

PASSAGES

Volume 1, Number 2

September 2008

**SPECIAL
POINTS OF
INTEREST :**

- > **Support Group Availability in Eastern NC**
- > **Upcoming Education Opportunity, Changes in A.D.'s and the MOST**
- > **I.C.E.- Contact, Is one in your cell phone?**

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**UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA
INPATIENT HOSPICE FACILITY**

by *Ginger Newbold*

Marketing Coordinator for Hospice Services

University Health Systems Home Health and Hospice

The new eight-bed Service League of Greenville Inpatient Hospice Facility is currently under construction and will include a customized care environment designed to treat terminally ill individuals with compassion and respect. The facility is part of University Health Systems

of Eastern Carolina.

Each of the eight patient suites is purposefully angled to give the patient the largest possible view of their environment, including family members and friends in the adjacent sitting area and the natural world of the garden outside. French doors open to expand the suite onto the covered porch and into the garden where the patient and family are invited to spend time outside.

The design focuses on creating a home-like environment for the patient, family, and friends. In each patient suite, the wood floors, soft colors, crown molding, raised-panel doors, and attractive furnishings comprise a space that is familiar and comfortable. Display areas around the patient accommodate personal items such as cards, flowers, mementos, and

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**PHYSICIAN IMMUNITY IN HONORING A
PATIENT'S ADVANCE DIRECTIVE**

by *Kristin L. Burrows*

Elder Law Attorney

Physicians* all learn about the importance of patient autonomy in making health care decisions. The law and the courts have recognized that patient autonomy gives people the right to state in advance the type of care they would or would not want in certain end-of-life situations (Living Will), and to name another person to make medical decisions for them if they are unable to

communicate such decisions themselves (Health Care Power of Attorney). The Health Care Power of Attorney (HCPOA) and Living Will are known as Advance Directives because, using these documents, patients direct in advance their medical decisions in the event they are not able to communicate those decisions themselves.

Clearly, it is easier for a physician to recognize patient autonomy when patients are able to communicate their

decisions, as opposed to relying on an Advance Directive. Nevertheless, it is very important that physicians honor patients' wishes as expressed in their Advance Directives. Therefore, **North Carolina law provides physicians with immunity from civil liability, criminal prosecution, and professional discipline when following a patient's Living Will or HCPOA.** See North Carolina General Statutes §32A-15 *et seq.* and §90-320 *et seq.*

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M E D I C A R E C O V E R A G E O F H O S P I C E S E R V I C E S

by Judy Gray

Outreach Coordinator, SHIP, NC
Department of Insurance

You may be aware that hospice is a program of care and support designed to support terminally ill patients and their families. What you may not know is that Medicare provides hospice benefits to its beneficiaries.

For you to receive hospice benefits through Medicare, you must meet the following conditions:

- You must be eligible for Medicare Part A (Hospital Insurance);
- Your doctor and the hospice

medical director must certify that you are terminally ill and have six months or less to live if your illness runs its normal course;

- You must sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness (Medicare will still pay for covered benefits for any health problems that are not related to your terminal illness.); and
- You must get your care from a Medicare-approved hospice program.

Your doctor and the hospice

medical team will work with you and your family to set up a plan of care that meets your needs.

Services that are covered by Medicare include the following:

- Doctor services
- Nursing care
- Medicare equipment (such as wheelchairs or walkers)
- Medical supplies (such as bandages and catheters)
- Drugs for symptom control or pain relief (you may be required to pay a co-payment)
- Home health aide and homemaker services
- Physical and occupational therapy

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End-of-Life Care Decisions

Advance Directive Changes and the New MOST* Form

Friday, September 19, 2008

MAHEC • Asheville, NC

*Medical Orders for Scope of Treatment



Learn about the new options for End-of-Life Care Decisions in North Carolina in this 'can't miss' conference.

Topics include:

- evolution and rationale for advance planning
- identification of legal protocols for the NC Advance Directive
- implications for its use in various settings
- the Five Wishes format
- limits of Advance Directives and MOST with questions and conflicts in end-of-life care

This program will be videoconferenced to sites in WNC.

This is a one time collection of experts and key speakers from around the state. **Don't miss it!**

Fee: \$59.00
To register, go to www.mahec.net/calendar
keyword: MOST



End of Life Care Coalition
of Eastern North Carolina



NORTH CAROLINA
BAR ASSOCIATION
SEEKING LIBERTY & JUSTICE



GRIEF SUPPORT GROUPS

by Paula Bowen, MSW

Pitt County Memorial Hospital Cancer Services is committed to providing help to people experiencing grief. Several support groups are available to meet the needs of families who have suffered the loss of a loved one. These support groups are held on a regular basis and are facilitated by qualified professionals. Brief summaries of each of the three support groups are listed below.

