



Four Seasons
HOSPICE & Palliative Care

Life Lines

A Quarterly Publication Affirming Life

A Message From The Chairman

by William G. Lapsley

It is the middle of the winter (January 13) – so I am told. Sunny & 60° temperature seems out of character at the moment - but stand-by - by the time this note is printed I am sure the snow will have arrived!

As you will read in this issue of Life Lines the staff has moved into their new home – Greatrex Place. It is a wonderful gift from our community to a truly dedicated professional staff and group of energetic volunteers. It is a facility we can all be proud of for many years yet to come. An open house for all to tour the building is set for February 28 – won't you please stop by and join us in the celebration?

The construction of six new bedrooms at Elizabeth House is about to begin. We are cautiously optimistic that this work will be completed by the end of 2006. This will complete four years of work on our building program.

The Capital Campaign for the Heart of Hospice has been an overwhelming success. The Board of Directors' goal is that the end result will be two new buildings and no debt!

Our focus continues to be directed at patient care. We are doing everything possible to ensure that every resident of Henderson County who is in need of our services is accommodated whether at home, in the hospital, in a skilled care center, or in an assisted living facility. We will serve those in need regardless of location or financial resources. We are here 24/7 to help the patient and the family cope with life ending issues. Please let us know if we can be of assistance.

FSH&PC Marks 25th Anniversary

This year, Four Seasons Hospice & Palliative Care marks its 25th Anniversary of caring for patients and their families in our community. Our goal is, and has always been, to treat each person we serve with dignity and respect while providing quality care, comfort and compassion.

Our Hospice was first conceptualized in 1979 by Jean Moulthrop Hoogstra, when hospice as a segment of healthcare was in its infancy. Jean had read a newspaper article about St. Christopher's

Hospice in London, England. She said, "It was the first I had ever heard of this concept of care for the dying. It made a tremendous impression on me and stimulated the idea of finding out more about this subject."
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Our True North

by Chris Comeaux, President/CEO

This year begins Four Seasons Hospice & Palliative Care's 25th year of serving Henderson County. It is incredible to reminisce what this organization has accomplished over 25 years, let alone to look back only one year. 2005 marked a demanding year on our organization. We started off our year with a census of 121 hospice patients and 95 palliative patients, and we ended our year with 180 hospice



patients and 130 palliative patients. We began the year with about 113 employees and ended the year with over 140 employees. We began the year transitioning 6 of our beds at EH to meet the needs of our community to 12 total inpatient beds which significantly increased the turnover and acuity of our patients.
continued on page 8

Greatrex Place Staff Center & Community Services Building



In January of 2004, President and CEO Chris Comeaux was driving back from a conference in Raleigh. The Board of Four Seasons Hospice & Palliative Care had just approved a \$4.6 million Capital Campaign to meet our growing need for space, and Chris was contemplating how on earth we were going to raise that amount of money.
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Winter 2006

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Please look inside the centerfold for our
15th Annual Tree of Lights 2005 Report to Our Caring Community

There's Light At The End Of The Tunnel For America's End-Of-Life Care

by Robert Milch and J. Donald Schumacher

There are signs of both great longing and great promise ahead. This is America's other budding crisis in health care – while research for cures of life-threatening diseases barrels ahead, more and more Americans are also looking for better ways to die. As the end draws near, Americans are saying, give us the time, information and guidance to move to the final reprieve of palliative and hospice care. Allow us in our last days to live smart, to embrace the life we have left and to make our deaths our own.

When 53-year-old Barbara Wein was diagnosed with ovarian cancer three years ago, she faced what has become the end-of-life dilemma for most critically ill Americans.

Like many baby boomers, Wein was used to being in control of her life. She was a National Ski Patrol member, physically active and independent. She and her husband of 26 years traveled widely. She had no children but enjoyed an extensive family circle — both her parents were alive, and she had two sisters and several nieces and nephews.

She read extensively about her disease, harbored no illusions about its seriousness and decided to fight it. She tried surgery, then months of chemotherapy followed by another operation and continuing rounds of other therapies.

"Early in my struggle with ovarian cancer," the Buffalo, N.Y., homemaker told friends this year, "my goal was to beat it, despite the odds. Probably six months into my diagnosis, I realized I might not."

When she tried to talk to her medical team, they had no problem discussing the physical effects of her disease, but were reluctant to talk about its emotional impact.

