Prison Hospice Benefits Incarcerated Dying and Caregivers

An article recently published in *The Chicago Tribune* is drawing attention to the increasingly important role that hospice care is playing within the U. S. prison system. Sustained by volunteer caregivers who are inmates themselves, hospice care is growing as an option for dying prisoners who do not wish to die alone. Tribune reporter Barbara Brotman discovered that hospice is having a major, positive impact on many prisoners - both those who are dying in hospice care, and on fellow inmates who freely volunteer to care for the terminally ill.

While hospice care is now taking root in about 75 prisons nationwide, says Brotman, only about 20 use inmates themselves as volunteer caregivers. Seeking to explore the experience of those involved in such an inmate-based volunteer program, the *Tribune* focused on the experience of several volunteer hospice caregivers at Dixon Correctional Center. One caregiver is serving a 25-year sentence for a drunk-driving incident that killed two children; another is serving a much longer sentence for murder. Both men experience hospice care as an opportunity for them to do something worthwhile with their lives, even as they serve time for their greatest mistakes.

Cheryl Price, who helped design the prison program and was its founding coordinator, describes the dual benefits of prison hospice. The obvious beneficiaries are the dying inmates themselves, who receive quality, one-on-one care at the end of life, which represents an “opportunity in what can be perceived as a noncaring environment to latch onto someone whose interest is them and them solely.” Many prison inmates receive no visitors, and their hospice caregivers often represent the only “family” who will be with them until the end.

The positive effects of hospice do not stop with those being treated in the last stages of serious illness. The process also profoundly affects the other inmates who volunteer to care for those who are dying. “It changes them,” says Price. “They find out things about themselves that they never knew. They find out that relationships are important; they find out that caring is important.”

Some inmates even see volunteering in hospice as a way that they can at least begin to make amends for their crimes. “I think a lot of us, at least I know myself, that have done such a disastrous deed, we do feel an obligation to want to give back, to want to help,” says Eugene McDaniel, Jr., who is serving a 60-year sentence for the murder of his wife.

---

**Transform Your Interdisciplinary Group**

**Thursday, Sept. 25, 2014 - 9:00 a.m. - 4:15 p.m.**

**At the National Conference Center / Holiday Inn**

**399 Monmouth Street, East Windsor, NJ**

**Presenter: Susan Bruno, Suncoast Hospice Institute, Clearwater, Fla.**

**Contact hours available / Information: www.njhospice.org**
Price says that most inmates who volunteer to be hospice caregivers are serving time for murder. “They would like some method of atonement, some way of showing that they are not bad people, that they want to be able to do work that tells them and tells other people, “I did change; I can be a better person.”

Prison officials are seeing the all-around value of this program. Dixon’s warden, Nedra Chandler, is grateful that the volunteers provide an important service for no tangible gain. “I thank God every day for the inmates who are willing to do this, because they get nothing from us. They do it out of the goodness of their heart and their willingness to assist their fellow man.”

Earl Johnson, who is serving an 80-year sentence for murder, values his service as a hospice caregiver as an opportunity to stay tender to human life in a prison environment that can often be inhuman. “Prison sometimes has an effect where it hardens you. By doing this here, I wanted to try to not be hardened by this prison experience. It’s hard to explain, but I wanted to keep my humility or whatever - to be able to care for another human being and not just walk through here just like a zombie.” (The Chicago Tribune, 8/10, www.chicagotribune.com/news/ct-prison-hospice-20140810-story.html)

**Physician Examines Widespread Use of CPR**

Dr. David J. Casarett, author of *Shocked: Adventures in Bringing Back the Recently Dead*, explores the massive changes in medical technology in the last 50 years. He examines the practical effects of the fact that almost anyone can now be expected to perform CPR, or even use defibrillator technology to revive an individual whose heart has stopped beating. In the face of this new technological situation, and the “crowdsourcing” of life-restoring measures, Casarett poses important questions about what expectations individuals should be held to in crisis situations. In particular, do we all have an obligation to try to bring someone back from the dead?

