

Montgomery HOSPICE

www.montgomeryhospice.org
301- 921-4400

'GENTLE INTO THE NIGHT'

How a hospice nurse "smoothed our path and soothed our pain."

BY STEVE ROBERTS

The care Montgomery Hospice has provided for 30 years for my neighbors and my family is just something that cannot be replicated. It is something that is local, it is special and it is terribly, terribly important.

-Cokie Roberts

PHOTO BY FELICIA EVANS

▲ Best-selling authors and journalists Steve and Cokie Roberts. Their latest book is *Our Haggadah: Uniting Traditions for Interfaith Families*.

WHAT YOU NEED TO KNOW ABOUT HOSPICE

Patients can receive hospice services for months, in their own homes, and more

HELP FOR GRIEVING PEOPLE

Hospice provides support and comfort for family members

ABOUT CASEY HOUSE

The *only* healthcare facility in Montgomery County exclusively designed for hospice patients

about hospice care

HOSPICE IS NOT A PLACE. Hospice is health care for someone with an advanced illness. Just as people take their children to a pediatrician, seek out a cardiologist if they have a heart problem or visit a surgeon if they need surgery, people should call hospice when a loved one is approaching the end of his or her life.

Hospice care is not just for a person's last few days or weeks. Patients can benefit from hospice for six months, or even longer.

THE PEOPLE WHO WORK FOR HOSPICE ARE EXPERTS IN END-OF-LIFE CARE. When people sign up for hospice, a team is assigned to help them and their family. This team includes: Physicians (and Nurse Practitioners), Nurses, Nursing Assistants, Social Workers, Chaplains, Volunteers.

THE HOSPICE PHYSICIAN AND NURSE PRACTITIONER specialize in managing pain and other symptoms.

THE HOSPICE NURSE works with the physician to make patients comfortable. The nurse teaches patients and their caregivers, and is available to answer questions that arise.

THE HOSPICE NURSING ASSISTANT helps with bathing and other personal needs.

THE HOSPICE SOCIAL WORKER provides education and information that helps families make important decisions. The social worker



GETTY IMAGES

**Hospice helps patients.
Hospice also helps patients' families.**

also works to solve practical problems, such as finding additional help for a caregiver or mediating conflicts between family members.

THE HOSPICE CHAPLAIN talks with interested patients about spiritual topics. These may - or may not - be religious discussions. Chaplains help people find comfort and answers that fit their own beliefs.

HOSPICE VOLUNTEERS are available to provide respite to caregivers, companionship to patients, and to help with light chores and errands.

MONTGOMERY HOSPICE ALSO USES COMPLEMENTARY THERAPIES such as massage, music and aromatherapy. For some patients, these techniques (used along with conventional medical care) provide comfort, and ease pain and anxiety.

Hospice patients can keep their own physicians. Their doctor can remain their doctor. Their doctor will consult with the hospice doctor.

SOME HOSPICES (LIKE MONTGOMERY HOSPICE) HAVE INPATIENT FACILITIES. If a hospice patient has difficult symptoms that need specialized attention, the patient may need to go to an inpatient hospice center (such as Montgomery Hospice's Casey House) for a short period of time. After the symptoms are managed, the patient can return home.

PEOPLE WHO SIGN UP FOR HOSPICE SERVICES CAN CHANGE THEIR MINDS about being in hospice. Patients can leave hospice at any time. Some patients improve under hospice care and leave the program. If people later need hospice services again, they can return to hospice care.

WHEN PATIENTS SIGN UP FOR HOSPICE, they often continue with the same medications that they have been using to control symptoms.

HOSPICE CARE OFTEN ELIMINATES the need for repeated hospitalizations.

“Sandy Spring Bank is honored to partner with Montgomery Hospice to help reach out to our neighbors and friends in Montgomery County who are dealing with life-limiting illnesses. As in my own life, they help patients and their loved ones to navigate through a very challenging time with a high-level of care and compassion.”

-Eileen Porras

Vice President and Commercial Relationship Manager, Member, Annual Gifts Committee of the "Gentle the Journey" Campaign



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HOSPICE HELPS PEOPLE NO MATTER WHAT ILLNESS they have (including dementia, heart disease and others) and no matter what age they are. Hospice is not just for cancer patients and is not just for older people.

PATIENTS RECEIVE CARE IN THEIR OWN HOMES. Members of the hospice team come to visit them wherever they live, whether it is a single-family home or apartment, a nursing home or group home.



THE COST OF HOSPICE CARE IS PAID FOR BY MEDICARE OR BY MEDICAID OR BY THE PATIENT'S HEALTH INSURANCE. If the patient is not covered by any of these programs and has no other way to pay, Montgomery Hospice will pick up the cost of the care. (Montgomery Hospice depends on the generosity of donors from the community to be able to provide this service.)

THE MEDICARE HOSPICE BENEFIT OFFERS 100% COVERAGE FOR HOSPICE SERVICES, including expert pain and symptom management, care from a team of professionals, medicines, medical equipment and medical supplies. (The Hospice Benefit does not pay for round-the-clock care for patients. Hospice social workers help families figure out how to get additional care for patients who need more help.)

UNLIKE THE MEDICARE HOME HEALTH BENEFIT, THE HOSPICE BENEFIT DOES NOT REQUIRE PATIENTS TO BE HOMEBOUND. Hospice patients are free to go out to visit friends and family, or participate in other activities as they are able.

HOSPICE SERVICES ARE PROVIDED BY DIFFERENT HOSPICE ORGANIZATIONS. These different organizations are

required by Medicare regulations to provide similar services. Some hospices are for-profit organizations and some are nonprofit. Montgomery Hospice is the largest and oldest nonprofit hospice serving Montgomery County.

A "HOSPICE REFERRAL" (DIRECTING A POTENTIAL PATIENT TO A HOSPICE) CAN BE DONE BY ANYONE.