"They seemed uncomfortable about it, and I didn't push it," she said. But Wein wanted to live the rest of her life with hope and desperately needed guidance.

Last winter, she got sicker, and she had to lean more heavily on others for her care, something she never expected nor wanted. Her husband's work frequently kept him away from home, and she finally moved in

with her mother. Abdominal pain from a recurrent tumor kept her indoors much of the time. Doctors predicted her death within a year, but the only treatment they offered was a course of "salvage" chemotherapy.

But the chemotherapy caused weeks of nausea and vomiting. Wein had a tube in her stomach to vent a bowel obstruction. She was in continual pain. She couldn't sleep. Anxiety and depression took hold until she couldn't think straight. After 10 days in the hospital, she was sent home, where she was kept going by an intravenous feeding tube.

As death drew closer, Wein nearly lost her will. "My symptoms had taken over my life," she later said. "I wanted to die. Death had to be better than feeling sick." Wein knew only one thing — this was not how she wanted her life to end.

Four Seasons Hospice & Palliative Care is pleased to offer "Finding Our Way: Living with Dying in America" - a series of articles which is focused on bringing practical information to the American public regarding end-of-life issues. Each article explores a subject that faces seriously ill Americans, their caregivers, families, and communities, and is written by experts in their respective fields.

Reproduced with permission of Partnership for Caring, Inc., America's Voices for the Dying, Washington, DC.

The questions Wein faced in the months before her death now hang before 76 million baby boomers who are approaching old age and caring for ailing parents:

- 1** *How can the critically ill make the most of their time?*
- 2** *How can we gracefully prepare for death?*
- 3** *And how as a nation can we start to rethink the way we live with dying?*

Wein's experience is mirrored in a June report from the National Cancer Policy Board, a committee of the Institute of Medicine and National Research Council, that found half of the 550,000 Americans who die of cancer each year suffer needlessly from pain, nausea, depression, fatigue and other symptoms. Yet only 1 percent of the National Cancer Institute's \$2.9 billion budget went to research and training related to palliative care, which focuses on pain management and comfort for the critically ill in a hospital setting.

Because of American medicine's "single-minded focus on finding a cure for cancer, many cancer patients and their families are receiving inadequate pain and symptom control, as well as poor psychological, social and spiritual support," the report found.

This year, in a landmark decision, a California jury awarded \$1.5 million to the family of a deceased California man after finding a doctor negligent in treating his pain. The decision is the first in which a jury determined that inadequate treatment of pain translates into abuse of an elderly person and could affect how medical licensing boards and the legal system view complaints about people in pain.

The medical and legal professions are just now recognizing serious deficiencies in care of the dying first identified in a pivotal 1995 study funded by the Robert Wood Johnson Foundation. Of 9,000 critically ill people in the study, half had poorly controlled pain. Many of their doctors were unaware their patients had expressly asked not to be resuscitated or simply disregarded their wishes.

The report, known as the SUPPORT study, alarmed the health care profession by putting a very public spotlight on the pervasiveness of inadequacies in care planning and delivery, the lack of communication among those charged to care for the dying and the resistance of hospital culture to change.

There are signs of both great longing and great promise ahead. This is America's other budding crisis in health care — while research for cures of life-threatening diseases barrels ahead, more and more Americans are also looking for better ways to die.

In a 2000 survey of seriously ill patients, bereaved families and health-care practitioners published in the Journal of the American Medical Association, Americans listed the goals for the end of their lives this way:

- 4 Control of their care
- 3 Time to build stronger relationships with loved ones,
- 2 Relief of care-giving burdens on others,
and most of all,
- 1 The choice to avoid a prolonged, painful death.

The path toward more compassionate end-of-life care is well lit. Kathleen Foley is one of the American pioneers in pain management and palliative care and attending neurologist at Memorial Sloan-Kettering Cancer Center in New York. She said the SUPPORT study pointed out "the critical need to apply the knowledge we have now to prevent needless suffering."

"We have made extraordinary advances in pain management and palliative care," said Foley, "and we need to ensure that all Americans have access and availability to state-of-the-art symptom control and supportive therapies."

What Foley is referring to is medical care that can be as simple as pain medication offered by a primary doctor to entire teams offering treatment and counseling to dying patients and their families, even while still searching for a cure.

In the six years since the SUPPORT study was released, America's health care system slowly has started to respond. Hospice care, mainly for dying patients at home, has become more familiar to Americans, and according to a 1999 survey by the American Hospital Association, 20 percent of hospitals now have some type of palliative services.

