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Veterans Health System Journal



## Salaries Climb FOR MANY VA Healthcare Providers

Corresponding Editorial by  
*National Association of  
VA Physicians and Dentists*





# Six Tools to Promote Healing at the End of Life

**Deborah Grassman, ARNP**

**T**he distinction between “curing” and “healing” is important. Curing is associated with resolution of physical symptoms. Healing, on the other hand, refers to wholeness and considers emotional and spiritual dimensions. People can experience cure of their illness without experiencing healing. Likewise, people in a hospice unit can be healed without being cured.

The best indicator of healing is peacefulness. Like the pain scale, the most tangible way to measure

this subjective experience is with a “peacefulness scale.” Upon admission to a hospice unit, a patient can be asked how peaceful he feels, with 0 being utter, inner turmoil and 10 being perfect serenity. The family also is asked to rate their perception of the patient’s peace.

The answers provide clues for intervention. For example, if a patient says his peacefulness is at a 4, he would be asked, “What would have to happen for the score to be a 5?” Then, the team responds with interventions that promote closure, wholeness, and peace—otherwise known as healing.

The mission statement at the Bay Pines VA Hospice unit is “To-

gether, with their families, we help people die healed.” As the program has matured over the 6 years since its inception, several simple tools have been developed to provide concrete interventions that promote healing.

1. The simplest, most effective, and most universally applied tool is a poster and pamphlet displayed in each room that identifies Ira Byock’s 5 tasks for dying well.\* This prompts patients and family

\*Byock I. Completing the continuum of cancer care: integrating life-prolongation and palliation. *CA Cancer J Clin* 2000;50(2): 123-132.



members to reach an inner space where each can say:

- “Forgive me”
- “I forgive you”
- “I love you”
- “Thank you”
- “Good bye”

Staff urges patients and families to inventory their lives to assess how to personally apply these interventions. They are coached to not use this globally (for example, “Forgive me for anything I might have done”), but rather to apply this specifically (“Forgive me for the time I \_\_\_\_\_,” or, “Thank you for the time that you \_\_\_\_\_.”)

Many patients have estranged or broken relationships with family members. Alcohol abuse has often interfered with family life. When people are on their deathbeds, they are more likely to seek forgiveness and angry or hurt family members are more likely to offer forgiveness. Though the facts of the past cannot be changed, forgiveness provides new meaning, bringing healing and redemption of the past.

2. Letter writing is a powerful tool for healing. For example, one man brought closure to his relationships by writing a letter to his children telling them he was sorry for the way he had abandoned them and telling each of them what he most loved about them. Only 1 of the 6 children attended the funeral, where the

letters were presented. The attending son was told that when he and his siblings were ready, they could read them. Thus, the letters also were meeting the bereavement needs of the 6 children—needs they may not have even known they had.

Letters preserve the moment and, in this case, allowed healing to reach into the future. An abused child’s healing may lie many years ahead, but the letter will still be available to participate in the healing when the

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adult child is ready to deal with the issues.

3. Audio/video taping can be utilized to relieve suffering caused by missing future milestone events. It is often the most painful part of earthly leave-taking, especially if the patient has young children. If this is the source of suffering, the patient can prepare a tape or letter with the help of family or volunteers. They are given to a trustworthy family member to give to the child at determined milestones, such as school graduations, getting a driver’s license, the wedding day, birth of first baby, etc. This allows the patient to contribute to the relationship even after death. This brings much

comfort and peace, as the patient struggles to let go of earthly attachments.

4. Telephone conferencing and video conferencing are other simple ways to promote healing. When family members cannot be present for patient care conferences, a telephone conference simultaneously connects family members from all over the country for healing moments with the patient and team.

If family members have not seen each other for a long period of time, a video conference can be arranged between VAs. For example, a patient had been estranged from his daughter for 20 years. The daughter went to the medical media department at a VA in Oregon where she lived. The patient and daughter were each coached by staff in Byock’s 5 tasks of dying so they could prepare for reconciliation when they met on video conference. The patient also saw his grandchildren for the first time. The daughter’s view of her past without her father was re-framed, and his grandchildren had a glimpse of a grandpa they otherwise would not have known.

5. Life review is a tool that helps a patient appreciate the meaningfulness of one’s life. Nearing the end of life, most people hope their lives have made a difference and are healed when family and friends remind them of the impact of their life. Life Review forms have been developed for this purpose.

One form is for the patient to complete about him/herself and another is provided to family members. This is not just reminiscence therapy. Rather, questions seek the meaningfulness of the memories. For example, one series of questions on the patient’s Life Review includes “One of the most difficult things for me to deal with in my lifetime has been \_\_\_\_\_.” “What I have learned because of the burdens that I have endured in my life is \_\_\_\_\_.” “What I





think this says about me as a person is \_\_\_\_\_."