Casarett introduces his two-part blog series with the high-profile story of the Glenwood Gardens retirement community in Bakersfield, Calif., which came under severe criticism in 2013 when a resident services director refused to perform CPR on an 87-year-old woman who had collapsed, and who had previously indicated that she “wanted to die of natural causes.” It was eventually determined that the woman died of a stroke, and that CPR probably would not have helped. Nevertheless, “There seemed to be an overwhelming public perception that Colleen and Glenwood Gardens failed.”

The resident services director was not a nurse. She was not necessarily qualified to perform CPR, yet it was assumed that she would perform life-restoring measures on an elderly resident. Things have not always been this way. Casarett points out that popular medicine has changed in the last 50 years: “Now resuscitation is no longer the province of medical professionals. Anyone can resuscitate anyone. Moreover, it’s a revolution that we’re all part of, whether we know it or not. If you have two arms, and a sense of rhythm, you can perform CPR.”

**Palliation and Veterans: Care Across the Continuum**

**HOLD THE DATE!**

Tuesday, Oct. 21, 9:15 a.m. - 3:15 p.m.

PNC Bank Arts Center, Holmdel
Adjacent to Vietnam Era Museum and Education Center and
The New Jersey Veterans’ Memorial

Information/Registration: www.njhospice.org
Not only is each of us able to perform this service, there is a “growing perception that there is a duty to attempt to resuscitate someone who seems dead. Or face the consequences of public outcry and widespread condemnation.” While this isn’t necessarily a bad thing, says Casarett, it is right to consider whether having resuscitation as the new default is always helpful. Unless you are clearly identified as someone with a DNR order, he says, “If your heart stops there’s a good chance that someone is going to feel compelled to pound on your chest.”

Casarett finds this new “crowdsourcing revolution” as both interesting and worrisome. For example, there is a lawsuit presently working its way through the legal system that could determine whether or not businesses are required to have Automatic External Defibrillators (AED) and other life-restoring devices available to customers. “Regardless of how the suit is decided, it’s going to have interesting implications for the ongoing revolution in crowdsourcing resurrection.”

This raises many questions for all of us. “Do we all have an obligation to try to bring someone back from the dead? Should we assume that person lying on the floor wants us to try? How much evidence to the contrary do we need in order to decide... that resurrection shouldn’t be an option?” As technology allows ordinary citizens the increasing ability to restore life that is ebbing away, there is much public discernment to be done about how and when to employ this new power. (Coalition for Compassionate Care of California, 8/4, coalitionccc.org/2014/08/a-right-to-be-shocked-crowdsourcing-resurrection-part-1/; 8/8, coalitionccc.org/2014/08/a-right-to-be-shocked-crowdsourcing-resurrection-part-2/)

HOSPICE NOTES

• The results of the Fall 2013 Hospice CAHPS survey pilot study have been released. See the full results online at www.hospicecahpsurvey.com/Documents/Hospice_Field_Test_Report_2014.pdf (NAHC, 8/12, www.nahc.org/NAHCReport/nr140812_2/)

• Is The Washington Post’s coverage of hospice too harsh, one-sided? One letter to the editor of the Washington Post laments, “The Post continues to bash hospice care without including positive articles about what end-of-life care hospices provide. Many people do not know that there are few options for care for the terminally ill, especially for Medicare patients.” (The Washington Post, 8/10, www.washingtonpost.com/opinions/hospices-provide-crucial-help-for-family-caregivers/2014/08/10/557f8daa-1e58-11e4-9b6c-12e30cbe86a3_story.html)

• Eighth-grade students in Centreville, Va., are selling cookbooks to raise funds for hospice. “At the eighth-grade recognition ceremony on June 11, Wilder’s students presented a check for $2,324 to Hospice of Queen Anne’s executive director Heather Guerieri.” (Capital Gazette, 8/12, www.capitalgazette.com/neighborhoods/ph-ac-mytime-cook-0810-20140810,0,6286711.story)

It’s so easy!

smile.amazon.com

You shop amazon.com anyway — why not help hospice while you’re shopping?