Influential medical groups such as the American Board of Internal Medicine, the American College of Surgeons and the American Cancer Society are redefining their roles in end-of-life care. Insurers throughout the country — including Blue Cross-Blue Shield, Kaiser-Permanente and the National V.A. Healthcare system — are looking at expanding coverage of end-of-life care.

The focus on compassionate care is especially important in the doctor-patient relationship. A study of medical textbooks published in the Journal of the American Medical Association found doctors are taught little about palliative and hospice care as part of traditional training. Less than one-third of medical schools and residency training programs integrate palliative care; the same is true of schools of nursing and social work.

The result: Physicians who have a hard time listening and talking honestly and compassionately with patients as they navigate the shoals of end-of-life issues — from breaking bad news to planning treatment to preparing a patient for death.

"Understanding the concerns, needs, hopes and fears of patients and their families is an essential first step in providing optimal care in this situation," said Dr. Bernard Lo, director of the Program in Medical Ethics at the University of California, San Francisco. To help doctors do this, the American College of Physicians/American Society for Internal Medicine has published articles and brochures that doctors can give out to patients and their families.

Hospitals, too, are looking more closely at institutional training and programs. "Hospitals strive constantly to improve care for all our patients, especially those at the end of life," said Dick Davidson, president of the American Hospital Association. "Can we do a better job? Always, and the key is education and innovation."

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Heart Songs: A Children's Grief Support Program

Heart Songs is a children's grief support program developed by Four Seasons Hospice & Palliative Care to provide education about the child grief process and offer support for children in group and individual settings.

Pre-Teen - 9-12 Years Old

How they think:

- They are learning how to cope with death because they understand the finality of death now.
- They may not want to talk about it because they are *UNSURE*.
- They are developing socially and becoming more aware of others and their sufferings and feel responsible.
- They are developing empathy and are more aware of affect of death on others.
- Their awareness means they have more concern & fear of death for others.
- They fear isolation by being different from others.

How they feel:

Scared and lonely, helpless and vulnerable, fearful and worried, anxious about others feelings, afraid to talk about it.

How they might behave:

- Reluctant to talk or show feelings
- Nightmares due to being worried and fearful
- Withdrawn or more aggressive due to vulnerability
- Decline in grades
- Lack of concentration
- Anxious about facts of death

How you can help:

- 1 ACCEPT**
their feelings and validate what their concerns are.
- 2 REAFFIRM**
their values and thoughts and help them explore.
- 3 LISTEN**
and ask about their thoughts on death.
- 4 INVOLVE**
them in events surrounding dying process.
- 5 MODEL**
healthy coping and grieving styles.
- 6 PROVIDE**
open communication and stable relationships.
- 7 REASSURE**
them of their importance and security.



Part V: A Developmental Series On Children's Grief Reactions

Children experience and react to death and grief based on many factors. One of the most relevant factors is their "developmental stage", or their age and consequent ability that allows for comprehension and coping with the death experience.

In the next issue, successive developmental stages will be highlighted. The focus will be on typical grief reactions and suggestions for the caregivers in helping the child/teen to adapt and cope with this life changing event.

... Books To Read & Share ...

"When Someone Very Special Dies: Children Can Learn to Cope with Grief"
by Marge Heegaard

~
"Talking about Death: A Dialogue between Parent and Child"
by Earl A. Grollman

~
"The Grieving Child: A Parent's Guide"
by Helen Fitzgerald

The above books are available at the
Heart Songs Lending Library
Greatrex Place
Next to Elizabeth House

Thank You for "Blessing Our Heart Songs"

To the wonderful donors
who supplied baskets full of cheerful treats
for the Elizabeth House "Goodie Boxes"

- ♥ Debbie Henderson of the Radiology Department at Pardee Hospital
- ♥ Circle IV of the Pinecrest AR Presbyterian Church



Wish List Bulletin Board

"Pre-Teen Support Materials"

Help provide support materials for grieving Pre-teens (Ages 9-12)

Books Needed In Multiples For Donating
Available through Compassion Books 800-970-4220

- ♥ Journal: "Forever In My Heart"
By Jennifer Levine, \$6.95
- ♥ Workbook: "Memories Live Forever"
By Sharon Rugg, \$5.00
- ♥ Book: "What On Earth Do You Do When Someone Dies?"
By Trevor Romain, \$7.95

