

history of the hospice movement

****The History of the Hospice Movement: A Journey of Compassionate Care****

history of the hospice movement is a story rooted in humanity's enduring desire to provide dignity, comfort, and support to those facing the end of life. It's a narrative that spans centuries and continents, evolving from informal acts of kindness to a structured, global approach to palliative care. Understanding this history not only sheds light on how hospice care emerged but also highlights the profound changes in attitudes toward death, dying, and medical care.

Early Roots of Compassionate End-of-Life Care

Long before modern medicine shaped the way we treat illness, communities took responsibility for caring for the sick and dying within their midst. The seeds of the hospice movement were planted in ancient civilizations where hospitality and compassion were intertwined with religious and cultural values.

Hospices in the Middle Ages

The term "hospice" originally referred to places of hospitality for travelers and pilgrims. In medieval Europe, particularly during the 11th and 12th centuries, hospices were established along pilgrimage routes to provide shelter and care for weary travelers, many of whom were ill or elderly. These institutions were often run by religious orders, who saw caring for the sick and dying as a spiritual duty.

One notable example was the hospice founded by Saint Charles Borromeo in Milan during the 16th century, which aimed to care for the poor and terminally ill. These early hospices didn't emphasize medical treatment as we understand it today but focused on comfort, spiritual support, and basic needs—principles that remain central to modern hospice care.

The Modern Hospice Movement: A Humanistic Revolution

The contemporary hospice movement, as we recognize it today, began to take shape in the mid-20th century, largely credited to the pioneering work of Dame Cicely Saunders in the United Kingdom. Her innovative approach transformed end-of-life care by integrating medical knowledge with compassionate care, setting the foundation for modern hospice philosophy.

Dame Cicely Saunders and the Birth of Modern Hospice

In 1967, Dame Cicely Saunders founded St. Christopher's Hospice in London, widely regarded as the

world's first modern hospice. Saunders was a nurse, social worker, and physician who observed the profound suffering of terminally ill patients and sought to improve their quality of life. She introduced the concept of "total pain," recognizing that pain is not just physical but also emotional, social, and spiritual.

St. Christopher's Hospice became a model for holistic care, combining pain management, psychological support, and spiritual care in a compassionate environment. Saunders' work also emphasized the importance of research and education, inspiring healthcare professionals worldwide.

The Spread of Hospice Care Across the Globe

Following the success of St. Christopher's Hospice, the hospice movement gained momentum internationally. In the United States, hospice care was relatively unknown until the 1970s when Florence Wald, influenced by Saunders' work, established the first hospice program in Connecticut. This initiative marked the beginning of a broader cultural shift in how terminal illness and death were approached.

As awareness grew, hospice care programs began appearing in hospitals, community centers, and even patients' homes, reflecting a growing demand for compassionate end-of-life care. Governments and healthcare systems started recognizing hospice as an essential component of healthcare, integrating palliative care services into public health strategies.

Key Principles and Evolution of Hospice Care

Understanding the history of the hospice movement also involves recognizing the core principles that have guided its development and continue to shape its practice today.

Holistic and Patient-Centered Care

One of the most significant contributions of the hospice movement is its holistic approach to care. Rather than focusing solely on curing disease, hospice care prioritizes the patient's comfort, dignity, and emotional well-being. This includes managing physical symptoms like pain and nausea, providing psychological counseling, addressing spiritual needs, and supporting families.

Interdisciplinary Teamwork

Hospice care relies on a diverse team of healthcare professionals, including doctors, nurses, social workers, chaplains, and volunteers. This collaborative model ensures that all aspects of a patient's suffering are addressed, reflecting an evolution from traditional, doctor-centered care to a more inclusive and compassionate framework.

Community and Volunteer Involvement

Volunteers have always played a crucial role in the hospice movement. From the earliest hospices to modern programs, volunteers provide companionship, practical help, and emotional support to patients and families. This community involvement underscores the movement's roots in human connection and kindness.

The Impact of the Hospice Movement on Society and Medicine

The history of the hospice movement is not just about care practices but also about changing societal attitudes toward death and dying. For much of the 20th century, death was often hidden away in hospitals, a topic many found difficult to discuss openly.

Changing Attitudes Toward Death

Hospice care helped to reframe death as a natural part of life rather than a medical failure. By encouraging open conversations about prognosis, patient wishes, and end-of-life planning, the movement empowered individuals and families to make informed decisions and to find meaning in their final days.

