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Hospice Growing in Popularity in Little Saigon

NEWS REPORT, JOSIE CABIGLIO,
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Doctors told Cindy Nguyen that her mother would live no more than six months when she was diagnosed with lung cancer four years ago. With chemotherapy, they said, the best she could hope for was a year more.

Opting for chemotherapy, the patient quickly found that it didn't agree with her. When it was time to make an appointment for her second treatment, she told her daughter she couldn't take any more. That's when her physician suggested hospice care for the terminally ill woman.

"I knew nothing about hospice," said Nguyen, a registered nurse who works part-time with postpartum women. But after seeing its benefits up close, she was sold.

In fact, Nguyen became such a believer in hospice that she now works as a hospice nurse, helping her own charges, as others did for her dying mother.

In this medical specialty, a group of professionals helps terminally ill patients achieve the best quality of life possible in the time they have left, generally six months or less. Team members include doctors, nurses, social workers and others whose sole focus is to ensure the comfort of their patients rather than try to heal them.

After her mom died, Nguyen became a hospice volunteer and quickly realized that with little additional training, she could work as a hospice nurse, which she does twice a week for AseraCare Hospice, which provides services in California and 15 other states.

And while some people believe that hospice is a place where people go to die, it is anything but that, said Nguyen, adding that it's a "philosophy of care," care that can be offered to an individual in his own home, in assisted-living centers, even homeless shelters.

Support also includes emotional assistance to others with whom the patient is close. "We're looking at the family, neighbors, anyone who the sick person feels is important to them," she said.

Because Western medicine differs from Vietnamese-style health care, where it's not common to share affection or ailments in a public manner, hospice proponents in Southern California, with its large population of immigrants, face challenges getting terminally ill Vietnamese patients and their families to embrace the concept and sign up, Nguyen said.

"Many Vietnamese think they have to go to a hospital to die, but now it's OK not to," she said. "The biggest cultural issue with the Vietnamese and the hospice community is that they don't bring up death, but it is a part of life."

Once in hospice, patients sometimes live beyond the time that their doctors predict, partly because of the care itself, which is offered in a positive, culturally sensitive manner, Nguyen said. From time to time, a person is even nurtured in this type of environment for as long as two years because the Medicare benefit can be extended indefinitely, as long as the medical team determines that he or she still meets requirements.

What's included in hospice — apart from hospital beds set up in a private residence — is respite care, which provides nursing at home for terminally ill patients for five days at a time, to give their family members some rest. Moreover, a year of counseling for grieving is available to the loved ones of the deceased.

Who takes care of hospice patients?

The team has a registered nurse, who is directly responsible for patient care through the direction of doctors, and a social worker who is an experienced counselor who helps create open chats between patients and their families during a difficult time in their lives.

Others are a home health aide who, supervised by the registered nurse, gives baths, changes bed linens, helps the patient with personal hygiene and assists with some light housekeeping; volunteers who come to visit or to read, or once in a while, run

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