Art And Writing Materials

Available in Art & Office Supply Stores

- ♥ Drawing and Painting Tablets
- ♥ Artist Paints and Brushes
- ♥ Blank Journals

Please call Tricia Williams for more information
Greatrex Place, Flat Rock, 233-0334

Four Seasons Hospice & Palliative Care Physician Needed

To meet the needs of the community, we are recruiting a versatile full time physician to join our innovative, values driven organization. Qualified applicants will have knowledge and experience in pain and symptom management and be interested in participating in new program development, such as clinical trials and disease specific programs. A background in geriatrics, oncology, and/or board certification in hospice and palliative medicine is preferred.

Interested candidates may send curriculum vitae to:

Director of Human Resources
Four Seasons Hospice & Palliative Care
571 South Allen Rd
Flat Rock, North Carolina 28731
Phone 828 692-6178 • Fax 828 692-2365
Email: hr@nchospice.com
Website: www.nchospice.com

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25th Anniversary...

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At the time, Immaculate Conception Church was looking for an outreach program and Jean thought of pursuing hospice as this outreach. She and Dr. John Esse, a Hendersonville psychologist, attended a Speakers' Workshop on the subject on May 11th, 1979. They were invited by Sister Therese Galligan, who was in the process of trying to form a Hospice for Buncombe County. "That was the very beginning!" she said.

Meetings of all those interested in forming this hospice then began at the home of Jean and her husband, Dick Moulthrop, in Hendersonville. Meetings continued at their home until office space was offered by First Presbyterian Church. The First Presbyterian Church housed Hospice for about six years. With generous donations from many businesses and organizations, we only had to pay for the phone.

A Hospice of Henderson County board meeting in February, 1980, reported that \$543 was in our checking account and we had \$200 in our savings account. The minutes also stated that we were organizing a Speaker's Bureau, developing a newsletter, outlining a training program for volunteers and scheduling a program on Pain Control given by Dr. Jerald Pyles. The budget for the year was a hopeful \$47,000.

In November of 1980, 10 of our Hospice group attended the 3rd annual NC State Conference at Lenoir Rhyne College. Jean said, "It was a most wonderful, exciting experience, and served to inspire our whole group."

At that final luncheon of the conference, the guest speaker was the author of one of the first and best books explaining the Hospice concept, Sandol Stoddard. She expressed the main purpose of this endeavor, defining it as a "Ministry." Jean said, "It was at that point that we recognized that what we were embarking on was just that - a ministry of care and compassion for terminally ill patients and families!"

From the beginning, volunteers were necessary to our hospice program. At first, there were no "paid staff." Our training program for volunteers lasted 10 weeks and was held one evening a week. Over 25 people per week attended the training program and ever since, Hospice has benefited from wonderful volunteers who are willing to give of their time and expertise. In fact, we now have over 230 active volunteers.



Other milestones include our incorporation in December 1979 as Hospice of Henderson County. We cared for our first patient in 1981. In July 1988, we became a Medicare and Medicaid certified hospice provider. In April of 1999, through the kindness of many within our community, we opened the Elizabeth House, a 12-bed inpatient hospice facility. In 2002, we served approximately 30 patients a day, and today we serve over 185 Hospice patients and 130 Palliative Care patients each day. Our organization has grown from a staff of 30 in 2002 to over 140 nurses, aids, doctors and other professionals. Over our 25 years, we have served over 6,500 patients. As a result of such tremendous growth and the generosity of our community, the staff moved into the new 18,000 square foot "Greatrex Place Staff Center and Community Services" Building in December of 2005.

Of those early days, Jean said, "We supported Hospice with our finances, if possible, and we gave enthusiastically of our time and effort as well, as we all had the same goal - to see Hospice of Henderson County a firmly established ministry for those in our community faced with a terminal illness. We never forgot that Hospice care meant both patient and family."

She added, "Now, 25 years later, we do sincerely thank the Lord for all the folks that, through the years have continued not only to support this program, but have been responsible for making it grow-and grow! We are pleased and grateful to everyone who has had any part of this wonderful ministry. But the greatest privilege and joy was being involved in the struggle at the very, very beginning."

Thank you, Jean, and to all others who gave of your time and talents to make our hospice the caring and compassionate organization it is today.

Special thanks to Jean Moulthrop Hoogstra who provided much of this information.



