

County hospice lends support to the terminally ill, families

By SALLY FRIEDMAN
Special to the BCT

Home. He wanted her to come home to die.

And when his wife of 26 years was in the terminal stages of cancer, "Bill" found a way to bring her there.

"It was, in a very strange sense, one of the loveliest things that happened in our marriage," remembers the recent widower who turned to a new concept in medical services called "Hospice." "We were together — she was at peace — and I'll always be glad I did it."

Poignant testimonials like Bill's are not unfamiliar to Clark Dingman, Director of the Hospice of Burlington County, and a devout believer in the concept of easing the passage of the terminally ill patient from life to death. Dingman, who assumed his Burlington County post when the area's first facility opened in January 1982, was the guest speaker at the annual meeting of the Moorestown Visiting Nurse Association. He explained how the concept of home care of patients with terminal illness actually began.

"Hospices first arrived in the Middle Ages when they served as way stations for weary travelers going to and from the Holy Land," explained the former Episcopal Minister, a graduate of Cornell University and the Princeton Theological seminary, whose interest in the movement stemmed from his pastoral work in several communities. "Hospice pioneer Cecily Saunders, who founded the first hospice in England in 1665, chose the name because of its implications for the weary travelers of life."

It was in 1972 that the first hospice in the United States was founded near New Haven, Conn. though Clark Dingman attributes its real birth to author



CLARK DINGMAN

Elizabeth Kubler Ross, a pioneer in the field of death and dying. "Elizabeth was actually the 'midwife' of hospice. It was she who 'delivered' it into medical and social acceptance around the world by bringing death and dying back into public consciousness."

In the last decade, 1,000 hospices have been established in communities throughout America, with 33 in New Jersey. Hospice of Burlington County was the first institution in South Jersey, and in its 16 months of operation, has served 128 local patients and their families.

Those families are as much the focus of hospice's ministrations as the patient himself. "Our volunteers are trained to absorb the anguish, to be sensitive to the very real needs of family members, and to lend support through their crisis," indicated Ding-

In the last decade, 33 hospices have been established throughout the state of New Jersey. Hospice of Burlington County was the first one in South Jersey, and in its 16 months of operation, has served 128 patients and their families. Specially-trained volunteers work hand in hand with the several agencies that administer hospice care.

man. "They offer 'time off' to family members, child care, transportation and other services. But most of all, they offer a listening ear, someone who understands and cares."

Under the directorship of Volunteer Coordinator June Krainick, the corps of volunteers, trained by experts in the field of death and dying, works hand in hand with the several agencies that administer hospice care, including its own 27-member Board of Trustees. Board President Mark Baida had a family experience with terminal cancer that spurred his own interest in "a better way."

"I've never found anyone who doesn't approve of this approach to terminal care," notes the Cinnaminson resident. "I've had people come up and hug me, and thank me for the existence of Hospice of Burlington

County. People are so grateful that the end of life can be handled this way."

The real concept of hospice is to provide an environment of support for the dying when "aggressive" treatment — an all-out war on the disease that ravages — has been abandoned. To participate, the patient must have the consent of his physician, and it is the doctor who continues to give orders for medication, and who signs the final death certificate in accordance with state law.

But the differences between the hospice approach and traditional therapies ends there. Care-givers include family members, visiting nurses, volunteers, and a team of aides and social workers. There is a primary focus on pain-control rather than therapies like chemotherapy, radiation and surgery.

"I had seen families destroyed and devastated by the process of death," says hospice nurse Lin House of Moorestown. "Dying without technology is the hospice philosophy, and I embrace it totally. This is a very personal crusade for me after my years of work in terminal care at Pennsylvania Hospital."

Medicare reimbursement for hospice care is finally in place, according to Clark Dingman, who notes that the legislation has been long in coming. That legislation will include extended services for home care.

What if the terminal patient lives alone?

"That's been one of the toughest challenges of all," Dingman said, "But with coordination of neighbors and friends it can be arranged."

Additional information about hospice, and about becoming a hospice volunteer, may be obtained by phoning 778-8181.