A "referral" is "the process of directing a patient to an appropriate specialist or agency for treatment." (*Merriam-Webster's Medical Dictionary*) A doctor can make a referral to hospice but so can a friend, neighbor, family member or faith community leader. Or the patient can call.

MONTGOMERY HOSPICE STAFF MEMBERS ARE AVAILABLE TO EXPLORE SPECIFIC INDIVIDUAL CIRCUMSTANCES. Montgomery Hospice nurses provide free informational visits and will go to patients' homes to give detailed information about hospice.

Montgomery Hospice encourages anyone to call to learn more about hospice and when a patient is eligible for these services. For information, call us at 301-921-4400. We will answer 24 hours a day.

about
Montgomery HOSPICE

- Montgomery Hospice has been caring for our neighbors in Montgomery County for 30 years.
- Montgomery Hospice is an independent nonprofit organization whose mission is to provide hospice care.
- Montgomery Hospice is not a part of the Montgomery County government.
- Montgomery Hospice is not a part of a single hospital; Montgomery Hospice works closely with all area hospitals.
- Montgomery Hospice professionals are available for questions 24 hours a day, 7 days a week, and will visit patients at night or on weekends if necessary.
- Montgomery Hospice has over 200 employees, including 100 nurses. Montgomery Hospice helped almost 2,000 hospice patients (and their families) in 2010.
- Casey House is Montgomery Hospice's inpatient facility. Casey House is the only facility in Montgomery County dedicated to hospice patients. Hospice patients stay in private rooms. Family members are welcome 24 hours a day. Patients are cared for by a team of skilled professionals with end-of-life care expertise.
- Montgomery Hospice professionals provide grief (bereavement) support for families for 13 months after their loved one dies. This support includes mailings, phone calls, groups and workshops.

“Montgomery Hospice provides the expertise that so many lack in dealing with the problems associated with the end of life. It also provides an actual place, Casey House, to use if circumstances necessitate. The 'love of the job' provided by Montgomery Hospice providers enables the family to concentrate more on dealing with the issues involved with coping more than with the issue of providing the necessary care for the loved one. The workers are angels to those in need and we all need an angel sometimes.”



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Gaithersburg, MD 20879

“Montgomery Hospice provides a vital service and support to the families within the community. Its team approach of working with patients and their families to provide quality end-of-life care in a place of their choice—care in home, extended care facilities, or Casey House, the acute care facility—is so very compassionate and meaningful to those in need. We are so fortunate to have Montgomery Hospice in our county.”



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the difficult questions

When patients decide to use hospice, do they die sooner?

NO. Studies have shown that some patients live longer when they use hospice services.

When people sign up for hospice, they get expert medical care that helps alleviate pain and other symptoms. They also get expert care that helps them deal with issues such as spiritual questions or family problems or logistics.

The purpose of hospice care is to support people so they can use the time that they have in the best possible way.

Does choosing hospice care mean that “there is nothing else that can be done”?

NO. Hospice is the “something else” that can be done. Hospice care is specialized medical care for patients near the end of life. Hospice care helps patients be comfortable. Hospice helps families find some peace. The members of the hospice team have many ways to help.

Does signing up for hospice mean giving up hope?

NO. Although being in hospice means not using treatments to cure disease, hospice provides a team of caring professionals who work to understand and to help patients achieve their other goals and to work toward comfort, peace and reconciliation. Hospice allows people to live fully in the time that they have left.

How does hospice help patients with pain?

Hospice professionals have many ways to alleviate pain. Medications are typically used, starting out with small doses and milder medications. Stronger medications (such as narcotics) can be prescribed, depending on the needs of the individual patient.

Do hospice patients become addicted to painkillers?

NO. Use of narcotic drugs to control pain is appropriate. Patients using medications for pain relief (with the close support of the hospice team) do not become addicted.

Do patients using painkillers sleep all the time?

NO. Although pain medication can have the short-term side effect of sleepiness, that usually lessens after a few days, with the appropriate medication and the appropriate dosage.

How does a family know when their loved one is nearing death and could benefit from hospice services?

Montgomery Hospice doctors and nurses are familiar with symptoms that indicate that a person may qualify for hospice benefits. The symptoms are different depending on the disease, but often include things such as significant weight loss, a decrease in ability to participate in normal daily activities or multiple trips to the hospital in a short period of time.



GETTY IMAGES

Feel free to call Montgomery Hospice to discuss a particular patient and what services might be available for that person, now or in the future. Gathering information for the future can ease stress and help with decision-making. Call Montgomery Hospice (301-921-4400) any time, any day.

What Did You Learn?

ANSWER TRUE OR FALSE.

- Hospice helps people who are nearing the end of life.
- Hospice helps the entire family, not just the patient.
- Montgomery Hospice continues to help the family of a patient after the patient dies.
- Patients do not pay any bills for hospice services.
- When patients choose hospice, they can keep their own doctor.
- Hospice patients continue to take many of the medications that they have been taking.
- Hospice care takes place in people’s homes and in nursing homes.
- People who change their minds can leave hospice.
- Hospice care is not only for the very last week of someone’s life; patients can receive services for months.
- Montgomery Hospice welcomes calls asking for information at any time.

ALL ANSWERS ARE “TRUE.”



MedImmune, the global biologics business for AstraZeneca PLC, has approximately 3,500 employees worldwide and is headquartered in Gaithersburg, Maryland. With an advancing pipeline of promising drug candidates, MedImmune strives to deliver life-changing products, rewarding careers to our employees and a tireless commitment to improving patient health.”



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STEVE ROBERTS' hometown

Bethesda

MAGAZINE

This article appeared in the March-April 2011 issue of Bethesda Magazine. It is reprinted by permission.

After witnessing her father's death 24 years ago, Sally Roberts thought, "what a privilege it is to be part of someone when they're leaving this world." Now she works with Montgomery Hospice.



PATRICE GILBERT

Gentle into the Night

In the waning days of a mother's life, a stranger eases her passing

My 91-year-old mother, Dorothy, had been in and out of Bethesda's Suburban Hospital all summer. One morning, an emergency room nurse told us, "It's time to think about hospice care."