If your club or organization would like to schedule a speaker from Four Seasons Hospice & Palliative Care for an upcoming meeting, please contact Kathy Chickos at 233-0304.

Hospice Families Served

by Elaine McKinney

Each year there are hospice families adopted by area companies for Christmas. This year we had phone calls from the following businesses requesting a family they could sponsor: Macon Bank, PSNC, Etowah-Horse Shoe Fire Department, and Access Computer Technology.

Macon Bank has adopted a family at Christmas for the past six years. Each year, they have created a wonderful Christmas and memories that will last a lifetime for a family going through a difficult time. This is the second year that PSNC has helped one of our families. They help at other times during the year as well. Etowah-Horse Shoe Fire Department joined Access Computer Technology this year in the adoption of three families. Access Computer Technology has also helped at other times during the year for other needs. In all, we had five families whose lives were touched by their community.

Dana at Macon Bank had this to say about their participation. "Working at Macon Bank, we truly feel the support from the community each day, and being able to give back to a family in our community was a great feeling. We are proud to be a part of this program. We are so blessed to live in a great part of the world, and when a family is in need we should all lend a help-



The generosity of the employees at Macon Bank made one hospice family's Christmas a little brighter this year.

ing hand. That's what community is all about."

As our census grows, we see more families with special needs. Many of these families do not meet the criteria for other programs, but still need assistance. It is through companies such as these that we are able to meet some of the "extra" needs at such a time of year -- the time of caring and sharing.

We would like to say thank you to these four businesses from Four Seasons Hospice & Palliative Care and from the families who received their gifts..



Bereavement Support Groups and Bereavement Counseling are open to all people in our community.

To inquire about Four Seasons Hospice & Palliative Care Bereavement Services, please call Carrie Didlake at (828) 692-6178.



Psst..... Did You Know?

FSH&PC offers Bereavement Services to everyone in the community.

Bereavement services are offered to all individuals in the community regardless of their connection to Hospice.

These services are provided for up to 13 months after the death of a loved one.

LIVE WELL ♦ LAUGH OFTEN ♦ LOVE MUCH ♦

Four Seasons Hospice & Palliative Care invites you to

An Evening of Comedy with Buzz Sutherland & Silent Auction

The Lioncrest at Biltmore Estate

Friday, April 28, 2006

For more information, please contact Kathy Thielke at 233-0332.

LIVE WELL ♦ LAUGH OFTEN ♦ LOVE MUCH ♦

Community Happenings

Chris Comeaux Serves On National Hospice Work Group

Chris Comeaux, president and CEO of Four Seasons Hospice & Palliative Care (FSH&PC), has been selected to serve on the National Hospice Work Group. Being chosen to participate in the national work group is an honor for both our CEO and our organization.



Comeaux joins a professional coalition of executives from some of the nation's largest and most innovative hospices. The National Hospice Work Group (NHWG) is committed to increasing access to hospice and palliative care. For more than 20 years, members have made significant contributions to the care of patients facing life-threatening disease. NHWG goals are to advance, through advocacy, research and education, the proven model of care for people affected by profound disease.

Comeaux has been president and CEO of Four Seasons Hospice since 2003 and has led the organization through a period of unprecedented growth. In 2002, FSH&PC served about 30 patients a day and had 30 employees. Today we serve about 300 patients a day and have 140 employees.

Our True North...

continued from page 1

We began the year with \$2.6M raised for our capital campaign and ended the year at \$4.5M. For Home Hospice we began the year living in cramped quarters squeezing staff into every possible open inch of space and we ended the year in our beautiful new building, the "Greatrex Place." We broke ground on our Elizabeth House expansion and look forward to celebrating its completion in the coming year. Indeed this past year and our past 25 years have marked many changes, many accomplishments and many things to be proud of.

One might wonder with a new building, so many employees, and so many to care for, will the success continue? 25 years ago under the guidance, love, and caring of Jean Moulthrop Hoogstra this organization began to care for patients out of the church basement of First Presbyterian Church in 1981. Can you even remember what you were doing in 1981? There at the beginning, something began that is our constant, our "true north." This one thing, this constant and unchanging thing, is our commitment to our mission. We exist to ensure patients and families going through an incredibly challenging time are cared for. We exist to ensure they are cared for in a home-like environment with a team of professionals that minister to the body, mind, spirit, and emotional components that comprise us all. We exist to create an environment that enables patients and families to say those things that need to be said before they leave this world, things like I love you, thank you, I forgive you, and please forgive me. We exist also to ensure the patient is as pain and symptom free as is feasible with the latest in medical care available today. Our true north is our reason to exist as an organization, and we commit to this community to continue to follow it for the next 25 years.

