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Hospices offer compassionate care

Inquirer

Last updated 00:24am (Mla time) 09/16/2007

AT ONE TIME OR ANOTHER, A FAMILY WILL BE TAKING CARE OF A SICK LOVED ONE. The 100 trillion cells inside each one of us are not programmed to last. They break down. As the book of Ecclesiastes says, there's a time for everything, including a time to be born and a time to die.

Whether a terminally ill person will be spending his or her remaining days in a hospital or at home depends on many factors—one's means, the family's compassion and support network, and the facilities available.

The growth of the hospice movement in the country now makes it possible for the terminally ill and those suffering from life-threatening ailments to stay at home where their physical and spiritual needs could be met.

Hospice care does not seek to cure. It seeks to provide a "better" quality of life during the remaining days of the patient.

Formally introduced in the Philippines in 1993, the hospice movement now counts 23 institutions and 520 service providers as members.

These organizations, which are generally supported by private individuals and groups, have formed the National Hospice and Palliative Care Council of the Philippines Inc. (Hospice Philippines) to promote palliative care across the country.

Hospice Philippines will host the 7th Asia-Pacific Hospice Conference this month. (For more information visit www.aphc2007.com).

Nurturing partnerships

By *Asuncion B. Kalalo*

HOSPICE AND PALLIATIVE CARE -- Compassionate caring for terminally ill patients and those afflicted with life-threatening illnesses -- is a relatively new concept of health care in the Philippines.

It was formally introduced in the Philippines in 1993 by a Filipino doctor who was once the president of the International Hospice Institute in Washington D.C.—Dr. Josephine Magno, now deceased.

The goal of hospice and palliative care is not to cure but to provide a "better" quality of life during the remaining days of a patient. It is a program designed to provide a

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caring environment to address the physical, social, medical, psychological and spiritual needs of the terminally ill patients and their families.

On Sept. 9, 2003, 13 hospice organizations and 76 service providers in the country formed themselves into a National Hospice and Palliative Care Council of the Philippines, Inc. (Hospice Philippines) to better promote and provide hospice and palliative care to patients all over the country.

To date, we have grown to 23 hospice institutions and 520 service providers.

Specialized institutions

We have specialized institutions like Kythe, a hospice care for children with branches nationwide, and Starfish for those afflicted with HIV/AIDS. Likewise, we have a half-way house, Child House, for hospice patients while awaiting treatment.

With the rising incidence of cancer and other life-threatening illnesses, such as HIV/AIDS, the hospice movement seeks to meet the challenge of serving, principally indigent patients.

Recent surveys show that cancer is the third cause of death in the Philippines. From January 1984 to July 2007 there were 2,916 reported HIV Ab seropositive cases of which 2,146 (74 percent) were asymptomatic and 770 (26 percent) AIDS cases.

Our members have served a growing number of hospice patients and their families. We cannot cite the actual number of patients at this time. There is a need to come up with a national registry of hospice patients similar to that being maintained by the Philippine Cancer Society for cancer patients.

Bereavement support

The care may include bereavement support in certain cases. Practitioners of hospice care need not be persons in the medical field, although their participation is always required. An individual imbued with compassion to care for the sick could be an excellent hospice service provider after appropriate training.

In the Philippine setting, family members, who provide physical and emotional care for the patient, are also looked after by the hospice service providers.

One of the most challenging tasks of hospice facilities is the recruitment of volunteers. Hospice care is essentially difficult and volunteers must have a special calling for this particular vocation.

To deal with death openly, as one takes care of a patient, requires strength that can only come from a conviction for the noble purpose of accompanying a person on a walk to his or her new home as "midwife for the soul."

This challenge was met by strengthening Hospice Philippines' training programs and networking with international organizations to enable our volunteers to train abroad. There is a need to have more trainers and training facilities to hasten the formation of hospice units in the country.

As a new program for the care of terminally ill patients or those afflicted with life-threatening illnesses, the nongovernment umbrella organization sees the need for government support.

Because its members are principally serving the indigent, the Department of Health, through the health secretary, provides morphine to patients of member organizations.

Medical insurance

Hospice Philippines is also advocating the inclusion of hospice and palliative care in the government medical insurance program to provide security and support to patients facing financial problems in confronting their illnesses.

It will also alleviate the worries of patients knowing that when they are finally gone their families would not be saddled with expenses caused by their illness.