I knew what she meant, but I didn't want to accept it. Mom was dying. Still, that nurse was giving us two great gifts—truth and time.

That night, my three siblings and their spouses gathered for dinner in our garden. During a draining but loving evening we discussed the basic question that hospice poses. Were we more interested in quantity or quality? Did we want to keep Mom alive as long as possible? Or did we want to make her last days as comfortable as possible?

The consensus was clear: quality and comfort. My sister, Laura, even wrote that down so everyone literally would be on the same page.

Two days later we took Mom home to her airy apartment in Maplewood Park Place on Old Georgetown Road. That's when we met Sally Roberts, the hospice nurse assigned to her case. (We are not related—my family name was Rogowsky back in Poland, and her husband's was Rabatinni in Italy.)

Twenty-four years ago, Roberts' father, Jim Walsh, was cross-country skiing in Vermont when he felt sick and consulted a doctor. The diagnosis was stunning—advanced liver cancer. After three weeks of chemotherapy, his family was told: Take him home, there's nothing more we can do.

"I wasn't a nurse at the time," Roberts recalls, "and I remember my mom and my sisters and I were there and we knew this is what he wanted. We were thrilled to take him home—and absolutely terrified."

A hospice nurse came regularly to help out. Walsh, an engineer, brushed her off, but his wife and three daughters were full of questions: What are we supposed to be doing? How will we know when he's near death? What do we do when that happens?

Watching her dad die changed Roberts' life. "I just remember being affected by that so profoundly, realizing what a privilege it is to be part of someone when they're leaving this world," she tells me. "And I remember thinking: I wonder what it would be like to be a nurse who does this."

She found out. Today, Roberts is a team manager with Montgomery Hospice in Rockville, a trim, prim woman of 60 who radiates a combination of contradictory traits: steely softness and warm efficiency. The Rockville resident immediately reminds you of that insurance company commercial: "You're in good hands."

When her father died seven weeks after his diagnosis, she had four children between 2 and 13, no college degree, no career path and a husband who commuted to New York from their home in New Jersey. She started taking courses at a community college and working as a nurse's aide on weekends. After she finished her degree, her husband, Tom, a writer for the National Catholic Reporter, was transferred to Kansas City. Last May they moved back East to be near their two grandchildren.

During her 10 years in the Midwest, medicine changed dramatically. "New meds are available now, particularly for cancer," she says. "There used to be a time when a family could say to a physician, 'Isn't there one more thing you can do?'" and that physician would say, "No, there aren't any more options." But that doesn't exist anymore; the options for treatment are far more extensive than they were."

These advances affect hospice care everywhere, but their impact is more pronounced in a place like Montgomery County, with its highly educated populace and numerous medical institutions. "I do notice, here in this area, people have done more research, and they seek out more second opinions," Roberts says.

Local residents are more likely to know medical professionals (in my case, it was a niece and her husband, both doctors at Johns Hopkins) and try experimental therapies than patients who might have to travel several hundred miles just to reach a large hospital. So there's a paradox: People here know more about hospice, but they also ask more questions, explore more options and often delay a decision until the very end.

"People have an idea of hospice," Roberts says. "It's a wonderful thing—for somebody else!"

It was a wonderful thing for us. The first time we met Roberts she told us, clearly and carefully, what to expect. Mom would gradually grow weaker. She would receive medicine to control her pain or regulate her breathing, but that was all. Eventually she would fall into a deep sleep and never wake up.

During Mom's last days, a gentle peace descended on her apartment. No more lights in her eyes or nurses in her face. No more tests, technicians or tension.

On good days, Mom's devoted caregivers (known in the family as "Team Jamaica") would prop her up by a sunny window. I would hold her hand and tell her stories, and occasionally I would hear a muffled response, "That's wonderful."

One morning she stayed sleeping and stopped responding. The next evening, her breathing grew labored. We sang to her and kissed her and held her. And then Mom quietly died.

We called Roberts and she came right over. She contacted the doctor and the funeral home. She disposed of Mom's medicines and medical equipment. She smoothed our path and soothed our pain. We were in good hands.

Steve Roberts' latest book, From Every End of This Earth, is now out in paperback. He welcomes suggestions for future columns at svroberts@aol.com.

Gentle the Journey:

the Campaign for Montgomery Hospice

■ An Interview with Ann Mitchell, M.P.H. President & CEO

In 2010, Montgomery Hospice embarked on an \$8 million, 3-year comprehensive Campaign, which calls for the creation of a \$4 million endowment to support Casey House Clinical Services. This will ensure the availability of adequate staffing to serve the growing number of patients in need of acute, end-of-life, medical care. The Campaign also seeks to raise another \$4 million to support Montgomery Hospice's operational and programming needs, including Hospice at Home, Bereavement Care Services, Complementary Therapies, pediatric hospice care, and community education and outreach. One year into this "Gentle the Journey" Campaign, Montgomery Hospice has received \$4,545,827 in gifts and pledges.

Why does the "Gentle the Journey" Campaign matter?

Montgomery Hospice is a private, nonprofit organization—not a government agency—largely funded through Medicare, Medicaid and private insurance reimbursement. However, insurance never fully covers the cost of care we deliver, especially at Casey House. In addition, we provide more than \$1.3 million in patient and educational services each year that are uncompensated or provided for free. These uncompensated services include advance care planning by our nurse liaisons and social workers; bereavement care services and educational programs for more than 8,000 Montgomery County residents, including students, and employees of Montgomery County businesses; Complementary Therapies that provide Comfort Touch® massage, aromatherapy, and music-by-the-bedside to ease suffering and reduce anxiety. Current support through private contributions and grants help to fund these services, but does not fully underwrite all that is needed.

