

NEWSLETTER



2010-11 Board Members

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Lars Bjornson	Vice-President
Sue McCrae	Treasurer
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Claire Scott	Director
Dr. Adele Preto	Director
Dr. Brian Ayotte	Director

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Welcome to new Board member Dr. Brian Ayotte!

We are pleased to welcome Dr. Brian Ayotte as the newest member of the Board of Directors of the Shuswap Hospice Society. He has four grown children and seven grandchildren, married to Gail, a retired geriatric physician. He spent the first part of his life in Manitoba.

Dr. Ayotte was a cardiologist at St. Boniface Hospital and left in 1980 to start a practice in Salmon Arm as an internist/cardiologist.

Retired in 2007, he and Gail live in the Larch Hills in a low carbon footprint home off-grid with solar electricity.

Dr. Ayotte is active with the Heart and Stroke Foundation and the Shuswap Hospital Foundation. His special interests include cross country skiing and wine-making. Welcome, Dr. Ayotte!

Congratulations to our new Hospice training graduates!

The following new volunteers successfully completed the Shuswap Hospice Society's 30-hour training course on May 7, 2010:

- ❖ Barbara Berg
- ❖ Lynn Best
- ❖ Yvonne Brown
- ❖ Paul Cox
- ❖ Linda Eberle
- ❖ Sarah Figgess
- ❖ Wendy Fredette
- ❖ Verna Langevin
- ❖ Jean Lorenz
- ❖ Sherry Lundholm
- ❖ Bonnie Ruhland
- ❖ Jan Sawyer
- ❖ Marina Schoon
- ❖ Fred Weiher

Next Volunteer Meeting: Thursday, June 17, 1:30 pm at Hospice Office

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Compassionate Care for the Dying and the Bereaved

Box 967 Salmon Arm, BC V1E 4P1 #209, 231 TCHwy NE (250) 832-7099 www.shuswap hospice.ca

Thank you to the Shuswap Trail Alliance and to all those who participated in the 8th annual Hike for Hospice/Palliative Care on Sunday May 2nd!



The weather cooperated and close to 40 hikers and walkers had an enjoyable outing in Enderby hosted by the Shuswap Trail Alliance. The gross amount raised was \$1400. Thank you to all!

Largest Group Winners:

Lady Striders – Anne Dixon, Joan Fiala, Leigh Pollard, Tracey Pollard and Marie Van Chadwick

Largest Family:

The La Flamme family

Largest Amount Raised:

The Muellers

AGM Results

The Annual General Meeting was held at the SAGA Art Gallery on Monday, March 15, 2010. Elected executive are Fred Duck – President; Lars Bjornson – Vice President; and Sue McCrae – Treasurer. Directors are Dr. James Levins, Claire Scott, Dr. Adele Preto and Dr. Brian Ayotte.

Rainbow Remembrance in Ross Street Plaza



Gloria and Tom Makey pin butterflies in remembrance of their loved ones on the Rainbow in Ross Street Plaza. Rainbow Remembrance is a Shuswap Hospice Society event at which participants can remember and honour loved ones.

The La Crosse, Wisconsin Experience with Advance Care Directives

By Renée Lapierre

When I was in the U.S. visiting long-time friends, the husband --, a native of Wisconsin -- told me of the La Crosse, Wisconsin experience with living wills. I did some research and found out that an impressive 96 percent of adults who die in La Crosse, die with a completed advance directive. The advance directives are completed with the help of health professionals, even though doing so is expensive.

Medicare doesn't reimburse for the time the hospital's nurses, chaplains and social workers take to do this, but they do it anyway. Bud Hammes is a medical ethicist who started this program at Gundersen Lutheran Hospital in La Crosse. .

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Hammes calls the program "Respecting Choices" and says it costs the hospital system millions of dollars a year.

However, he says it is just built into the overhead of the organization. Hammes says they believe it's part of good patient care and they believe that their patients deserve to have an opportunity at least to have these conversations.

One result of the way that care is delivered at Gundersen Lutheran Hospital in La Crosse is that less is spent on patients in the last two years of life than any other place in the U.S.

A health bill proposal recently passed by the United States House of Representatives is that medicare would pay for the kind of periodic and continued end-of-life discussions with patients that are routine in La Crosse.

Source: medicalnewstoday.com accessed May 6 2010.

Poverty and Attitude

By Kalene Bourque

Poverty is an attitude. I do not feel poor. My standard of living is higher than 85-90% of the world's population. We have so much here in Canada that we tend to overlook how lucky we are to have such abundance. I do not own much and often am without money. However, I have a place to call home which is warm, dry and clean. I have food enough to prevent hunger. I have all the clean fresh water I need for drinking and a surplus which many people in other parts of the world can't even imagine.

