History of Hospice

- Overview of the history of hospice starts the day of presentations.

HOSPICE CARE HOSPICE PHILOSOPHY

Prison Hospice Committee
Presented by Debbie Joy, Benton County Hospice

Journaling

- Offenders were given instructions about journaling symptoms, signs, changes
The Role of the Offender Volunteer in a Prison Setting
MHPCA Prison Hospice Committee

What is an Offender Volunteer?
The function of the hospice volunteer is to provide companionship, assistance and comfort to a dying patient. The volunteer will assist with the medical care team in their efforts to maintain the psychological and spiritual well being of the terminally ill patient.

Duties of Offender Volunteers
• It is the duty of the volunteer to attend a care conference every fourteen days to review and update patient care with care team.

• Volunteers can coordinate their activities and provide an ongoing picture of the patient’s condition by documentation in the journal, a running anecdotal record on each patient detailing needs, activities, moods, concerns, etc. The journals are kept at the patients bedside and are read by each volunteer upon arrival; comments are added during each shift by the departing volunteer.
Hospice Management for the Offender—Medical Aspects of Life Limiting Illness

Jay Riseman, MD FACS
Kansas City Hospice & Palliative Care

Objectives

- Pain/dyspnea management
- Nausea management
- Agitation management
- Increased secretions management
- Other symptoms
- Whole person care, emotional, spiritual and physical elements
Ethical and Decisional Issues in the Prison setting
Jay Riseman MD FACS
Kansas City Hospice & Palliative Care

Objectives

• Discuss Confidentiality
• Discuss Patient Rights
• Discuss Advanced Directives

Some matters discussed during this presentation are handled by staff or medical staff. Offender hospice volunteers are to provide companionship, assistance and comfort to a dying patient.

Patient Related Psychosocial Aspects of Death and Dying
Written and Presented by Val Criswell, MSW & Beth Huliska, LCSW

☐ End of Life (EOL) issues are things you may see when a person receives a terminal illness and/or is nearing their end of life.
☐ You may see one issue, several or none at all. They may or may not be things the patient has awareness of, can verbalize or acknowledge.
Personal Questionnaire for Offenders

Please take some time to think about the questions below. Space is provided for your personal notes.

- What has been your personal experience with death?
- Have you experienced the death of other offenders?
- If you were dying in prison, what would be most important to you?
- How do you usually cope with your feelings of:
  - Anger?
  - Frustration?
  - Fear?
  - Guilt?
  - Regret?
  - Loss?
- How do you find meaning in your life in prison? What do you hope for?
- How do you respond if someone takes their anger or other negative emotions out on you and how does this make you feel?
- How would you describe your relationship with your family?
- Do you have unfinished business with anyone? What is it? How do you think it could be resolved?
- Do you have beliefs about death, dying and grief?
- What do you do to take care of your own emotional needs?

Grief and Mourning in the Prison Environment (as presented by VNA Health Care Hospice)

- Become aware of your own basic goodness and have confidence that you have something to give.

- Remember, the process of grief is healing and transformative.

Stress Management

By Beth Huliska
2014
What Is Stress?

According to the American Psychological Assoc., stress is “your body’s natural reaction to any kind of demand that disrupts life as usual.”

What Is A Stressor?

Anything that causes a change or need for adjustment can create a “stressor.”
- Segregation
- Transfer Facilities
- Getting married/divorced
- Public speaking
- Bad news from home

Positive Suggestions
For Managing Stress:
- Sleep/naps
- Maintain awareness of unhealthy responses to stress in order to avoid them
- Listening to music
- Other ideas/suggestions? (Discussion)
SPIRITUAL CARE AT THE END OF LIFE

BACKGROUND
Written by James Stuck, Melissa Bowers, Douglas Worsham
Presented by Melissa Bowers

INTRODUCTION
• Spiritual care is a vital part of “whole person” health care
• Very important in palliative (pain control) care and end of life (hospice) care
• Spiritual care is usually done by chaplains or volunteers
• Spiritual care is also offered to patients’ families and their caregivers
• Other members of the care team may also assist in giving spiritual care

BASICS OF HEALTHCARE CHAPLAINCY
• A chaplain supports all who need spiritual care, and may or may not be ordained
• A Healthcare chaplain is someone who is specially trained to help meet the spiritual needs of those with healthcare issues
• Chaplains are trained to respond to people of many different religious backgrounds and beliefs or no religious background or beliefs.
• Chaplains are responsible for the spiritual care of all assigned patients regardless of their religious and spiritual beliefs.
What is “Culture”? 

- “Culture” refers to beliefs, customs, and ways of living and expressing that are associated with a group or place 
- Examples are religious beliefs, national customs, ethnic traditions, social standards. 
- How people respond to death is often related to culture 
- As a competent and caring hospice volunteer, it is important for you to be sensitive to culture your patient’s cultural preferences.

Cultural Basics to Remember

1. Ask your patient about their beliefs, traditions, and wishes and LISTEN 
2. Don’t be afraid to ask the patient questions about their beliefs, traditions, wishes. Respond respectfully. 
3. Keep focus on the patient’s beliefs and traditions, not yours 
4. Respect their needs by complying with their preferences (within guidelines) 
5. Talk with religious/ethnic leaders and other group members if you need more information about patient’s preferences 
6. Do not offer opinions or discuss your beliefs unless asked by the patient. 
7. Attitude is as important as words – hold a “sacred space” when you are at bedside. 
8. Keep confidences – your volunteer service is a sacred trust.
ACTIVE DYING PROCESS

DYING PROCESS

- Usually begins some time before death actually occurs
- Everyone approaches death in his/her own way

ACTIVE DYING PROCESS

Signs of Death

- No breathing
- No heartbeat
- No response
- Release of bowel and bladder
- Eyelids slightly open
- Enlarged pupils
- Eyes fixed on certain spot
- No blinking
- Relaxed jaw
- Mouth slightly open

The body does not need to be moved until you are ready.
Evaluations

• Please see handout given to offenders
• In addition, testimonials of current hospice volunteers were elicited during the training
• Some were tear jerkers and others made all of us laugh
• Graduation – at the end all the offenders were given certificates and a tee shirt designed by an inmate, instructors received a shirt and great personal satisfaction

Bibliography

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