



# HOUSTON HOSPICE

*Life Matters*

Volume 17 Issue 1 • A Publication of Houston Hospice

## Butterfly Luncheon Brings Gail Caldwell Back To Texas



Pulitzer Prize winner, Gail Caldwell, will return to her home state of Texas to speak at the 16th Annual Butterfly Luncheon on March 30, 2017

**W**e are thrilled to welcome Pulitzer Prize winner and best selling author, Gail Caldwell as our speaker for the 16th Annual Butterfly Luncheon!

Caldwell was born and raised in Amarillo, and although she's lived on the verdant East Coast since 1981, the arid, high plains of Texas serve as a backdrop for much of her writing. Caldwell obtained two degrees from the University of Texas at Austin where she remained as an instructor until 1981. She taught feature writing at Boston University, worked as the arts editor of the *Boston Review* and served as the chief book critic for *The Boston Globe* where she was awarded the 2001 Pulitzer Prize for Criticism. Today Caldwell lives in Cambridge, Massachusetts.

Caldwell wrote the 2006 memoir, *A Strong West Wind: A Memoir* and 2010's, *Let's Take the Long Way Home*,

a memoir of her friendship with author Caroline Knapp who died of lung cancer at 42. Caldwell's third memoir, *New Life, No Instructions*, is a stunning story of her childhood bout with polio.

Caldwell will sign copies of *Let's Take the Long Way Home*. She mines the deepest levels of devotion, and courage in this gorgeous memoir about treasuring a best friend, and coming of age in midlife. *Let's Take the Long Way Home* is a celebration of the profound transformations that comes from intimate connection—and it affirms why Gail Caldwell is recognized as one of our bravest and most honest literary voices.

*Proceeds from the Butterfly Luncheon fund Houston Hospice operations and its Butterfly Program of pediatric hospice care.*

HOUSTON HOSPICE BUTTERFLY LUNCHEON • THURSDAY, MARCH 30, 2017  
 11 A.M. REGISTRATION • 11:45 A.M. LUNCHEON  
 LUNCHEON CHAIR: GAYLON CUNNINGHAM, CPA, CIA  
 THE HOUSTONIAN HOTEL, CLUB & SPA • 111 N POST OAK LN, HOUSTON, TEXAS 77024  
 VISIT [WWW.HOUSTONHOSPICE.ORG](http://WWW.HOUSTONHOSPICE.ORG) TO PURCHASE INDIVIDUAL TICKETS.  
 CONTACT CYNTHIA NORDT, [CNORDT@HOUSTONHOSPICE.ORG](mailto:CNORDT@HOUSTONHOSPICE.ORG) OR 713-677-7123 TO RESERVE A TABLE.

# Newsletter

# The First 50 Years Of The Hospice Movement

This year marks the 50th anniversary of the hospice movement. It's been an incredible success story. The Hospice Movement, including advances in palliative care and the introduction of holistic support, has been generally credited by the rise of two influential 20th century figures: (Dame) Dr. Cicely Saunders and Dr. Elisabeth Kübler-Ross.

## An Unmet Need Recognized



Dame Cicely Saunders

Englishwoman Cicely Saunders was a medical social worker in 1948 when she developed a relationship with a dying Polish refugee that helped solidify her ideas that terminally ill patients needed compassionate care to help address their fears and concerns, as well

as palliative (pain and symptom management) comfort for their physical condition. Saunders began volunteering at a facility for the terminally ill poor, where a physician convinced her that she could best influence the treatment of the terminally ill as a physician herself. Upon graduation from medical school in 1957, she accepted a permanent position in a hospice facility in East London, where she continued to research pain control.

Saunders introduced the idea of specialized care for the dying to the United States during a 1963 visit to Yale University. Her lecture, given to medical students, nurses, social workers and chaplains about the concept of holistic hospice care, included photos of terminally ill cancer patients and their families, showing the dramatic differences before and after the symptom control care.

