



The Cloak

The VISN 3 Palliative Care E-Newsletter

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VISN 3 Receives the Circle of Life Award

Press Release: On Friday, July 14, 2006 the Veterans Integrated Service Network (VISN) 3 Palliative Care Program received the prestigious Circle of Life Citation of Honor Award at the American Hospital Association Leadership Summit in San Francisco, CA. The Circle of Life Citation of Honor recognizes innovative programs in the delivery of palliative and end of life care. The goal of the award is to increase understanding and awareness of the importance and value of providing high quality end of life care. The Circle of Life Award is sponsored by the American Hospital Association in conjunction with the American Medical Association and the National Hospice and Palliative Care Organization.

The Palliative Care Teams of VISN 3 include the facilities at Brooklyn, Bronx, New York, St. Albans, Queens, Castle Point, Montrose, Northport, East Orange and Lyons, New Jersey. The Palliative Care Program was awarded the Circle of Life Citation of Honor Award for leading the VA system in standardizing care processes and communication across setting and sites and innovatively using information technology and electronic medical records in the delivery of palliative care. "Our goals were to set up a network-wide palliative care program consisting of an interdisciplinary Palliative Care Consultation team (PCCT) at all acute care hospitals and nursing homes to provide uniform palliative care to patients in all venues of

care" says Carol A. Luhrs, MD, Director of Palliative Care for VISN 3. It is this approach that has emphasized relationships both within the VA locally and nationally, and with community organizations, such as the hospices, state veteran nursing homes, and veteran groups, to provide a seamless transition of care for veterans at the end of life. A ceremony and reception in honor of the VISN 3 Palliative Care Teams took place on Tuesday, September 12, 2006 at the James J. Peters VA Medical Center. A representative from the American Hospital Association was present to bestow the honor to the VISN 3 Palliative Care Teams.



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Calendar of

Upcoming Events

- November 30, 2006 - 12:00 - 1:00 pm - Schwartz Rounds Audio Tutorial
- December 7, 2006 - 3:00pm National VA Palliative Care Audioconference. Susan Cohen, MD and Robyn Anderson, RN, MS presenting on casefinding.
- December 14, 2006 - 12:00 - 1:00 pm, VISN Noon Case Videoconference — Manhattan PCCT presents.
- January 23, 2007, - 8:30 am - 2:00 pm, VISN Palliative Care Quarterly Meeting—JJP VAMC 3D-22

For more information about these events, contact :
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Tribute to Zelda Foster

By Louisa Daratsos, LCSW, ACSW

Looking back on Zelda Foster's career and from my perspective of 15 years at the VA and my own professional development as an oncology and palliative care social worker, I have a strong appreciation for Zelda's tremendous contribution to the care of the dying and their families. Zelda's seminal article about palliative care was written 39 years ago, in 1967, and essentially asks how can individuals working with very ill patients not acknowledge the obvious; that some are dying and

how can medical professionals not discuss treatment issues truthfully? (Foster, Z. (1967) How hospital social



work can influence management of fatal illness. *Social Work*. 10(4) pp. 118-127.)

While I sometimes wonder why Zelda's article does not discuss that her patients were veterans, I also appreciate that her efforts to openly discuss the topic of dying was more global. Zelda went even further and formed a professional relationship with Dame Cecily Saunders, the pioneer who founded the modern palliative care movement in Great Britain. (Continued on page 2)

I Can See Clearly Now

by Barbara Arrowsmith, RN, Palliative Care Nurse Champion, Lyons Campus

“I Can See Clearly Now” these are words and the title of a popular song of my youth. As I am a more mature woman now, these words are so appropriate in describing my choice in nursing specialty – Palliative Care.

As a young nurse just out of school, I worked in critical care. It was not my first choice of nursing but it became a passion for me always learning something new from seasoned critical care nurses who were fighting to help critically ill patients to stay alive. Critical care was always changing – learning about new medications and technology. It was also a time that I was working in home care which was quite different. During my days, I worked with patients and their families to recover from devastating effects from a stroke and ventilator dependent patients whose families wanted them home. Midnights, I worked critical care.

There came a time in my career as a young nurse that I questioned my choices. I began to struggle with working in such a stressful atmosphere and after much thought, I decided a change was needed.

I went to the Veterans Ad-

ministration and began serving those men and women who had served our country in time of peace and war. The stories that these men and women tell made me grateful to have known and taken care of them.

After many transitions within the VA system, I found myself working with palliative care patients who have 6 months or less to live. At first I was very apprehensive of whether I could be an effective member of this special health care team. I began to grow and learn. I did not know whether I would be able to help the dying patient make the transition from this world to the next – what would I say to the patient and family members to comfort them in knowing that I truly care about them and want to ease their burden. I looked back to my own past and remembered how my family felt as my dad was dying from lung cancer. I felt stronger in the belief that I could feel their pain and be able to aid the family during their loved one’s last days of life.

