

1ST Annual Golf Tournament— Huge Success!

The United Hospice Foundation's 1st Annual Golf Tournament at Brasstown Valley Resort on May 23, 2002 was a huge success. Preliminary figures forecast net proceeds to be approximately \$21,000, surpassing our initial fund raising goals by more than \$5,000.

The tournament was made possible because of the generosity of our Founding sponsors—LeCroy, Inc. (Toccoa, GA), GeriMed (Louisville, KY), and Pruitt Corporation (Toccoa, GA). Several other companies sponsored holes, lunch, drinks and more. Our thanks to everyone who contributed to this event as a sponsor or a golfer.

All of the contributions we received will help the Foundation educate people throughout Georgia about hospice, assist people in making their final health care decisions with an advance directive, and provide grief and bereavement services to those who have lost a loved one. The Foundation is young, but we are continually adding programs within our service area. Events like this make that possible.

If you would like more information about the Foundation, or would like to get your name on our mailing list for next year's golf tournament, please call the Foundation at (800) 443-4788.



Below:
The LeCroy team
(our Platinum Founder):
Dwayne Singletary, Gary
LeCroy, Chip McFarland,
and Larry McFarland

Above:
Maureen McCarthy presents
a first place flight prize



Above:
Warming up at the putting
green before the event.

Right:
Let's golf!



Our Mission

The United Hospice Foundation will work with communities to prepare and promote activities that raise public awareness and understanding of end-of-life issues. ♦ We will advance the hospice philosophy so more people living with life-limiting illness and their families can find comfort care. ♦ We will make grief and bereavement support available for those suffering from loss. ♦ We will provide the information and resources necessary to stimulate end-of-life discussions among family members to assist them in the development of advance directives. ♦ And, we will work with healthcare providers to develop ways to ensure patients' end-of-life wishes are realized. ♦ We will be guided by the highest level of ethical and moral values as we develop, manage and grant support for this cause.



Who Knows?

Who would make your final health care decisions if you couldn't make them for yourself? Making decisions about your final health care means a lot to the people who matter most to you. They're the ones who will honor your wishes—or live with the choices they made because you never made them for yourself. Have you thought about talking to your loved ones or appointed someone, a personal agent, to make decisions for you, but don't know what to do next? The CRITICAL ConditionsSM Workshop can help you and your loved ones talk about these issues—before decisions might have to be made.

Learn about:

- How to talk with your family about your choices for final health care
- How to make decisions on specific medical issues and health conditions
- How to legally document your choices
- How to appoint someone as your Personal Agent for Health Care

Critical Conditions Workshops

Tuesday, July 23
7:00 pm to 9:00 pm
Stephens County Hospital
New Impressions Meeting Room

Thursday, July 25
9:00 am to noon
Stephens County Senior Center
6250 Rose Lane, Toccoa

Free! Refreshments will be served.

Reserve your seat by calling (800) 443-4788.

CRITICAL ConditionsSM
Make your final health care decisions

UNITED
HOSPICE
FOUNDATION inc
3945 Lawrenceville Highway
Lilburn, Georgia 30047

Tidbits...

- The United Hospice Foundation sponsored a booth at the CSRA Senior Expo in Augusta on Saturday, May 18, 2002. Representatives of the Foundation passed out information about hospice and advance directives, answered questions and listened to heartwarming stories of how hospice helped some of the attendees' loved ones. "The event was a huge success," said Maureen McCarthy, executive director of the Foundation. "The folks who attended the event were extremely interested in learning more about their final health care options and will hopefully begin their planning process with the new information they've received."
- The United Hospice Foundation is looking for people to help create and maintain grief and bereavement support groups in Athens, Cleveland, Elberton, Gainesville and Toccoa. The ideal candidate will live and/or work in their chosen city and have a background in social work and/or grief counseling. This project is estimated to take each counselor five to 10 hours per month. Counselors will be paid for their time. Anyone interested in one of these opportunities, please call Maureen McCarthy at (800) 443-4788.

The official publication of the United Hospice Foundation

passages



Summer 2002

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Mary's Way

Some say there's comfort in knowledge. Edward Stephens would agree. In 1999, Edward and his wife, Mary, completed a living will, a document that stated their wishes about the types of medical treatment they wanted, or didn't want, if they were unable to communicate these instructions themselves. Although both were healthy, Edward and Mary had the difficult discussion about their beliefs on end-of-life care.

