Dr. Balfour Mount, a Canadian physician, is attributed with coining the term “palliative care” and starting the palliative care movement in North America. Prompted by the work of Dr. Elizabeth Kübler-Ross, Mount sought out hospice physician Dame Cicely Saunders at St. Christopher’s Hospice in London in the ’70s. Inspired by her, Mount decided to adapt Saunders’ model in Canada and created a specialized ward at the Royal Victoria Hospital in Montreal. Since Canada’s official languages include English and French, and in France hospice was used to refer to nursing homes, Mount felt the term “palliative care ward” would be most appropriate.

The root word for palliation in Latin, palliare, means to cloak or shield. “At a simple level, we can imagine that palliation protects people from the ravages of illness. Palliative care means different things to different people, and modern definitions are rapidly evolving,” states James L. Hallenbeck, MD in his book Palliative Care Perspectives.

The American Academy of Hospice and Palliative Medicine provides this definition: “The term palliative care originally referred to the care of patients with terminal illnesses, but now refers to the care of patients with life-limiting illnesses, whether or not they are imminently dying.”

“Although individuals and organizations may define palliative care somewhat differently, it is principally directed to patients having serious and life-threatening illnesses,” said Neal E. Slatkin, MD, DABPM, chief medical officer at Hospice of the Valley, which serves Santa Clara County. “The goal is always to take as much of the disease out of disease as possible. This in many ways is accomplished by placing the focus on the patient and their family rather than on the illness.

Through advances in technology, the science of medicine and ability to treat illness has been ever improving, but the art of caring for the patient in many ways has lost ground.

Communication between doctor and patient has in some respects become the victim of scientific advances and declining physician reimbursements. Diagnosis has come to rely more on technology and less on the physician speaking with the patient to elicit a medical history. Lowered reimbursements have at the same time caused many physicians to see more patients, and this in turn has decreased the time available to spend with any one patient. Palliative care seeks to reinvigorate the declining art of communication with the patient.

Good communication is vitally important when people have serious and advanced illnesses, not only to understand their symptoms, but to establish their goals of care and to fully explore their treatment options. For patients having serious illness, palliative care is therefore not a replacement for disease-oriented treatments, but a complement to the other approaches to medical care.”
Dear Friends,

Welcome to the summer issue of Passages!

There is a Native American saying: “Tell me and I’ll forget. Show me, and I may not understand. Involve me, and I’ll understand.”

It is my hope that the summer issue of Passages will involve you! Hospice of the Valley’s newsletter is just one of the many vehicles that provide a forum for up-to-date news and education on hospice and palliative care.

Our feature article What is Palliative Care? on pages 1 and 4 provides insightful and informative reading. The words palliative care are spoken frequently in the media and healthcare settings and, as Dr. Hallenbeck states, palliative care means different things to different people. When faced with serious illness, understanding and gaining access to palliative care will guide you and your loved ones to make informed choices, optimize quality of life and sustain independence.

Through Passages, we hope to connect you directly with Hospice of the Valley’s mission, which states: We strengthen our community through advocacy, education, research and volunteerism. As a not-for-profit hospice organization, education and advocacy are integral parts of our commitment to our community of caring. Being involved is central to true community. And it is through your involvement, support and generosity that Hospice of the Valley fulfills its mission. Thank you.

Sally Adelus
President & Chief Executive Officer

Hospice of the Valley
Living With Dignity Redefining Hope

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HOSPICE OF THE VALLEY
MISSION STATEMENT
We affirm dignity and hope for those facing serious illness by providing comfort through compassionate palliative, hospice and grief care. We strengthen our community through advocacy, education, research, and volunteerism.

Hospice of the Valley is a not-for-profit hospice organization and a member of the California Hospice and Palliative Care Association and the National Hospice and Palliative Care Organization.

Passages is a triannual publication published by the Development and Marketing Communications Departments at Hospice of the Valley.
Managing Editor: Ana Hays
Copy Editors: Chelsea Mathis, Carlene Schmidt, and Jeanne Wunn

Letter from the President and CEO
Hospice of the Valley celebrated the unveiling of its 2015 Vision at the 30th annual Western Gala and raised over $192,000 to help make that vision become a reality. The 330 guests including Judy Chirco, City of San Jose Vice Mayor, and Larry Stone, Santa Clara County Assessor, enjoyed a futuristic space cowboy themed evening at Villa Ragusa in Campbell on May 17th.

During dinner, a moving video featuring the Button Family story was presented. Tara Button, who was in attendance, brought the audience to its feet with a heartwarming thank you. “The program was truly a testament to the transformational power of Hospice of the Valley’s programs and services,” said Jennie Magid, Hospice of the Valley founder.