During this time of Medicare cuts, we have to be especially proactive in recognizing that the federal government will decrease the reimbursement rate for hospice care. The

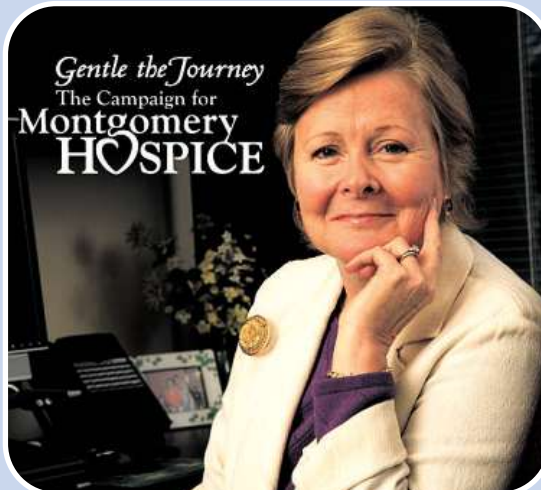


PHOTO BY PAUL KLINE

ANN MITCHELL HAS BEEN IN HOSPICE MANAGEMENT SINCE 1981, AND HAS SERVED AS PRESIDENT AND CEO OF MONTGOMERY HOSPICE FOR 14 YEARS.

"Gentle the Journey" Campaign will help Montgomery Hospice to sustain the kind of service we are proud to have given to the people of Montgomery County for the past 30 years. The Campaign will also help ensure that we can continue to serve those in the community—including the uninsured and under-insured.

What specific needs does the Campaign address?

The "Gentle the Journey" Campaign calls for the creation of a \$4 million endowment to support Casey House Nursing Services, and \$4 million to support Montgomery Hospice's operational and programming needs, including Bereavement Care, Complementary Therapies, and Community Education and Outreach.

Casey House, named in memory of Eugene B. Casey, is like a specialty hospital. With 14 beds, it is the only healthcare facility in Montgomery County designed exclusively for hospice pa-

tients. Annually, our medical team provides comprehensive end-of-life care to more than 500 patients with acute medical needs that cannot be managed in the home. Casey House consistently operates at a financial deficit because the operational expenses are always greater than reimbursement from government and private insurance. Philanthropic support will help to ensure that we are able to meet the growing needs associated with inpatient hospice services and reduce the gap on the deficit we experience each year.

Proceeds from the Campaign will also support our Bereavement Care program, which provides free grief and loss counseling to the entire community. Montgomery Hospice believes that it's imperative that only trained personnel work with those experiencing grief and loss. Each year, our eight Master's trained counselors provide support to thousands of county residents, including students at nearly half of the county's public high schools and employees of Montgomery County businesses.

Why is it important to involve people from the community in the Campaign?

We are all one community and I've seen the compassion of the citizens of Montgomery County who really want to help. Philanthropic support from our neighbors and friends is important because it enables us to maintain the kind of care we give to the entire fabric of the community.

While a donation of any amount is appreciated, we invite the community to make a gift at one of the following levels:

- Hearts for Hospice Circle—the community-wide annual giving club: \$1,000 (Partner) \$500 (Friend) \$250 (Companion)
- Gentle the Journey Circle (\$10,000-\$49,999—pledges can be paid over three years)
- Signature Gift Circle (\$50,000 and above—pledges can be paid over three years)
- Circle of Light Society, which recognizes individuals and families who have included Montgomery Hospice in their estate plans through a bequest, trust, insurance policy, retirement assets or other estate-planning vehicle.

“The Village at Rockville, a National Lutheran Community, is honored to partner with Montgomery Hospice. Our organizations' missions intersect in a vital way as we both strive to "Gentle the Journey" of the community we mutually serve. We are honored and proud to align our organization with Montgomery Hospice in providing compassionate support to the people of Montgomery County and beyond.”



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In addition to having the satisfaction of supporting those in need, your membership will be recognized in a number of ways, including recognition on one of our donor walls, a membership gift, name listing in our annual report and newsletter, and invitation to a donor appreciation event. For more information about the Campaign and how to get involved, please contact Marlene Bradford, Director of Development, at 301-921-4401 ext. 146. You can also visit us at www.montgomeryhospice.org/campaign.

Why should businesses, particularly local corporations, support Montgomery Hospice?

Support from the corporate community to Montgomery Hospice is an investment in their current, former and future employees—be they a patient, a family member or dear friend. One of the enduring gifts of Montgomery Hospice is that we help families and friends adjust to a new normal following the loss of a loved one. The kind of care we give to these individuals means they can return to their place of work even though their lives are permanently altered.

There are a number of ways a business can become involved in this Campaign. In addition to making an unrestricted gift or a grant to support a special project or program, we also welcome financial contributions through our Corporate Partnership Program. We are grateful for the support of our 2011 Corporate Partners, whose generosity helped to make this insert possible.

What do the Eugene B. Casey Foundation's challenge grant and the Healthcare Initiative Foundation's support mean to the Campaign?

Montgomery Hospice is truly grateful for the generosity of the Eugene B. Casey Foundation and the Healthcare Initiative Foundation. The fact that both foundations consider Montgomery Hospice as an invaluable asset to the community speaks volumes. They have my deepest gratitude and that of the thousands of patients and families who have benefited from their philanthropic support.

What makes Montgomery Hospice different from other organizations?

Montgomery Hospice has a single purpose—to gentle the journey through serious illness and loss with skill and compassion for all of our community's residents. We are a private nonprofit that has delivered excellent hospice and bereavement care to Montgomery County for 30 years. Our 225 employees and 260 highly-trained volunteers

dedicate themselves to providing comprehensive, compassionate and highly individualized care to our patients and their loved ones.

We have a full-time physician and nurse practitioners who visit patients in their homes. We are also especially proud of Casey House and the unique services provided there. Our Bereavement Care department, staffed with eight Master's trained counselors is one of the largest in the country. In the coming months, we will once again serve some of the youngest members of our community through Montgomery Kids, our pediatric hospice program.

Our goal is make sure that everyone in the county has knowledge of our services and can avail themselves of those services. Without additional financial resources, we cannot continue to provide holistic care—physical, emotional and spiritual—to all who need it. Donations to the "Gentle the Journey" Campaign will help sustain our growth to meet community needs.

