

# heartnotes™

(A JOURNAL OF HOSPICE & PALLIATIVE CARE)

## A “Good Death”

UNDERSTANDING  
THE DYING  
PROCESS



**Know your  
patient  
rights**

(See page 11)

The Trouble  
With Pain

Creating Peace and  
Comfort at Home

## editor's note

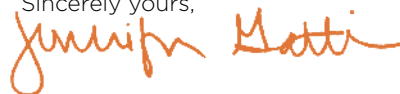
This spring marked several exciting moments for Evercare Hospice & Palliative Care and our sister portfolio of Evercare health plans — all of which underscore the excellence and expertise that this organization brings to the fields of long-term and end-of-life care.

In April, several of our clinicians were featured in local television programs, radio stations and newspapers as part of National Healthcare Decisions Day, helping to educate the communities we serve about the importance of advance care planning. From the TV newsrooms of Philadelphia, Boston and Orlando to the pages of the *Miami Herald* and the airwaves of Atlanta, Evercare physicians offered compelling explanations and advice about protecting and communicating your health care wishes and expectations.

Moving west to Oregon, Dr. Tanya Lugliani Stewart was honored with the first ever Sojourns Award for her leadership in advancing palliative care. The award recognizes inspirational leaders in the field of palliative and end-of-life care within Washington, Oregon, Idaho and Utah who have the passion to make a positive difference in unexpected ways. With her award, Dr. Stewart received a \$50,000 grant that she will direct to regional outpatient palliative care programs. In addition to her role as an Evercare medical director, Dr. Stewart serves as medical director for Community Home Health and Hospice in Vancouver, Washington. She is a member of the Public Policy Committee of the National Hospice and Palliative Care Organization and the American Academy of Hospice and Palliative Medicine, where she has worked to call attention to the integral role of palliative care in health care reform strategies.

And here at the home desk, we also have some good news to report. In May, *Heartnotes* received a Gold Aster Award, taking top honors in an elite competition that recognizes the nation's most talented health care communications programs. We've challenged ourselves to create a meaningful and engaging publication for our diverse audience of patients, families, clinicians, institutions and other hospice and long-term care professionals, and I'm thrilled (and quite proud) to be part of the *Heartnotes* team. 🌟

Sincerely yours,



Jennifer Gatti



### ABOUT HOSPICE

Hospice is a patient-centered, interdisciplinary approach to end-of-life care that respects the needs of terminally ill patients and helps them remain as comfortable as possible, with loved ones nearby. At the center of hospice care is the belief that every person has the right to die pain-free and with dignity, and that families will receive the necessary support to allow patients to do so.

### ABOUT PALLIATIVE CARE

Palliative care is for those who have advanced illness but are continuing curative therapies. Care includes physician consultation and support services for the patient and family. This can be a time to learn about how an illness is likely to progress and plan for end-of-life care.

*Heartnotes* is published by Evercare<sup>™</sup> Hospice and Palliative Care, 9701 Data Park Drive, Minnetonka, MN 55343. We provide compassionate care for those facing end-of-life issues and personal support to their families. We are proud to offer resources, education and advocacy on issues relating to long-term care, hospice and palliative care, and the needs of patients and caregivers. This information is not intended as medical advice. If you are concerned about your health or any symptoms you may be experiencing, please contact your primary care provider.

To learn more about Evercare<sup>™</sup> Hospice and Palliative Care and the services we provide, please call 1-877-765-3917 or visit us online at [www.EvercareHospice.com](http://www.EvercareHospice.com).

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# ACHIEVING A “GOOD DEATH”:

## UNDERSTANDING THE DYING PROCESS

**T**HERE'S NO DENYING IT: EVERY person will die. A few of us will die suddenly, but the vast majority will die after a long life and with an active dying phase at the end!

While death is something we can try to ignore and resist, we do so at our own peril. If managed well, the final stages of life can lead to significant personal and family growth. If managed poorly, the process can cause unnecessary suffering for the person approaching death, incomplete closure for loved ones, and family distress that continues long after a life ends.

Given how rarely most of us encounter death, it's not surprising that it can be such a frightening subject. Most people have never watched someone die or provided direct care, and they may have an exaggerated sense of what dying and death are like. The reality is that the needs of dying people are essentially the same as during other times of life — the need for understanding, the need for community, the need for care and support.

Some typical needs of people near death are:

- » Time to reflect on their diagnosis and prognosis, to identify and attend to thoughts, feelings and needs.
- » Assurance that they will be cared for and will not be abandoned.

