



# SHARING HOSPICE

*Dedicated to the care and comfort of the dying*  
A Quarterly Newsletter of the Madre de Amor Hospice Foundation

JULY TO SEPTEMBER 2008

ISSUE 31

## HOSPICE CELEBRATES ITS 14<sup>TH</sup> YEAR

**L**ast August 15, 2008, we celebrated our 14<sup>th</sup> year anniversary. We started the celebration with a Holy Mass led by Father Mardi Maligat. Father Mardi is the assistant parish priest of the St. Therese of the Child Jesus Parish and is also the cousin of nurse Pretzel. The special guest performer was Gillian Sumilang, our 11 year old patient with osteopetrosis who is also partially blind. He sang two heart rending songs so sweetly that he moved the audience to tears after the first verse. They were so moved in fact, by his performance, that many gave him an early "papasko".

Vice Mayor Copie Alipon was our guest speaker. It surprised him that a group such as ours existed in Los Baños. He saluted our work and the volunteers and promised to support us in any way he can. The highlight of our celebration was the volunteer awards. This is our way of honoring and thanking our volunteers for their continuous hospice work. This year's awardees are:

Most Amicable:	Soledad Romana
Most number of patients:	Nida Javier
10 year Loyalty award:	Virgie Fernandez Ruth Villareal
Perfect Attendance:	Orlando Palad Mercedes Palad Encarnacion Saraos Alice Aragonas
Outstanding Volunteer:	Josefina Alcantara

Congratulations to all the awardees!

We ended the celebration with a simple lunch prepared by our ever dependable volunteer cook, Ms Eva Data. We all went home happy that another year has passed and hopeful as we move towards our 15<sup>th</sup> year.

-Rhodora DR. Ocampo MD.



2008 outstanding volunteer Jo Alcantara with her bestfriend Tess Gonzales and Chairman of the Board of Trustees Fermin Adriano

## THE SINGAPORE PALLIATIVE CARE CONFERENCE- *LEARNING ABOUT CHOICES*

**I** attended the Singapore Palliative Care Conference on August 29 to 30 at the RELC International Hotel. It was an exciting and interesting conference with the theme "Respecting Choices". The speakers' lectures focused on issues which would greatly benefit people involved the hospice care. They discussed grief and bereavement and they provided situational examples when grief should be shared and not. They taught us strategies on measurement of grief and how to help the patient articulate grief and bereavement through games and play. I remember Xi Gong who taught us to clap our hands hard until you felt pain in your palms, doing it several minutes everyday in order to express our grief. Another way of coping is through journal therapy and writing. The ABCD of dignity and palliative care was introduced. This is a guide for healthcare providers in maintaining patient dignity. We also learned the 5 important things to say before one dies. These are: *I love you, thank you, I forgive you, please forgive me and goodbye*. These are very effective words especially for the dying and those who have reconciled with their loved ones.

We know that terminally-ill patients prefer to die at home. However, dying in the hospital is not always a failure. Patients may end up being hospitalized when they become ill due to excessive need for nursing care, medical events such as a fall, caregiver stress and uncontrolled symptoms. Improvement of institutions were also discussed and suggestions included mission/vision review, administrative policies and care process and staffs' trainings and seminars.

The role of palliative care in dementia was also tackled. They touched on how to communicate with these patients as well as caring for their carers. "Being with and not doing to" is one vision of palliative care for dementia. There was a case based discussion on distinguishing between depression, demoralization and personality on the topic *Challenges in Palliative Care: Mad, Sad or Bad?* It was an interesting discussion because we were given different opinions based on the case and somehow proved that the staff/carer must listen with patience and humility. The *Difficult Patient* was also an interesting topic as we encounter this often. Some patients are labeled as "difficult" by healthcare professionals because their symptoms are difficult to manage and I am reminded of our own patient who our nurse found him difficult to handle. The **ABCD** approach to kindness, humanity and respect to the difficult patient is recommended. There is a need to study our **A**ttitudes and assumptions. Treat the patient and family with kindness and respect by giving our full attention. In **B**ehavior, there are difficult consultations or meeting with the patients. In recognizing the problem before the interview, we must gather information from the patients' records or from factors such as social/interpersonal information. Show **C**ompassion by communication, whether spoken or unspoken that acknowledges the person.

