

ART BUCHWALD'S VICTORY LAP A Case Study in Hospice Care and Beyond

by Robin Morton Murray

Alas, the people who come to visit me now look at me with great suspicion. They want to know if the whole thing was a scam. They can't believe, after I said goodbye, I'm going to Martha's Vineyard instead of Paradise.

Art Buchwald, The Washington Post, 3/23/2006

When celebrated columnist Art Buchwald checked himself into a residential hospice in February of 2006, he expected to live two or three weeks. His doctors told him he had no kidney function, and Buchwald—who was 80 years old and facing a number of health challenges—decided to forgo dialysis.

Apparently, one of Buchwald's kidneys didn't get the memo. It continued functioning, and Buchwald lived to "hold court" in the community room of The Washington Home and Hospice for almost five months.

At the end of this time, he didn't die. He checked himself out of hospice and went back home to Martha's Vineyard. He lived another six months, spending time with friends and family, before his kidneys failed and he passed away. (Buchwald said the lesson in this experience was "Don't trust your kidneys.")

In the time between being admitted to hospice and dying, Buchwald led a remarkable life. He visited with family and friends (and enemies), hand-picked his eulogizers and wrote a book about his end-of-life experience ("Too Soon to Say Goodbye"). He wrote columns twice a week for the Washington Post, was interviewed by a host of national media icons and, to use his words, "became a poster boy for death."

In 2006, The National Hospice Foundation honored Buchwald with the Hospice Champion Award. In 2008, in recognition of the positive attention Buchwald brought to hospice care, the National Hospice Foundation created the Buchwald Spirit Award for Public Awareness.

"The beauty of not dying, but expecting to, is that it gives you a chance to say goodbye to everybody."

Art Buchwald, "Too Soon to Say Goodbye"



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Hospice care is end-of-life care provided by a group of professionals anywhere the patient calls home. The primary purpose of this care is to provide comfort and to help patients face life-limiting illness on their own terms. Hospice is about respect, comfort and dignity.

There are several things you should know when deciding whether hospice care is appropriate for you or a loved one.

HOSPICE CARE IS FOR PEOPLE WITH A POTENTIALLY LIFE-LIMITING ILLNESS. A consultation between a patient and his or her physician will determine eligibility for hospice care. It is not uncommon for patients under hospice care to live beyond a physician's prognosis for life expectancy. Hospice benefits do continue if a patient lives longer. In addition, patients who begin to feel better and choose to discontinue hospice treatment may re-start hospice care at a later time with no loss of benefits.

Hospice care isn't just for cancer patients. It's for anyone, of any age, with a life-limiting illness (such as heart disease, kidney disease, dementia, lung disease and other chronic conditions).

HOSPICE CARE INCLUDES PAIN MEDICATION, HOME CARE VISITS AND THE ADDITIONAL SUPPORT OF DOCTORS, NURSES, COUNSELORS, CHAPLAINS, CNAS AND VOLUNTEERS. In general, hospice care starts with a detailed individual care plan, co-created by the patient's physician, the hospice care team, patient and family. This plan addresses pain management, symptom control and other key issues.

After the care plan is established, a member of the hospice team will visit the patient as often as needed to ensure comfort. The care team is available to support families, providing tools, resources, and education. Team members will care for the patient's medical needs, answer questions the family and caregivers might have and recommend additional services as needed.



HOSPICE: WHAT YOU NEED TO KNOW

Hospice: from the Latin *hospitum*, meaning “guesthouse.”

HOSPICE TEAM MEMBERS ARE AVAILABLE to help train and support anyone providing primary care. Hospice visits can occur at a private residence, a nursing care facility or hospital. In addition, Agape's hospice team is available on call 24 hours a day, seven days a week.

OUR HOSPICE TEAM PROVIDES ADDITIONAL CARE FOR PATIENTS WHO LIVE IN A NURSING CARE FACILITY.

Agape's services are provided in addition to the standard care received in a skilled nursing facility. The hospice team ensures that all care is part of an integrated plan that meets the patient's specific needs. The Agape staff adds specialty expertise in symptom management and comfort care.

IN THE US, ALMOST ALL HOSPICE BENEFITS ARE PAID BY MEDICARE/ MEDICAID.

In 2011, 89% of hospice care was paid for by these agencies. Private insurance picks up most of the remaining 11%. Also, please remember: Agape refuses no hospice patients based on an inability to pay. If you have

questions or concerns, please call us at 720-482-1988. We can help you apply for and receive hospice benefits.

ONE OF THE KEY GOALS OF HOSPICE IS TO PUT MORE “LIFE” IN THE PATIENT'S REMAINING MONTHS OR DAYS.

The goal of hospice care is not to lengthen or shorten a patient's life, but to improve each patient's quality of life. Therefore, hospice care focuses on pain management and relieving symptoms such as gastric upset, depression, anxiety or other concerns.

REGISTERING FOR HOSPICE SERVICES DOESN'T MEAN GIVING UP HOPE.

Hospice involves acknowledging that most diseases in their advanced form cannot be cured. It does not mean giving up hope. Hope is found in patients and families achieving the highest possible level of physical comfort and peace of mind.

If you or a loved one needs care, please don't be afraid to use the hospice benefit. Effectively controlling pain and other

symptoms helps patients feel better and get more life out of their remaining time.

WHAT MAKES AGAPE HEALTHCARE DIFFERENT?

Agape Healthcare is a local company that has cared for Denver-area patients since 2002. Our ongoing mission is to provide the highest standard of hospice and palliative care to our Front Range community.

Our hospice team includes doctors who are board certified in hospice and palliative medicine, registered nurses, certified nursing assistants, social workers, chaplains and counselors. We will be there when you need us, wherever you call home. ❖

** National Hospice and Palliative Care Organization, 2012 Hospice Care in America / NHPCO Facts and Figures.*

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