2. Register New Jersey Hospice Organization as your charity. (You only need to do this once!)

3. Go to smile.amazon.com instead of amazon.com each time you shop.

4. A portion of each purchase benefits NJHPCO - every time you shop!

5. Thanks for your support!
Writing for the *Jewish Journal*, Rabbi Karen B. Kaplan shares her tale as a hospice chaplain. Talking with dying individuals openly and without agendas, Kaplan says, “I feel the holiness of genuine interaction. For me, this is when God is most intimately present.” (*Jewish Journal*, 8/13, [www.jewishjournal.com/expiredandinspired/item/a_hospice_chaplains_tale](www.jewishjournal.com/expiredandinspired/item/a_hospice_chaplains_tale))

More than 100 members of the U.S. House have issued a letter to the Department of Veterans Affairs, “as a plea to release the final Provider Agreement rule.” This rule would “allow veterans to receive extended care services from local providers,” including hospice. (*McKnight’s*, 8/12, [www.mcknights.com/providers-support-house-push-to-expand-veterans-healthcare-options/article/365664/](www.mcknights.com/providers-support-house-push-to-expand-veterans-healthcare-options/article/365664/))

Therapy dogs are important companions for many hospice patients. Patients at Hospice and Palliative Care of Iredell County, N.C., benefit from the visits from these four-legged friends. The article shares about the training of one of the dogs and the comfort that they share. (*Statesville Record and Landmark*, 8/8, [www.statesville.com/news/so-much-joy-therapy-dogs-share-love-at-hospice/article_c35ad402-1f47-11e4-9852-001a4bcf6878.html](www.statesville.com/news/so-much-joy-therapy-dogs-share-love-at-hospice/article_c35ad402-1f47-11e4-9852-001a4bcf6878.html))

Are hospices really able to predict who will die within six months? Research published in *The Journal of Palliative Medicine* suggests, “Hospices might use several variables to identify patients with a relatively low risk for 6-month mortality and who therefore may become ineligible to continue hospice services if they fail to show significant disease progression.” (*The Journal of Palliative Medicine*, 8/1, [online.liebertpub.com/doi/full/10.1089/jpm.2013.0631](online.liebertpub.com/doi/full/10.1089/jpm.2013.0631))

Dr. Ira Byock is launching a new institute with Providence Health & Services in Renton, Wash.. The goal of the project is to take on the issue of “how America thinks about death and end-of-life care.” One of the first steps in moving the conversation forward will be distancing from the idea of “death panels,” says Byock. (*Puget Sound Business Journal*, 8/7, [www.bizjournals.com/seattle/blog/health-care-inc/2014/08/don-t-call-it-a-death-panel-providence-wants-to.html?page=all](www.bizjournals.com/seattle/blog/health-care-inc/2014/08/don-t-call-it-a-death-panel-providence-wants-to.html?page=all))

Music That Heals is a program that “brings the healing power of music to seriously ill children and adults through life musical performances.” These performances take place in a variety of settings - from cancer centers to homeless shelters - through the city of New York. (*PR.com*, 8/10, [www.pr.com/press-release/575066](www.pr.com/press-release/575066))

Dr. Jennifer Markham shares her experience of having a patient refuse hospice care in order to hide her terminal prognosis from her children until shortly before her death. The patient “went through the worst parts of her cancer alone, unable to share her worries or her fears with the people she loved. Her daughters, assuming she was doing well, never had the opportunity to say proper goodbyes or to imagine a future without their mother.” (*KevinMD*, 8/9, [www.kevinmd.com/blog/2014/08/sorry-didnt-make-different.html](www.kevinmd.com/blog/2014/08/sorry-didnt-make-different.html))

