

#HOSPICEHUMANEUTHANASIA

Hospice...as defined by Merriam Webster dictionary-a program designed to provide palliative care and emotional support to the terminally ill in a home or homelike setting so that quality of life is maintained and family members may be active participants in care...palliative care..REALLY? I have my own definition of hospice care..MURDER...pure and simple..I AM NOT a hospice fan and never will be..I am a prolife person and always will be...now I know that people have the right to go out the way they choose, if that is the way THEY want to go then that's ok, their choice...but family members making that decision based on what they are being told by a hospice staff or because they just simply want their loved ones gone..or because they just don't want to deal with an aging parent... I have a problem with. I believe a lot of times that family members are not being told bluntly that hospice means "we are going to take your loved one out". Just like a doctor can induce labor to bring forth a birth, hospice MD or nurse can induce death by the lethal combination of drugs which usually consists of Ativan and Roxanol. As a nurse, whenever I see these orders, I know we are being asked to shoulder the burden of the sins of hospice...they write the order and expect someone else to carry out the hit. I am not a hospice nurse and I do not like that put upon me. I chose to work with the elderly and advocate for them. It is an eye opener of how healthcare is for the elderly that suffer from the different ailments and diseases that come with aging.

In this one facility I previously was employed, an elderly patient was put on hospice. To this day I don't know why...he was okay before I had my few days off, but any way he was on it. On this particular night I was working the 11p-7a shift. He had a young hospice nurse, obviously new to nursing. She was in the patients room with his family...following the orders faithfully of the Roxanol and Ativan. The lock box in which she kept the narcotics suddenly became jammed and she could not retrieve his medicine. She panicked and came to the nurses station looking for help. There was no help I could give her...it was her company lock box...I told her to call her supervisor...she kept coming to the nurses station...why I don't know...obviously she was nervous because the family was in the room. After a few hours I did my rounds and went to the patients room. He suddenly perked up, he was talking, wanted something to drink, he sat up. Since the nurse could not give him his medicine the way the order read, it obviously did not keep him subdued. At this point it was obvious this man did not need this Roxanol and Ativan given to him. Surely this hospice nurse could clearly see this...YOU WOULD THINK...But as soon as her supervisor came and opened the narcotic box with her key...this nurse resumed her deadly action of administering this combination of Roxanol and Ativan...all because it was the order!! All she had to do was let her supervisor know the order needed to be stopped or call the MD to hold...not continue to give this lethal dose of medicine....I returned to work after a couple of days off and he had passed away...when he did not have to...that was murder...pure and simple....no police report...no investigation...no crime scene....no line of questioning...nothing....an elderly man who could not advocate for himself, and a family not understanding fully what was going on....and this death was totally allowed. Business went on as usual.

On a more recent occasion, there was an elderly female patient who came back from the hospital. She came back with multiple orders of breathing treatments. She had a really severe upper respiratory infection. She was sent out a few weeks before with the same thing only to be sent back to the facility. This time she came back and was put on hospice. The patient was expected to die according to hospice. The family kept their around the clock vigil for a few days. It seems to me that her family had a better understanding of what hospice was. The patient had the deadly Roxanol/Ativan order per hospice. However, the patients daughter was adamant that her mother NOT be given this concoction unless she was in severe distress. She was adamant that this concoction WAS NOT to be given to her mother every

hour nor every two hours on a routine basis. Her request was heard and applied. Her mother was given her breathing treatments but no Roxanol/Ativan was given, even though HOSPICE wrote this deadly order. The patients' respiratory infection cleared up. The patient became alert after a few days, talking, requesting her favorite things, and was soon back to her lovingly cranky ways. She was taken off hospice and as of the writing of this article is a thriving patient at the facility and enjoys the facilities activities daily. My respect to her family for not giving up on their mother and being an advocate for her.

Whenever I see the prognosis of hospice..."if patients disease progress runs it regular course, patient has less than 6 months to live"...I know that they will at best be out of here in 4-5 months, it seems they just hate to be wrong on their prognosis and will find a reason to induce death within the six month no matter how well that patient seems to be doing just so they can be right and say "we told you so"... I hate to say these things but it is what I have seen. I have even had a hospice nurse to insinuate to me a few years ago that her "caseload was too heavy"...she had a patient that was taking up too much of her time and the family was very demanding. The patient had been put out of a few facilities because of the family. I have verbally expressed my feelings to whoever will listen...and believe it or not, those that work in facilities for the elderly, most agree. However, I am only one person on a mission, that I feel very strongly about. I support the elderly in every way. Even though they can be rude, cranky and set in their ways, they are still to be respected. To those of us that are not yet elderly, we would be rude, and cranky if we were in pain all day, and could no longer do the things we once did. I have always been taught to respect my elders no matter what.

One day, if we live long enough, we will all be elderly and some will be mentally and physically disabled and we WILL know exactly what it is like.

The elderly and the disabled are targets because simply put, they are helpless.

Again, please don't get me wrong...Hospice should be there for those who fully understand what it is and for the comfort of loved ones at the end of their lives. What I have experienced in some cases, is definitely the more shady side of it, the side that others don't see unless you are around it on a daily basis.

Cynthia Terry

Cindy Terry Outreach, Inc. is an advocate for the elderly, disabled, and helpless.

Please visit our website at cindyterry.org