Living On After Loss is a support group for adults. The program provides a safe place to understand grief. This is an eight-week program including educational sessions and structured support. Living On After Loss is offered several times each year. Groups meet once a week at various locations.

Pathways to Hope is a monthly support group for adults who have experienced the death of a loved one. Participants share their experiences and learn additional ways of coping with their grief. The meetings are held on the third Thursday of each month at 5:30pm in the Hope Lodge conference room on Wellness Drive in Greenville, NC.

New Colors is designed to help children and their parents understand and deal with the grief brought on by the death of a loved one. At meetings, we share our feelings and begin to face our grief together. The program is an eight-week, confidential support group led by trained, compassionate professionals. Kids participate in age-appropriate activities while discussing topics such as death, funerals, and emotions.

Many different diagnosis specific support groups are in place and can be located by contacting related interest groups.

If you or someone you know is interested in these support groups, please call **252-847-9450** for more information. We appreciate your help in generating awareness of the services available for those coping with grief in our community.

PERSONAL TESTIMONIAL

by Mike Odom

Many unique experiences are witnessed throughout a person's life. Some experiences are turned into fond memories shared over and over again, while others may rather be forgotten in some dark corner of the Earth. Then there are those experiences that sit on the border between good and bad; these are the type of happenings where the quality of the experience is largely determined by an individual's outlook. I believe death falls into this category. Some believe death to be an awful experience associated with a time of pain or a loss of a loved one. Others see death as an end to pain and suffering. Many people even associate death with a temporary separation and the beginning of a new life. Maybe even a better life. It has been my experience with the death of loved ones to feel not grief or happiness alone, but a mixture of both.

..the quality of the experience is largely determined by an individual's outlook.

In the past nine months, I have lost three grandparents with whom I was extremely close. I spent so much time with each of them and feel very thankful to have had them in my life for so long. Each of their deaths was a memorable experience, but none so unique as the death of my Grandmother Elizabeth Odom. She was a loving person that not only loved her children and grandchildren, but also had an endless amount of love for every person she encountered. She was an incredibly strong woman who was also the underlying foundation of our family. Grandmother owned a restaurant called The Home Place, which is located in Wilson, North Carolina. She spent many years smiling and greeting everyone who came in the door. She would feed you even if you had not one dime to pay. Grandmother also knew the importance of commiseration in times of

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P E R S O N A L T E S T I M O N I A L

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death. She would often send food and her condolences to families that had recently lost a loved one.

Unfortunately, Grandmother was a smoker and was diagnosed with lung cancer seven years ago. One of the lobes of her right lung was surgically removed in order to save her life. Grandmother recovered quite well after the surgery. Being the strong woman that she was, she tried to resume her many activities, including going back to work at the restaurant. As time went on, she grew weaker and had to discontinue her many activities. Ultimately, Grandmother was unable to leave her home but still enjoyed the many people who would often visit her. About a year ago, her physician found another spot on her lung and noticed it was metastasizing to the other organs in her body. Within months, her health diminished, until she was bedridden and had to rely on her family for care. Grandmother was given many medications to ease her pain but none seemed to work. She finally agreed to go to the hospital for pain management. After about a week of hospitalization, Grandmother was sent home with a hospital bed and a dilaudid pump. A very wonderful hospice nurse would visit her every day and family members took turns watching over her. She finally got to the point where she could hardly move or speak. She would blink her eyes and move her hands to respond to her family. The hospice nurses said that she was a modern miracle to even be alive at this point. One nurse stated that the topic of every morning's hospice meetings started with the astonishment and disbelief that Mrs. Odom was still living.

Since I lived out of town, I was honored with the task of caring for Grandmother on the weekends. I was working towards applying to medical college during this time in my life, and part of this time consisted of volunteering with the palliative care team at Pitt County Memorial Hospital. This experience helped me tremendously in caring for end-of-life patients. Not only was I developing good bedside manners at the hospital, I was unknowingly preparing myself for the events to come in my own life. Every weekend I drove to Wilson and would sit on the recliner beside Grandmother's hospital bed and care for her. Finally, one Saturday night, only five days before I was to take the dreaded MCAT (Medical College Admissions Test), I was studying on the floor next to Grandmother's bed. I would get up periodically to

swab her dry mouth with water. It was about 12:30 Sunday morning when I noticed the durations between her breaths were growing longer. I got up from the floor to check the circulation in her feet and noticed her feet were turning purple. It was as though death was creeping up her body one second at a time. In an instant I ran for Grandmother's oxygen meter and placed it on her tiny finger. I could not get a reading. I was torn between leaving her side to call my father and risking her dying alone. At that point, I just grabbed her frail little hand and kissed her forehead. I began to stroke her hand softly and talk to her. I told her that it was okay to go home now and that I loved her so very much. I thanked her for all the good she had done in my life and in the life of others. I promised her that I would look after the family and reassured her that we all knew she loved us. A little tear fell down her face as I spoke to her, and I caught it with a tissue. The last thing I said to her was that I loved her and hoped that she could hear me. After I spoke those words, she took her last breath and the lights flickered in the house. That was it.