Advancements in Palliative Medicine

The hospice movement propelled the development of palliative medicine as a specialized field. Research in pain management, symptom control, and psychological support has improved the quality of life not only for terminal patients but also for those with chronic illnesses.

Policy and Healthcare Integration

Hospice care's growing acceptance has influenced health policy worldwide. Many countries now have formal hospice and palliative care services covered by insurance or government programs. This integration reflects recognition of hospice as a vital part of comprehensive healthcare.

Continuing the Legacy of Compassionate Care

Today, the hospice movement continues to evolve, embracing new challenges and opportunities. Advances in technology, cultural diversity, and changing demographics require hospice providers to adapt while remaining true to the movement's foundational values.

Hospice programs increasingly incorporate telehealth services to reach patients in remote areas, and there is a growing emphasis on culturally sensitive care to meet the needs of diverse populations. Education and advocacy continue to be vital as the movement strives to ensure that compassionate end-of-life care is accessible to all who need it.

The history of the hospice movement is a testament to humanity's capacity for empathy and respect in the face of mortality. Its journey from medieval hospices to modern palliative care reminds us that the way we care for the dying reflects the values of our society—and that every life deserves dignity until the very end.

Frequently Asked Questions

What is the hospice movement?

The hospice movement is a healthcare approach focused on providing compassionate care and pain management for terminally ill patients, emphasizing quality of life rather than curative treatment.

When did the hospice movement begin?

The modern hospice movement began in the 1960s, with the establishment of the first modern hospice, St. Christopher's Hospice, in London in 1967 by Dame Cicely Saunders.

Who is considered the founder of the modern hospice movement?

Dame Cicely Saunders is considered the founder of the modern hospice movement due to her pioneering work in establishing St. Christopher's Hospice and promoting palliative care.

What were the main goals of the early hospice movement?

The early hospice movement aimed to improve end-of-life care by managing pain effectively, providing emotional and spiritual support, and offering holistic care for patients and their families.

How did the hospice movement change perceptions of death and dying?

The hospice movement helped shift perceptions by promoting the idea that death is a natural part of life and that patients deserve dignity, comfort, and support during their final days.

What role did St. Christopher's Hospice play in the hospice movement?

St. Christopher's Hospice was the first modern hospice, serving as a model for hospice care worldwide by integrating clinical care, research, and education focused on palliative care.

How did the hospice movement spread internationally?

After the success of St. Christopher's Hospice, the hospice model spread internationally through advocacy, education, and the establishment of hospice organizations in various countries starting in the 1970s and 1980s.

What impact has the hospice movement had on palliative care?

The hospice movement has significantly influenced palliative care by establishing standards for pain management, holistic patient care, and interdisciplinary teamwork focused on improving end-of-life experiences.

How has the hospice movement evolved in recent decades?

In recent decades, the hospice movement has expanded to include diverse populations, integrated advanced medical technologies, emphasized community-based care, and advocated for policy changes to improve access to end-of-life care.

Additional Resources

History of the Hospice Movement: Tracing the Evolution of Compassionate End-of-Life Care

history of the hospice movement reveals a profound transformation in how societies approach the care of individuals facing life-limiting illnesses. From its origins rooted in religious and charitable traditions to the modern interdisciplinary model of palliative care, the hospice movement represents a critical shift toward prioritizing quality of life, dignity, and holistic support for patients and their families. Understanding this history is essential not only for appreciating the development of end-of-life care but also for recognizing the ongoing challenges and innovations within the field.

Early Origins and Philosophical Foundations

The concept of hospice care can be traced back to ancient times when travelers and the sick were offered shelter and care by religious orders. The term "hospice" itself derives from the Latin word **hospitium**, meaning hospitality. During the Middle Ages, hospices were established primarily by Christian monastic communities to provide refuge for pilgrims and the destitute, often including those who were terminally ill. These early hospices emphasized compassion and spiritual comfort, albeit within a framework heavily influenced by religious doctrine.

However, the care provided was largely custodial, focusing on shelter rather than specialized medical treatment. The predominant attitude toward death and dying was shaped by cultural and religious perspectives that often viewed death as an inevitable, sometimes punitive event rather than a clinical process requiring specialized intervention.

The Shift Toward Medicalized End-of-Life Care

The rise of modern medicine in the 19th and early 20th centuries brought significant changes. Advances in medical technology and hospital care shifted the locus of dying from homes and hospices to clinical settings. While this improved the management of many diseases, it also led to a more impersonal and sometimes aggressive approach to terminal illness, often neglecting the psychosocial and spiritual needs of patients.