Who are the key individuals involved in the Campaign?

We appreciate the support of the Board of Directors, which gave approval for this Campaign and has supported it with generous personal gifts. We are also honored to have the involvement of nearly 50 volunteers. I'm especially grateful to Campaign Chair, Lora Drezner, MSN, FNP, for her leadership. Lora is aided by a number of dedicated individuals who are serving as Campaign Committee Chairs: Sheila Boland, *Special Gifts Committee*; Karen Schaeffer, CFP, *Planned Gifts Committee*; Melissa Greenhut, *Annual Gifts Committee*; Geoffrey Coleman, MD, *Physician Sub-committee*; Carolyn Knight, RN, co-chair, *Employee Sub-committee*; Connie Pearsall, co-chair, *Employee Sub-committee*; and John Zeglin, former chair of the *Volunteer Sub-committee*.



EMPLOYEE SUB-COMMITTEE MEMBERS CONNIE PEARSALL (RIGHT), LYNN SIFRIT (LEFT), AND LESLIE HECHT (CENTER) CELEBRATE THE \$4.5 MILLION MILESTONE

Why Support Montgomery Hospice?

How Your Gift Makes a Difference

- Each year, our team of 140 healthcare professionals, supported by 260 highly-trained volunteers, cares for more than 30% of county residents dealing with life-limiting illnesses, including the uninsured and under-insured.
- Our clinical staff and volunteers provide comprehensive, compassionate end-of-life care for an average of 471 patients per month, an increase of 16.4 percent from 2010.
- Our volunteers make an average of 150 patient visits per week and support family members and caregivers.
- Annually, Hospice at Home makes it possible for some 1,500 patients to remain in their own homes while receiving comforting physical, emotional and spiritual care.
- Casey House, the only healthcare facility in Montgomery County designed exclusively for hospice patients, provides care to more than 500 patients each year.
- Our Bereavement Care Services provide free grief counseling to loved ones for up to 13 months following their loss, including making 1,200 phone calls per month to the bereaved. We annually provide free loss and grief education and support to more than 8,000 county residents.
- Free complementary therapies assist with pain management, increase comfort and reduce anxiety.

Help us care for our neighbors in Montgomery County.

DONATE TO HEARTS FOR HOSPICE.

Visit any Sandy Spring Bank branch in Montgomery County from September 7 through 14 and make a gift to *Hearts for Hospice*.

Your donation to Montgomery Hospice will support our neighbors in Montgomery County.



Washington Adventist Hospital, Shady Grove Adventist Hospital and Adventist HealthCare are proud to partner with Montgomery Hospice—an organization deeply dedicated to providing skilled and compassionate end-of-life care and grief support to our community.”

Adventist HealthCare
301-891-7600
www.AdventistHealthCare.com



PARTNERS

Time for a Serious Conversation

The exclamation “I don’t want to think about it!” expresses our culture’s attitude toward the end of life. When a family member or close friend who is seriously ill worries aloud, “I don’t know how much longer I can go on,” our reflex is to tamp it down. “Don’t talk like that!” we say. We act as if talking about dying will make it come true. Superstition is alive and well in the 21st century.

Of course, as a long-term strategy, avoidance of the subject is doomed to fail. The taboos that keep us from preparing for dying make it much harder for ourselves and our loved ones when that time does come. By refusing to think and talk about these mortal subjects, we remain in the dark, not knowing what others would want, and not having our own wishes known.

People assume that there will be time to talk about the subject later, when it is needed. In fact, it doesn’t necessarily get easier to talk about dying as a person gets sicker; sometimes it gets a lot harder. I regularly meet hospitalized patients who are in the late stages of cancer, heart failure or respiratory failure, and steadfastly refuse to discuss their wishes for where, how and by whom they would like to be cared for as they die. They have never completed advance directives, or discussed their preferences for end-of-life care with their doctors, as if making contingency plans will make their fears of dying come true.

In my current practice of palliative care, I regularly assist patients and families in tending to the practical and emotional work of life completion. Their sadness is often accompanied by a sense of confidence that there was nothing left unsaid.

Personal life experience has also taught me the value of preparing for the end of life. When my mother was ill, her advance directive was on file in an online registry and immediately available to us and her doctors. After she died, my



PHOTO BY MARK WASHBURN

BY IRA BYOCK, MD

THE TABOOS THAT KEEP US FROM PREPARING FOR DYING MAKE IT MUCH HARDER FOR OURSELVES AND OUR LOVED ONES WHEN THAT TIME DOES COME.

sister and I knew exactly where to find the important papers—her will, titles for her car and condo, accounts and certificates—that we needed to manage her affairs.

I silently thanked her a hundred times for taking such good care of us all. And I realized that even in death, Mom was teaching me by example how to be a good parent to my daughters.

In public surveys people consistently say they most fear being a burden to their families, losing dignity and personal control. Ironically, we tend to avoid the very discussions that could reduce that burden and enhance our sense of control.

It is not solely a matter of luck. Like it or not, if a day comes when you cannot speak for yourself, someone will speak for you. That someone will very likely be related to you by marriage or blood. If you want to help that person (or your family), first give them clear authority to speak for you, and second, tell them what treatments you think you would want or not want if your life were threatened.

Advance directives are most useful when they are based on conversations within families. When someone falls ill or is seriously injured, an advance directive can dissolve family disagreements over treatment options before

they arise. In so doing, not merely is conflict averted, but family members are better able to support one another and attend to the difficult tasks of caring and of grief.

We cannot change the inherent vulnerability and frailty of being human. But we can be proactive in helping the people we love feel prepared for times when tragedy may strike. Why not sit down and have a discussion about your wishes with your family?

Dr. Ira Byock is director of the Palliative Care Service at Dartmouth-Hitchcock Medical Center and professor at Dartmouth Medical School in Lebanon, NH. He is author of Dying Well and The Four Things That Matter Most.