- » Assistance in developing and finalizing legal, financial and other documents.
- » Communication that is timely, honest and open.
- » Pain and symptom management that changes with their condition.
- » Permission to express feelings, both positive and negative.
- » Spiritual exploration.
- » Planning for funeral and other arrangements.
- » Sharing their story and spending time with family and friends.
- » Resolving unfinished personal business.

Fulfilling these needs is a large part of what hospice professionals call “a good death” — where pain is managed, wishes are respected and dignity is protected. By understanding how death occurs, and what to expect from the dying process, you can be better prepared to support someone you love through their last hours.

### PHYSICAL CHANGES ASSOCIATED WITH DYING

It's difficult to predict exactly when someone will die. However, in the weeks before death, various signs and symptoms indicate that the end of life is near.<sup>2</sup> When awake, a person approaching death may begin to settle unfinished business, talk about seeing or feeling the presence of loved ones who have died, or even say that death is coming. They may experience:

- » Restlessness and agitation, often changing positions.
- » Withdrawal, no longer participating in social events or other favorite activities.
- » Drowsiness, spending most of the time asleep.
- » Loss of appetite, eating and drinking less than usual.
- » Pauses in breathing when asleep or awake.

» Difficulty healing from wounds and infections.

» Swelling, especially in the hands and feet.

The active phase of dying usually begins several days before death. Signs may include changes in skin color, noisy or irregular breathing, inability to eat and drink and limited ability to communicate. Although you can't change what's happening, you can help someone near death feel as comfortable as possible.

People may move through different levels of consciousness during this time. It is not unusual to experience sensory changes, including misperceptions of reality, and hearing, seeing and feeling things that are not present. There may also be a brief, final surge of energy. Though it can be confusing to see someone with renewed vitality, this is a normal part of dying. Take advantage of the opportunity to interact and say your final goodbyes.

If your loved one:	Try these comfort measures:
Is no longer eating or drinking	Keep your loved one's mouth moist with a sponge. Apply lip balm or petroleum jelly to his or her lips.
Has labored breathing	Turn your loved one's head to the side. Place pillows beneath your loved one's head, or try different sitting positions. Ice chips, oxygen and a cool-mist humidifier also may help. Ask your loved one's doctor about medications to ease breathing or to relieve feelings of breathlessness.
Has incontinence	Use incontinence pads or a catheter to keep your loved one dry and clean.
Has blurred vision	Use soft lights.
Can't speak	Talk to your loved one in a soothing voice. Hold his or her hand.
Is agitated or confused	Be calm and reassuring. Create a quiet and peaceful atmosphere. Limit the number of people in the room, and repeat their names often.
Seems to be in pain	Ask the medical team to adjust your loved one's medication or treatment plan.

*A “good death” occurs when pain is managed, wishes are respected and dignity is protected.*

*The needs of dying people are the same as during other times of life — the need for understanding and community, for care and support.*

**ASKING CLEAR QUESTIONS,  
GETTING CLEAR ANSWERS**

If you or someone you love is very ill, it's time to open up, ask some tough questions and get clear answers. It's not always comfortable, but it is extremely important to talk with your family, doctor and other professionals about what's to come.<sup>3</sup>

Here are some key questions you may want to pose to those in your circle of support. Your honesty will help bring comfort and peace of mind when it matters most.

**Ask Your Doctor**

- » Will you talk openly and candidly with me and my family about my illness?
- » What decisions will my family and I have to make, and what kinds of recommendations do you have to help us make these decisions?
- » What will you do if I have pain or other uncomfortable symptoms?
- » How will you help us find excellent professionals with special training when we need them?
- » Will you support me in getting hospice care?
- » If I reach a point where I am too sick to speak for myself, how will you make decisions about my care?

- » Will you still be available to me even when I'm sick and close to the end of my life?

**Ask a Loved One:**

- » Will you seek out information about my disease, advance directives, your roles as caregivers, and what to expect as I near the end of life?

- » Will you respect my wants and needs, even if they're different from what they used to be, or if you don't agree with my choices?
- » If I cannot communicate for myself, will you speak for me to make sure that what I've asked for is done?
- » Will you care for yourself so that you are not exhausted from caring for me?
- » Will you stay with me even if the going gets rough?

**Ask Your Health Care Agent:**

- » Are you willing to be my health care agent and make medical decisions for me when I am no longer able?
- » Can you make decisions on my behalf even if they are not what you would choose for yourself?
- » Will you ask the doctor for more information if you don't understand a treatment?
- » Could you make a medical decision and change it later if the treatment is not having the intended benefit?