Hospice of the Valley is most grateful to all who attended the Gala and especially for the generous support of our sponsors, donors and dedicated volunteers. We could not have achieved this success without you!

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What is Palliative Care?  (continued from page 1)

According to Dr. Slatkin, palliative care focuses on:

• The quality of communication between the healthcare practitioner and the patient and their family. Palliative approaches seek first to determine what most bothers patients about their illness; what about the whole illness experience is reducing their quality of life and their ability to enjoy their time with family and friends. Second, since the family often plays such an important caregiving role, they also need to be brought in on the discussion of treatment options and be educated as a partner in care.

• Symptom management. Symptom management often takes a back seat to the treatment of the disease, and yet good symptom management is important not only to improve the patient’s quality of life and ability to function, but to optimize their chances of responding favorably to the treatment of the disease itself. Symptoms such as uncontrolled pain, anxiety, depression, constipation and insomnia can rob patients of precious time to be with loved ones and even lower the will to live. Palliative care is aggressive in managing symptoms, whether they arise from the illness itself or its treatments.

• Difficult discussions. The focus of disease management is always on cure or life prolongation, but sometimes even after these cease to be achievable goals patients continue to receive similar or even more aggressive treatments because no alternative is appreciated. While no patient or family wants to hear that a disease is progressing beyond the point of medical control, an understanding of this fact is vital if informed decisions are going to be made. Palliative care offers hope in the face of failing medical therapies by compassionately focusing on treatment alternatives, life choices and comfort.

“Difficult discussions are not only painful for the patient, but usually for the practitioner as well,” said Dr. Slatkin. “Sometimes they are either avoided or handled awkwardly. Often it takes a physician who is new to the situation to see the big picture and be able to lay it out with sensitivity to patients and families. The ability to do this with skill takes experience, knowledge and a personal commitment to make this an important part of the practice of medicine. Not every practitioner is equally skilled in these areas, any more than all are equally skilled in surgery. Palliative care focuses on making ‘the difficult discussion’ as honest but as hopeful as possible, so that patients and their families know the options and are able to make decisions that best suit their emotional and other needs. The idea of palliative care is not to limit care, but to provide the most appropriate level of care.”

For more information on programs and services, call 408.559.5600 or email request@hospicevalley.org.

Seriousillness.org

Are you caring for someone with a serious illness? If so, Hospice of the Valley has a resource website to help individuals and families cope with living with advanced disease. Whether you need tips on handling the medical and physical aspects of care (e.g., pain management, nutrition and eating), are concerned about emotional or spiritual issues (e.g., grief, hope, family dynamics), or simply want to know about important legal and financial decisions, this website will address your needs. Visit seriousillness.org/santaclaracounty.
Robert Hayashi, a trial attorney at Berliner Cohen, became involved with Hospice of the Valley through her firm’s long-standing relationship with the organization. And in 1999 when her brother-in-law died from a rare and aggressive form of cancer, she and her sister were introduced to the support hospice care can provide.

“The care my brother-in-law received from Hospice of Howard County (Maryland) was phenomenal. He had expert nursing attention, and my sister was provided with invaluable information and support. That particular hospice experience, combined with our firm’s relationship with Hospice of the Valley, made it easy for me to join the board and for my husband Kevin and I to include Hospice of the Valley in our estate plan.”

Kevin and Roberta have designated Hospice of the Valley’s endowment to receive a distribution from their trust upon their deaths, as well as a portion of any remainder in their trust.

“As Legacy Society donors, Kevin and I feel that giving to Hospice of the Valley’s endowment at our deaths would replace our capacity to contribute while we’re alive. And when we made our decision, we wanted to give to an organization that has a proven track record, and we feel will make good use of our contribution. That is important to us.”

You too can become a charter member of our Legacy Society when you make a planned gift commitment or pledge in a will or trust and/or name Hospice of the Valley as a beneficiary of your retirement plan or life insurance policy by Dec. 21, 2010. For more information, please contact Beth Williams, director of development, at 408.559.5600.
The Council of Dads
My Daughters, My Illness, and the Men Who Could Be Me
By Bruce Feiler
Reviewed by Ana Hays

When Bruce Feiler, best-selling author of Walking the Bible and eight other books, learned he had a malignant, seven-inch tumor in his femur, he crumbled imagining how he would miss walks with his twin daughters, Eden and Tybee, their boyfriends he might not scowl at, and the aisles he might not walk down. And he wondered if they would yearn for his voice.