It’s time to stamp out the phrase, “There’s nothing more we can do,” says Cindy Finch, M.S.W., LICSW. Writing for *The Huffington Post*, Finch suggests that rather than saying these clichéd words, doctors can explain that something more can always be done, but it will be other forms of care and support, not curative treatment. (*The Huffington Post*, 8/6, [www.huffingtonpost.com/cindy-finch-msw-licsw/lets-stamp-out-the-phrase_b_5652712.html](www.huffingtonpost.com/cindy-finch-msw-licsw/lets-stamp-out-the-phrase_b_5652712.html))

A study published in *The Journal of Trauma Acute Care Surgery* finds that physicians are not always helpful in assisting with end-of-life care, nor do they always consider all of the relevant factors in end-of-life decisions, including cost. The authors note that all factors must be routinely considered in order to improve quality of life at the end of life. (*PubMed*, 8/2014, [www.ncbi.nlm.nih.gov/pubmed/25058252](www.ncbi.nlm.nih.gov/pubmed/25058252))

Four fears surrounding end-of-life care can be overcome, says Home Instead Senior Care. The four fears, and how to address them, are identified as: Prolonging life through feeding tubes and ventilators; dying in a nursing home, or other hospitalized environment; succumbing to dementia and losing decision-making capacity; and losing independence. (*Home Instead Senior Care*, 8/11, [www.homeinsteadseniorcaredowney.com/2014/4-fears-surrounding-end-of-life-care-and-how-to-overcome-them/](www.homeinsteadseniorcaredowney.com/2014/4-fears-surrounding-end-of-life-care-and-how-to-overcome-them/))

• Can technology help with making end-of-life decisions? My Directives, a company based in North Texas, hopes to become “the Facebook of advance directives.” (KER News, 8/6, keranews.org/post/can-technology-help-end-life-decisions-texas-company-thinks-so)

• For those caring for individuals with Alzheimer’s and dementia, support can be just a phone call away. “A telephone-based support program could reduce depression and other symptoms for informal caregivers of individuals with dementia, according to recent study findings published in Alzheimer’s & Dementia.” (Healio, 8/1, www.healio.com/psychiatry/anxiety/news/online/%7Bd496d0d2-f2e1-4b53-8a27-568fdd4dcf7f%7D/telephone-based-program-helpful-for-caregivers-of-those-with-dementia)

HELP WANTED / POSITION WANTED

Homeside Hospice, a nurse-owned and operated company, is currently seeking a Part-Time Social Worker in northern New Jersey, serving Bergen, Hudson, Morris, Passaic and surrounding counties. Candidate must have M.S.W., hospice experience, valid S.W. license, valid driver's license along with reliable transportation. Would prefer a candidate that is bilingual. Homeside Hospice offers a supportive and team centered environment with access to Contact Hour programs. If you're interested in joining a caring and compassionate team, please send your resume to Julie Vernier via email at julie@homesidehospice.com or via fax at 732-381-3445. EEO/AA/M/F/DV [090514]

Visiting Health Services of New Jersey, Inc./Passaic Valley Hospice is seeking a Full-Time RN to join our professional interdisciplinary team. Our nurses provide both hospice and palliative care to patients in their homes in the Passaic County area. We will also consider part-time or per-diem experienced RNs to supplement our team. You will need a NJ RN license with hospice and/or certified home care experience, BSN preferred, a valid driver's license and an insured vehicle. We offer a competitive salary, excellent benefits and a supportive team atmosphere. Benefits include health, dental, life and long-term disability insurance, as well as vacation, personal and sick time. In addition we offer tuition reimbursement and other educational opportunities. For immediate consideration of this position, please email your resume to hrvoag@earthlink.net or fax to 973-256-9212. Please include salary requirements. EEO/AA/M/F/DV [090514]

