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The Threshold of Death: Fertile Ground for Healing

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He was hesitant to come to hospice: "I'm not going to die." His tongue cancer would probably not threaten his life for several months. But his pain was out of control. The staff in the nursing home Care Unit felt helpless. He was receiving 500 µg of fentanyl via a transdermal patch every 48 hours, as well as frequent PRN doses of morphine concentrate 100 mg. Still, he rated his pain a "10." Descriptive qualities of his pain were vague and elusive. "How about if you come to hospice for 2 weeks, get your pain under control, and come back to your same bed here," we told him. With the assurance of return, Cliff agreed to admission.

The team enjoyed Cliff. He had a "vinegary" personality combined with a sparkle in his eyes "like a kid at Christmas time" that created an irresistible incongruity. He enjoyed the attention received from the hospice team during quality of life (QOL) sessions (a weekly gathering of staff at bedside to respond to patients' suffering). He enjoyed old Western movies in the VCR rolled to his bedside. As Cliff relaxed into the environment, his pain became a "0," and he asked to extend his stay in hospice.

Then, Cliff got a roommate. The roommate died a few days later. Cliff asked to be transferred back to the nursing home immediately. "Give this bed to someone who really needs it," he said. He was transferred back that day.

Several months later, hospice was again consulted for Cliff's out-of-control pain. He was also weaker, and his survival estimate was now limited to several weeks. Still, Cliff was hesitant to come to hospice. "I'm afraid I won't get out this time," he said.

"That could be true," I said. "No one can know for sure. But if your time is soon, staying in the nursing

home or coming to hospice won't keep death from coming. At least in hospice, your pain will be under control. You will be surrounded by people whose expertise is comfort. If you are dying, your needs will be changing, and you will be surrounded by people who know and understand your changing needs." Recognizing that I was now trying to *convince* him to come, I backed off, reminding him that it was his decision—that he knew what was best for himself. Once I retreated, he no longer had the need to convince me that he should not come.

"Okay. I guess so," he said reluctantly.

"No. You think about it. I'll come back tomorrow."

"I want to come today. Right now," he said eagerly. "But, I don't want any prayer."

I assured him we understood that prayer was private for him and that his request would be honored. I also assured him that we would continue his tube feedings and treat any pneumonias—as he requested.

Cliff's ambivalence continued. His suffering continued. It was difficult to determine the source of his suffering. It was doubtful that his suffering would respond to medication. Nevertheless, gabapentin was added to his medication regimen.

Physical modalities were tried. A whirlpool bath provided temporary relief. Ice packs and hot packs had some effect. Physical therapy was consulted for other treatments. The staff also provided massage—not short, quick movements given in the midst of chatter, but long, smooth, quiet strokes lovingly given in quietude.

"Point to your pain," the doctor told Cliff one day in a QOL gathering. Cliff pointed straight in front of him—as if the pain were in the stars far away. "See? He's telling us that his pain is not in his body. No amount of medication is going to fix it. We've got to look to other dimensions. He's got anxiety, and that often gets misinterpreted as pain," the doctor responded.

"But as long as the pain is 'out there,'" we responded, "we can't do much with it. We can't take

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the pain away. He has to give it to us and he can't do that until he owns it."

Still, the team continued to search for ways to relieve Cliff's expression of suffering in the physical dimension. Physical treatments provide a quick fix to bide time for exploring other dimensions of suffering. Pain brings people to their knees. It opens them to dimensions of being not previously accessed. Pain is also overwhelming. Untreated, discovery of other dimensions is not possible. We could not abandon Cliff by not treating his physical pain, and we could not abandon him by treating his *nonphysical* pain with medication or other physical modalities.

"What makes life worth living, Cliff? What makes you want to wake up each day?"

"My daughters," he said. "I don't want to leave them. And, I don't want them to have to be bothered with my death." This seemed somewhat enigmatic. His daughters lived out of state. He had not had contact with them for many months. An occasional phone call was their only source of relationship. From his description, the relationships lacked much depth or intimacy.

Prayer was not provided—at least formally. Intention is at the heart of all prayer. Holding Cliff in silent, loving intention provided the "universal prayer." "Let's be quiet together," we would say, and he would nod. As the chatter of the world fell away, spaces for togetherness were created. Trust emerged, and slowly death lost some of its menacing threat. Cliff's need for a deeper relationship with his daughters also emerged.

In a moment of confusion, Cliff mistook one of the nursing staff for his daughter. He grabbed her hand and pulled her toward him, saying "I'm sorry." Death was adding healing opportunities for Cliff and his daughters. A teleconference was scheduled with his daughters so that his "I'm sorry" could be received. Tears of reconciliation sealed their reunion. Years of

drinking that had eclipsed their love were washed away with Cliff's acknowledgment of the pain he had caused. One daughter revealed how she herself had been an alcoholic. She stopped suddenly one night after a fight with her husband caused silence in their 6-month-old baby. Her baby's silent stare reminded her of her own pain as a child when her mom and dad fought over her dad's alcoholism.

Cliff now actively sought spiritual support. With a Catholic upbringing, the Rosary, the Lord's Prayer, and the sacraments now brought solace. He also became affectionate. "That's the Dad I remember before he started drinking," one daughter said when we described his new behavior. The daughters were now phoning on a daily basis. They were discovering new things about their father, "positive things—unlike what our mother told us," they said.

One of his daughters phoned to ask advice: "I've been talking to some hospice people here," she said. "They said I should tell him good-bye. What do you think?"

"Well," I began slowly. "I can see some value in that. He told me several weeks ago that what is keeping him here is you. He doesn't want to burden you with his death."

His daughter began to cry softly as she realized the meaning and love in her father's statement. "Then I've got to tell him. I've got to tell him now that it's okay to go."

Released to continue his journey, Cliff became more peaceful with the freedom that forgiveness and reconciliation provide. Softness now eroded his furled brow. He started seeing his mother and wife—long dead—only to wake up with an, "Oh, I'm still alive."

Dying people are fertile ground for healing. Cliff was dying healed of his bitterness, expressing an attitude of love and gratitude. Dead or alive, he was at peace.