In The Council of Dads, Feiler describes how he responded to his cancer diagnosis and how he re-created his voice by asking six men from all passages of his life to be present through the passages of Eden and Tybee's lives. Mixing the lessons from these men—"Tend Your Tadpoles," "Harvest Miracles," "Pack Your Flip-Flops," "Don't Sell the Wall"—Feiler's tale is a humorous, touching and moving account of love, loss and fatherhood.

A masterful storyteller, Feiler describes how he confronts the most difficult experience of his life—emerging with a book that shares hope and wisdom and will change the way readers relate with relationships in their lives.
Gary Bertuccelli, LCSW, M.Div
Lead Social Worker

Born in Stockton and raised Catholic in Santa Clara, Gary grew up believing he would become a priest. But while attending Santa Clara University, he shifted his focus to follow his passion for social work. “A sense of service was ingrained in me at an early age,” said Gary. “After graduation, few opportunities were available in social work, so I applied to the Jesuit Volunteer Core. Assigned to work at a parish in Tacoma, Washington, I provided social outreach to older adults in the parish. It was a wonderful experience where I assisted parishioners with their life challenges, such as accessing community resources for shelter, food and disability benefits.” In 2000, Gary returned to the Bay Area to be closer to his parents and worked for Catholic Charities in their older adult mental health program, which led him to complete a master’s degree in social work at San José State University. After graduation, he applied to Hospice of the Valley. “I love the people I meet in my work and have found that patients don’t realize that they are teaching their loved ones and me about living and dying well. I always try to highlight for them that, even in their illness, they are continuing to give to the people around them. They are often surprised and pleased to know that they are still helping. That’s one of the things I love about the work I do.” As a result of Gary’s excellent work, he was recently promoted to lead social worker.

Third Annual Compassion in Action Conference

On March 25th and 26th, Hospice of the Valley joined with the Santa Clara University Center for Professional Development and hosted the 3rd annual Compassion in Action conference at Santa Clara University. Titled Compassion in Action—The Evolving Landscape of Advanced Illness Care, the 2010 curriculum addressed: Children & Grief—When a Parent Dies; The Changing Landscape of Ethics in End-of-Life Care; Advanced Illness Management—Bringing End-of-Life Care Mainstream; Beyond 0 to 10—Conundrums in Evaluating Pain and Pain Management; and Opioid Related Neurotoxicity.

Featuring a faculty of local and internationally-known presenters, the keynote was given by J. William Worden, PhD, ABPP whose research and clinical work of over 40 years has centered on issues of children and grief, life-threatening illness and life-threatening behavior.

Other presenters included: Margaret R. McLean, PhD, director of Bioethics at the Markkula Center for Applied Ethics at Santa Clara University and director of the Applied Ethics Center, O’Connor Hospital, San Jose; Michelle Rhiner, RN, MSN, NP, consultant, Pallgesia Associates; Neal E. Slatkin, MD, DABPM, chief medical officer, Hospice of the Valley; Shauna L. Shapiro, PhD, associate professor of Counseling Psychology at Santa Clara University; and Brad Stuart, MD, senior medical director, Sutter VNA & Hospice.

The conference was moderated by Dale G. Larson, PhD, professor of counseling psychology from Santa Clara University. Following lunch, the annual Compassion in Action Award was presented by Sally Adelus, President and CEO of Hospice of the Valley, to J. William Worden, PhD, ABPP, for his work in children and grief. “This conference was excellent and I left with a wealth of information and met many interesting people. Thanks to Dr. Larson, who is an amazing conference chairman.” —Conference Participant

Mark your calendar for Compassion in Action 2011 scheduled for March 24th and 25th!
Hospice of the Valley
4850 Union Avenue
San Jose, California 95124
408.559.5600  l hospicevalley.org

CALENDAR of Events 2010/2011

Hospice of the Valley Events

2010
One-Day Volunteer Orientation
Wednesday, August 18

Hits for Hospice Pro-Am Tennis Tournament
Courtside Club
Saturday, August 28

Banjo Jubilee Jazz Festival
Sunday, September 12

The Kent Kirkorian Memorial Golf Tournament
Friday, September 24

Memory Walk
Saturday, September 25

2011
4th Annual Compassion in Action Conference
Thursday and Friday, March 24-25

Hospice Foundation of America
Annual Teleconference
Spirituality and End-of-Life Care
Wednesday, April 13

Community Grief and Counseling Center

Events
Kids’ Night Out
Wednesday, August 11

Support Groups
Beginning the week of September 13th

Weekly
Mondays: Teen Group, Partner Loss, Parent Loss
Wednesdays: Widows/Widowers, Kids Groups,
Fridays: Women’s Child Loss

Twice Monthly
2nd and 4th Wednesdays: Healing Hearts, Step by Step

For more information on Hospice of the Valley events and services, please visit our website at hospicevalley.org.