Journal: Gender Affects Hospice Caregivers’ Experiences

*Journal of Palliative Medicine* published a study that examines the role that gender plays in hospice caregivers’ experiences of caring for loved ones at the end of life. The study says that female family caregivers have poorer outcomes than do men in similar situations. Karla Washington, lead author of the study, explains, “This extra load of responsibility can cause serious stress in a caretaker’s life. While more men are assuming caregiving roles, we found significant gender differences in how the caretaking experience is perceived.”

The study, “Gender Differences in Caregiving at End of Life: Implications for Hospice Teams,” randomly selected male and female hospice family caregivers who served between 2010 and 2014. The Caregiver Reaction Assessment measured reactions to caregiving and its burdens. Analyzing data from this questionnaire, the researchers concluded, “As it related to caregiving, females had significantly lower self-esteem and more negative impact on their schedule, health, and family support than males. No gender differences were detected with regard to the impact of caregiving on individuals’ finances.”

These results align with other studies on gender and caregiving. The researchers suggest several explanations for this continued difference. Women report using emotional coping strategies at a higher rate than men did. Society also sees women as “natural” caregivers, and so women may feel forced into that role. Male caregivers may have the freedom to choose to offer or not to offer care. This societal perception of gender norms may also lead family and friends to give female caregivers less support. Washington also explains that gender norms may result in men underreporting the challenges they face as caregivers.

This study says the findings have several important implications for hospice teams who work with family caregivers. Hospices should look for ways to help women cope in this highly stressful environment. Evidence suggests, the researchers explain, that interventions such as problem-solving therapy can be particularly helpful in hospice situations. Hospice staff can also help women to better access their social network of family and friends for support. Assertiveness training, communication skills education, and peer support may all be particularly helpful in addressing this issue. The researchers argue that caregivers of both genders will benefit “from interventions at the macro level that create structural changes to support family caregiving and that acknowledge the tremendous social benefit provided by the family members and friends who care for others in their final days of life.” ([Journal of Palliative Medicine](http://online.liebertpub.com/doi/full/10.1089/jpm.2015.0214); [MU Health](http://medicine.missouri.edu/news/20160223-women-report-more-caretaker-challenges.php))

Policy Groups Differ on Use of Opioids

The National Governors Association (NGA) and the American Medical Association (AMA) issued a joint statement about the growing number of Americans who die from opioid and heroin overdoses each year. Expressing concern, they urged politicians and medical professionals to make changes to curtail the problem.

The organizations made specific recommendations. They wrote in support of prescription drug monitoring programs -- databases that would track an individual’s prescription history. This information, they say, may help bring light to signs of opioid abuse. Medical professional groups, they say, must also make sure that its members are well educated in “effective pain management, substance use disorder and related areas” both in school and in continuing education. The medical profession must also develop guidelines “to prevent over-prescribing and identify the signs of addiction while meeting the needs of patients in pain.”
With nearly 30,000 deaths each year from abuse and misuse of prescribed opioids and heroin, substance use disorder should also be taken seriously and treated with care and compassion by doctors, say the two organizations. Currently, the statement points out, there is a treatment gap because of a lack of resources and because too few medical professionals are trained in the field. A part of this increased awareness and medical treatment should be overdose prevention and education efforts as well. The statement reflects the extent to which opioid addiction was a major focus on the annual meeting of the National Governors’ Association meeting. When the governors met with President Obama, this topic was on the agenda of items they wanted to talk about, but the president did not endorse the statement. The president applauded, however, the bipartisan effort of the governors.

Blue Cross Blue Shield of America (BCBSA) released a statement addressing how it will help curb opioid addiction. In a news release, BCBSA CEO and president Scott Serota said, “‘Many BCBS companies already have programs in place that are helping families and communities cope with this epidemic. We are committed to increasing national awareness of this problem and helping to develop solutions that can be implemented state by state and nationwide.’”

Some, however, sounded a note of caution against becoming too reactionary. Charles F. von Gunten, writing in *Journal of Palliative Medicine*, says he’s afraid that the pendulum on opioids is swinging too far in the direction of restricting people’s ability to have effective pain management. He writes, “The meta-message to physicians is clear—be very afraid if you prescribe any opioids to anybody or you will cause them to be an addict and die. Better to let the patient suffer than be suspected of causing a rise in the number of addicts and opioid-related deaths.” He encourages doctors to address the problem by prescribing opioids only for the kinds of pain for which they are known to be most effective. He also wants doctors to be “the voice of reason” and moderate some of the more “fire breathing” rhetoric about opioid abuse.