**Ask Your Lawyer:**

- » Will my advance directive be honored if I become ill in another state?
- » Will my advance directive be honored in an emergency?
- » When is a guardianship and/or conservatorship necessary?
- » Are all my legal and other important documents clear and up to date?



**Ask Your Spiritual Caregiver:**

- » Will you understand and support my spiritual self, even as my physical being deteriorates?
- » If I have negative feelings like frustration, sadness, despair and anger, will you listen empathetically?
- » Will you continue to visit me even if I get very sick or can no longer respond?
- » Will you visit with my family and help them with their spiritual concerns about my illness?
- » Will you just sit and be with me, even if I don't want to or can no longer respond?

**Ask Your Social Worker:**

- » Will you listen to my thoughts and feelings about illness, medical care, life and death, and my loved ones with respect, confidentiality and a non-judgmental approach?
- » Will you offer support to my loved ones and me when we need a trained professional to help us cope with crises and changes?
- » Will you educate my loved ones and me on resources (including financial and psychosocial) which can be helpful to us during this difficult time?
- » Will you meet me where I am at, and not force any unwanted discussion on me, if I am not ready?
- » Will you help my family after I am gone? 🙏

*Your honesty will help bring comfort and peace of mind when it matters most.*

*It's important to talk with your family, doctor and other professionals about your expectations for care.*

<sup>1</sup>The Last Hours of Living, EndLink, Resource for End of Life Care Education, the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. [www.endoflife.northwestern.edu](http://www.endoflife.northwestern.edu).

<sup>2</sup>Mayo Foundation for Medical Education and Research, [www.mayoclinic.com](http://www.mayoclinic.com) End of Life Care, Jan. 31, 2009.

<sup>3</sup>Asking Tough Questions, Caring Connections, National Hospice and Palliative Care Organization.



Diane Meier, MD, FACP

# THE TROUBLE WITH PAIN:

## UNDERSTANDING PAIN MANAGEMENT

**PAIN AFFECTS THE DAILY** lives of more than 76 million American adults,<sup>1</sup> ranging in intensity from occasional discomfort to uncontrolled suffering. Worse yet, pain is often managed less effectively in patients with life-limiting illness. More than half of all hospitalized patients report moderate or severe pain in their last three days of life,<sup>2</sup> and 65 percent of families say their dying loved ones received inadequate pain management.<sup>3</sup>

The fact that people are living longer with chronic illness further underscores the need for sophisticated strategies that anticipate, prevent and relieve pain. "Pain is a big problem for many and that's a real shame because it's absolutely unnecessary. Just because someone has a (complex) illness, that does not mean suffering needs to go along with it," says Diane Meier, MD, FACP.

One damaging misconception about pain medication is that it can hasten the dying process and place patients in a drug-induced fog. Dr. Meier emphasizes that this concern is unfounded. "People believe that pain medication kills, but the reality is pain is (what's very bad for a person's health)," Meier stresses. She explains that more than 90 percent of pain episodes and other symptoms can be effectively treated with standard prescription therapies. "Pain that goes untreated is the problem - not the drugs that manage it."

### ACTIVELY MANAGING PAIN

Pain is not something that should be accepted as "a normal part" of growing older or living with a serious illness. Pain is real, and there are proven techniques for managing it.

If you or someone you love is living in pain, it's essential that you speak up and explain your symptoms. Write down your answers to the following questions before talking to your doctor so you can best describe the pain, and so your doctor can prescribe the best course of action.

- » How long has the pain been an issue?
- » Is it a new pain or has it happened before?
- » Where is it located? Is it in more than one area? If so, which location is most bothersome? Does it move from one place to another?
- » How severe is the pain? Is the pain mild, moderate, severe or unbearable?
- » Is the pain sharp and stabbing, dull and aching, burning, or does it feel like an electric shock?
- » Is there any numbness, tingling or new weakness in the pain area?
- » How does the pain interfere with doing normal activities? What activities or conditions make the pain worse?

## \* Pain Relief Checklist

If you are newly experiencing pain, or if your condition has changed or worsened, there are some immediate steps you should take.

- » Get the information you need to make informed choices about pain management and treatments.
- » If you are in pain, tell your doctor and caregivers. You don't have to suffer.
- » Discuss your thoughts, concerns and choices with your family and friends.
- » Talk to your doctor about different treatments and therapies.
- » Share your pain goal with your doctor, caregivers, family and friends.