Light At The End Of The Tunnel...

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Many Americans got a first glimpse of the new possibilities in 2000, when PBS broke a major cultural taboo with its critically lauded four-part series, "On Our Own Terms — Moyers on Dying." The series, which examined alternative ways to approach death, pulled in 60 percent more viewers than any show ever aired on the public network.

The momentum from that series flowed nationwide, resulting in spirited grass-roots efforts to get out the end-of-life message. In Kansas alone, 21 coalitions are leading their communities in identifying and addressing issues such as pain management and planning for end-of-life care.

Kathleen Foley, who also is director of Project on Death in America, a non-profit group that encourages innovations in end-of-life issues, has watched awareness and treatment options steadily grow over the past 30 years.

"As we focus attention on transforming the culture of death in America, it's useful to look at the history of death and dying in this country," Foley said. "At the beginning of the 20th century, Americans died at home. With the professionalization of medicine and the institutionalization of medical care, the care of the dying shifted from home to hospital.

"Although there is wide variation in the place of death," Foley said, "the majority of Americans continue to die in hospitals." Despite that fact, the message is spreading, from hospice bed to nursing-school classroom: Baby boomers, accustomed to knowing what they want and how to get it, are beginning to demand the ultimate right.

As the end draws near, Americans are saying, give us the time, information and guidance to move to the final reprieve of palliative and hospice care. Allow us in our last days to live smart, to embrace the life we have left and to make our deaths our own.

Which, finally, is what Barbara Wein did. After doing her own research, Wein called her local hospice, asked her physician for a referral and was admitted to its inpatient unit.

At the Center for Hospice and Palliative Care in Buffalo, NY, Wein found solace. First, medications promptly controlled her pain, nausea, vomiting and depression. She was able to sleep and rest, and over the next days, she had rich discussions with family, friends and staff, exploring what her goals were for the rest of her life. From these were derived a plan of care to maximize her stamina while maintaining her comfort.

She still had "a few things to tie up, a few things I want to do." She elected to resume getting her nutrition intravenously. She took a number of brief road trips — a last time to her home, a visit to a lighthouse on the lake. She had a "hen party" and numerous visits with friends. She and her mother discussed her experiences with a group of medical students who came to the hospice as part of their Family Medicine rotation. They kept her for more than an hour, questioning, talking and listening.

A few days later, she decided it was time to stop the intravenous fluids that had tided her over as she took control of her life. Five days later, Barbara Wein did beat the odds. She died the way she chose.

Dr. Christopher Kerr also contributed to this article.

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FSH&PC Receives Grant To Expand Nursing Home Palliative Care Services

by Christine Lau, RN, LCSW

FSH&PC has received a \$150,000 grant from the Kate B. Reynolds Charitable Trust. This is a very competitive grant and it is an honor to be selected. With advances in medical science, people are living longer and often are living with chronic illness. With this grant, FSH&PC will further expand its existing palliative care services, especially in the nursing home setting.

Our goal is to work collaboratively with area nursing homes to identify residents who are in need of palliative care services and work as a team with the nursing home staff and primary doctor to meet their unique medical needs. To qualify for palliative care a person needs to have a serious illness, such as heart disease, dementia, chronic lung disease, stroke, cancer, etc. Unlike hospice, there is no requirement that the person be at the end of their life and Palliative Care can be provided at the same time as any other medical treatment.

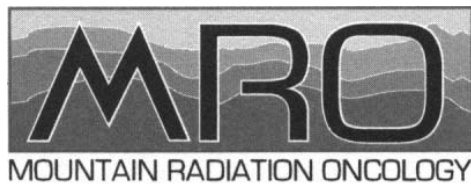
Palliative Care's focus is on the unique needs of those who are living with an illness with the goal that they live as well as possible for as long as possible. The palliative care team has expertise in the management of symptoms such as pain, difficulty breathing, insomnia, lack of appetite, fatigue,

depression and anxiety. Palliative Care can also help with education on the disease process and advance care planning (health care power of attorney and living will) to ensure that the person with the illness is in control of what medical treatment they receive now and in the future.