Leading pain management experts, attending the annual meeting of the American Academy of Pain Medicine, also expressed concern that some doctors have “stopped prescribing opioid pain medication because they fear prosecution or sanctions if they prescribe to patients who might abuse the drugs,” which leave patients with fewer options to treat pain successfully. “I think the pendulum has swung in the direction of things being worse for patients very rapidly and very dramatically. And I don’t think it’s finished swinging yet,” says Bob Twillman, Executive Director of the American Academy of Pain Management.


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HOSPICE NOTES

• Hospice nurse Mindi Hogan writes in Missoulian about the role of hospice nurses. “No other health care professionals can speak to prioritizing comfort in this unique time of our lives than the staff and volunteers of hospice.” She explains to consumers that hospice workers can ask questions that help reduce anxiety and help patients make important decisions. Hogan also touts the benefits of hospice, including the fact that hospice offers care for people in their own homes. (Missoulian, 02/22, missoulian.com/lifestyles/health-med-fit/nurse-s-notes-hospice-workers-help-prioritize-comfort/article_5b891ea0-2b8a-5582-a43e-0c8fd053e927.html)

• National Hospice and Palliative Care Organization (NHPCO) announced that President and Chief Executive Officer J. Donald Schumacher will retire at the end of 2016. He has served in that role since 2002, and has worked in the hospice field for more than four decades. “Don Schumacher has worked tirelessly for our members and those we serve. Through his strategic leadership, we have seen a strengthened, unified hospice and palliative care community that is working to increase access, promote quality, and expand the vision of care for people living with serious and life-limiting illness,” said NHPCO Board Chair Linda Rock. (PR Newswire, 02/24, www.prnewswire.com/news-releases/nhpco-president-and-ceo-j-donald-schumacher-to-retire-300225021.html)

END-OF-LIFE NOTES

• A systematic review of the research literature, published in Journal of Palliative Medicine, examines how information and communication technologies (ICT) can help patients at the end of their life better express their desires and align care with their preferences. They found that ICTs are “most commonly used to provide information or education, serve as decision aids, promote advance care planning (ACP), and relieve physical symptom distress.” The authors of the review suggest that more research is needed and that practitioners are not currently taking full advantage of mobile connected health ICTs. (Journal of Palliative Medicine, 12/29, online.liebertpub.com/doi/full/10.1089/JPM.2015.0341)
A study published in the *Journal of Pain and Symptom Management* reports that 92 percent of West Virginians prefer to die outside the hospital, yet only about 60 percent are able to do so. A major factor in whether people are able to make their wishes a reality may be the use of both an advance directive and a POST form. The study “found that 57 percent of patients who have signed an advanced directive, but no POST form, die at home, while the figure jumps to 76 to 88 percent for those who signed both of those forms.” West Virginia was one of the pioneering states in the development of POST forms and is one of the few states that have developed an online registry for uploaded forms. (*WV Public Broadcasting*, 02/19, wvpublic.org/post/terminally-ill-and-want-die-home-fill-out-form)

**ASSISTED SUICIDE NOTES**

- Legislation in Hawaii, which would allow a competent terminally ill adult who is at least 50 years old to get a lethal dose of medication to end their life, did not pass a committee vote and will not be considered by the whole state senate. Senate Bill 2373 is similar to another bill that did not get out of committee in the Hawaii house last year. (*Honolulu Civil Beat*, 02/22, www.civilbeat.com/2016/02/hawaii-balks-at-death-with-dignity/)

- Arizona state senators are considering SB 1136, which would legalize physician-assisted suicide for terminally ill patients who have had a doctor deem them with less than six months to live. Bill sponsor Sen. Barbara McGuire (D) spoke in support of the bill, saying “When there is no quality of life, I don’t think that they should be subject to having to go through torturous suffering.” Senator Nancy Barto (R), chair of the Senate’s Health and Human Resources Committee expressed concern “The so-called ‘right to die’ may soon become a ‘duty to die’ as our seniors, disabled and depressed family members are pressured or coerced into ending their lives.” It seems unlikely that the bill will get out of committee, but public hearings may be scheduled for March. (*Cronkite News*, 02/23, cronkitenews.azpbs.org/2016/02/23/senate-bill-legalize-physician-assisted-suicide-stalled-legislature/)

- Nebraska lawmakers are debating the Patient Choice at End of Life Act, which would allow physicians to help terminally ill patients who request it to take their own lives. A committee considering the bill, LB961, heard testimony from both supporters and opponents. Gov. Pete Ricketts (R), who opposes the bill, says, “Policymakers need to recognize the broad social implications of this kind of policy.” Sen. Ernie Chambers (I), who introduced the bill, will continue to move forward, saying, “Contrary to what people might hope, there is increasing acceptance of the idea.” (*Lincoln Journal Star*, 02/24, journalstar.com/legislature/strong-emotions-on-aid-in-dying-bill/article_149b0142-e8ac-5069-bb21-81f6288b93c1.html)