In this context, the seeds for the contemporary hospice movement were sown—a reaction against the overly medicalized and depersonalized dying process. Advocates sought to restore dignity and comfort by addressing pain management, emotional support, and holistic care.

Modern Hospice Movement: A Pioneering Vision

The modern hospice movement is widely attributed to Dame Cicely Saunders, a British nurse, social worker, and physician. In the 1950s, Saunders introduced the concept of “total pain” — a multidimensional understanding of suffering that includes physical, emotional, social, and spiritual components. Her pioneering work culminated in the establishment of St. Christopher’s Hospice in London in 1967, the first institution expressly designed to integrate comprehensive palliative care.

Saunders’ approach was revolutionary, emphasizing:

- Effective pain and symptom control
- Psychological and spiritual support for patients and families
- Interdisciplinary teamwork including doctors, nurses, social workers, and chaplains
- Respect for patient autonomy and dignity

This model quickly gained international recognition, influencing healthcare systems worldwide and spawning similar facilities that prioritized quality of life over curative treatment in terminal stages.

Expansion and Institutionalization in the United States

The hospice movement crossed the Atlantic during the 1970s, finding fertile ground in the United States amid growing public awareness of end-of-life issues and patient rights. The work of Florence Wald, often called the mother of the American hospice movement, was instrumental in adapting Saunders’ principles to the American healthcare context.

Hospice care in the U.S. evolved rapidly following the passage of the Medicare Hospice Benefit in 1982, which provided federal funding for hospice services. This legislation marked a turning point by legitimizing hospice as a recognized form of healthcare and expanding access to millions of terminally

ill patients.

Hospice programs in the U.S. often operate in diverse settings, including patients' homes, dedicated hospice facilities, nursing homes, and hospitals. This flexibility is a defining feature, allowing care to be tailored to individual preferences and circumstances.

Core Features and Philosophical Principles

Understanding the history of the hospice movement also involves recognizing the defining characteristics that distinguish hospice care from other medical approaches:

- **Holistic Care:** Addressing physical symptoms alongside psychological, social, and spiritual needs.
- **Interdisciplinary Teams:** Collaboration among healthcare professionals to provide comprehensive support.
- **Patient-Centered Approach:** Emphasizing respect for patient choices, including advance directives and end-of-life decisions.
- **Family Involvement:** Supporting not only patients but also their families through counseling and bereavement services.
- **Comfort over Cure:** Prioritizing symptom relief and quality of life rather than aggressive curative treatments.

These features reflect a paradigm shift from a disease-centered to a person-centered model of care, a transition that continues to influence palliative care practices globally.

Challenges and Criticisms

Despite its many advances, the hospice movement has faced several challenges. One ongoing issue is accessibility; many patients who could benefit from hospice care do not receive it, often due to lack of awareness, cultural barriers, or healthcare system limitations. Additionally, some critics argue that hospice care can sometimes be introduced too late in the disease trajectory, limiting its effectiveness.

The balance between managing pain and the potential risks of opioid use also remains a complex ethical and clinical challenge. Furthermore, as populations age and chronic illnesses become more prevalent, hospices must adapt to a broader range of patient needs, including those with non-cancer diagnoses.

Global Perspectives and Contemporary Developments

The hospice movement has inspired diverse models worldwide, reflecting cultural, economic, and healthcare system variations. In countries such as the United Kingdom, Canada, Australia, and parts of Europe, hospice and palliative care services are well integrated into national health systems. Conversely, in many low- and middle-income countries, access remains limited, with efforts underway to expand education, policy support, and infrastructure.

Recent developments include the integration of hospice principles into mainstream medical practice, increased use of technology for symptom monitoring and telehealth support, and greater emphasis on early palliative care interventions. These trends underscore a growing recognition that end-of-life care is an essential component of comprehensive healthcare.

The history of the hospice movement illustrates a dynamic interplay between cultural values, medical science, and social advocacy. Its evolution from charitable shelter to sophisticated, patient-centered care reflects society's changing attitudes toward death and dying. As healthcare continues to evolve, the principles and practices of hospice care remain vital in ensuring that individuals facing life-limiting illnesses receive compassionate, dignified, and effective support.