Two years later, that conversation became ever so pertinent. Mary didn't feel well and she was tired all the time. She knew deep in her heart that something was wrong but she didn't want to admit it. When she finally went to the doctor, she was diagnosed with lung cancer.

Edward was visibly shaken as he remembered his wife and her reaction to the diagnosis. She seemed so OK with it, almost as if at peace. Mary had seen her sister struggle through chemotherapy and she did not want to go through that. She believed this was God's will and she didn't want to fight it.

Mary chose not to receive chemotherapy or radiation treatments. "And that was her decision," said Edward. "I would have supported her in whatever she wanted to do."

After discussing her options with her doctor, Mary decided to enter a hospice program. There was an open bed at Peachtree Christian Hospice. If she chose to go there, the staff could help Mary manage her pain and teach Edward how to care for her once she got back home where she could be surrounded by everything she loved. Both Edward and Mary thought this was a good alternative to aggressive medical treatments.

Edward quickly found that hospice was not just about serving the patient, but helping the entire family as well. What brought comfort to



Mary Stephens

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The Core of Caring: Hospice Offers End-of-life Guidance For Patients and Their Loved Ones

When a hospice nurse walks into the home of a person facing life's most intimate passage, one of the more crucial questions she will ask is: What are your hopes and fears?

That question is at the core of what hospice care is all about.

Hospice nurses are the doorway to an end-of-life care system that includes doctors, social workers, chaplains, home health care aides and trained volunteers. They work together to answer any and all of their dying patients' needs, be they physical, psychological or spiritual. The goal is to help keep patients as pain-free—and lucid—as possible, with loved ones nearby, until death arrives.

There is no typical patient at the end of life. "Each person is unique, therefore their care needs to be uniquely tailored," said Mary Raymer, chair of the social work section for the National Hospice and Palliative Care Organization in Alexandria, Va. But patients do share many concerns, said Raymer. "The most common concerns people express are fear of becoming a burden to others, loss of control, loss of dignity and choice, finding meaning in their lives, spiritual concerns—in short, not necessarily the physical component of dying but the psychosocial component."

That's why hospice care serves both patients and families. Workers concentrate on providing pain medication and relief for nausea and other symptoms, all the while working to help the patient deal with the impact their dying will have on their loved ones. Team members provide spiritual counseling, help work out arrangements for dependents, answer caregivers' questions, and make themselves available 24 hours a day, seven days a week.

Yet hospice remains widely misunderstood and under-used. Some doctors—reluctant to admit defeat against illness—may put off referrals to hospice care until their patient is very close to death.

The typical hospice patient is served less than one month—usually not long enough to put affairs in order, say goodbyes to family and friends, create memory tapes or books for loved ones, or simply enjoy a favorite view out the back window while free from pain, tubes, aggressive drugs and tests.

"We estimate that for every one hospice patient in America right now, there are two more who may be suffering needlessly, two more who need hospice," says Karen Davie, president of the National Hospice and Palliative Care Organization.

Although Medicare fully covers hospice care, doctors need to establish a prognosis of less than six months to live for their patient. This, despite

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Mary's Way

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Edward was being with his wife through her entire stay. He had taken care of her for 53 years and wasn't about to leave her now. He slept in Mary's room, ate his meals with her, and helped the nurses take care of her, all the while receiving guidance from the hospice staff. In fact, for an entire weekend Edward refused to leave Mary's side... and he was supported in that decision by the staff. Finally, after knowing she was in good and loving hands, he went home to shower and change.

"I can't say enough about the staff," said Edward. "They didn't hide anything from me. I always knew what was going on, and I never had to worry."

Despite all of the care Mary received, she was never able to go home again. The cancer had spread too quickly and in the early morning hours of December 21, 2001, Mary passed away. Although Edward was devastated, he knew in his heart that she chose her path and did things her way.

New on the Horizon...

The United Hospice Foundation's new Web site will be up and running July 15. Check out www.unitedhospicefoundation.org for the latest Foundation news, events and information.