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**EDITORIAL**

**A CALL FOR MORE HOSPICE VOLUNTEERS**

*The harvest is good  
 But laborers are scarce  
 Beg the harvest maker  
 To send out laborers  
 To gather his harvest  
 - Matthew 9:37-38*

In 1996, Mrs. Carol Guerrero then the incumbent chairman of the Madre de Amor Hospice Foundation in an article for the Philippine Daily Inquirer wrote: “ The seeds of a dream have been planted in Los Baños, a very fertile place. With God lending us a hand, the seedlings that have started to sprout will in time grow to be sturdy trees”.

And indeed it has grown. Today, in its fourteen record milestone, Madre de Amor has expanded its services to marginalized areas in Calamba, Sta. Cruz, Bay, Victoria, Calauan, Lumban and San Pablo.

There are many seriously ill patients eager for the “touch of a loving hand”. They long for a soothing voice that would lift them for the long journey to the loving arms of God. Our hospice volunteers will attest that they receive much more than what they give in doing hospice work. It is a grace to be the trusted companion of our patients in their special journey from this life to the next.

May people be touched so that they may join us in this movement and continue the good work that was started by the pioneering hospice volunteers.

What a difference it would make for those who will answer the call to make the trees of life more abundant.

**SHARING HOSPICE**

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Singapore. . . . .

Dialogue is very important when dealing with patients. An example of a dialogue that can help both the patient and the carer is “What should I know about you and who else is affected by what is happening to you?” From that example, one can start the dialogue. There are also some strategies in dealing with a demanding person such as setting limits/ boundaries; which means considering what you can and can not do to assist them. Time boundaries must be set. Do not promise anything. Keep your interaction short and focused.

Some strategies in dealing with an angry person are staying calm, avoiding criticism, judging and arguing. Listen and avoid talking too much. It is important for the patients to talk more for him to reveal what is inside him. Lastly, we must be reminded that the person’s behavior is not a personal attack. Acknowledge the persons’ anger and try to identify the cause and reach an agreement. These were some of the things from the lectures that we can apply to our patients as carers.

All in all, it has been a fruitful and inspiring trip. I hope that I will be able to apply the knowledge I gained from this conference to our hospice. My trip was made possible by the grant given by the Association of Foundations through the endorsement of Mr. Sixto Donato C. Macasaet, the executive director of CODE –NGO, Dr. Rosalie Shaw, Dr. Fermin and Lourdes Adriano, Dr. Rhodora Ocampo, Mr and Mrs Caesar Jose, and my sister in law, Joja Cabrera.

*-Virginia G. Cabrera*



Gina Cabrera with Dr. Rosalie Shaw at the Singapore Palliative Care Conference, Aug. 2008

## THE BEST MEDICINE

**W**hen we, the staff of the Los Baños Rehabilitation Center, were told that we will be having an outreach program for cancer patients, the only place I thought of was Madre de Amor. I was right! Ten years ago, during my last year in college, I spent a month of my internship at Madre de Amor. Among the centers that I had worked in, Hospice stood out, because aside from being the only foundation among the ten, it also had a unique way of treating patients it included spiritual healing. Usually as physical therapists, we treat our patients only physically, but the hospice way involves not only the medical but also the social and spiritual aspects. The latter is done by counseling and prayer. Those days in the hospice were really a learning experience for me. It taught me indirectly that science may cure physical illnesses but only prayers can heal a sick soul.

After so many years of not hearing anything about the Hospice, I never thought I will be a part of the hospice family again. As part of our outreach program, we join the day care patients of the hospice every third Friday of the month to give the Hospice patients a fun filled activity which bring them joy and laughter. We all believe that laughter is the best medicine.