In 1967, Saunders established St. Christopher's Hospice, the world's first purpose-built hospice, in a London suburb. It was founded on the principles of combining teaching and clinical research and providing expert pain and symptom relief with holistic care to meet the physical, social, psychological and spiritual needs of its patients and those of their family and friends. Familiar comforts of home were made available to patients, from gardening to salon hairstyling. As Saunders' protégé Dr. Richard Lamerton later explained, a patient's home or a home-like setting was found to be essential as a part of therapy, versus a hospital – the last place to be when one needed peace and calm.



St. Christopher's Hospice, London

## A Plea for Empowerment and Dignity



Elisabeth Kübler-Ross

In Chicago, Swiss-born psychiatrist Elisabeth Kübler-Ross was formulating her own response to the treatment of terminally ill patients in late-1960s America. Married to an American physician, she observed what she

considered inadequate social responses by his hospital toward its dying patients. She began a study that would lead to more than 500 interviews with terminally ill patients.

*On Death and Dying* was published in 1969 and became a bestseller. A revolutionarily insightful work, it identified five stages through which many terminally ill patients progress. These stages (denial, anger, bargaining, depression and acceptance) would become widely accepted in the decades that followed as 'the five stages of grief'. Even into the 21st century, *On Death and Dying* would continue to be the gold standard for education on the subject.

The book was more than a simple explanation of psychological expressions, however. Within it, Kübler-Ross made a plea for care in the patient's home as opposed to treatment in an institutional setting. She further argued that patients should have a choice and the ability to participate in the decisions that affect their destiny, including patients' rights to refuse treatment that they felt would not be beneficial or would not improve their quality of life.

In 1972, the United States Senate Special Committee on Aging conducted the first national hearings on the subject of death with dignity. Kübler-Ross was asked to testify. In her testimony, she capitalized on the opportunity to emphasize the benefits of patient care in the patient's own home: "We live in a very particular death-denying

society. We isolate both the dying and the old, and it serves a purpose. They are reminders of our own mortality. We should not institutionalize people. We can give families more help with home care and visiting nurses, giving families and patients the spiritual, emotional, and financial help in order to facilitate the final care at home."

The impacts of Saunders and Kübler-Ross redefined hospice care across the globe: comprehensive care for the patient's physical, social, psychological and spiritual needs; patient empowerment to make decisions about the type of care they wish to receive or not receive; emphasis on at-home care for best patient comfort when possible; and an expanded circle of care to include the patient's family and friends.

In 1978, a report by a U.S. Department of Health, Education, and Welfare task force noted both the altruistic and practical advantages of government support for hospice care: "The hospice movement as a concept for the care of the terminally ill and their families is a viable concept and one which holds out a means of providing more humane care for Americans dying of terminal illness while possibly reducing costs. As such, it is the proper subject of federal support."

## The Hospice Movement Comes to Houston

In 1980, Houston's first hospice, Houston Hospice, was founded. The same year, New Age Hospice was formed, which later merged with Houston Hospice. New Age Hospice's primary organizer, Marion Wilson, was determined to establish a source of humane, caring responses for dying patients and their families, following the loss of three of her children.

In 1981 Houston Hospice (as New Age Hospice) began accepting patients. Its first Medical Director was Dr. Richard Lamerton, a revered authority on care of the terminally ill who had been the first intern trained by Dame Cicely Saunders at St. Christopher's Hospice in London.



A 1985 visit by Princess Diana to St. Joseph's Hospice. One of its founders, Dr. Richard Lamerton, became the first Medical Director of Houston Hospice.

# Hospice Myths

## Myth #1 Hospice is where you go when there's nothing more a doctor can do.

Fact: Hospice is not a place but a philosophy of care providing medical, emotional and spiritual care focusing on comfort, quality of life, and living life to the fullest. Most hospice patients are cared for right where they live: at their own home or at an assisted living community.

## Myth #2 Hospice is only for the last days of life.

Fact: Hospice patients and families can receive care for six months or longer, depending on the course of the illness. Studies clearly show that hospice care is most beneficial when there is sufficient time to manage pain and symptoms, establish a trusting relationship, and accomplish important end-of-life goals.