DEFINITIONS & More Information

Making decisions about medical treatments that you would want or not want is called **advance care planning**. You can document your wishes using **advance directives**.

There are two basic kinds of advance directives:

- **Power of Attorney for Health Care**
- **Living Will**

The **Power of Attorney for Health Care** allows you to appoint a person to speak for you if you are unable to speak for yourself, in order to make decisions about your health. This person is called your **Health Care Agent**. This should be someone you trust, someone who understands you, someone who will be able to make these decisions when the time comes. (Other terms for this person include “health care proxy” and “surrogate.”)

The **Living Will** is a statement of instruction describing your wishes about medical treatments if there comes a time when you are extremely sick or if you have a disease that is not curable.

Creating these advance directives: The State of Maryland has an optional form that can be used. Maryland also recognizes a form called “The Five Wishes Directive” and most forms from other states.

No matter what form you use, it is important to have discussions with your loved ones about your wishes. Talk about your values and the things that are important to you. Discuss the term “quality of life” and what that means to you.

More information (including the State of Maryland form in 7 different languages) can be found on the Montgomery Hospice website:

www.montgomeryhospice.org/AdvanceDirectives

Make the effort to have these important conversations.

“The family of Collins Funeral Home and its employees experience first-hand the value of the aid provided by the employees and volunteers of Montgomery Hospice. As funeral directors, we frequently observe the loving care provided to the patients and families of Montgomery Hospice. As a family, we were clients ourselves in 2003-04 with our uncle, Francis J. Collins, Jr., during the final stages of his six-year-long battle with cancer. Our community is better-equipped to deal with end-of-life issues by the multitude of quality services Montgomery Hospice provides.”

John Kyle Collins McHugh
President of Collins Funeral Home



500 University Blvd W
Silver Spring, MD 20901-4625
301-593-9500
www.collinsfuneralhome.com

“Montgomery Hospice’s dedication to the community to provide holistic support to patients, family members, and loved ones is unparalleled. Montgomery Hospice’s compassion for county residents has been demonstrated through their extensive bereavement services. Montgomery Hospice gives to our community compassion, peace of mind, and quality end-of-life care. These are the hallmarks of Montgomery Hospice. Casey House, an inpatient care facility, is the only inpatient hospice facility in the county where around-the-clock care is provided by selected caring, compassionate, and skilled staff.”



11821 Parklawn Drive,
Suite 302
Rockville, MD 20852
301.255.0066
www.rightathomemd.net

Montgomery Hospice helps the community

Montgomery Hospice professional bereavement counselors provide free support to Montgomery Hospice patients' families and also are available to help others in the community. If you feel that talking with a counselor might help you, please call 301-921-4400 and ask to speak to a bereavement counselor. This counselor will listen to you and suggest resources that may be helpful, such as the free grief workshops and grief support groups that Montgomery Hospice offers. You can always go to our website, www.montgomeryhospice.org and learn about upcoming grief support groups and workshops, as well as explore articles on grief posted there.

Montgomery Hospice helps children and teenagers

Montgomery Hospice offers free grief support groups (called Connections) for children and parents. With the support of professional grief counselors and trained volunteers, the groups provide a safe environment where children and adults feel less lonely by connecting with others who are also grieving. Children share memories and use arts and crafts to learn how to cope with grief in ways that fit them. Parents and guardians can participate in concurrent grief support groups where they learn to care for themselves and their children as the family adapts to loss.

Montgomery Hospice also provides education on grief and loss to Montgomery County high school students.

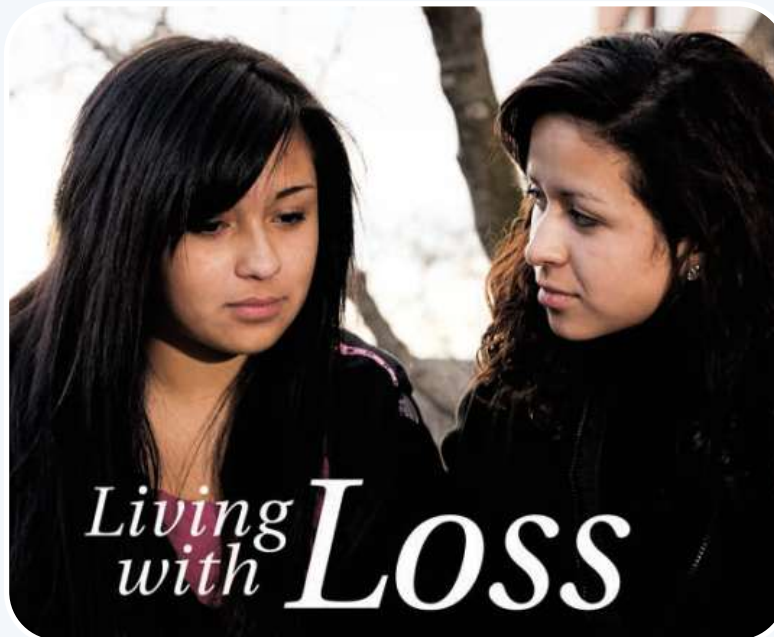


PHOTO BY PAUL KLINE

"I THINK THAT I AM GOING CRAZY."

People who are grieving the death of a loved one often express this fear to the Bereavement Counselors at Montgomery Hospice. The wide range of emotions and sensations that come with a death can overwhelm us and make us feel like we are going crazy. Our lives are turned upside down and we are often shocked that this terrible event has happened to our loved one and to us. The journey of grief can present challenges as we learn to live with loss. Adjusting to the reality of the loss, coping with difficult feelings and finding our way through grief takes time and the support of others.

There are many paths on this journey of grief. They are as varied as we are and as unique as our relationships with those we love. Each of us must grieve in our own way. Knowing some of the common feelings, sensations and reactions during grief can make the experience less frightening and help us to remember that we are normal in our grieving.