- » Ask for help if your pain makes it difficult to do household chores or other tasks.
- » Discuss your choices often, especially when your medical condition changes.
- » If you are talking to a doctor on behalf of someone in pain be sure to gather information before you call, including the pain level, pain goal, other symptoms and what medications the care recipient is taking.
- » Learn about the pain management resources in your community, including your local hospice and palliative care providers.

- » What has been tried to relieve the pain?
- » What are the possible side effects?
- » What medicines are being taken? Are the medicines taken at set times or just when you need them?
- » What are the costs of each treatment?
- » Are you allergic or sensitive to any pain medicine?
- » How can treatment help me (or my loved one) be more comfortable and active?
- » How long will it take for the treatment to work?
- » Most health care providers will ask you to rate your current pain level on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain imaginable. They may also ask what your pain goal is, again on a scale of 0 to 10. Tell your doctor if your goal is to get rid of all your pain, or if you choose to bear some pain. Be sure that your doctors, family and other caregivers are very clear about your pain goal.
- » What should I do if the treatment does not work?
- » Will insurance pay for treatment?
- » When meeting with your doctor and other palliative specialists about a pain management plan, be sure to ask:
- » What side effects, if any, are the pain medications causing?
- » Besides taking medicine, what else can be done to manage the pain?

- » What are all the options available for treating the pain?
- » What are the benefits of each treatment?
- » What are the risks of each treatment?

If your goal is to have as little pain as possible and yet you are still experiencing pain, be sure to let your caregivers know. At the same time, some people decide to live with some pain for personal, cultural, spiritual or other reasons. You have a right to be heard, understood and respected. Whatever your beliefs are, you have a right to have your wishes honored.

*You have a right to be heard, understood and respected. Whatever your beliefs are, you have the right to have your wishes honored.*

**COMMON MYTHS: CLEARING THE CONFUSION ABOUT PAIN**

For all the medications and therapies available, many people have misunderstandings about pain and how it can be controlled. The Hospice Foundation of America's Clergy Education Project Curriculum offers valuable insights into pain management and debunks some common myths.

**"Dying is always painful."**

Many people die without experiencing pain. If pain does occur, it can be relieved safely and rapidly.

**"There are some kinds of pain that can't be relieved."**

While some types of pain require a combination of therapies, that does not mean the pain cannot be relieved. Pain can be managed effectively through a variety of medications and approaches that may include chemotherapy, radiation and physical therapy; massage, biofeedback, breathing and relaxation exercises, and hypnosis and guided imagery.

**"Pain medications always cause heavy sedation."**

Most people with severe, chronic pain have been unable to sleep because of their pain. Medicines like morphine and codeine often trigger a response in the first 24 hours that allows patients to catch up on their lost sleep. With continuing doses of medication patients are able to carry on regular activities while improving their pain levels.

**"It is best to save the stronger pain relievers until the very end."**

Pain that is only partially or occasionally controlled tends to increase in severity. This leads to two mistaken assumptions: The patient mistakenly fears that the pain is so severe that it can never be controlled, and the doctor mistakenly believes that the patient is becoming addicted or is developing tolerance

to the medication. An adequate dose of a stronger medicine prescribed on a regular basis usually brings the pain under control.

**"Patients often develop tolerance to pain medications like morphine."**

When morphine and other medicines are prescribed to manage pain, the dose is sometimes raised to be sure that pain is well-controlled 24 hours a day, seven days a week. These medicines generally do not lead to drug tolerance in-and-of themselves. As a disease progresses, a higher dose may be needed to control the pain and ensure quality of life.

**"Once you start pain medicines, you always have to increase the dose."**

In fact, the opposite is true. Once pain is under control for several days, the dose of pain medication may be lowered without symptoms recurring. Dosage levels can be raised safely as needed to control any increasing pain.

**"Withdrawal is always a problem with pain medications."**

When prescribed for managing severe chronic pain, there is no problem discontinuing the dose once pain is controlled. Withdrawal symptoms are generally mild and fairly easy to manage. Many patients who are treated for severe pain have had their dose adjusted down without experiencing any withdrawal symptoms.

**"Enduring pain and suffering can enhance character."**

This myth emerged in the years before pain management became part of the medical mainstream. If a patient experiences pain and wishes treatment, it is completely appropriate to receive therapies that relieve that pain.

**"Once you start taking morphine, the end is always near."**

Morphine does not initiate the final phase of life or lead directly to death. Morphine

provides not only relief of severe, chronic pain; it also provides a sense of comfort. It makes breathing easier. It lets the patient relax and sleep.