As in childbirth a mother has a coach, those who work

in palliative care are the “coaches” that help the patient transition from this world to the next. The Palliative Care Team Members offer a gentle touch. We open our hearts and become family with the patients and their families. We listen to the stories of each patient’s life and the impact they have made. We share in the celebration of life and also in the sorrow of their passing. The team members work to make the last days here on earth rewarding – trying to fulfill their last wishes.

Recently, we had a very kind gentleman, H.G., who was very worried about his elderly mother. I promised to keep in touch with his mom after he passed away. He was able to die with peace of mind knowing that his mom would be looked after. H.G.’s mom recently returned to the VA to thank the staff for not only the care of her son, but of our caring for her too.

Mr. K passed away recently – when he came to our unit, he was a very kind man who had a great sense of humor. His family told many stories of his sense of humor and joy of life. “I Can See Clearly Now”

was his favorite song. Mr. K and his family taught me to always have a sense of humor about my job and more importantly not to ever forget the joy in life. It is through working with Mr. K and his family I can truly say, “I Can See Clearly Now”.

Since beginning to work in palliative care, I have learned so much about myself and my own mortality. I can truly see clearly now that palliative care is a very rewarding specialty in nursing. I have chosen the right career. I will always remember not just to mourn the loss of our patients but to celebrate their lives.

My family has grown beyond my immediate family. It not only includes the special members of the Palliative Care Team but most importantly, all the patients and their families whom I have “coached” through their last days on earth.

I can truly say that my nursing career is fulfilling and meaningful. I pray that my care and concern for my patients and their families has given them a sense of peace during one of life’s most difficult times.

Zelda Foster (Continued from page 1)

Dame Saunders delivered a lecture at the Brooklyn Campus in the late 1970’s at Zelda’s invitation. In Zelda’s tenure as Chief of Social Work Service, there was a constant flow of groundbreaking work regarding end of life

care that embraced all professions and encouraged ever new partnerships, recognizing that each connection would yield contributions for people with limited life expectancy and their loved ones.

Zelda was also very interested in the professional development of the people who worked for her. Those of us who had the privilege of working under Zelda’s leadership as Chief of Social Work Service will always recall that her words of praise or critique were always designed to make us remember that there is no

greater privilege than having the initials MSW after our names. Even in Zelda’s last weeks of life, she thought about her many mentees and sent out messages to give us the courage and creativity to continue the work she started and nurtured until the very end of her life.

WORDS OF HEALING

The Cab Ride Anonymous Author Submitted By Chaplain Paul Swerdlow

Twenty years ago, I drove a cab for a living.

When I arrived at 2:30 a.m., the building was dark except for a single light in a ground floor window. Under these circumstances, many drivers would just honk once or twice, wait a minute, then drive away.

But, I had seen too many impoverished people who depended on taxis as their only means of transportation. Unless a situation smelled of danger, I always went to the door. This passenger might be someone who needs my assistance, I reasoned to myself.

So I walked to the door and knocked. "Just a minute", answered a frail, elderly voice. I could hear something being dragged across the floor. After a long pause, the door opened. A small woman in her 80's stood before me. She was wearing a print dress and a pillbox hat with a veil pinned on it, like somebody out of a 1940's movie.

By her side was a small nylon suitcase. The apartment looked as if no one had lived in it for years. All the furniture was covered with sheets. There were no clocks on the walls, no knickknacks or utensils on the counters. In the corner was a cardboard box filled with photos and glassware.

"Would you carry my bag out to the car?" she said. I took the suitcase to the cab, then returned to assist

the woman. She took my arm and we walked slowly toward the curb. She kept thanking me for my kindness.

"It's nothing", I told her. "I just try to treat my passengers the way I would want my mother treated". "Oh, you're such a good boy", she said.

When we got in the cab, she gave me an address, then asked, "Could you drive through downtown?" "It's not the shortest way," I answered quickly. "Oh, I don't mind," she said. "I'm in no hurry. I'm on my way to a hospice".

I looked in the rear-view mirror. Her eyes were glistening. "I don't have any family left," she continued. "The doctor says I don't have very long." I quietly reached over and shut off the meter. "What route would you like me to take?" I asked.

"People may not remember exactly what you did, or what you said, but they will always remember how you made them feel."

For the next two hours, we drove through the city. She showed me the building where she had once worked as an elevator operator. We drove through the neighbor-

hood where she and her husband had lived when they were newlyweds. She had me pull up in front of a furniture warehouse that had once been a ballroom where she had gone dancing as a girl. Sometimes she'd ask me to slow in front of a particular building or corner and would sit staring into the darkness, saying nothing.