## Myth #3 Good care at end-of-life is very expensive.

Fact: Medicare beneficiaries pay little or nothing for hospice. Most insurance plans, HMOs and managed care plans include hospice coverage.

## Myth #4 Choosing hospice means giving up hope.

Fact: Nothing could be further from the truth. Therefore, let's go into more detail on this one. True hopes for a patient who is dying take many forms.

- **Reconciliation** - There is the hope of being reconciled with one's past. Many times

families are brought back from estrangement during the final months. A Chaplain can help a patient do a life review to find meaning and set goals.

- **Being Loved** - There is the hope to love and the hope of being loved despite physical decline and deterioration. Many dying patients want to see their friends and family in order to express gratitude and to give and receive forgiveness. This may require time and planning.
- **Achieving A Goal** - Some dying patients have the hope of attaining a specific goal. At hospice, one of our initial questions is, "What goals do you have for your remaining days?" Answers we often hear: "I hope to attend the wedding of my granddaughter." "I hope to see another Christmas." "I want to be around for my fiftieth birthday."



- **Family** - Some simply hope that they will remain at home and die surrounded by family and friends. Others hope to get their financial affairs in order for their spouse

and children. Others have a strong desire to transmit wisdom and words of knowledge to their children.

- **Spiritual Hope** - Many patients talk excitedly about heaven and what expectations they have. And there is the hope that, just as one might find meaning in life, one might find meaning in the mystery of death.



Houston Hospice is honored to have been named Best Hospice in the Houston Area again by the Senior Resource Guide Readers' Choice voters. And, congratulations to Houston Hospice Social Worker, Anne Dare, who was named Best Social Worker in the Texas Professionals Category!

# Bereavement Team In The News

The Houston Hospice bereavement team was featured in the *El Campo Leader News* in the lead-up to the holiday season. The article reported on the team's innovative holiday bereavement sessions that supplement their year-round support groups.

According to Houston Hospice Director of Bereavement Services, Martha A. Nelson, LCSW, "Grief can be most acute when planning family gatherings — knowing there will be an empty place at the table." After recognizing the need for holiday support, a new bereavement program was added as part of Houston Hospice's nonprofit community outreach.

The Houston Hospice bereavement counselors developed support seminars entitled "An Empty Place at the Table" to help individuals who are experiencing increased holiday grief. Participants learn coping skills to help them through this stressful season. The two-hour seminars offer suggestions on handling family traditions, allow participants to share their feelings and fears, and give them an opportunity to connect with others who are experiencing the holidays as they are.

Houston Hospice offers several year-round bereavement groups in Houston and surrounding counties at no charge. Visit [www.houstonhospice.org](http://www.houstonhospice.org) or call 713-677-7127 for group schedules.



The Houston Hospice Bereavement Team  
L-R: Tammy Zwahr, LPC; Martha A. Nelson, LCSW; and Brenda Overton.

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**Volume 17      Issue 1**

The Newsletter is published by Houston Hospice, a not-for-profit organization providing comprehensive end-of-life services and education to Greater Houston and surrounding communities.

**Houston Hospice is a member of the Texas Medical Center**

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### Mission Statement

*Houston Hospice provides uncompromising, compassionate end-of-life care to patients and families in our community.*

*Through the efforts of specially trained and highly skilled interdisciplinary teams of health care professionals and volunteers, Houston Hospice patients and their families are guided through the process of illness by receiving clinical care, psychosocial support, spiritual guidance and volunteer assistance.*



### Thank You!

You generously responded to our annual giving letter with gifts totaling \$81,000.

During the holiday season, Houston Hospice received \$27,000 thanks to your generous response to the Trees of Light.

As a not-for-profit, we depend on your support. Thank you for helping others have the gift of hospice comfort care.

Houston Hospice is a funded partner of Susan G. Komen® Houston



This partnership provides hospice care for unfunded breast cancer patients.