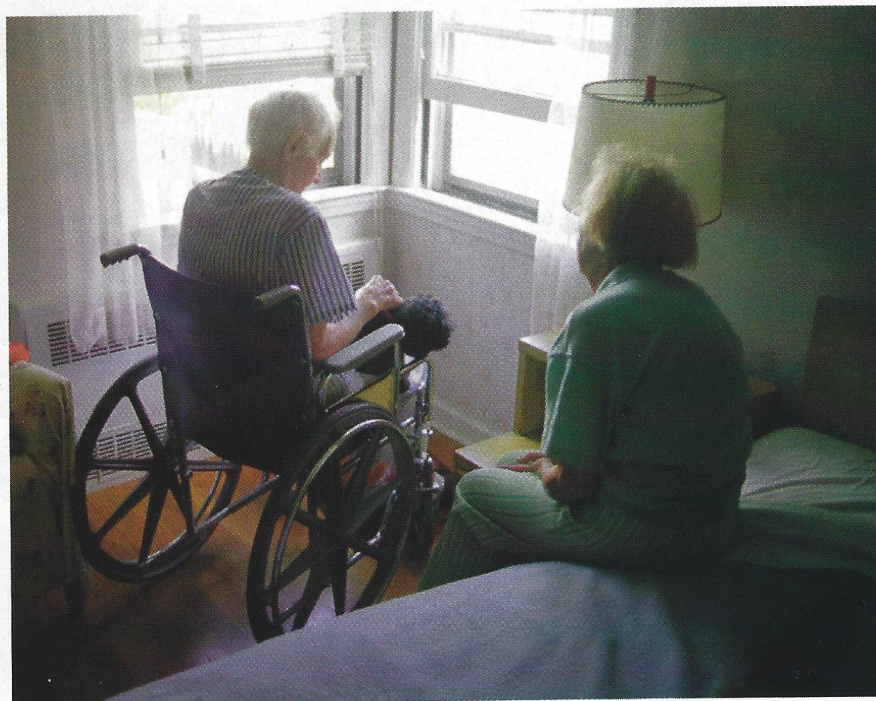
The Family Life Review form includes similar questions. For example, "One way in which my loved one has touched my life is \_\_\_\_\_." "The difference this has made for my life is \_\_\_\_\_."

After completion, the Life Reviews are shared at bedside with family and staff. Usually there are lots of tears and smiles and laughter and hugs. In its own way, it is an opportunity for patients to participate in their own eulogy. After the patient dies, these forms remain as cherished keepsakes to promote effective bereavement. They also become practical tools for providing the formal eulogy after death.

6. Digital and video photography are other effective tools for preserving memories and creating family treasures. Upon admission, a floppy disc is labeled with the patient's name and a digital camera is available for pictures. The pictures are displayed in the room and then given to the family upon discharge. A video camera and tape recorder also are used to create visual and audio memories. These become cherished keepsakes after death, promoting grief recovery.



Other simple tools to promote a healing environment that require no extra time include: doing patient care conferencing at the bedside while sitting down. Often dubbed the "Holy Rollers" by patients, our interdisciplinary team rolls to the



bedside on chairs once a week to meet patients and families on their level. Conferences last for half an hour and seek to identify and respond to their needs. Song and spiritual reflection can be provided at this time.

Unrestricted visiting hours for families, children, and pets promote relationship. Having quiet, relaxing music playing in the common areas reaches out to draw people into a healing environment. Eliminating fluorescent lighting and having comfortable home-like furnishings soften an environment to welcome people who are facing a very difficult and frightening part of their lives.

All of these tools are surprisingly simple, effective, and efficient. The best end-of-life medicine is love, forgiveness, and relationship. These are the experiences that allow patients to feel peaceful and to consciously let go of their earthly lives with a feeling of meaning and fulfillment. To do this, the leadership team guiding the program has to value the emotional and spiritual dimensions. A culture has to be developed whereby healing is under-

stood and promoted. A culture has to be developed whereby the emotional and spiritual dimensions are the primary focus of practice.

Palliating physical symptoms should not be the goal of an end-of-life program. Healing should be the goal. If symptom management is the goal (instead of the vehicle for reaching the goal), pain may be alleviated but suffering will not. People can often bear great pain if the source of their suffering is eliminated.

On the other hand, medicating pain without assessing and treating suffering misses the wonderful opportunity for healing that the death opportunity offers. We only get one chance to die. We don't want to miss it. These tools can help assure that patients will be present for their death. ■

#### About the Author

Deborah Grassman, ARNP, is Nurse Coordinator of VA Bay Pines Hospice Unit, where she has been a psychiatric nurse practitioner for 6 years. Correspondence may be addressed to Hospice, PO Box 5005, Bay Pines, FL 33744.