**"Pain is just in your head."**

Unmanaged or inadequately managed severe, chronic pain is a complex problem that needlessly aggravates the symptoms of

the underlying disease. This pain is usually accompanied by a number of other symptoms including anxiety, depression, fearfulness, insomnia, loss of appetite and withdrawal. All of these symptoms are compounded with memories of pain already experienced, currently perceived pain and anticipation of more pain yet to come. ❦

<sup>1</sup>Chartbook on Trends in the Health of Americans With Special Feature on Pain, National Centers for Health Statistics, November 2006.

<sup>2</sup>Persistent Pain in Nursing Home Residents, Journal of the American Medical Association, April 2001.

<sup>3</sup>Education for Physicians on End-of-Life Care (EPEC) Project by the American Medical Association, [www.epec.net](http://www.epec.net).

*The fact that people are living longer with chronic illness underscores the need for sophisticated strategies that anticipate, prevent and relieve pain.*

 Pain Care Bill of Rights

As regulated by the Joint Commission on Accreditation of Health Care Organizations, hospitals and health care facilities must regularly assess, monitor and manage pain in all patients or risk losing their accreditation. Pain is considered so influential on your overall well-being that it has been designated as a fifth vital sign, along with blood pressure, pulse rate, respiratory rate and temperature.

Hospice experience shows that some patients who were bedridden with severe, chronic pain have been able to return to a higher level of physical activity once their pain is properly managed. All patients should expect — and, if necessary, demand — the right to:

» Have your report of pain taken seriously.

- » Be treated with dignity and respect by doctors, nurses, pharmacists and other health care professionals.
- » Have your pain thoroughly assessed and promptly treated.
- » Be informed by your doctor about what may be causing your pain, possible treatments and the benefits, risks and costs of each.
- » Participate actively in decisions about how to manage your pain.
- » Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- » Be referred to a pain specialist if your pain persists.
- » Get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.



# DYING AT HOME:

## CREATING PEACE AND COMFORT IN THE FINAL HOURS

**S**TUDIES HAVE SHOWN THAT approximately 80 percent of Americans would prefer to die at home, if possible. Despite this, 60 percent of Americans die in acute care hospitals, 20 percent in nursing homes and only 20 percent at their home.<sup>1</sup>

A home setting can offer a better environment for maximizing quality of life and achieving personal closure. Dying people often are psychologically more comfortable in a familiar environment, surrounded by caring family members and friends. For instance, conversations and activities with family members can help dying loved ones feel that they are a part of family life. The presence of children may be comforting and the physical touch of loved ones can be reassuring.

Additionally, dying people often retain a greater sense of control over their lives at home. They can live by their own schedules rather than those determined by institutional policy. For example, patients in hospitals receive their meals according to hospital schedules, while people at home can eat when they feel hungry. This sense of control can help the dying person maintain emotional well-being during the last weeks or days of life. The home can also be the ideal setting in which dying persons are able to say their final goodbyes to family and friends, in context of the regular rhythms of daily life.

If you or a loved one is thinking about remaining in the home until the end of life, consider these medical, social and practical considerations offered by Caring Connections, a resource of the National Hospice and Palliative Care Organization.

### MEDICAL AND CARE CONSIDERATIONS

#### Is it necessary to be under a doctor's care while dying at home?

Your doctor's role remains essential, along with the rest of your hospice team. As a dying person's condition and needs change, a doctor is necessary to change treatment and order medications.

#### Can pain or other symptoms be treated adequately at home?

Yes. People usually can be made comfortable in their homes. Pain or other physical symptoms are not an inevitable part of the dying process, but when symptoms are present, family members can be taught to administer pain medication and other treatments to keep the dying person comfortable. At times, however, symptoms can be better managed in a hospital. A patient's doctor and hospice team can arrange for admission to the hospital if necessary.

#### What other assistance may be necessary?

People who choose to die at home may require constant care. Seriously ill or dying patients often need assistance in activities of daily living, such as preparing meals, eating, dressing, bathing and using the bathroom. Often, these needs may be too much for family members to handle alone and additional help may be needed. Trained home care workers can provide care when family members need to work, run errands, or simply "take a break" from the responsibility of caring for a dying person.

### LEGAL CONSIDERATIONS

#### Are advance directives honored at home?

Yes. Health care providers must honor the documents whether the patient is in a hospital, nursing home or at home. Advance directives are very important because they provide a written record of the person's medical treatment wishes and the designated decision maker.