Finding Your Way Through Hospice Care

Most Americans don't know what hospice is, according to research conducted by the National Hospice Foundation. Nearly 75 percent don't know that hospice care can be provided at home and less than 10 percent know it provides pain relief for the terminally ill. Nearly 80 percent don't think of it as a choice for end-of-life care and 90 percent don't know that Medicare pays for it. Medicare and private insurance, including new long-term care policies, cover many, if not most, hospice services for anyone with a terminal illness, including cancer and non-cancer diseases. While you should check with your insurance provider for specifics on your coverage, here is a list of what Medicare will cover:

- Physician services for the medical direction of the patient
 - Regular home visits by registered nurses and licensed practical nurses
 - Home health aide and homemaker services, such as dressing and bathing
 - Social work and counseling services
 - Chaplain services for the patient and loved ones, if desired
 - Medical equipment, such as hospital beds
 - Medical supplies, such as bandages and catheters
 - Drugs for symptom control and pain relief
 - Physical therapy, speech therapy, occupational therapy, and dietary counseling.
- Volunteer support to assist patients and loved ones

Keep in mind that hospice care is intended to supplement caregiving provided by families or other loved ones, so Medicare will not cover primary caregiving. For those who don't have family or other loved ones to provide care, hospices will work with the patient to find the care they need to be safe at home or help them move to another setting. New long-term insurance policies also may cover these caregiving expenses when Medicare doesn't.

Written by Stephen R. Connor, PhD—vice president for research and development at the National Hospice and Palliative Care Organization in Alexandria, Va.
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The Core of Caring

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the fact that if a hospice patient lives longer than six months, Medicare will allow the hospice benefit to be renewed.

Another factor is a basic misapprehension about what hospice is. A National Hospice Foundation survey shows that 75 percent of Americans don't know that hospice care can be provided at home and 90 percent don't realize that Medicare pays for it. Yet, the same national research results show that Americans want the kind of end-of-life care hospice provides.

Because round-the-clock, hands-on care is such a vital part of the hospice experience, hospice can provide trained volunteers, who relieve primary caregivers, do household chores and help bathe patients. Perhaps most important, says Jim Hodapp, a 76-year-old volunteer in Rockford, Ill., "is to be a good listener," whether it is to the dying person or their worried family.

Hodapp, a retired electrical engineer, began volunteering five years ago. "Most hospice patients are very interested in talking about themselves," says Jim. "I've found out most are quite frightened of dying."

Because of the relationships Jim builds with his patients, he attends each patient's funeral. He's found that is just one of many hospice services greatly appreciated by the family.

Jim has had one patient die in his presence. The man was alone, in a nursing home. As Jim held the man's hand, he noticed him breathing very rapidly. Gradually, Jim says, the man's gaze shifted to the distance, his eyes opened wide, and then his breathing stopped.

Had Jim not been there, the man—whose daughter had not yet arrived—would have died alone.

Again, this compassion lies at the core of hospice. Jim says that while his friends say they don't think they could do this type of work, he believes it "is one of the best things I have ever done. It is very rewarding."

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How Can You Help?

The United Hospice Foundation is an independent, non-profit organization that depends on contributions from the community to fulfill its mission. We always appreciate:

- Volunteer Time
- Cash Gifts
- Memorial Gifts (in lieu of flowers at a funeral)
- In-Kind Gifts
- Deferred Gifts
- Gifts of Property
- Wills & Bequests

Call the United Hospice Foundation, Inc. at (770) 925-4788 or (800) 443-4788 for more information regarding your giving options. A United Hospice Foundation representative would be pleased to discuss these opportunities with you. Or, clip out the coupon below and send it with your gift to...

The United Hospice Foundation, 3945 Lawrenceville Highway, Lilburn, GA 30047

- I would like to pledge my support of the United Hospice Foundation and its mission.
I will contribute \$_____ every month quarter six months year for the next _____ years.
- I would prefer to support the United Hospice Foundation with the enclosed one-time gift of \$_____.
- Please send me more information about becoming a volunteer including United Hospice Foundation in my/our will other giving options hospice advance directives grief support

today's date: _____ name: _____

address: _____

city: _____ state: _____ zip: _____

phone: (_____) _____ e-mail: _____

This gift is in memory of in honor of _____ (tribute name)

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