I have medical care when and if I need it, a government superior to most, and a landscape envied the world over. The air is fresh, crime minimal and I have my freedom.

Gratitude is the antidote to depression and despair. I count my blessings which is the way to peace of mind. I am blessed! We are blessed!

Poverty is just an attitude. When you change the attitude, the whole experience changes.

Kalene is a Hospice Society volunteer and retired nurse.

Dr. Rachel Remen shares... Contributed by Judy Evans

Dr. Rachel Remen, who trains physicians to attend to the heart and mind as well as the body, tells this story:

For the last ten years of his life, Tim's father had Alzheimer's disease. Despite the devoted care of Tim's mother, he had slowly deteriorated until he had become a sort of walking vegetable. He was unable to speak and was fed, clothed, and cared for as if he were a very young child. One Sunday while Tim's mother was out doing the shopping, Tim and his brother (then fifteen and seventeen) watched football while their father sat in a chair. Suddenly, he slumped forward and fell to the floor. Both sons realized that something was terribly wrong. His colour was grey and his breath uneven and rasping. Frightened, Tim's older brother told him to call 911.

Before he could respond, a voice he had not heard in ten years, a voice he could barely remember, interrupted, "Don't call 911, son. Tell your mother that I love her. Tell her that I am all right." And Tim's father died.

Tim, now a cardiologist, goes on, "Because he died unexpectedly at home, the law required that we have an autopsy. My father's brain was almost entirely destroyed by his disease. For many years, I have asked myself, 'Who spoke? .../4

Compassionate Care for the Dying and the Bereaved

Who are we really?' I have never found the slightest help from any medical knowledge. Much of life cannot be explained, it can only be witnessed. From *The Wise Heart* by Jack Kornfield (2009: Banyon Books)

Notes from May 27 2010 Workshop with Dr. Alan Wolfelt in Castlegar, B.C. by Judy Evans

Having been a participant in this amazing one day workshop, I am going to now share with you some of Dr. Wolfelt's knowledge that he has acquired over his 35 years of working with grief and loss. Dr. Wolfelt is the founder and president of the Center for Grief and Loss in Fort Collins, Colorado.

In opening to the presence of the pain of life losses, we acknowledge the reality of the pain. The pain expresses itself through Good Grief Symptoms: physical; emotional; spiritual; cognitive; and social. Examples of each:

1. Physical – lethargy; headaches; risk of dehydration; lowered immune system; sleep deprivation
2. Emotional – anxiety/ irritability; hopelessness/ loneliness; depression/ anhedonia (inability to have joy)
3. Spiritual – will to live; questioning of belief system; psycho-spiritual "why" questions; search for meaning
4. Cognitive – confusion/disorientation; short term memory; lack of concentration; inability to make decisions
5. Social - tendency to over-isolate; loss of relationships; abdication of responsibility; lack of relationship energy

"Light is known to exist by virtue of darkness. One is the chair upon which the other sits."
Dark is the chair upon which the light sits.

The soul work of grief: the downward movement of the psyche – a willingness to connect with what is dark, deep, and not pleasant. Regaining the 'divine spark' – that which gives your life meaning and purpose. Out of the dark comes light.

"There's more room in a broken heart." - Carly Simon

In every heart there is an inner room where we can hold our greatest treasures and our deepest pain.

Allow for HOPE – an expectation of the good that is yet to be.

Dr. Wolfelt spoke of the 'why' of your experience. What determines the expression of your grief?

Some of those determinants are:

- The circumstances of the death
- The nature of your experience with the person
- Your religious or spiritual background
- The personality of the person who died (what did they bring to the dance of your life?)
- Your support system
- Your personality
- The ritual or funeral experience
- The personality of the person who died
- Other crisis or stress in your life right now
- Your experiences with loss/ death in the past

Listen to the music of the past so you can sing in the present and dance into the future – this is talking about remembering who the person was in your life and thus saying "hello" in order to be able to come to saying "goodbye".

"hello": tell the story

"goodbye": having a funeral; memorial; celebration of life

Realistic Expectations

- You will naturally grieve but may need to make it conscious
- Your grief will probably hurt more before it hurts less
- Your grief will be unpredictable
- You don't get over grief
- You will not always feel this bad

Embrace the uniqueness of your grief. Grief causes a natural turning inward – cocooning protection.

The only way to the other side of grief is through it.

Hurting is part of healing.

Compassionate Care for the Dying and the Bereaved