Palliative Care provides support for the medical, emotional, spiritual and practical needs of those living with illness. The palliative care team is comprised of physicians, nurse practitioners and the availability of social work and chaplaincy services as needed. The services from the physician and nurse practitioner under Palliative Care are covered by insurance. The services of social work and chaplaincy are provided as a service to the community without charge. FSH&PC is committed to providing services regardless of the patient's insurance coverage or ability to pay. Thanks to this grant and the generosity of this community we will be able to serve even more of those living with illness in our area nursing homes.

If you would like to learn more about palliative care services provided in the hospitals, home, assisted living facility or nursing home, please call 828-692-6178.

Four Seasons Hospice & Palliative Care affirms life and provides holistic care in harmony with the goals of individuals with chronic, serious or life-limiting conditions while offering support to their families and loved ones.



Medical Office Located At:

Kayden Radiation Center • 807 North Justice Street

W. Mark McCollough, M.D.

Leta C. Lamb, M.D.

Eric F. Kuehn, M.D.

Kellie S. Condra, M.D.

Sesalie L. Smathers, M.D.

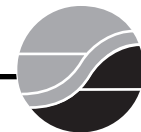
Matthew C. Hull, M.D.

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**General, Thoracic and Vascular Surgery
Certified by the American Board of Surgery**

David L. Glenn, Jr., M.D., F.A.C.S.

Allan D. Huffman, M.D., F.A.C.S.

Thomas L. Eisenhauer, M.D., F.A.C.S.

David C. Price, M.D.

Greatrex Place... continued from page 1

At that time, we had never raised more than \$1 million for this type of campaign. In fact, the largest Capital Campaign ever undertaken in Henderson County was \$4.8 million. The task seemed daunting.

Just then, Chris received a call from Dick Lange, former Chairman of the Board. "Are you sitting down?" he asked.

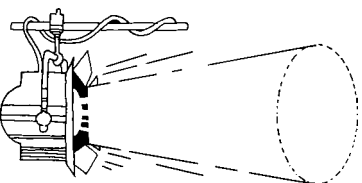
"Of course, I'm sitting down. I'm driving," Chris replied.

Dick proceeded to tell him that Four Seasons Hospice & Palliative Care had just received a half million dollar bequest from the estate of a woman named Irene Greatrex. At that moment, Chris knew that our goal was attainable. Mrs. Greatrex's bequest was the catalyst for a successful campaign. The actual amount of her gift turned out to be almost \$650,000 and within four months, we had raised over \$1 million.

Mrs. Greatrex did not have any family and was not widely known in the Henderson County community. Chris said, "It was as if the culmination of her life was to provide the foundation for this wonderful new building that enables us to go out and serve the community in a more efficient way."

Larry Hogan, the attorney for the estate, helped expedite the transfer of the gift and was most gracious in helping Four Seasons receive the monies.

The staff and board felt that the most fitting way to honor this woman who was so generous would be to name the new building, which she helped to make a reality, after her. Please visit us soon at our location: The Greatrex Place Staff Center and Community Services Building, 571 South Allen Road, Flat Rock.



Board Member Spotlight

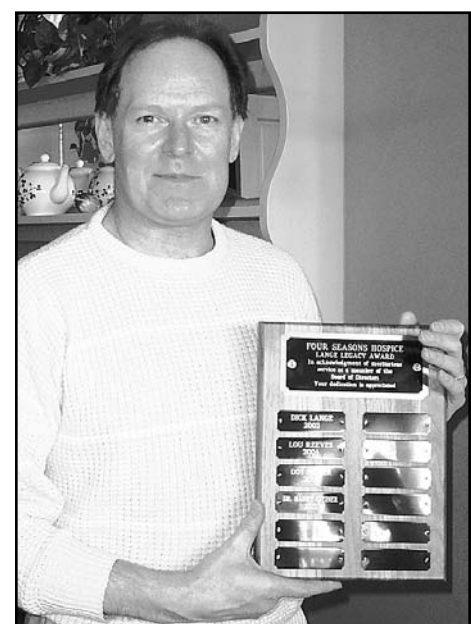
Dr. Harry Steiner, the most recent recipient of the 2005 Lange Legacy award, has spent his career giving back to others around the world and in his community. Born in Queens, NY, he received his MD from the Albany Medical College of Union University in Albany, NY. He completed his Residency, including Chief Residency, at the Albany Medical Center Hospital and then moved south, working in emergency medicine and private practice across North Carolina and Georgia. He currently works in Emergency Medicine at Park Ridge Hospital.