As the first hint of sun was creasing the horizon, she suddenly said, "I'm tired. Let's go now." We drove in silence to the address she had given me.

It was a low building, like a small convalescent home, with a driveway that passed under a portico. Two orderlies came out to the cab as soon as we pulled up. They were solicitous and intent, watching her every move. They must have been expecting her.

I opened the trunk and took the small suitcase to the door. The woman was already seated in a wheelchair.

"How much do I owe you?" she asked, reaching into her purse. "Nothing," I said. "You have to make a living," she answered. "There are other passengers," I responded.

Almost without thinking, I bent and gave her a hug. She held onto me tightly. "You gave an old woman a little moment of joy," she said. "Thank you."

I squeezed her hand, then walked into the dim morning

light. Behind me, a door shut. It was the sound of the closing of a life.

I didn't pick up any more passengers that shift. I drove aimlessly lost in thought. For the rest of that day, I could hardly talk. What if that woman had gotten an angry driver, or one who was impatient to end his shift? What if I had refused to take the run,



or had honked once, then driven away? On a quick review, I don't think that I have done anything more important in my life.

We're conditioned to think that our lives revolve around great moments. But great moments often catch us unaware-beautifully wrapped in what others may consider a small one.

Life may not be the party we hoped for, but while we are here, we might as well dance. Every morning when I open my eyes, I tell myself that it is special. Every day, every minute, every breath truly is a gift from God.



Circle of Life Award Recipients



VISN 3, GRECC and Palliative Care Leadership



East Orange NJ Palliative Care Consult Team



Hudson Valley Palliative Care Consult Team



James J Peters VAMC Palliative Care Consult Team



New York Harbor - Brooklyn Campus Palliative Care Consult Team



New York Harbor Healthcare System: Manhattan Palliative Care Consult Team

Circle of Life Award Recipients (Continued)



Lyons NJ Healthcare System Palliative Care Consult Team

Northport VA Palliative Care Consult Team



St. Albans Palliative Care Consult Team

Welcome to the 2006 - 2007 Palliative Care Fellows

Sarita Patel, MD was an Attending Physician at Bronx Lebanon Hospital Center before entering private practice. She was an Associate Professor at Albert Einstein College of Medicine. Her passion to connect with the patient mentally, emotionally and spiritually while continuing to treat their physical ailments was the driving force to make a career change into Palliative Care. Dr. Patel volunteered to be part of the Medical Camp at the Spiritual Olympics held in India this past February. She is interested in identifying and treating the complex maze of conditions and concerns surrounding a person at the end of life.

Joshua R. Bringle, PhD completed his Psychology Internship at the Boston Consortium in Clinical Psychology in August, 2006. While completing his internship, Josh was a Teaching Fellow in Psychiatry at Boston University School of Medicine and a Fellow at the Department of Psychiatry, Harvard Medical School. Additionally, he was an Inpatient Therapist at the VA Boston Healthcare System in Brockton, MA in the Nursing Home Care Unit where he conducted individual and group psychotherapy with bereaved adults. During his Fellowship at the James J. Peters VA Medical Center, Josh will be conducting research on "Prevalence, Burden and Psychological Correlates of Pain in Adults with Spinal Cord Injury".

Vicki Hallas, MSW was selected Class Valedictorian and Hunter College School of Social Work Student of the Year and graduating in 2006. While in the program, Vicki established a group-work mentorship program between first and second year group work students. Her field work experience included providing therapy for more than 150 national oncology clients and families on issues such as end-of-life, bereavement, caregiving, hospice, palliative care and treatment options. Vicki's objective during her fellowship is to work closely with patients and their families to gain a better understanding of pain management, both from a physical and biopsychosocial approach.

Sebastian Baginski, MD began his career in Family Medicine and for the last two years has completed Geriatric Fellowship programs at SUNY Health Science Center at Brooklyn and Parker Jewish Institute for Health Care and Rehabilitation. His goal is to provide expert end of life care and, thus, he is pursuing a fellowship in Palliative Care to complement his prior training. Dr. Baginski seeks to deliver excellent clinical care with close attention to goals of care and comfort.

Research Notes from the GRECC

Dr. Joan Penrod recently received new HSR&D funding for a study on hospital costs and utilization of patients with advanced disease who receive palliative versus usual care.

Dr. Kenneth Boockvar received an Advanced Research Career Development award that focuses on continuity of care for pain, depression, and psychosis in older adults.

Dr. Nathan Goldstein received a Career Development Award from NIA for research on "Decision-making in Patients with Cardiac Defibrillators".

On behalf of The Cloak Editorial Board we extend our heartfelt congratulations and thanks to each and every one of you for your hard work and dedication to the veterans and their families.

HAPPY THANKSGIVING!

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