

## CANCER IN AMERICA

# At the End of Life ... They Offer Comfort

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Hospice nurse Chrissy Gresham with her patient Floyd Cash, 65, who has brain cancer, at his home in Oxford, N.C. Photo by Charles Harris/Getty for PARADE.

Every morning, Chrissy Gresham rests her hand on the list of people she'll be visiting and whispers a prayer. "Please, God," she says, "let me touch the lives of the patients and families I see today."

She doesn't have much time to touch those lives either. Gresham, 31, is a

hospice nurse, which means that all of her patients are going to die, and soon. Her job is to help them do so comfortably and with as much dignity as possible.

"In the hospital, it's always fight, fight, fight to keep people going," she says. But after six years on a neurosurgical ward, Gresham thought that fight often seemed only to extend pain-wracked lives for a few more miserable days or weeks in a sterile, unfamiliar place. Her goal for her patients now? "A peaceful death at home, surrounded by the people they love," she says. "I was called to do this. I truly believe that."

She was called to the ever-expanding field of compassionate care. In 2008, an estimated 1.45 million Americans were treated in 4850 hospice programs--up from only 25,000 patients in 1982, according to the National Hospice and Palliative Care Organization (NHPCO), which estimates that nearly 40% of U.S. deaths in 2008 were in a hospice setting, usually at home. And as Baby Boomers age, "the demographics are going to explode," says Naomi Nairman, president and CEO of the American Hospice Foundation (AHF).

One reason for this massive growth is that in 1983 Congress made hospice care a Medicare benefit (83.2% of hospice patients were 65 or older in 2008, according to NHPCO data). Another is the gradual education of the public. "People still think hospice is a place," Nairman says. "But hospice is actually designed to care for patients at home, and that's where most people want to die."

Gresham spends two mornings each week with Nell Perry--72 and dying of lung cancer that has spread to her bones and right kidney--in her home in Butner, N.C. Perry quit chemotherapy because it was making her so nauseated. "I figured I might have had an extra week or so with it," she says, "but I didn't want to spend it like that."

Gresham's job with Duke HomeCare & Hospice is at base medical. She travels to patients' homes in three rural and semi-rural counties north of Durham, N.C., checking their vital signs and asking about their symptoms. If they're in pain, she does what she can to ease it. She makes sure medications and supplies are properly stocked and knows how some pharmaceuticals can be put to different uses for the terminally ill: Steroids can stimulate the appetite; lorazepam can

ease shortness of breath. She explains the changes her patients' failing bodies are going through and helps calm them as they edge toward the inevitable. "Everybody wants to know how much time they have," she says. "I don't do time frames. I've seen those go bad." She has a particular empathy for oncology patients: There is a small scar at the base of her throat where doctors last year carved out her own cancerous thyroid.

Gresham sees her job as not only helping people to meet death but encouraging them to live their last days as fully as possible: "A lot of this is finding out what their goals are. It might be to go to the beach. We'll work to make that happen. Or it might be just wanting to eat."

That was indeed one of Perry's goals. When she stopped chemo, she had a sudden craving. "I knew if I could eat them strawberries, I'd be home free," Perry says. A month later, she's anticipating the filet mignon her granddaughter will cook that night.

William Thomas' goal is to cut the grass around the pond behind his trailer in Oxford so that he and his 8-year-old boy can camp there. Thomas doesn't do timelines either. He's 51 and might see 52 before liver cancer kills him. Gresham has been visiting him twice a week since January, and he's grateful. "When you've got support on anything, it's a whole lot easier," he says.

The support, however, isn't only from Gresham. Hospices provide a team of professionals: a chaplain, a certified nursing assistant, a social worker, a bereavement counselor, and volunteers. Gresham and her colleagues meet with the medical director twice a month to plan care for their patients--and ensure that the families have sufficient support. "I'd be lost without these people," says William Thomas' ex-wife, Jean, who's taking care of him. "They're our friends."

Gresham's patients can become her friends, too. And they all die. "You're happy death is peaceful," she says. "But you still have to acknowledge the loss."

Hospice-care providers are ideally equipped to process their own grief precisely because they are trained to help others through theirs. "Hospital workers see their patients die every day," the AHF's Nairman says, "but they do not have time to grieve before they go on to the next patient." A hospice worker, on the other hand, "is surrounded by people who share the same philosophy. You have this inherent camaraderie, and you understand the role of grief in life."

"You can't do this job for a paycheck," Gresham says. "It must be a calling--a passion." Among the gifts her hundreds of patients have bestowed on her is the awareness that "it doesn't matter how many years you've had on this earth but what you did with that time

"I've seen so many peaceful deaths that I don't fear death anymore," Gresham adds. "I don't want to go tomorrow, but I'm not scared to die."

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