Dr. Steiner began as a volunteer with FSH&PC in 1988. He served as volunteer medical director from 1988 – 2001. He is in his fifth year of service on the FSH&PC Board of Directors and is the long-time chair of the Patient Care and Ethics Committee.

At the November 18, 2005 board meeting, Dr. Steiner was presented the 2005 Lange Legacy Award in honor of his significant contributions as a FSH&PC board member. The award is named after the first recipient of the award, Dick Lange.

A genuinely caring man with a generous spirit, Dr. Steiner has volunteered his expertise on many medical mission trips. Traveling on eight different trips, he has served in Cameroon, West Africa; Kenya, East Africa; Siguatpeque, Honduras; San Pedro Sula, Honduras; Shell, Ecuador; and in San Juan, Dominican Republic.

He and his wife, Susan, are planning another medical mission trip to Kenya, East Africa in February 2006.



Dr. Harry Steiner

Four Seasons Hospice & Palliative Care is an independent, non-profit, volunteer-supported organization led by a dedicated community Board of Directors.

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John Goins, *Vice-Chairman*

Pat Aippersbach, *Treasurer*

Greg Burnette, *Secretary*

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Debby Chapman

Gary Droghini

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Dr. John Hill

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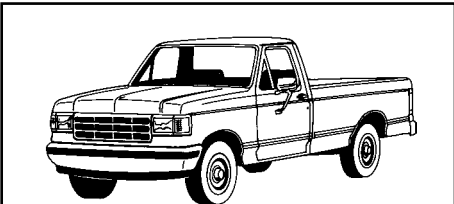
David Rhew

Adam Shealy

Dr. Harry Steiner

Heather Stepp

Dr. Colin Thomas



**Whether you have a truck,
or not, we still are
in need of...**

A number of volunteers
who are capable of
transporting
medical equipment.

We wish we had...

- Personal care products such as: lightly-scented body sprays, after shave, body wash, and body lotions
- Soft, colorful, prewashed cotton material to make gowns and pillows for patients (from 2 1/2 to 3 1/2 yards each piece)
- Polyfil stuffing for pillows
- White, sew-on Velcro (3/4" to 1" widths)
- Standard size pillowcases (colors and prints)
- Washcloths (all colors)
- Large bath towels
- Full size, washable, colorful bed quilts
- Twin-size, cotton, knit fitted sheets
- Kitchen Towels
- 4 oz. & 8 oz. plastic glasses
- Lotioned or extra-soft facial tissue
- Wild bird or sunflower seed

**If you would like to make a tax deductible donation to
Four Seasons Hospice & Palliative Care, please mail your check to:
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\$4.6 Million Capital Campaign Goal Almost Reached!

The Capital Campaign that started just two years ago is almost complete! As of the writing of this article we are just \$69,000 away from reaching our \$4.6 million goal.

All of our offices have (as of last week) been consolidated into Greatrex Place and we have moved into this new 18,000 square foot clinical services facility debt free! What a tremendous feeling.

Our community has given us such a wonderful gift.



(Above, Left & Below) During December and January we moved into Greatrex Place.



(Above and Right) Sitework begins on Greatrex Place in the Summer of 2004.



(Right) The Groundbreaking Ceremony for the expansion of Elizabeth House.



On November 9th, 2005 we broke ground on the expansion of Elizabeth House and we hope to have that completed by December of this year. This is a very important phase of construction because we will be adding an additional six beds as well as a much needed pharmacy.

On Tuesday, February 28th at 3:00pm we will have our Grand Opening/25th Anniversary Celebration at Greatrex Place. This will be a time for great celebration and reflection. Please mark your calendars now and plan to attend.

We have just started selling bricks and pavers to line the walkways of Greatrex Place and Elizabeth House. These bricks and pavers can be purchased in honor or in memory of a family member or loved one. The bricks are 4X8 and are \$200 each and the pavers are 8X8 and are \$500 each. If you are interested in purchasing or if you have questions, please feel free to call 692-6178.



(Left) Bricks and pavers to line the walkways of Greatrex Place and Elizabeth House are available for purchase.

Once again, we appreciate the support that you have given to us. Because of you we are able to provide the highest level of quality care to patients and their family members.

If you are interested in contributing to this very important campaign, please contact Chris Comeaux at 692-6178 or Tina Gentry at 233-0313.