#### Is the family at legal risk for providing pain medication?

No risk exists as long as the pain medication is given in prescribed doses with the intent to relieve pain and under the supervision of a doctor. Family members should discuss changes in dosage with the doctor before making any adjustments.

#### Is a person's decision to refuse life-sustaining treatment and return home to die considered suicide?

No. An individual's death is due to the underlying medical condition and is not considered suicide under the law.

### AFTER DEATH

#### When should a funeral home be selected?

To avoid additional stress, select a funeral home before death. The funeral director should be informed that the person intends to die at home. After death, the family contacts the funeral home to transport the body. Your funeral director will ensure that the death certificate is signed.

#### How can a family be sure their loved one is dead?

In preparation for death, the family should ask their doctor or hospice nurse how to determine that death has occurred.

#### Who should the family call after their loved one's death?

The family first should notify their hospice and then call the funeral director with whom they already have made arrangements.

#### Is an autopsy necessary when a person dies at home?

No. An autopsy is not required unless the cause of death is suspicious or critical public health concerns exist. ❖

<sup>1</sup>End of Life Curriculum Project, a joint project of the US Veterans Administration and SUMMIT, Stanford University Medical School.

## Our Bereavement Program

Evercare™ Hospice & Palliative Care offers a series of bereavement services for 13 months following the death of a loved one.

Grief support is provided by professional staff and may include:

- » Support visits for individuals, families, caregivers and facility staff
- » Telephone support
- » Community support groups, memorial events and workshops

- » Educational materials about the process of grief healing
- » Assistance to out-of-area survivors in need of local support resources
- » Referrals to community providers for needs other than bereavement support
- » Services are available at no charge and are open to anyone in need, even if hospice care was not provided by Evercare Hospice & Palliative Care.



To learn more, visit [EvercareHospice.com](http://EvercareHospice.com) or call us at **1-877-273-5534** 24 hours a day, seven days a week.

## about evercare hospice



Mark Leenay, MS, MD

# 100@100 SURVEY: CAPTURES KEYS TO HEALTH, WELL-BEING

**T**HE FIELDS OF HOSPICE AND palliative care focus on helping patients and families achieve the greatest possible quality of life and peace of mind. Those same goals can and should apply to all stages of life, and especially as you enter your 80s, 90s and beyond.

Data collected from the fifth annual Evercare 100@100™ Survey shows just how important it is to stay as active and engaged as possible, no matter your age or condition. This national poll of 100 Americans who are age 100 or older reveals that centenarians have much wisdom to offer as we think about aging and managing through illness.

"Part of our mission as a health and well-being company is to guide Americans on the road to healthy aging and longevity, and who better to serve as a GPS navigator than our centenarians," says Dr. Mark Leenay, UnitedHealthcare senior vice president of medical management and physician services. "The Evercare 100@100 survey each year reinforces what we know as clinical experts: that making sound lifestyle choices - not just about health and exercise, but by staying connected to social networks and embracing new trends - is the pathway to a long, healthy life."

The most recent report from the U.S. Census Bureau shows that there are currently about 84,000 centenarians living in the U.S. That number is projected to increase seven-fold to 580,000 by 2040. As a leading care coordination program that offers support to older Americans in nursing homes through our advanced illness, palliative and hospice program, and in services for family caregivers, Evercare currently has more than 1,000 centenarians among our health plan members.

This year's survey also compares centenarians lifestyles and beliefs with those of another group of "seniors" - those graduating from college. While more young Americans are expected to reach their 100th birthday than their predecessors, they also face health challenges their predecessors did not, such as an increasing prevalence of obesity and diabetes.

### "EAT. PRAY. EXERCISE."

In an era where obesity and related diseases, such as diabetes and heart disease, threaten to shorten the lives of America's youth, centenarians surveyed again remind us that choosing healthy foods and exercising are essential for a long, healthy life.

Three out of four centenarians surveyed say they eat nutritionally balanced meals every

day, while only 44 percent of college seniors say they do the same. Nearly one-third of the centenarians say they eat organic foods regularly. Forty-one percent of centenarians surveyed say they walk or hike at least once a week; 31 percent garden; 6 percent practice Tai Chi, yoga or meditate; 5 percent play a sport such as basketball, tennis, baseball or soccer; 4 percent ride a bike; and 2 percent run, while 62 percent of centenarians surveyed pray, meditate or engage in spiritual activity daily.

Several studies have shown the benefits of volunteering on people's health and well-being, and Evercare 100@100 Survey findings support this theory. Nearly 20 percent of centenarians surveyed say they currently do some type of volunteer work. Nine in 10 centenarians and 94 percent of college seniors agree that volunteering can help create a stronger, healthier America.