The next day my family came together to comfort each other. Some friends were also there, as well as Grandmother's preacher. I shared my experience with them all and the preacher told me something I will never forget. He said, "Son, you just don't know how close to God you were as you held your grandmother's hand when she died." I have to admit that I have never felt anything like that experience before. It not only gave me reassurance that Grandmother knew I was with her when she died, but also gave me hope that there is something after death. This experience has taught me so much about death and my feelings toward people in general. I believe that we should all strive to be as caring and helpful to people as Grandmother was. I remember the long line of people at Grandmother's wake who waited to give their condolences to her family. It was one of the largest visitations in Wilson, and it reflected the love that Grandmother gave to others throughout her life. In these experiences with death, we can learn very much, not only about the character of those dying but also about our own character. I hope this will encourage people to dig deep within themselves, to stand strong in the face of death, and to realize it is a part of life. I believe if people can learn to comfort and care for others who face death, that they may find a little more peace in their own lives.

I was torn between leaving her side to call my father and risking her dying alone.

INPATIENT HOSPICE FACILITY

(Continued from page 1)

photographs. The displays also conceal the institutional necessities of electrical and medical gas outlets.

The new 9,800 square-foot facility is located on 3.5 acres between the ViQuest Center and the American Cancer Society's McConnell-Raab Hope Lodge. Officials expect the facility to open this fall. It will accommodate nearly 230 patients per year.

The non-residential hospice facility will be utilized to provide inpatient hospice care to patients who require a more intensive level of care, usually available only at a hospital. The goal is to

provide short-term comprehensive and intensive interventions that will stabilize patients and make it possible for them to return to their home setting and continue receiving home hospice care.

Reasons for admission to the inpatient hospice facility may include:

- Uncontrolled pain or shortness of breath
- Uncontrolled bleeding, nausea, or vomiting
- Uncontrolled agitation or anxiety
- Treatments that are not responding to care at home

- Signs of the dying process

Funding for the facility comes from a combination of resources. The Service League of Greenville pledged \$1.1 million, and University Health Systems and Pitt Memorial Hospital Foundation pledged the remaining \$2.3 million to the project.

If you would like information about giving opportunities, memorials and investing in the hospice care facility, please call Pitt Memorial Hospital Foundation at (252) 847-5626. For more information on the inpatient hospice facility, call (252) 847-2000.

IN CASE OF EMERGENCY (ICE) CELL PHONE CONTACT

by Mineko Holloway
Family Caregiver Resource
Specialist

In our technology flooded culture there are those of us who love and embrace the new tricks and features of our devices and those who keep their use to the bare minimum. Some learn to use their new phones or electronic organizers overnight and others own them for years without mastering their use. Here is yet another tip for those savvy consumers and those who are willing to function as ambassadors of technology to their more challenged friends and acquaintances. A simple label of ICE, "In Case of Emergency" in front of the desired first contact can help attending providers meet the consumer's wishes pertaining

to who to call when an unexpected or unfortunate event lands you in emergency medical care. Whether emergency respondents or ER staff are the ones looking for the information among an individual's items, a wallet and cell phone are likely to be present. When looking in a cell phone for someone to call it may be harder to decipher an emergency contact than you would expect. A spouse may be listed by first name only. A parent entered in an address book as "Mom" or "Dad" may not be the individual's first choice of contact. An ICE label in front of the contacts name makes it clear.

With any new idea comes speculation and this is no exception. There have been scams in the form of messages sent to phones under the guise of ICE

service. The ICE distinction only requires the cell phone owners action and recognition by the medical provider at the time of emergency. No special programs or services need to be purchased.

Also, this should not be considered as a replacement for other recommendations that individuals carry emergency contact information in their wallets and at other readily accessible locations.



P H Y S I C I A N I M M U N I T Y

(Continued from page 1)

The law provides that physicians are protected from liability for honoring ANY valid HCPOA or Living Will.

The following should be noted:

- The document does NOT have to be on file in the Secretary of State's Advance Directive Registry.
- A document that is valid as a HCPOA or Living Will under the law of another jurisdiction.
- Any document that legal counsel has advised appears to meet the statutory requirements to be a valid HCPOA or Living Will in this or another jurisdiction.
- A revoked document if the physician has no actual notice of the revocation.
- A HCPOA that names a health care agent whose authority has been suspended, if the physician has no actual notice of the suspension.