- A special committee of the Canadian Parliament has recommended that legislation governing doctor-assisted death for competent adults be expanded within three years to include "mature minors" under the age of 18. Media coverage has highlighted that the definition of a mature minor is not based a "bright line" demarcated by a certain age, but rather by understanding whether the young person can understand the nature and consequences of a particular decision. [http://www.cbc.ca/news/politics/doctor-assisted-death-minors-1.3466769; http://www.torontosun.com/2016/02/26/notion-of-mature-minors-being-able-to-end-their-lives-raises-thorny-questions](http://www.cbc.ca/news/politics/doctor-assisted-death-minors-1.3466769; http://www.torontosun.com/2016/02/26/notion-of-mature-minors-being-able-to-end-their-lives-raises-thorny-questions)

**OTHER NOTES**

- An article in *Journal of Palliative Medicine* considers perinatal palliative care (PPC) and examines how palliative care specialists can help families after the death of a baby. The authors feel that there is not enough research on the techniques used to help these families in their uncertainty and grief. PPC can be particularly challenging.
for specialists because of its diversity and high emotional state. The authors say, “Perinatal loss is truly a time for high-quality interdisciplinary pediatric palliative care.” (Journal of Palliative Care, 02/19, online.liebertpub.com/doi/full/10.1089/jpm.2016.0009)

- HealthCare Chaplaincy Network announced that is has developed a list of “evidence-based indicators that demonstrate the quality of spiritual care in health care. This is a move aimed at advancing optimal spiritual support and meeting the needs of patients, their families, and health care institutions.” President and CEO Rev. Eric J. Hall explains, “Being able to identify value in specific situations will help elevate the importance of spiritual care as part of whole person care, casting aside perceptions and anecdotes about its impact in favor of indicators that can solidly demonstrate quality of care and outcomes.” (HealthCare Chaplaincy Network, 02/18, www.healthcarechaplaincy.org/docs/research/quality_indicators_press_release_2_18_16.pdf)

**HELP WANTED / POSITION WANTED**

List, view and reply to job opportunities at “Job Bank” at www.njhospice.org. Listings are included in Transitions as a courtesy to advertisers and may be abbreviated and/or edited in the newsletter.

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**The Stein Hospice at The Oscar and Ella Wilf Campus for Senior Living** in Somerset, NJ is currently seeking a detail oriented, self-directed on call per diem Hospice RN to join our team. The ideal candidate/RN will be compassionate, knowledgeable, highly motivated and able to work independently, as well as be an integral part of the interdisciplinary team. The RN must demonstrate excellent assessment, communication, interpersonal and customer service skills. **Qualifications:** Graduate of an accredited school of professional nursing, BSN preferred; Current RN licensure in the State of New Jersey; A minimum of 1 year Hospice and/or Home Health Experience; Proficiency in Microsoft applications; Reliable Motor Vehicle. For consideration, please submit resume via to hrjobnj@gmail.com or via fax to 732-568-0056. [031116]

The Stein Hospice at the Oscar and Ella Wilf Campus for Senior Living in Somerset, NJ is currently seeking a Full Time Special Projects/Administrative Coordinator to join our team. The Special Projects/Administrative Coordinator will report directly to the Executive Director (ED). This position will serve as the key clinical, administrative and business support for the Executive Director. Coordinator will support the ED in a range of confidential matters, including those related to insurance and third party reimbursement for services provided; Medicaid and Medicare; compliance, etc. Further duties can be found at “Job Bank” at www.njhospice.org. We offer a comprehensive benefits package which includes medical, dental, and prescription plan, life and long-term disability insurance, 401k, and a generous paid time off package. For more information please fax or email resume with salary requirements to: hrjobnj@gmail.com or F: 732-568-0056 website: www.wilfcampus.org. [030416]

**Fellowship Senior Living** is a mission-driven organization, founded to bring together seniors of varying backgrounds and to provide a community that fosters independence. Fellowship Village, the on-site branch of Fellowship Senior Living, opened its doors in May 1996 and is home to over 400 residents. It is located on 72 acres in the rolling Somerset Hills area of Basking Ridge, and has 257 independent residential living units, 81 assisted living suites, and 54 skilled nursing beds. Helping Hands is the fast-growing home care division of Fellowship Senior The selected candidate will ensure that our clients receive quality care with respect and compassion. While working at both our community and clients’ homes, the Home Care RN, will travel by car to the appropriate sites to educate patients and their caregivers on patient conditions and the steps needed to ensure excellent care. This position requires a professional to serve as a resource who will conduct in-person client in-take interviews and assessments; caregiver orientations with new clients and developing/executing care plans. We offer: mileage reimbursement, 401K retirement plan, on-site fitness center and swimming pool, credit union memberships, discounted auto insurance, and more! Further duties can be found at “Job Bank” at www.njhospice.org. Visit our website at www.fellowshipseniorliving.org, and click "Careers", or email your resume to hr@fellowshipsl.org with the Subject: "Home Care RN" or fax resumes to 908-580-3830 [030416]