For complete survey results, visit [www.Evercare100at100.com](http://www.Evercare100at100.com) to learn more about healthy aging and living well.

### WHAT THE EXPERTS SAY: KEY ATTRIBUTES FOR LONGEVITY

As part of the Evercare 100@100 Survey, Evercare polled clinicians from its nursing home, hospice and caregiver programs for their thoughts on healthy aging. Here are some perspectives on the key attributes that Evercare clinicians see among centenarians (and people in their 80s and 90s) that contribute to their longevity.

*In all my years as a geriatrician, I've never met a mean-spirited 100 year old. People who reach this age are positive, compassionate and forgiving.*

*Healthy older adults are generally part of dynamic communities where they are woven into the social fabric. The community still expects them to look after the grandchildren, to tend the garden, to sew, to fish, to cook. These cultural attitudes reinforce the wisdom and value of our elders and position them as important, productive members of the community, instead of putting them in a corner and closing them off from day-to-day life.*

*People who are living well at an advanced age challenge themselves. They don't just do what's easy; they force themselves to keep going, to try new things and to be open to new ideas.*

*People who live to 100 are the ones who keep doing what they love, even if they can't do everything they used to. It's natural to slow down, but it's so important to stay close to the things that matter to you. For example, if you love classical music, keep going to concerts but be OK with leaving at intermission if you need to. You don't have to do everything at the same intensity, just find ways to adapt and still enjoy what's important to you.*

*Staying connected to social networks and embracing new trends is the pathway to a long, healthy life.*

## about evercare hospice

.....  
*Healthy older adults know how to let go of stress and anxiety. They don't obsess over what they can't control; they know how to move on, see the positives and enjoy life.*  
.....

*People who live longer often have tightly knit, intergenerational social groups. They're connected to their grandchildren and great-grandchildren, and they derive a lot of positive energy and hope from those relationships.*

.....  
*People who live a long life don't smoke. They maintain a healthy weight and eat a balanced diet with lots of fruits and vegetables. They incorporate activity into their daily lives.*  
.....

*Ultimately, the factors that support healthy aging are the same behaviors that make us healthy at any age.*  
.....

*The bottom line in longevity is consistent and clear: Be active until you can't. Stay connected and engaged. That's the common theme among people who live into their later years. 🌟*

## Evercare Hospice Donations to Support Hospice Programming

.....  
In 2007, Evercare™ Hospice and Palliative Care joined with the National Hospice Foundation (NHF) to harness local memorial donations to make a national impact. Since Evercare Hospice is incorporated as a for-profit entity, any gifts given to it are not tax-deductible to the donor. Therefore, in order to maintain the donor's intent in making a gift toward hospice, Evercare Hospice partnered with NHF to put those contributions toward non-profit programming.

More than \$122,000 in donations have been received by NHF since the inception of the partnership, in memory of those served by Evercare Hospice and Palliative Care. Donated funds support quality and research initiatives, extensive provider education activities, and significant outreach to families and caregivers.

As an added gift this year, the grateful daughter of a patient served by the Evercare Hospice in Sterling, Virginia, Sung Hee Kim, donated the services of her graphic design company, SAGETOPIA. Many thanks to Sung Hee and all our many donors for their generosity and support of hospice and palliative care programs across the country.

## CONTACT US

TO LEARN MORE ABOUT EVERCARE™ HOSPICE AND PALLIATIVE CARE, PLEASE VISIT US ONLINE AT [WWW.EVERCAREHOSPICE.COM](http://WWW.EVERCAREHOSPICE.COM), CALL 1-877-765-3917 24 HOURS A DAY OR CONTACT ANY OF OUR PROGRAM OFFICES.

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# ABOUT PALLIATIVE SEDATION:

## PAIN MANAGEMENT AT THE END-OF-LIFE

**I**N MAY, THE NATIONAL HOSPICE AND Palliative Care Organization (NHPCO) issued important recommendations for physicians on appropriate use of palliative sedation for the very few, imminently dying patients whose pain is unresponsive to other therapies. Palliative sedation uses medications to lower consciousness in response to ongoing, intolerable pain. The NHPCO believes that palliative sedation is an appropriate treatment option that should be considered by health care providers, patients and families.

“Our intention is to address the ethical issues surrounding palliative sedation and help hospice and palliative care providers create policies and guidelines to ensure they are well-prepared concerning this treatment option,” says J. Donald Schumacher, NHPCO president and CEO. “We are not calling for an increase in the practice of palliative sedation, but want to take a major step forward to redress some of the common misconceptions.”

