

VFW

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DURING A REHABILITATION
SESSION IN THE BURN WARD.

Where the Wounded Recover

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Hospice:

Supporting Veterans in their Final Battle

Hospice care is needed and helpful at a very trying time in life. Here is when and how seriously ill veterans can take advantage of it, including through VA programs.

by Larry Beresford

Hospice is an organized health service and a model of compassionate, supportive care designed to help patients cope with advanced, incurable illnesses such as cancer.

Because hospice is so closely associated with death and dying, often patients, their loved ones or their physicians resist a referral for hospice care. They wait until the ravages of the disease and the side effects of medical treatment leave them with nowhere else to turn.

As a result, they may miss out on the full benefits of this service and its expertise—something that helps to maximize the quality of life when its quantity is in short supply.

Most hospice care is provided in the patient's home. An interdisciplinary team of nurses, aides, social workers, other professionals and volunteers comes to the patient. They visit the home to assess and manage symptoms of the illness, including pain—one of the most feared manifestations of cancer.

Hospice also addresses emotional and spiritual issues. It supports family caregivers and provides needed medical equipment and medications to manage the illness. If it is not possible for the patient to remain at home, alternative settings such as inpatient hospice units may be available. What hospice doesn't do is try to cure the underlying disease.

Confronting the Inevitable

Hospice care has been a covered benefit by Medicare since 1982. According to the National Hospice and Palliative Care Organization, more than 3,000 U.S. hospice programs now care for nearly 1 million terminally ill patients each year. They also offer grief support to surviving family members for up to a year after death.

Many patients only reach hospice in the final weeks or even days of their lives, however. Just acknowledging a prognosis of six months or less to live, which usually is required for hospice enrollment, can be a difficult hurdle to overcome.

Because of that emotional barrier, a related medical service called palliative

PHOTO COURTESY BAY PINE VA MEDICAL CENTER

care has emerged in recent years in many hospitals.

Palliative care extends hospice's emphasis on relieving suffering and maximizing quality of life to patients earlier in the course of an illness. This is before they would be eligible for hospice and is often simultaneous with active medical treatment.

A patient's doctor orders consultations by the palliative care team when pain, other symptoms, emotional concerns and treatment decision-making have grown beyond the scope of conventional medicine to address.

Hospice and VA

In recent years, VA has made great strides in offering this kind of care to veterans. "Hospice and palliative care are now part of the basic benefits package for enrolled veterans in all settings," reports Dr. Scott Shreve, VA's national director of Hospice and Palliative Care and the medical director of a VA hospice inpatient unit in Lebanon, Pa.

National policy directives have instructed every VA medical center to establish a palliative care consultation team and to provide needed hospice care. This is done either directly or by referral to a hospice program in the community.

Collaborative relationships between VA medical centers and community hospice programs—where most terminally ill veterans are likely to receive their care—also are growing.

In most states, Hospice-Veteran Partnerships have formed. They enhance these relationships and educate hospice professionals and the public about the special needs and concerns of terminally ill veterans.

VA's growing involvement in hospice and palliative care reflects the stark fact that 1,600 veterans die every day in this country. Most of them are WWII vets in their 80s. But it also demonstrates a national commitment to offering veterans care and expertise at the end of their lives, says Dr. Ira Byock, director of Palliative Medicine at Dartmouth Hitchcock Medical Center in Hanover, N.H.

"I would want members of VFW to know, speaking not only as a palliative care physician but as a grateful citizen of this country, that they deserve this level

of care," Byock notes. "It completes a transaction that began years ago when they answered the call to service.

"At the highest level, VA has said you are entitled to expert treatment for pain, breathlessness or any other symptoms of terminal illness from someone who does this kind of care for a living."

Byock also says vets are "entitled to help in sorting out treatment options and just getting through the day. Hospice professionals can help you explore the fears we all have about what happens next and how we will be remembered. All of that is worth its weight in gold at this time of life."

Special Needs of Veterans

Some veterans may prefer to obtain their hospice or palliative care directly from VA, where they feel more comfortable, says Deborah Grassman, a nurse practitioner and clinical coordinator of the hospice unit at Bay Pines VA Medical Center in St. Petersburg, Fla.

Hospice offers volunteers to support the patient and family. Many volunteers in the Bay Pines hospice program are either veterans or the spouses of veterans, sharing the same service history as the patients.

Based on her experience working with terminally ill war veterans, Grassman has observed that they sometimes have different experiences at the end of their lives than other hospice patients.

It could be a better experience because they've already faced death, or it could be a struggle to resolve long-buried battlefield traumas that resurface as death draws near. VA hospice staff and volunteers can help patients deal with those kinds of issues, as well.

"It's like coming home to die," Grassman says about VA's commitment to hospice. "We're going to continue to honor your service to your country all the way through the last phase of life." ☘

LARRY BERESFORD is an Oakland, Calif.-based freelance health care journalist, contributor to the publications of the National Hospice and Palliative Care Organization, and author of the definitive consumer's guide to hospice care, *The Hospice Handbook* (Little, Brown & Co., 1993).

Knowing When

Hospice eligibility requires a medical prognosis of six months or less to live—in the physician's best medical judgment. But prognosticating is an inexact science. Some patients live longer than six months on hospice care, and others may improve and even leave hospice.

One rule of thumb used by hospice and palliative care programs is to ask the primary physician: Would you be surprised if this patient died within the next six months? If the answer to that question is no, then the patient may very well be a candidate for hospice.

Veterans who are struggling with serious illnesses or questioning whether they might be candidates for hospice are encouraged to ask their physicians.

For those receiving health care at VA medical centers, another option is to request a palliative care consultation. If the physician agrees to this request, then the palliative care team will do a one-time assessment. This includes the patient's medical symptoms, supportive care needs and treatment preferences in order to recommend a realistic course of action that is individually responsive.

Sources of Information

National Hospice and Palliative Care Organization

1700 Diagonal Rd., Suite 625
Alexandria, VA 22314
(703) 837-1500

www.nhpco.org (includes a searchable directory of hospice providers)

Dying Well www.dyingwell.org is the Web site of Dr. Ira Byock, a leading national palliative care physician and author of two helpful books about end-of-life care, *Dying Well* and *The Four Things That Matter Most*.

Finding Our Way: Living with Dying in America

is a 15-part national newspaper series on end-of-life care. The articles first ran in 2001 and now are posted online at www.findingourway.net.