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**National Healthcare Decisions Day**

**Saturday, April 16**

Learn more at www.nhdd.org and help people express their end-of-life wishes!
Items may be listed as a “Save the Date” service before registration information is available. Events not sponsored by NJHPCO are open to the public unless otherwise specified. Details about NJHPCO-sponsored events are posted at www.njhospice.org no later than six weeks before in-person programs and three weeks before webinars. Non-members are welcome to register for fee-paid educational events. NJHPCO Webinars are marked WEB — further information can be found at www.njhospice.org under “Upcoming Events” as the dates approach.

WEB THURSDAY, MARCH 10, 3:00-4:30 p.m. - “Documentation: An Integral Part of the Visit”
WEB THURSDAY, MARCH 24, 3:00-4:30 p.m. - “HIPAA Compliance: What Every Hospice Needs to Know About Electronic & Paper-Based Protected Health Information”
WEB THURSDAY, APRIL 7, 3:00-4:30 p.m. - “White Collar Exemptions & the Companionship Services Exemption: Where Are We Now?”
WEB THURSDAY, APRIL 14, 3:00-4:30 p.m. - “Compliance for Hospice Social Workers & Chaplains”
WEB TUESDAY, APRIL 19, 3:00-4:30 p.m. - “ICD-10 Six Months Later: Challenges Faced & the Road Forward: How Are We Doing?”
WEB THURSDAY, APRIL 28, 3:00-4:30 p.m. - “Good Death—Legal Issues Surrounding Palliative Care Programs & Impact of Affordable Care Act”
WEB THURSDAY, MAY 5, 3:00-4:30 p.m. - “Writing & Implementing Effective Electronic & HR Policies & Procedures: Email, Social Media, Mobile Device, Retention & Other Workplace Policies”
WEB THURSDAY, MAY 12, 3:00-4:30 p.m. - “Compliance for Hospice Bereavement Staff”
WEB THURSDAY, MAY 26, 3:00-4:30 p.m. - “Is That Really True? Taking a Second Look at Long-Held Hospice Myths & Inconsistencies”
WEB THURSDAY, JUNE 2, 3:00-4:30 p.m. - “OSHA’s New Guidance on Workplace Violence: Are You Ready?”
SATURDAY, JUNE 4 - Honor Flight of South Jersey. Register your veterans and volunteer ASAP as an escort for veterans making this memorable trip to see D.C.’s veterans’ memorials. For further information, to go www.sjhonorflight.org or call Pam and Ron at 856-589-5072.
WEB THURSDAY, JUNE 9, 3:00-4:30 p.m. - “Hot Topics in Hospice Regulatory Matters”
WEB THURSDAY, JUNE 23, 3:00-4:30 p.m. - “Compliance for Hospice Volunteer Staff”
WEB THURSDAY, JULY 7, 3:00-4:30 p.m. - “Case Management Within Hospices”
WEB THURSDAY, JULY 14, 3:00-4:30 p.m. - “Electronic Compliance eRules, Tools, Policies & Best Practices for Email, Internet, Mobile & Social Media Compliance”
WEB THURSDAY, JULY 28, 3:00-4:30 p.m. - “The 7 Elements of an Effective Compliance Plan”
WEB THURSDAY, AUGUST 4, 3:00-4:30 p.m. - “Federal Medicare Recertification: Survey Readiness, Before, During & After”
WEB THURSDAY, AUGUST 25, 3:00-4:30 p.m. - “Beyond Emotional Support: We Are the Counselors!”
WEB THURSDAY, SEPT. 1, 3:00-4:30 p.m. - “Hospice Billing Series Part 1: Eligibility Requirements & Notice of Election”
WEB THURSDAY, SEPT. 8, 3:00-4:30 p.m. - “Social Workers & Chaplains Series: Our Role in Pain & Symptom Management”
WEB THURSDAY, SEPT. 15, 3:00-4:30 p.m. - "Hospice Billing Series Part 2: Details of Medicare Claims Processing”
WEB THURSDAY, SEPT. 22, 3:00-4:30 p.m. - “Social Workers & Chaplains Series: Stepping Up as Leaders in Assuring High Level Interdisciplinary Psychosocial-Spiritual Care”
WEB THURSDAY, SEPT. 29, 3:00-4:30 p.m. - “Hospice Billing Series Part 3: Face-to-Face, Hospice CAP & Palliative Care”
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