



# PEP TALK



**MARCH 2022**



## **PEP IN-PERSON LUNCHEON RETURNS!**

Our PEP luncheons are returning to the China Buffet, 3525 PCH in Torrance on March 17.

They have great food with a variety to choose from including Chinese, Japanese, and American dishes. Vaccinated guests only, please.

The price for PEP members and guests is only \$18 including tip, tax and drink.

## **March 17 Speaker Named**

Becky Gerl, MS, RD from UCLA Health will speak at the China Buffet on nutrition. Besides exercise, nothing is more important to good health than good nutrition.

## **February 17 Luncheon Speaker**

By Yvonne Koga

Dr. Henry Kiang, from the Palliative Care Unit at Torrance Memorial Hospital joined us on Zoom and enlightened many of us about palliative care. It is a service provided to anyone with a chronic disease to obtain relief from suffering, be it physical or psychosocial and access to spiritual support. Pallia-

tive care is holistic and person centered. It is specialized care that can be initiated at the beginning of the illness (e.g. cancer, organ failure, ILD/IPF) and helps navigate the trajectory of the patient's care as part of the patient's medical team. This care can be provided as an outpatient or while in the hospital. The patient could request a referral from his/her pulmonologist or other physician.

Palliative care is a new specialty and physicians have been trained in this area since 2009. It differs from Hospice which is reserved for end of life care, usually when a patient has 6 months or less of life remaining.

Palliative care aims to maximize the patient's quality of life. Information is provided about documents that should be filled out such as end-of-life requests and things we think about but never bring up to converse with family about.

As an outpatient, the patient can visit the clinic. When home-based, the physician, RN, or Nurse Practitioner would visit the patient once a month. The care team consists of a physician, social worker, chaplain, nurse, nurse aid, with physical therapist and occupational therapist as adjunct members.

During the question/answer conversation with Dr. Kiang, the topic of Right to Die was discussed. Medical assisted death legislation is rapidly changing. In the past, a patient would reach out to the physician to verbally inform the doctor. Two verbal requests, at different appointment visits, as well as a written request

would be required. Each healthcare institution must assure that the patient is of sound mind per a mental health evaluation and that his/her loved ones are aware of this. When the request is approved, medication is ordered.

Many people think about this option because they want to maintain their independence and choice in how they die. About a third of patients who request medically assisted death receive the medications to self-administer. Of these, about a third actually follow through. Every hospital system has policies about medical assistance in dying.

Services provided in palliative care can release the patient's family from the burden of making decisions when the patient is no longer able. The patient's wishes are known per the durable power of attorney and the communication with loved ones while the patient was

aware and able to express his/her wishes. To be referred for palliative care, speak with your pulmonologist or primary care physician.

## In Memoriam

Melba House

## April Birthdays

7 Janice	18 Jette
Thomas	Sorensen
9 Nazir Ahmed	19 Nancy
	Cunningham
12 Masako	19 Eileen
Batjer	Stallings
12 Marsha	25 Andrea
Doolittle	Legacki
17 Kevin Bussi	30 Jacob

## Kurt Antonius, editor

PEP Pioneers is a non-profit corporation comprised of graduates from pulmonary rehabilitation programs from South Bay hospitals. We are dependent on private donations to finance events. Tax deductible donations may be made to:

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