as I did so we were able to carpool and train together on nearly every occasion. The training sessions were long but extremely worthwhile. We covered issues from everything to bedside manner to washing your hands correctly and “what to say if...”

I didn't realize how in-depth the whole hospice system was. Patients are literally cared for at all times and people make it their job to go the extra mile and make sure that the patient is experiencing as little pain as possible and is enjoying the last few months of their life. One thing I didn't realize is how close to death many of the patients were. All hospice patients have six months to live or less. After the six months, the patients are re-evaluated and a decision is made whether or not to continue the patient with hospice care.

Care Alternatives is not your average hospice. I found that Care Alternatives was interested in providing the patient with any help that they thought might be influential, not just traditional medicines. Alternative medicine was also practiced on many patients including reiki and aromatherapy. Reiki is a treatment that is actually done with the transference of one individual's body to another. This is traditionally done by the laying on of hands to an individual's body. Cases have shown that the positive energy from one individual through another by touch can result in a healing power. There have been instances where a person has been told they have a fatal cancer and only have a few weeks to live, and after one session of reiki, go back to the doctor to find that they no longer have any tumors anymore. While I've never experienced this firsthand, I have seen that people feel more relaxed and less-stressed after a session of reiki therapy. The results are much like a massage therapy in my opinion.

I was trained to give hand massages through Care Alternatives. This helped calm some of the patients down because when an individual lives in a nursing home for quite a long time, they do not frequently receive the luxury of caring human touch. Oils were provided to aid in the hand massaging. I would just lightly message their hands because the skin was brittle on many of their hands, and rough motions could have easily broken the skin. The importance of the massage was to work the blood flow through the hand and push the blood up to the direction of the heart, helping the circulation in the hands.

During training, we also talked extensively about how to talk about death to a patient. For many, it's a reality that they could face any day. Being able to effectively and realistically communicate feelings about death were essential to the relationships we had with our patients. D explained that many times, people will mistakenly talk to hospice patients like children, dodging the issues that actually matter and candy-coating everything to make transitioning smoother. After explaining that was the most common mistake, she encouraged Danielle and I to be real with our patients. They would know if we weren't being sincere with what we said. D said that a large majority of patients have already come to grips with death when they are in the hospice stage of their care.

After having significant amounts of training with D, Danielle and I were scheduled to go on our first visit. At this point, I was anxious to meet my patient and talk with her about who she was and what she had done in her life. DG on the other hand felt nervous and intimidated. I remember on the car ride to the Riverside Nursing Home, I thought DG was going to have a mini-freak out session.

On our first day, the three of us visited several patients together to see which volunteer would be the best candidate for each patient. The patient that I was assigned to seemed sweet.

She was extremely quiet, but when she said something, she said it with a smile and a laugh. She must have been in her late 80s or early 90s, but she seemed to still know what was going on around her. As for the other patients, that was a different story. My patient was suffering from cancer, but many of the other patients suffered from Alzheimer's. Patients who suffer from memory loss were overall harder to deal with. Some patients were suitable for meeting with a volunteer whatsoever because they weren't able to hold conversation and would say inappropriate things.

The most intimidating thing was when we walked into a room of a woman who had Alzheimer's. The room smelled like urine and it was visibly evident that she had recently had an accident in her pants. The woman just stared at the three of us and her eyes began to widen and water as she started cackling. Her laugh was loud and rhythmic, but wasn't one of joy- it sounded more fearful than anything. Her head began to bob and it looked as if she wanted to say something to us but all that came out was her loud laugh.

And then I realized what the most important thing about my experience was from the very beginning. I came to an understanding of what life was like for people who suffered from these diseases later in life. I would come to meet approximately 20 people at the Riverside Nursing Home. Many of them could not form sentences or relay their ideas at all. They had a problem pronouncing words or asking questions. Initially, I felt sorry for them. Then I realized, the person that I see in front of me is not who this person truly is. This body that I see is a product of many years of joys and sorrows, and they have come to rest at this current state. Whereas now some of these individuals can't form their own words, they used to be doctors and lawyers, incredibly articulate and well spoken. I'm sure they would like to be recognized and treated as such in the final days of their life, regardless of their current situation.

All these people had seen and experienced perhaps more than I ever will in my life. Traveled the country, perhaps the world. Given birth to children and spent their lives with soul mates. What I see now is not who they truly are, it's the final stages of a life that is so much more than what sits in a wheelchair in front of me. Their lives are winding down.