Under North Carolina law, for a HCPOA or Living Will to be valid it must be signed by the patient in the presence of two witnesses and a notary. The witnesses may not be a family member or a *paid* employee of the physician or health care facility. (Health care facility volunteers may serve as witnesses, and the notary may be a paid employee of the facility.) The law makes clear that an attending physician may

decline to follow a Living Will "if after reasonable inquiry there are reasonable grounds to questions the genuineness or validity of" a Living Will. It also makes clear, however, that an attending physician has NO DUTY to verify a Living Will's genuineness or validity.

The HCPOA and Living Will form provided in the statutes include a detailed account of the liability of physicians. However, inclusion of such information in the documents is NOT required. The protections for physicians who follow a patient's Advance Directives are provided by law.

It is important, however, that a physician read through the patient's entire Advance Directive. For instance, patients may limit the authority of their health care agents, or indicate special provisions or instructions regarding certain treatments, in their HCPOA. Therefore, it is not enough to know that a patient has named a health care agent, and to automatically rely on that agent for any and all health care decisions. The physician must read the document to determine whether the agent has been given the authority to make the decision at hand.

Notably, physicians are generally not offered any protection for failing or refusing to honor an Advance Directive. There is one exception that allows a physician to refuse to honor an Advance Directive based on his own conscience or the conscience-based policies of the facility where the patient is being treated. However, in such a case, the refusing

physician MUST assist in the transfer of the patient to a facility or physician who will honor the Advance Directive.

In the event a physician ignores a patient's Advance Directive and provides treatment the patient stated they did not want, that physician is exposing him/herself to liability. For instance, the physician may be found criminally guilty of battery (the willful or intentional touching of a person against that person's will), and may be liable for civil damages or professional discipline.

Understandably, the reality of a situation may make it difficult for a physician to follow a patient's Advance Directive. Conflict may arise between the rights of the patient and the values or wishes of the patient's family or health care agent. Unfortunately, when the patient is unable to communicate, the voices of the emotional family members are what the physician hears. Physicians may feel they are risking liability if they do not honor the family's wishes, but that is not the case. In fact, physicians are protected from liability if honoring the patient's Advance Directive, and expose themselves to greater liability if they refuse to honor it in favor of appeasing the opposing family members. Therefore, it is imperative, for both the physician and the patient, that physicians understand that they have a duty to honor the patient's wishes as expressed in an Advance Directive and will NOT be held liable for doing so.

The protections for physicians who follow a patient's Advance Directives are provided by law.

*Although the term physician is used throughout this article, the law applies to all health care providers.

MEDICARE COVERAGE OF HOSPICE SERVICES

(Continued from page 2)

- Speech therapy
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care (you may be required to pay a co-payment)
- Any other Medicare-covered services needed to manage your pain and other symptoms as recommended by your hospice team
- If your caregiver (such as a

family member) needs a rest, you are also entitled to inpatient respite care from a hospice. During this time, you would be cared for in a Medicare-approved facility, such as a hospice inpatient facility, hospital or nursing home.

All Medicare-covered services you receive while in hospice care are covered under the Original Medicare Plan, even if you are in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare Health Plan. If you choose to stay in your Medicare Advantage Plan while getting

hospice care, you must continue to pay your plan's monthly premium.

If you have additional questions regarding hospice and Medicare, please call the Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, Monday through Friday from 8 a.m. to 5 p.m. at 1-800-443-9354.



Support the Coalition With a Tax-Deductible Contribution!

The End of Life Care Coalition of Eastern Carolina, Inc. is organized and operated exclusively for charitable, educational and service purposes. As a non-profit under section 501 (c)(3) of the Internal Revenue Code, your contributions to the coalition may be tax-deductible. To make a donation, simply fill out the information to the right and return this section with your check or money order. For further questions about supporting the coalition call Susan Redding at (252) 847-0868.

Name _____

Address _____

Phone _____

I heard about the Coalition from:

The newsletter

A professional

A friend

I would like more information on:

Membership

Advance Directives

Volunteer Opportunities

This donation is being made

In memory of: _____

In honor of: _____

Please send an acknowledgement for this contribution to: _____

Name & Address _____

Comments:

END OF LIFE CARE
COALITION OF
EASTERN CAROLINA

P.O. Box 33
Greenville, NC 27835
Phone: 252-847-0868

The mission of the End of Life Care Coalition of Eastern Carolina is to provide education and support to help area residents have conversations and make decisions that lead to compassionate and comfortable care at the end of life. The Coalition will also support services that serve to facilitate compassionate and comfortable end of life care.

EOLCCEC 2008 MEETINGS

**All meetings of the EOLCC are held
in the Maple Room
at Pitt Memorial Hospital,
on the second Tuesday of the month
from 12:00 noon– 1:00 p.m.**

(with exception of the annual meeting held in
January)

September 9
October 14
November 11
December 9

EOLCCEC MEMBERSHIP

For information on becoming a member of the Coalition
contact Susan Redding at (252) 847-0868
Or visit the website at www.endoflifecarecoalition.org