How we experience grief depends on many things:

- our relationship with the deceased
- the daily impact that their absence has on our lives
- the supports we have in our lives
- our style of coping

Some of us are private people and find it most helpful to read written materials (like those that we send to family members of our patients). Some of us find comfort in sharing our experiences with a bereavement counselor or with others who are grieving. The support groups and workshops at Montgomery Hospice provide a safe place to do this. Bereavement counseling groups and workshops are open to anyone in the community. Whatever your style of grieving, a Bereavement Counselor at Montgomery Hospice can help you sort through your feelings, explore ways of coping and support you on your journey.

What to Expect When You are Grieving

What are normal reactions when someone you love dies?

You may feel a **variety of emotions**:

- Sadness
- Anxiety
- Guilt
- Anger
- Denial
- Numbness and shock

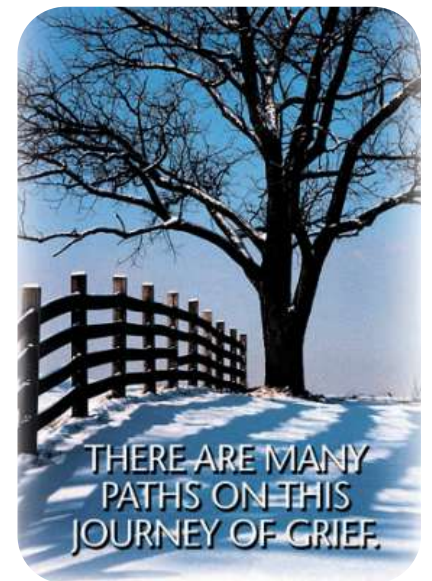
You may experience **sensations** such as:

- Tightness in the throat
- Heaviness in the chest
- Loss of appetite
- Mood swings
- Extreme forgetfulness
- Excessive fatigue

You may act **out of character**:

- Crying at unexpected times
- Overeating
- Undereating
- Wandering aimlessly
- Questioning spiritual beliefs

These are all natural and normal grief responses. You are not going crazy when you feel them. You are grieving because you loved.



© CORBIS

Family & Nursing Care is proud to support Montgomery Hospice in its mission. Montgomery Hospice gives Montgomery County residents an invaluable resource for support and services for end-of-life care. Whether it is attending a bereavement support group, working with the amazing team of nurses, social workers, chaplains, volunteers, and others as part of the Hospice at Home team, or having a loved one stay at Casey House for acute care needs, Montgomery Hospice provides community residents with numerous options for compassionate, end-of-life care."



962 Wayne Avenue, Suite 500
Silver Spring, MD 20910
301-588-8200
www.familynursingcare.com

We believe strongly in the service that Montgomery Hospice provides not only to terminally ill persons, but also to the families of those that are ill. Montgomery Hospice provides compassion, comfort, and support, as well as direction to people who are lost in a sea of despair. The hand of Montgomery Hospice reaches out to all the people of Montgomery County. The unending devotion and care that Montgomery Hospice provides is their greatest asset."








5130 Wisconsin Ave, NW
Washington, DC 20016
202-966-6400

Montgomery Hospice





Serving our community for 30 years



Timeline

<p>1967 Dr. Dame Cicely Saunders founded St. Christopher's Hospice in London, England—the first modern hospice.</p>	 <p>1981 Montgomery Hospice Society started. Four patients the first year. Office in the basement of St. John's Episcopal Church Chevy Chase, MD. The first volunteer, Sally Ketchum, had researched hospice in order to help a friend dying with cancer in order to help a friend dying with cancer who wanted to be at home with family.</p>	<p>1989 Montgomery Hospice Foundation was incorporated as the fundraising arm of the organization. Montgomery Hospice started the first bereavement program in Montgomery County.</p>		<p>2006 New mission and vision statements: Mission: "To gentle the journey through serious illness and loss with skill and compassion." Vision: "To bring comfort by providing the best care to our community's multicultural residents who are facing serious illness and loss."</p>		
<p>1977 Robert Braden (a Methodist pastor frustrated by a lack of patient dignity and family support for dying patients) did research, raised money and secured office space, starting the process of bringing hospice care to Montgomery County.</p>	<p>1983 Medicare Hospice Benefit put into law</p>	<p>1987 Montgomery Hospice Society received its first accreditation from the Joint Commission on Accreditation of Healthcare Organizations.</p>	<p>1995 Start of campaign to raise money for an inpatient unit</p>	<p>1999 Casey House dedication: "We dedicate this home away from home, this house where miracles can pierce through the darkness." On August 2, Montgomery Hospice opened Casey House, the first and only inpatient hospice facility in Montgomery County.</p>	<p>2010 Montgomery Hospice provided hospice care to 1,910 patients and supported 7,900 grieving community members.</p>	
		<p>1986 Medicare Hospice Benefit made permanent. Montgomery Hospice Society received certification to be a Medicare hospice provider, becoming the first licensed hospice in Maryland.</p> 				

Then & Now

 <p>1981: One of our main challenges is to explain that hospice is not a place but a service that helps people stay in their own home.</p>	 <p>1993: [Montgomery Hospice newsletter] Establishing a trusting relationship requires admission into hospice soon enough for families to benefit from the many services. Time is required for patients, families and members of the hospice team to get to know one another. The earlier hospice is called, the more fully patients and their families can benefit. So many families say, "Why didn't we know of hospice sooner?"</p>
 <p>2011: Even after 30 years of serving the community, we still struggle to help people understand that they can receive the services of Montgomery Hospice in their homes.</p>	 <p>2011: [Cokie Roberts, family member] What you never ever hear is somebody saying I went to hospice too soon. Or I shouldn't have started that process then. Quite the contrary. It is always I wish I had done this earlier.</p>

ISTOCKPHOTO/PAPER:ABZEE; WATCH: SPXCHROME

“I have a long history with Hospice as my mother was the bereavement coordinator with our local hospice for a number of years. Montgomery Hospice recently helped me with my great-aunt when her condition required more medical attention, and they are currently caring for my grandmother. I am happy to be able to support Montgomery Hospice, as I know firsthand how important the care is that they give to their patients and to the patients' families. We strive to continue the loving care that began at Montgomery Hospice as we assist families at their time of need.”

