

Notes from Open Space Topic Convenors

What was your topic or practice?

The need to create a Medicare Pre-Hospice (Palliative Care/Advanced Illness) type benefit that incorporates multi-disciplinary and relationship-centered care principles.

What were major discussion points?

The under-utilization of hospice and the relegation of hospice to “brink-of-death” care, which in turn contributes to unnecessary human suffering and to the inappropriate and ineffective use of scarce medical/financial resources. Major causal factors are that we are a “death denying society” and we do not adequately train our medical professionals to deal with death and dying. Death and dying is not so much a medical/physical process as it is a spiritual process.

What did you learn?

That by applying relationship-centered care principles and by starting to educate patients and families of their disease process, its prognosis, treatment options, and risks at the time they are first given a diagnosis of a life-threatening disease that only then are patients and families truly empowered to exercise their rights to self-determination, informed consent, and access to the treatment options and quality-of-life of their choosing. Very often fully educated and empowered patients and families will make decisions that promote their definition of quality-of-life rather than length-of-life. Significant monies will be saved by the elimination of futile care and the dying process can become to be seen as a natural part of life that can be peaceful, loving, and compassionate. The traumatic suffering of the grief and bereavement associated with the unprepared for death can become a more gentle and healing grief that adds dimensions to our appreciation of the universe.

Whom should we contact for more information?

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Who helped create this new practice?

Many compassionate, caring souls who wish to reduce human suffering by promoting the philosophy that the lessons of dying are the lessons of living and that learning to die is to learn to live.