Funding for the activities of various hospice organizations that are dispensing services for free is a problem that needs to be solved. While the volunteers are serving for free, the administrative staff, consisting of at least a medical doctor, a nurse or caregiver and a social worker on full-time or part-time basis need to be remunerated.

Private groups

At present, these organizations are generally funded by private individuals or groups.

Hospice Philippines would seek the endorsement of the Office of the President for the inclusion of hospice and palliative care facilities as beneficiaries of the Philippine Charity Sweepstakes Office (PCSO) and Philippine Amusement and Gaming Corp. In addition, we would seek Presidential endorsement for PCSO to provide hospice institutions accredited with Hospice Philippines with ambulances to serve their indigent patients.

On the level of the local government, there is a need for health workers, especially the barangay health workers to be part of the multidisciplinary hospice team in their municipalities and cities. They will be trained as hospice

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volunteers to refer patients in their area and deliver hospice and palliative care services.

This is the potential growth area for hospice care in the countryside and it is urgent that support be extended to this group.

(Atty. Asuncion B. Kalalo is the president of the National Hospice and Palliative Care Council of the Philippines Inc. [Hospice Philippines], and Ayala Alabang Hospice Care Foundation Inc. [Alabang Hospice].)

* * *

Special calling

By Ma. Elisa F. Allado

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WHEN I GRADUATED from high school, I wanted to become a doctor. However, my father advised me against it. He said, "That is such a long course. You might not get married. You need to specialize abroad to gain recognition here. Your patients cannot pay you. It is mostly charity work." Hence, I ended up with a BSBA Management diploma.

After college, I had an eight-year stint in government, completed my masters in Business Administration, got married and bore four children. The ensuing years were spent multitasking as wife, mother and entrepreneur.

Stroke

In 1990, my father had a stroke and was diagnosed with cancer of the kidney. He never recovered and needed nursing care specially when the cancer metastasized to the brain. Because he refused to be confined to a hospital, we took care of him at home.

This was my first exposure to hospice care. We bought all the necessary hospital equipment and hired special nurses on 12-hour shifts. For two years, the family members attended to his physical and spiritual needs, dotting over him and showering him with love and care.

We were all around him when he took his last breath. It was such a beautiful death that no tears were shed. The wake and burial were marked with fun and laughter.

A doctor at 50

It was at this time when my interest in Medicine was again awakened. After a lot of praying and serious thinking and with financial support from my siblings, I took a step toward fulfilling my dream. Defying age, a failing memory, and five major surgeries, I became a doctor at age 50.

During residency training in Family Medicine, I learned active listening and counseling skills, which prepared me for an advocacy in hospice and palliative care.

My first post-training hospice work involved a friend and former officemate at the Board of Investments whose husband was diagnosed with metastatic lung cancer. He refused to have additional procedures and drastic measures done so the family called me in for alternative pain management (acupuncture) aside from the pain medications he was already taking.

With the help of a hospice team, he was cared for by his wife and four sons at home. During the six-month period before his death, he was able to properly turn over the family business and his personal assets to his wife and children, resolve personal issues with his family, and even choose his manner of dying.
Volunteer work

Last year, I volunteered as a home care physician at the Alabang Hospice, a church-based facility extending free services to indigent terminally ill patients in Muntinlupa, Las Piñas and Parañaque.

Friends and colleagues ask me, "Why hospice care? It is so emotionally draining!" I reply, "Yes, that's true. But I sleep well at night realizing that I have so much to thank for. It helps with my personal healing as well."

With a team, I am able to help patients and their family accept the patients' imminent death and prepare for it, improve the patients' quality of life by alleviating pain and discomfort, and help them deal with unresolved issues before they die.

Private clinic

At present, I am the treasurer of our family construction business and have a private clinic at my residence in Quezon City. I am also involved in purely voluntary work with the Rotary Club of New Manila Heights, Kabisig ng Kalahi, and Quezon City Red Cross.

Since I started hospice work a year ago, I have attended to 20 patients in Ayala Alabang, a patient in San Mateo and six patients in Quezon City. I do my home visits in Alabang every Sunday while for other patients I go as often as needed.

For me, the best gift to any person is a peaceful death. To be able to assist in giving that gift to a terminally ill patient is a privilege. I am honored and grateful for this privilege. My only hope is that when my time comes, I shall receive the gift as well.

(Ma. Elisa F. Allado is a home-care physician at Alabang Hospice.)