-William A. Pumphrey



**7557 Wisconsin Avenue
Bethesda, MD 20814
301-652-2200 Fax 301-656-2210**

**300 W. Montgomery Avenue
Rockville, MD 20850
301-762-3939 Fax 301-217-0377**

**pumphrey@pumphreyfh.com
www.pumphreyfuneralhome.com**

“Visiting Angels is proud and humbled to be a sponsor of Montgomery Hospice. We share a commitment to provide the best possible quality care. Montgomery Hospice is made of extraordinary people, who know what to do and how to do it to ease a patient's pain. Montgomery Hospice is also available to help those who are grief stricken, and often frozen by that grief. The warmth of hospice surrounding a patient and their loved ones, while the patient is ill, remains steadfast with the same love and gentleness for those who grieve. Working with Montgomery Hospice, we have been blessed to have our own belief reinforced; a person is a gift until the very moment they pass on. There is no finer gift than the one given by Montgomery Hospice.”



**Gaithersburg, MD
301-355-6578
Silver Spring, MD
301-578-1616**



PHOTOS BY MIKE COLELLA

Montgomery HOSPICE CASEY HOUSE

Casey House is the only healthcare facility in Montgomery County exclusively designed for hospice patients.

Hospice care focuses on medical and personal comfort for people living with a life-limiting illness. Montgomery Hospice staff members work with patients and families to address physical, spiritual and emotional issues.

Casey House provides:

- Expert palliative care for hospice patients whose symptoms require intensive medical care.
- Private patient bedrooms, spacious family indoor and outdoor areas in a beautiful setting where visitors are welcome 24 hours a day.
- A highly skilled team of professionals with end-of-life care expertise, including: physicians, nurse practitioners, nurses, certified nursing assistants, social workers, spiritual counselors and trained volunteers.

.....

Casey House:
6001 Muncaster Mill Road
Rockville (Derwood), MD
240-631-6800



WHAT MAKES CASEY HOUSE SPECIAL?

Some say that it is the beautiful setting—the surrounding fields, the flowers, the fountain, the patio. Others cite the home-like feeling inside the building, with the large table used by families to share meals, comfortable sitting areas for visiting with friends, and the meditation room providing a space for quiet thought. The characteristic of Casey House most often mentioned as exceptional is the staff of people who work there. Professionalism and expertise, combined with caring and compassion, make the Casey House staff an extraordinary group. They provide round-the-clock comfort and dignity to seriously ill patients.

FROM FAMILY MEMBERS:

“It is such a comfort to have such loving and competent professionals to help during the serious illness of a loved one.”

“Thank you so much for your wonderful gentle care during this very difficult time in my life. I will never forget the wonderful tender care my husband and I both received from the staff at Casey House. He told me several times he was so glad we had made the decision to move to Casey House. He was at such peace.”

Finding a Quality Hospice Program:

QUESTIONS TO ASK

Does the hospice have:

- a team of professionals providing medical, nursing, social work, volunteer, bereavement, and spiritual care?

- the ability to reach a staff person 24 hours a day, 7 days a week?

- care provided to patients in their homes, at nursing homes, and in assisted living facilities?

- a dedicated, inpatient, acute care hospice facility?

- a medical director?

- close collaborations with patients' doctors?

- tools in place to serve non-English speaking patients and families?

- professional counselors who provide grief support and education to patients and families?

- medical staff with specialized hospice certifications?

Is the hospice accredited by The Joint Commission?

Is the hospice Medicare certified?

“ Dignity Memorial network professionals are not only deeply committed to the families we serve, we work to educate and support professional caregivers to ensure a seamless transition from their care to ours.”

Danzansky-Goldberg Memorial Chapels, Inc.
Ed Sagel, General Manager,
Mortician
1170 Rockville Pike
Rockville, MD 20852
301-340-1400
www.danzanskygoldberg.com

EDWARD SAGEL
funeral direction, inc.
1091 Rockville Pike
Rockville, MD 20852

301-217-9400
www.sagelfuneraldirection.com

“ Montgomery Hospice is a wonderful organization that focuses on providing physical, emotional and spiritual care for those affected by terminal illness, both directly or indirectly. Montgomery Hospice, along with Casey House, are truly gifts to our community. Hines-Rinaldi Funeral Home is proud to partner with Montgomery Hospice in its efforts to educate the community about its support programs and services.”

Hines-Rinaldi
Funeral Home, Inc.
Funerals and Cremations

11800 New Hampshire Ave.
Silver Spring, MD 20904
301-622-2290
www.hinesrinaldifuneralhome.com

Montgomery HOSPICE

A team of specialists supporting patients and families in their homes,
providing a safety net of care



DOCTORS: Our doctors collaborate with patients' physicians. Medical Director takes a holistic approach to patient's care, including pain management and medication review.

SPIRITUAL COUNSELING:

Chaplains are available to assist with life review and spiritual needs of patients and their families.

NURSES: are available 24/7 for support by visits and phone calls. Nurses visit regularly, coach and teach caregivers, coordinate care and monitor symptom management.

CERTIFIED NURSING ASSISTANTS:

assist with bathing, skin care, feeding and making occupied beds; provide care tips to family members.

BEREAVEMENT: Montgomery Hospice support continues for families. Our counselors provide grief support to families for 13 months after patient's death. Bereavement groups & workshops are open to all Montgomery County residents.

VOLUNTEERS: provide respite and friendly visits and other practical assistance to patients and family members.

SOCIAL WORKERS: facilitate family communication, counsel patients and family members on Advance Directives, insurance issues, anticipatory grief and other end-of-life concerns.

Nonprofit. Independent.
Medicare & Joint
Commission Accredited.



1355 Piccard Drive, Suite 100
Rockville MD 20850
(301) 921-4400
www.montgomeryhospice.org