

WE ONLY DIE ONCE: How Hospice Care Focuses on the Quality and Sacredness of Life

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Dr. Atul Gawande, a well-known Boston surgeon and a frequent contributor to the *New Yorker*, wrote a stirring article last August (“Letting Go”) about the difficulties doctors have talking with their terminally ill patients about death and their options.

As a doctor himself, he admits that until he shadowed a hospice nurse, he thought hospice meant sending a patient home with a morphine drip. Instead of rushing death, hospice care, he realized, often lengthens a person’s life without sacrificing the quality of life.

“I aim to tell the truth and assure patients I will be there to take care of their pain and listen carefully to what it is they want,” says Dr. Gerald Gehr, the VNA Hospice Medical Director. “I even give them my cell phone number. I’ve found that many times, with the help of our hospice team, people die better than they’ve lived.”

Echoing Dr. Gehr’s words, VNA Hospice Social Worker Kristin Rickert says, “Even if they can’t talk about death, 99% of people know exactly what’s going on. It’s my job to respect their needs and make them comfortable with death on their own terms.”

Indeed, as the National Coping with Cancer center found in 2008, without hospice care, two-thirds of patients and caregivers have a much harder time facing this final chapter of life.

What exactly is the focus of a hospice care? It is to honor the wishes of the dying. When asked what they want, most people ask for ease of suffering, being with family, having contact with others, being mentally alert, and staying independent for as long as possible.

These physical, emotional, and psychological issues are exactly what the VNA’s hospice care team of nurses, social workers, spiritual team, aides, and volunteers addresses.

Mary Kazanowski, a Nurse Practitioner with the VNA, holds true to the philosophy that a hospice nurse can always do something to improve the a quality of a person’s life. As she says, nurses “Even though the disease (patients have) may not be curable, the symptoms that cause distress can usually be treated in such a way as to relieve suffering for patients and their families.


Hospice nurses are educated on pharmaceutical and non-pharmaceutical interventions that are safe and effective in relieving suffering. Hospice also has a system in place that symptoms of distress are addressed promptly, alleviating the added distress that comes with waiting and worrying while a person is in pain, having difficulty breathing, anxious, or uncomfortable in any other way. Something can always be done, even if it is reassurance that the medication being given is safe.”



In Mary’s 30 years of experience, she confirms that once patients come home from the hospital, they get better. They smile more. Their family members become kinder. With the hospice team, they are surrounded by a supportive and compassionate community. Not only is their pain eased, but their fears surrounding death are, too.

To address a patient’s final wishes, a nurse also offers patients the means to make their quality of life better. Such means might include a pain pump, ordering electric beds to address better sleep positions, and making sure a patient is taking and receiving other important medications. Patients and caregivers also have the comfort of knowing they can call 24/7 and a hospice nurse will be there for them.

From the hospice team, caregivers also learn that their final gift to a loved one in this once in a lifetime event might be these simple, but powerful words: “It’s OK to let go now. You’ve fought long enough. Let’s not say good bye, but I’ll see you soon.”

In the end, we only have one chance to die. As with birth, our other singular life event, hospice care helps people die with support, honor, and love. 

To order *Dying and Living*, the new publication of interviews with the VNA hospice team, contact Tammy Hastings at THastings@elliot-hs.org or call 603-663-4001.

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