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history of the hospice movement: Cicely Saunders - Founder of the Hospice Movement David Clark, 2002-09-19 Cicely Saunders is universally acclaimed as a pioneer of modern hospice

care. Trained initially in nursing and social work, she qualified in medicine in 1958 and subsequently dedicated the whole of her professional life to improving the care of the dying and bereaved people. Founding St Christopher's Hospice in London in 1967, she encouraged a radical new approach to end of life care combining attention to physical, social, emotional and spiritual problems, brilliantly captured in her concept of 'total pain'. Her ideas about clinical care, education and research have been hugely influential, leading to numerous prizes and awards in recognition of her humanitarian achievements. In this book the sociologist and historian David Clark presents a selection of her vast correspondence, together with his own commentary. The letters of Cicely Saunders tell a remarkable story of vision, determination and creativity. They should be read by anyone interested in how we die in the modern world.

history of the hospice movement: The Hospice Movement Sandol Stoddard, 1978 At a time when the end of life has become the subject of anguished medical and ethical debate, no book is more welcome than *The Hospice Movement* This modern classic outlines a bold and noble alternative to the high-tech nightmare that has all too often been our society's accepted approach to death: hospice instead offers caring communities where dying people are treated as human beings worthy of attention and respect. Widely recognized as the essential reference for all who deal with the terminally ill, the book has now been extensively updated with three new chapters that describe the hospice movement's response to AIDS and its evolution into an international phenomenon. The result is one of those rare works that initiate caregivers, family, and friends into a new understanding of death and dying, one that reconciles the medical, the social, and the spiritual.

history of the hospice movement: A Bit of Heaven for the Few? David Clark, 2005

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history of the hospice movement: Caring for the Dying Patient and the Family Janet Moscrop, Joy Robbins, 2013-11-11 This third edition of a popular textbook has been completely revised by the joint editors, Janet Moscrop and Joy Robbins. As in previous editions, the focus is on the person dying at home, in residential care or in hospital and the emphasis is on teamwork in caring for the individual and their relatives and friends. Experts in all aspects of care have contributed to this complete revision of the previous text and each chapter is written by a different member of the multiprofessional team. The chapter on the terminal care of people suffering from AIDS has been enlarged and consideration is also given to care of those in the terminal stages of other non-malignant diseases. Other new material includes chapters on complementary therapy, the use of the day centre, the value of volunteers, diversional therapy and respite care. The chapter on bereavement covers many aspects of grief and loss and there is a sensitive approach to the need for supporting staff in this specialized work. Consideration is also given to the needs of dying and grieving people from differing ethnic backgrounds with varying cultural expectations in a pluralistic society. The third edition offers a broad overview of the support given to the dying person and the carers by medical and nursing staff, physiotherapists, pharmacists, social workers, the chaplaincy and members of the pastoral care team. Students of all these disciplines should find this book both readable and informative.

history of the hospice movement: Handbook of Death and Dying Clifton D. Bryant, 2003-10-01 This is a singular reference tool . . . essential for academic libraries. --Reference & User Services Quarterly Students, professionals, and scholars in the social sciences and health professions are fortunate to have the 'unwieldy corpus of knowledge and literature' on death studies organized and integrated. Highly recommended for all collections. --CHOICE Excellent and highly recommended. --BOOKLIST Well researched with lengthy bibliographies . . . The index is rich with See and See Also references . . . Its multidisciplinary nature makes it an excellent addition to academic collections. --LIBRARY JOURNAL Researchers and students in many social sciences and humanities disciplines, the health and legal professions, and mortuary science will find the

Handbook of Death and Dying valuable. Lay readers will also appreciate the Handbook's wide-ranging coverage of death-related topics. Recommended for academic, health sciences, and large public libraries. --E-STREAMS Dying is a social as well as physiological phenomenon. Each society characterizes and, consequently, treats death and dying in its own individual ways—ways that differ markedly. These particular patterns of death and dying engender modal cultural responses, and such institutionalized behavior has familiar, economical, educational, religious, and political implications. The Handbook of Death and Dying takes stock of the vast literature in the field of thanatology, arranging and synthesizing what has been an unwieldy body of knowledge into a concise, yet comprehensive reference work. This two-volume handbook will provide direction and momentum to the study of death-related behavior for many years to come. Key Features More than 100 contributors representing authoritative expertise in a diverse array of disciplines Anthropology Family Studies History Law Medicine Mortuary Science Philosophy Psychology Social work Sociology Theology A distinguished editorial board of leading scholars and researchers in the field More than 100 definitive essays covering almost every dimension of death-related behavior Comprehensive and inclusive, exploring concepts and social patterns within the larger topical concern Journal article length essays that address topics with appropriate detail Multidisciplinary and cross-cultural coverage EDITORIAL BOARD Clifton D. Bryant, Editor-in-Chief Patty M. Bryant, Managing Editor Charles K. Edgley, Associate Editor Michael R. Leming, Associate Editor Dennis L. Peck, Associate Editor Kent L. Sandstrom, Associate Editor Watson F. Rogers, II, Assistant Editor

