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Section I: Memories

The Old Days

Someone recently asked me what hospice was like in the “old days.” I felt a feeling similar to the one I had when my grandson asked me if there were cars when I was a kid.

In the “old days,” hospice was different than it is now. Censuses were smaller, staff was smaller, average length of stay was in the range of 50 to 60 days. Our goal was to support and guide the family and patient through their final experience, and that included being with them at the time of death. Medical supplies and equipment were limited, as was our knowledge of pain management, or even of the actual dying process.

I started in the early '80s working for the first hospice in Kansas City. I was one of two RNs and between us we cared for 10 to 12 patients. We were supported by a chaplain, a social worker, and a volunteer coordinator. Both nurses saw all the patients, mostly alternating visits, sometimes visiting together.

We wanted the patients and families to have someone they knew to support and guide them through the challenging time: the moment of death. It was important that all the families knew, trusted, and had a relationship with both of us. The goblins always come at night so the other nurse and I alternated being on call (24/7 on, 24/7 off).

Our visits were scheduled based on the amount of time we thought the patient had to live. If we thought the patient had months, we visited once a week. If we judged they had weeks, then we visited two or three times a week. When it was days, we, of course, visited daily. If someone needed to be seen less than once a week then were they really appropriate for hospice?

If the person was close to death (hours to minutes) we stayed. I spent many nights on someone's sofa, or even the floor beside a bed, because the family was frightened and didn't want to be alone. If the person died or had signs of imminent death, they called us. We went to the home and stayed until the funeral home had come and gone. That was a good time to talk about funeral services, and about writing a letter, or drawing a picture to put in the casket. It gave us the opportunity to clean the room the patient had died in and set up a small memento on the pillow so the room would be peaceful when the family returned to it.

As I write, these memories are surfacing:

I remember a woman who wanted to go to Las Vegas to gamble one last time. I took her to the airport and when I picked her up on her return home, she told me she had never left her hotel room.

I remember dressing up in a Halloween costume every Halloween and visiting all of our patients and families. I wore the same costume every year: mother nature with a fairy wand. The families loved it. Yes, I probably looked silly. But we shared smiles.