NJ Cuidado Casero Hospice is currently seeking Registered Nurses to join our Hospice team. We have openings for RNs in two (2) of our locations. Both Brick and Vineland New Jersey. A Registered Nurse, with advanced skills, is employed by the Hospice for the purpose of enhancing the quality of care for a select group of terminally ill patients. Work in collaboration with the Hospice Team in the planning, implementation, and evaluation of medical and nursing care. Act as a role model providing leadership and support to the hospice staff. Adhere to Company policies and procedures and regulatory compliance requirements and directives. Registered Nurse Requirements: Registered Nurse licensed in the state of New Jersey. Minimum of one year general nursing preferred with current Hospice, home health, medical, surgical or critical care experience. Experience with pain and symptom management interventions preferred. Ability to work within an interdisciplinary setting. Understanding of Hospice philosophy, principles of death/dying. Other requirements and benefits listed under "Job Bank" at www.njhospice.org. ***Bi-lingual preferred, as most patients are Spanish speaking*** For immediate consideration or to apply send resume via fax (817-310-1191) or email to: mlane@medicahealth.com. If you have any questions please feel free to call 817-310-1100. Please visit our website: www.cuidadocasero.com EEO/AA/M/F/DV [090514]

NJ Cuidado Casero Hospice is currently seeking Licensed Practical Nurses to join our Hospice team. We have openings for LPNs in two (2) of our locations. Both Brick and Vineland New Jersey. The Licensed Practical/Vocational Nurse supplements the nursing care needs of the patient as provided by the RN and as specified in the plan of care. She/he provides skilled nursing care under the direct supervision of the Registered Nurse. The Licensed Practical/Vocational Nurse performs selected skilled acts in the provision of curative, rehabilitative, palliative or preventative nursing care. The Licensed Practical/Vocational Nurse is responsible and accountable for making decisions that are based on the individual's nursing experience and educational preparation and other duties as deemed necessary. Licensed Practical Nurse Requirements: Graduated from an accredited School of Practical/Vocational Nursing. Must be licensed in the State as a licensed practical/vocational nurse. Experience: One or more years in home health agency or in a hospital setting. Home health experience preferred. Knowledge, Skills and Abilities and benefits listed under "Job Bank" at www.njhospice.org. Knowledgeable of Medicare and Medicaid guidelines. ***Bi-lingual preferred, as most patients are Spanish
NJ Cuidado Casero Hospice is currently seeking Sales and Marketing Account Executives to join our Hospice team. We have openings for Sales and Marketing Account Executives in two (2) of our locations. Both Brick and Vineland New Jersey. The Sales and Marketing Account Executive is responsible for generating business from assigned territory referral sources to meet territory and agency revenue and census goals. He/She is responsible to develop and implement programs to raise and establish community connections by conducting personalized visitations to all primary referral sources, interact in the community and interested parties and promoting company services. He/She is responsible in representing the agency in community events. Other duties listed under "Job Bank" at www.njhospice.org. Position Requirements: Prior marketing/sales experience; Hospice experience preferred. Two (2) plus years experience in healthcare setting. Business development. Proven sales record. What We Offer: Competitive base salary with performance based bonuses. Gas and Cell phone allowance. Medical/Dental/Vision benefits. Company paid life insurance with additional voluntary life insurance option. Short Term Disability. Paid Holidays. Generous Paid Time Off with Sick Leave. Opportunity for growth and advancement. For immediate consideration or to apply send resume via fax (817-310-1191) or email to: mlane@medicahealth.com. If you have any questions please feel free to call 817-310-1100. Please visit our website: www.cuidadocasero.com.

