More people should use hospice
August 10, 2000

You won’t see an ad like this, but I rather wish you would:
WHAT’S SURE THAN TAXES?
DYING, that’s what!
Why not do it comfortably and with grace?
Call Hospice months before the event.
You and your loved one will never regret it.

I am no longer involved with either St. Francis Hospice or Hospice Hawaii, the two providers on Oahu.

But I know they still are lovingly managed and can do wonders in the grace and comfort area for both terminally ill people and their loved ones.

I know too, that they have a common complaint. Patients ask their help too late – only about 20 days before dying on the average, sometimes only a few days before.

The U.S. government, which is fairly hard-headed about such things, is willing to fund hospice care for the last six months of life under both Medicare and Medicaid. Many medical plans do, too.

For most terminally ill people, hospice is a win-win choice. More appropriate care. Lower cost.

My first encounter with hospice was in London in 1977. The Star-Bulletin had run a series of articles on the inadequacies of terminal care. I wanted to see it done right.

I arranged to visit the very first modern hospice, St. Christopher’s, in a quiet, middle-class residential district of London. It was a homey building where the nearly daily arrival of ambulances and hearses was mostly out of common view.

I entered with some apprehension, went away uplifted. One particular unplanned incidence is illustrative. A woman rushed up to my doctor-guide to exclaim: “Oh Dr. West, my father has his sense of humor back!”

Her father was a comic on the British Stage. He had been miserable at home in his final illness. St. Christopher’s got rid of his pain, kept him in caring surroundings, and soon he was wise-cracking again.

Today hospice care can be either in-patient or at-home. The difference that makes either succeed is the loving skill of hospice personnel in ending pain, counseling loved ones, and arranging for an orderly closing of personal affairs.

The big hurdle – the one that makes most admissions too late – is that the patient himself or herself must recognize his or her terminal status, then ask to shift to hospice care.

This can be a be a terrible wrench, but one for the better. Many physicians are reluctant to push it. Perhaps they see it as a defeat for their aggressive treatment efforts. Timed flight, it is a wonderful relief from them – and that means timed several months before death rather than just 20 days or so.

I’m sorry you aren’t likely to see the above great public service ad anywhere but in the column. But do keep it in mind.

When you or someone close to you is in need, don’t hesitate to call a hospice, if only for advice: St. Francis Hospice’s Sister Maureen Keleher Center at 595-7566, Hospice Hawaii at 924-9255.

Both have been at their kindly work for some 20 years and draw overwhelming praise for their efforts.

St. Francis has in-patient facilities in Nuuanu Valley and at its hospital’s West Oahu annex. Hospice Hawaii has one at Enchanted Lake. It recently authorized a search for a Honolulu location.

Some readers know me as an advocate of doctor-assisted death in certain unbearable circumstances. But these likely would be less than 100 a year statewide. Hospices in Hawaii help about 1,500 people a year. They could, if asked, help several times that number.

Assisted death is on the ballot in Maine
September 28, 2000

Tuesday I wrote favorably about Hawaii’s ballot question No.1 for Nov.7 – whether to insert into our state Constitution a provision that the University of Hawaii shall have autonomy over its own affairs. The state of Maine’s ballot question No.1 also may have long-term significance here. It is allowing terminally ill patients to opt to shorten their lives with self-administered medications.
Supporters are optimistic of a victory but say they expect the Catholic Church to spend large amounts to defeat it. That spending will be focused on the remaining 40 days. Oncologists, who treat cancer, also are advertising against it.

The cause gained a prestigious endorsement form the editor of the influential New England Journal of Medicine, Maria Angell. She stated that relieving suffering is more important than extending life.

The Maine legislature refused to put the assisted death question on the ballot, but it got there by way of a citizen initiative that collected some 52,000 signatures, about 10 percent more than required.

The city editor of the newspaper in Maine’s biggest city, Portland, is Linda Fullerton. She notes that bypassing the legislature with a ballot initiative has had previous successes in Maine, most recently to legalize marijuana for medical purposes.