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history of the hospice movement: Capturing Nursing History Sandra B. Lewenson, Eleanor Krohn Herrmann, 2007-11-16 Winner of the 2008 AJN Book of the Year Award! Named an Outstanding Academic Title for 2008 byChoice! This well written and well edited book fills a unique gap....[one of the] precious few [books] that focus on science or medicine and [one of] even fewer that cover the history of nursing.(Three Stars)--Doody's Book Review Service While there have been many research texts in the nursing literature, and nursing history is both taught in courses and of popular interest to practicing nurses, there has never been a hands-on text that describes the process of doing historical research in nursing. This book, contributed by well-known and respected nurse historians, provides the necessary direction, guidance, and examples needed to conduct historical research. It covers such topics as historiography, biographical research, using artifacts in historical research, doing archival and other data searches, doing international historical research, and locating funding sources for historical research. Case studies will be used throughout to illustrate various methods and describe how, why, when, and where historical research is used in nursing. Features of this edition: Provides direction and tools for conducting historical research Describes types of research, including biographical and oral histories Covers frameworks used to study historical events, such as social, political, feminist, intellectual, and cultural Addresses contemporary issues such as preserving and storing digitalized and tape-recorded data and obtaining institutional review board (IRB) approval for research, and addressing ethical and legal issues in historical research Includes case studies that provide a how-to guide to conducting research

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researchers, and individuals fascinated with the rich field of nursing will find this an important resource. Highlights from Volume 12: Nursing in Nationalist China, John Watt Coronary Care Nursing Circa 1960s, Arlene Keeling A Memorial to Barbara Bates (1928-2002) Regulation of African-American Midwifery, Zeina Omisola Jones

history of the hospice movement: *Inner Peace - Global Impact* Kathryn Goldman Schuyler, 2012-11-01 INNER PEACE—GLOBAL IMPACT describes underlying principles of Tibetan wisdom traditions relevant for successful leadership in the 21st century as well as Tibetan teachers whose entrepreneurial actions were critical to the development of Tibetan Buddhism in the West. With first-person narratives, personal stories, scholarly research, and commentaries by noted social scientists, this book is written for everyone who wants ideas to revitalize leadership. It is rich with vivid pictures of deep personal experience. Long-time Western Tibetan Buddhist practitioners describe how their practice has influenced them in fields as diverse as scientific research, social work, art, dance, and university teaching. The Dalai Lama is seen through the eyes of his long-time friend, eminent author Huston Smith, as well as through the experiences of Thupten Jinpa, his 25-year English translator. Sogyal Rinpoche shares his vision for transforming traditional ways of studying, while Lama Tharchin Rinpoche, a 10th generation Tibetan yogi, reflects on the challenges of teaching in a Western culture where perspectives differ so vastly from those of Tibet. With insights from Tibetan lamas and Western thought leaders including Peter Senge, Bill George, and Margaret Wheatley, this book creates new visions for leadership and the workplace.

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history of the hospice movement: *Encyclopedia of Death and the Human Experience* Clifton D. Bryant, Dennis L. Peck, 2009-07-15 Death and dying and death-related behavior involve the causes of death and the nature of the actions and emotions surrounding death among the living. Interest in the varied dimensions of death and dying has led to the development of death studies that move beyond medical research to include behavioral science disciplines and practitioner-oriented fields. As a result of this interdisciplinary interest, the literature in the field has proliferated. This two-volume resource addresses the traditional death and dying-related topics but also presents a unique focus on the human experience to create a new dimension to the study of death and dying. With more than 300 entries, the Encyclopedia of Death and the Human Experience includes the complex cultural beliefs and traditions and the institutionalized social rituals that surround dying and death, as well as the array of emotional responses relating to bereavement, grieving, and mourning. The Encyclopedia is enriched through important multidisciplinary contributions and perspectives as it arranges, organizes, defines, and clarifies a comprehensive list of death-related perspectives, concepts, and theories. Key Features Imparts significant insight into the process of dying and the phenomenon of death Includes contributors from Asia,; Africa; Australia; Canada; China; eastern, southern, and western Europe; Iceland; Scandinavia; South America; and the United