NJ Cuidado Casero Hospice is currently seeking a Per Visit (PRN) Licensed Master Social Worker in our Brick New Jersey office to join our Hospice team. The Medical Social Worker is a qualified professional who provides medical social services to clients in their homes. These services are performed in accordance with physician orders and under the direction and supervision of the Hospice Medical Director or appropriate supervisor, and other duties as deemed necessary. Principal Responsibilities and Duties: Provides services under the direction of a physician and in accordance with a plan of care. Assists in the admission process of the patient to the hospice. Assesses emotional factors related to terminal illness. Assists the physician and other IDT/IDG members in recognizing and understanding the social/mental stress and/or disorder that exacerbates the symptoms related to terminal illness. Assesses the patient/family psychosocial status, potential for risk of suicide and/or abuse or neglect. Assesses environmental resources and obstacles to maintaining safety. Assists in the admission process of the client to the agency. Participates in the development and revision of the plan of care. Provides social services including items listed under "Job Bank" at www.njhospice.org. Qualifications: Must be a Licensed Social Worker in the State of New Jersey. MSW and one year of post-master's social work experience in a non-hospice setting required. Bi-lingual also preferred.

WEB THURSDAY, AUGUST 28, 3:00-4:30 p.m. - “Finances, Benchmark & Profitability for Clinical Managers: What Are They & Why Should I Care?”

WEB THURSDAY, SEPT. 11, 3:00-4:30 p.m. - “Palliative Care Smart Growth Strategies”

THURSDAY, SEPT. 25 - NJHPCO Presents “Transform Your Interdisciplinary Group” at Holiday Inn/National Conference Center, East Windsor.

WEB THURSDAY, SEPT. 25, 3:00-4:30 p.m. - “Managing with Metrics: Integrating Clinical & Financial Information for Successful Hospice Operations”

MONDAY, SEPT. 29 & MONDAY, OCT. 6, 7:30 a.m.-4:30 p.m. - “ELNEC End-of-Life Nursing Education Course” at Overlook Medical Center, Summit. Contact Gillian McKie at 908-522-5963 or gillian.mckie@atlantichealth.org

TUESDAY, OCT. 21, 9:30 a.m. - 3:00 p.m. - “Palliation and Veterans: Care across the Continuum” sponsored by Hospice Veteran Partnership of New Jersey at PNC Bank Arts Center, Holmdel.

More than just supplies — Medline offers solutions and then helps you implement them with evidence-based programs, education and support. Whether pressure ulcer prevention, gentle dressing changes or developing a cost-savings formula, your Medline Representative can assist you.

Help Build the Hospice House of Giving and support patient access to hospice services.

Buy an Engraved Roof Tile: $250, $500, $1,000 or an Engraved Brick in the Wall: $100

Tiles and Bricks are great for “In Honor Of...” and “In Memory Of...”

Go to www.njhospice.org
Copyright © 2014. All rights reserved to the New Jersey Hospice and Palliative Care Organization and Hospice News Network. As a condition of their free subscription, subscribers are asked to refrain from distributing the publication to non-New Jerseyans. Transitions contains material provided by Hospice News Network, which is published 46 times per year by a consortium of state hospice organizations. If readers need further information, they should consult the original source or call their state hospice organization office. HNN exists to provide summaries of local, state and national news coverage of issues that are of interest to people working in end-of-life care. HNN disclaims all liability for validity of the information. The information in HNN is compiled from numerous sources; people who access information from HNN should also research original sources. The information in HNN is not exhaustive and HNN makes no warranty as to the reliability, accuracy, timeliness, usefulness or completeness of the information. HNN does not and cannot research the communications and materials shared and is not responsible for the content. If any reader feels that the original source is not accurate, HNN welcomes letters to the editor that may be shared with HNN readers. The views and opinions expressed by HNN articles and notes are not necessarily the views and opinions of HNN, the editor or contributors. Only subscribing state hospice organizations have rights to distribute Transitions and HNN and all subscribers understand and agree to the terms stated here.

New Jersey Hospice and Palliative Care Organization – 1044 Route 22 West, Mountainside, NJ 07092

NJHPCO is a member of Community Health Charities Northeast. If you or someone you know works for a company that conducts a workplace giving program through Community Health Charities Northeast, please ask them to choose New Jersey Hospice as their recipient.