-Jamir S. Pulmano, PTRP



Gillian and Duday celebrated their birthdays during the day-care, shown here with their beautiful cakes.

## HOSPICE DAY CARE:

### A DOUBLE BIRTHDAY CELEBRATION

**A**ugust 22, 2008 was a red-letter day for Julie Ann and Gillian who celebrated their birthdays during the day care activity. Our partners from Healthserv Los Baños Rehabilitation Center prepared some games for the children as well as for the adult day care patients. It was a birthday wish come true for the two kids especially for Julie Ann who never experienced a birthday celebration before. She is now 8 years old while Gillian is 11. They both got a bagful of gifts from our kind-hearted donors. They did not know which gift to open first and I really felt their excitement! Since Gillian can no longer see, one gift that made him smile was a musical toy instrument which he kept playing with until the end of the party. Julie Ann was more enthusiastic with the erasable sketch board, because she really loves to read and write.

It was another successful project / activity for me and my colleagues at the hospice because we know deep in our hearts, we made two sick children happy; and somehow, for a short period of time, they were able to forget the pain and the problems they are facing. They felt that life is full of hope in spite of their illnesses.

-Virginia G. Cabrera



Jamir (center) is shown having lunch with the day care patients.

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## THE THREE SISTERS

**W**e often take care of one patient in a family or care for them for a period of less than two months. This story is about a family we took care for more than 2 years with eventually all three of them becoming hospice patients.

The first patient was Mary. She was referred to us by her doctor for she had uterine cancer. Our care was mostly psychosocial and spiritual support. She needed someone to help her make difficult decisions and go with her to her doctor. Mary lived with her two other sisters, Margaret and Dolores. All three of them were spinsters. Margaret was the eldest at 83 years old. She was obese and suffered from diabetes. Dolores was the youngest, the happiest of the three, and the one fond of telling jokes.

In the course of our care, Mary became better and we discharged her from the service. A few months later we got a call from them. It was Dolores, she was diagnosed with breast cancer. Again we supported them through her diagnosis and treatment. Her volunteer visited them regularly. Their family was not supportive and cared for them only if there was something in exchange. Since money was fast running out, her volunteers helped them talk with the Department of Agrarian Reform to facilitate the sale of some of their property. They could at least enjoy the fruits of their labor while they are still alive.

Through all of these trials, Margaret was suffering from diabetes. She had her medications but she also had a sweet tooth. No amount of advice/coaching from her nutritionist/volunteer could make her change her ways. One day in September this year, she fell ill and was taken to the hospital. She was in serious condition. Complications of her diabetes progressed. Doctors eventually sent her home, where she died peacefully in the presence of her two sisters and her hospice volunteers.

Did Margaret keep her symptoms a secret as her two sisters were diagnosed with more "dreaded" diseases? Was our team so focused on Mary and Dolores, that we failed to notice what was happening to Margaret? Mary had only a hysterectomy. Dolores did not have any surgery and opted for alternative therapy. Both sisters are doing well in spite of their diagnosis. And the three became two. . . .

*-Rhodora DR Ocampo MD.*

## DONORS FOR JULY-SEPTEMBER 2008

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- Sts. John and Paul College of Nursing

#### Our Hospice needs your help. Here's how:

1. Be a volunteer and share your time or talent.
2. Donate your old clothes for our regular ukay-ukay sale.
3. Donate cash through:

Bank of the Philippine Islands

Los Baños Branch

Peso CA # 0910-000-594

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Swift Code BOPIPHMM

We are PCNC accredited.

For more information about our hospice, you may call us at +6349-536-0644, or text at 0918-915-7490, or email us at [info@hospice.org.ph](mailto:info@hospice.org.ph) and [hospicelb@yahoo.com](mailto:hospicelb@yahoo.com).

Visit our website at [www.hospice.org.ph](http://www.hospice.org.ph) or <http://hospicelb.multiply.com>

*"Whatsoever you do to the least of my brothers, you do it unto me".*

*- Matthew 25:40*