States who offer important interdisciplinary and cross-cultural perspectives Provides a special focus on the cultural artifacts and social institutions and practices that constitute the human experience Addresses death-related terms and concepts such as angel makers, equivocal death, end-of-life decision making, near-death experiences, cemeteries, ghost photography, halo nurses, caregiver stress, cyberfunerals, global religious beliefs and traditions, and death denial Presents a selective use of figures, tables, and images Key Themes Arts, Media, and Popular Culture Perspectives Causes of Death Conceptualization of Death, Dying, and the Human Experience Coping With Loss and Grief: The Human Experience Cross-Cultural Perspectives Cultural-Determined, Social-Oriented, and Violent Forms of Death Developmental and Demographic Perspectives Funerals and Death-Related Activities Legal Matters Process of Dying, Symbolic Rituals, Ceremonies, and Celebrations of Life Theories and Concepts Unworldly Entities and Events With an array of topics that include traditional subjects and important emerging ideas, the Encyclopedia of Death and the Human Experience is the ultimate resource for students, researchers, academics, and others interested in this intriguing area of study.

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Roy Hattersley on James Callaghan, Simon Heffer on John Profumo, Douglas Hurd on Edward Heath, Alex Jennings on Paul Scofield, Hermione Lee on Pat Kavanagh, Geoffrey Wheatcroft on Conor Cruise O'Brien, and Peregrine Worsthorne on Bill Deedes. Many in this volume are, naturally, household names. But a good number are also remembered for lives away from the headlines. What in the 1980s became 'Thatcherism' owed much to behind the scenes advice from Ralph Harris and Alfred Sherman; children who learned to read with Ladybird Books must thank their creator, Douglas Keen; while, without its first producer, Verity Lambert, there would have been no Doctor Who. Others are 'ordinary' people capable of remarkable acts. Take, for instance, Arthur Bywater who over two days in 1944 cleared thousands of bombs from a Liverpool munitions factory following an explosion-only to do the same, months later, in another factory. Awarded the George Cross and the George Medal, Bywater remains the only non-combatant to have received Britain's two highest awards for civilian bravery.

history of the hospice movement: Palliative Care Elaine Stevens, Janette Edwards, 2008-09-15 Editors' Preface Introduction 1. Introduction to palliative care 2. Essential concepts 3. Generic assessment in palliative care 4. Anxiety and depression 5. Breathlessness 6. Fatigue 7. Pain 8. Quality improvement Glossary Abbreviations

history of the hospice movement: *End-of-Life Care and Addiction* Suzanne Bushfield, Brad DeFord, 2009-11-23 Named a 2013 Doody's Core Title! Bushfield and DeFord offer us an excellent, informed and sensitive work that speaks both of the erosion of family systems due to addiction and the complications that arise when these victimized families face end-of-life care. --Illness, Crisis and Loss With a growing elderly population comes an increased need to recognize the medical and psychological needs of older adults suffering from addiction, particularly towards the end of life. This guide describes the challenges such persons and families present to those providing end-of-life care, and shows caregivers how to best negotiate these issues with clients and their families. The authors place special emphasis on the role of the family, presenting a cohesive family systems approach to end-of-life care. The book demonstrates how hospice teams can work collaboratively with the client and family to help alleviate some of the emotional stress and pain of addiction. The authors also present practical guidelines for recognizing and diagnosing addiction, determining appropriate interventions, and outlining special concerns for addicted people in end-of-life care. Key features: Identifies the known markers of substance abuse and appropriate interventions Provides guidance on how to address the physiological, psychological, and spiritual effects of addiction Details what every hospice team needs to know about family systems theory Discusses the emotional process of addicted clients, and what hospice teams, caregivers, and family members can do to help

history of the hospice movement: Cancer Care Jill David, 1995 Marie Curie Care is a UK charity providing training and care for patients with cancer. The purpose of this book is to provide background information for nurses working in, but not trained in, cancer care. Over the years, Marie Curie Care has offered short courses, available throughout the UK, to all nurses. This book reflects these courses and the main subjects that are addressed include: health promotion - screening for cancer; surgery, chemotherapy, biological and hormonal therapy, and radiotherapy; communication skills, including bereavement support; palliative care; continuing care; ethics; rehabilitation; sources of help and education.

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