



BERNARD F. LUCO

Volunteer working with cancer patients and their relatives at a hospice in Boonton, N.J.

A Better Way of Dying

Hospices help ease the pain and fear of the terminally ill

For many months, the 35-year-old man has been receiving chemicals to halt his cancer. But now, emaciated and racked with pain, he can no longer tolerate the powerful drugs. Everyone, including the patient, realizes that the chemotherapy is not working. The cancer has spread, and treatment is being stopped. Even before the notion of death can be fully accepted by the man or by his family, a hospital official calls aside the patient's wife. He tells her that since the hospital can do nothing more for her husband, he must be discharged and she must find another place for him to die.

In one form or another, such harrowing scenes are played out again and again each day across the U.S. Imbued as the medical establishment is with the idea of fighting at all costs for the prolongation of life, it is naturally geared to hope of success rather than the fact of failure. Once it becomes apparent that an illness is terminal, conventional medicine often seems unequipped, untrained and even unwilling to deal with death. It is mainly nursing homes—which are often dreary, costly and isolated from the rest of society—that seem ready to shoulder that inevitable human burden. As British Historian Arnold Toynbee once noted, it is almost as if "death is un-American."

Today, in a remarkable turnabout, a growing number of Americans have begun looking for a better way of dealing with the dying. In their search they have reached back to the Middle Ages, when religious orders established hospices (derived from the Latin word for guest) to care for travelers as well as ailing and dying pilgrims. Within the past few years,

130 groups have organized hospice programs, and about 20 institutions recognized by the newly formed National Hospice Organization (N.H.O.) are operating in the U.S. Unlike the way stations of the past, the present-day hospices provide more than attentive, sympathetic care for the dying. They do pioneer work in such neglected medical areas as the easing of pain and other symptoms of terminal illness and deal in psychological counseling for both patients and their families.

Most hospices in the U.S. take as their model London's St. Christopher's Hospice, founded a decade ago by Dr. Cicely Saunders. The primary goal of the London hospice and its American cousins is to help people die with as little discomfort and as much serenity as possible and live as individuals during the weeks and months left to them.

Such care is often best given at home with the support of family and friends. Indeed, the first U.S. hospice, established in New Haven, Conn., in 1971, is only now erecting its own 44-bed building as a backup for its home care. It will continue to rely largely on home visits by staff nurses and dedicated volunteers. That home technique has been widely and successfully emulated. Says Dr. Walter Norley, 62, who is dying of bone cancer and is being cared for at home by Riverside Hospice in Boonton, N.J.: "I don't know whether it's because I'm a physician or not, but I have no desire to spend more time in a hospital than I must."

Other hospices, like the one at Manhattan's St. Luke's Hospital Center, now flourish within existing medical institutions. In fact, at St. Luke's, the hospice pa-

tients are not kept in a "death ward," but are scattered throughout the hospital, where they are regularly visited by special doctors, nurses and counselors attached to the hospice program. Members of the regular hospital staff report that watching the way hospice people treat the terminally ill has helped them modify their own behavior. "When a patient knows he's dying," one doctor notes, "you can't just smile and ask your usual 'Good morning, how are you?'"

Whatever the setting, an immediate priority of hospices is the relief of chronic pain and fear, which can be particularly severe when patients are dying of cancer. Unlike traditional hospitals, where terminal patients are often so heavily dosed that they are virtually in a stupor, hospices usually administer methadone or a special mixture that may include morphine, cocaine, alcohol and syrup. Even before the pain begins to be extreme, the mix is given in relatively small quantities at various intervals around the clock. This helps allay the fear of pain and reduces the amount of drug-ging necessary to control it. One desired result: to keep the patient's mind as clear as possible.

Hospice personnel are trained to ease the social and emotional problems related to dying, doing everything from advising on the drafting of wills to caring for neglected pets. Jayne Murdock, a Ross, Calif., schoolteacher, recalls how her dying mother at first refused to see her grandchildren after she was brought home from the hospital. But when the visiting hospice team began reducing her pain and reassuring her and her family in other ways, a new tranquillity set in. Finally, the woman even let the youngsters give her medication and assist her about the house. Says Murdock: "I felt when she died that it was a victory for all of us. None of us had any guilt."

As the U.S. begins to cope more directly with the once taboo subject of death, the hospice idea is likely to spread even farther and faster. Sandol Stoddard's sympathetic new book, *The Hospice Movement: A Better Way of Caring for the Dying* (Stein & Day; \$8.95), is already in its third printing. Next October, at its first annual meeting in Washington, the N.H.O. will push for legislation that will allow insurance payments for hospice care. Zachary Morfogen, N.H.O. chairman, thinks enormous strides have already been made. Says he: "Ten years ago, it would have been impossible to persuade any corporation to include a hospice program under its health and medical plans. The reaction would have been, 'What are you doing, trying to create a death house?' Now people are willing to discuss such matters openly and candidly. Death has finally come out of the closet." ■