Developed by the Palliative Sedation Task Force of the NHPCO Ethics Committee, members of the task force wanted to identify and analyze the most robust evidence and arguments about palliative sedation and summarize that material in a way that would be helpful to hospice professionals and physicians.

### RECOMMENDATIONS FOR PHYSICIANS

For the small number of imminently dying patients whose suffering is intolerable, NHPCO supports making the option of palliative sedation available to patients, delivered by highly trained healthcare professionals acting as an interdisciplinary team. Since the goal

is symptom relief, sedation should be used at the minimum level necessary to manage symptoms. For most patients, this will allow the patient to rest comfortably without being unconscious.

There must be a physician with expertise in palliative care leading the intervention. Patients suffering at the end of life will receive optimal benefit from the involvement of a highly-skilled interdisciplinary team. Care must be patient- and family-centered, with the primary focus on the needs of the patient.

Professionals who provide palliative sedation must have training in this particular intervention. Providers should participate in ongoing education that addresses symptom assessment and the ethical considerations of palliative sedation. As with any other type of suffering, NHPCO believes that hospice and palliative care professionals have an ethical obligation to respond to suffering using the full range of knowledge, tools and expertise of the interdisciplinary care team, and use palliative sedation only in limited, specific scenarios.

Timothy W. Kirk led the task force and explains, “We want to stress that palliative sedation, like all interventions in palliative care, needs to be part of evidence-based practice. There are clinical protocols based on a growing body of research that many clinicians are not aware of, but should be. Simply turning up current pain medications is not evidence-based sedation. We have a moral obligation to give our patients the best care possible, and this is intended to help providers reflect on the nature of that obligation when it comes to the practice of palliative sedation.” ❖

**i** To read the entire statement on palliative sedation, visit [www.nhpc.org/files/public/JPSM/NHPCO\\_Pall-Sedation-Ther\\_JPSM\\_May2010.pdf](http://www.nhpc.org/files/public/JPSM/NHPCO_Pall-Sedation-Ther_JPSM_May2010.pdf).

*“We are not calling for an increase in the practice of palliative sedation, but want to take a major step forward to redress some of the common misconceptions.”*

# RESOURCES

VISIT THESE WEBSITES FOR COMMUNITY SUPPORT AND VALUABLE INFORMATION ABOUT HOSPICE, PALLIATIVE AND LONG-TERM CARE.

» **EVERCARE™ HOSPICE & PALLIATIVE CARE** ([www.evercarehospice.com](http://www.evercarehospice.com) or 1-877-765-3917) offers education, resources and services for patients and families through its interactive website and 24-hour phone line.

» **CARING CONNECTIONS** ([www.caringinfo.org](http://www.caringinfo.org) or 1-800-658-8898) is a program of the National Hospice and Palliative Care Organization, providing extensive resources and support for patients and families who are coping with end-of-life issues.

» The **NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION** ([www.nhpc.org](http://www.nhpc.org)) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. It offers education and information for practitioners, patients and families.

Through the NHPCO website, you can search for a hospice or palliative care program in your community. Use the “Find a Provider” search page at [www.iweb.nhpc.org/iweb/Membership/MemberDirectorySearch.aspx](http://www.iweb.nhpc.org/iweb/Membership/MemberDirectorySearch.aspx).

» **MEDICARE** covers most hospice services for eligible beneficiaries. You can view a special publication online for more information about Medicare hospice benefits at <http://evercarehealthplans.com/pdf/MedicareHospice02154.pdf>.

» The **AMERICAN PAIN FOUNDATION** ([www.painfoundation.org](http://www.painfoundation.org)) serves people with pain through information, advocacy and support to improve quality of life and increase access to effective pain management.

» The **CENTER TO ADVANCE PALLIATIVE CARE** ([www.capc.org](http://www.capc.org)) provides health care professionals tools, training and technical assistance in the field of palliative care and support patients and families through [www.getpalliativecare.org](http://www.getpalliativecare.org).

» In partnership with NHPCO, the **NATIONAL HOSPICE FOUNDATION** ([www.nationalhospicefoundation.org](http://www.nationalhospicefoundation.org)) works to improve care at the end of life throughout the United States, funding programs that make a difference in the lives of the patients and families.

» The **HOSPICE FOUNDATION OF AMERICA** ([www.hospicefoundation.org](http://www.hospicefoundation.org)) provides extensive end-of-life resources for professionals, patients and families, including its “Ask an Expert” series.

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