Should a yes vote prevail in Maine, America then will have two states where assisted death is legal – Oregon and Maine. Usage in Oregon has been for far less than 1 percent of all deaths.

Governor Cayetano formed a panel in 1996 that in 1998 recommended Hawaii also allow assisted death. I was in the 11-7 majority that would provide it, under strict controls, to persons with intolerable suffering that can neither be cured nor palliated.

We left out the “terminally ill with less than six months to live” requirement that is law in Oregon and proposed for Maine. We joined with a national blue-ribbon panel that considered unrelievable intolerable suffering deserving of the option of death even if the patient is not terminal.

Committees in both houses of the Hawaii legislature heard our proposal but never brought it to a floor vote.

A victory in Maine might reinvigorate us for another try in 2002. Governor Cayetano is in favor. Opinion polls show a comfortable margin of public support. The Catholic Church will remain our major roadblock. It works to have strong influence with key legislators.

In Oregon, in the Maine referendum and in the Hawaii proposal the safeguards are many-tiered.

The Maine initiative requires two physicians to certify terminal status, an opinion by a physician familiar with the patient’s disease, consultation with both palliative care specialist and a licensed counselor, two personally communicated requests form the patient plus one written one, a 15-day waiting period plus a final 48-hour waiting period. Phew!

The proposal for Hawaii is similarly wrapped in provisions to prevent abuse. My long-term hope is that experience will allow these to be simpler in the spirit of mercy.
A better way to die
March 19, 2001

HOW will you react if your physician says you are terminally ill? Most probably, after time to think about it, you:

>> Won't want to be a burden on your loved ones.
>> Will hope to avoid pain and indignity.
>> Will want to avoid being pauperized with treatment costs eating up dollars you want to leave to your heirs.
>> Would like assurance you won’t die alone.

These reactions are common in the experience of Dr. Ira Byock, a recent lecturer here who has worked with hundreds of patients in Montana who have received such news.

He is a former president of the American Academy of Hospice and Palliative Medicine, a prominent spokesperson for the hospice movement and author of “Dying Well.” His appearance here, sponsored by The Queen’s Medical Center and Hospice Hawai‘i at Home, drew an SRO audience of 300.

Byock has learned that dying does not have to be agonizing. Physical suffering can always be relieved, he says.

Then, when people are relatively comfortable and know they will not be abandoned, they frequently find ways to make dying a rich experience. They can strengthen bonds with those they love, forgive and make up with those with whom they have differed, and create moments of profound meaning in their final passage.

It happens in Hawai‘i often, thanks to our seven hospices, but not often enough. Only about 20 percent of terminal patients here seek hospice care.

That’s better than the national figure of 15 percent, but still woefully low for two reasons. First, hospice love and care can help most dying persons, not a measly one-fifth.

Second, most people wait too late to turn to it. Several months at least of hospice care are desirable. These usually can be covered by insurance. Unfortunately most patients and/or their care-givers wait until just a week or so before the end to call a hospice.

Why do so few choose this humanitarian way to die?

The answer in a February article in Hawaii Medical Journal is many-faceted:

>> Too many physicians are underinformed.
>> Even those who are informed may not find time to discuss preferences in dying while the patient is still well. Even allowing that attitudes may change, the best time to start is while in good health.
>> Family conflicts often suppress full discussion of options. This can lead to overtreatment and expense to even try — regardless of cost — to save a doomed loved one. Their inevitable deaths are made unnecessarily painful and prolonged.
>> Religious and cultural factors. Surveys show that most people would prefer to die at home yet our deaths overwhelmingly take place in hospitals or nursing homes.

Surveys in Hawai‘i also have shown that most people would like the option of doctor-assisted death or suicide. But most physicians oppose it.

Dr. Byock is not for it but welcomes debate over it because it calls more attention to the inhumanity of the way we often handle dying.

Aloha, Bud