



SERVING FROM THE HEART

We all assume roles as we journey along our life's path. Some roles are of circumstance – assuming responsibility that has fallen onto our shoulders, and some are of interest - volunteering for a cause close to our heart. But if we are fortunate enough, it may be assuming a role which provides us the opportunity to do something close to our heart that also allows us the ability to help others.

William Ferri, MD, is an oncologist with the UPMC Cancer Center Beaver. He is also Catholic Hospice & Palliative Services' Medical Director. What intrigued Dr. Ferri about the opportunity to serve as Medical Director was the opportunity to provide better care to community members, and specifically his own patients, who were at end of life due to progressive illnesses. Following his philosophy to live each day to the fullest, as Medical Director he's part of a team that can achieve his philosophical goals in an area where he believes the opportunity didn't exist previously.

What Dr. Ferri finds most rewarding in his role is the ability to help with quality care in a dignified fashion at the end of life. He also appreciates the opportunity to be a teacher and resource for his colleagues, including the

interdisciplinary hospice team. When asked about the most frustrating aspect of his role, he quickly responds, *"the regulations that sometimes impairs the ability to provide optimum care in a most timely way."*

Spend time with Dr. Ferri in his office and it's evident that he is much respected and admired by his patients and colleagues. He advocates for his patients and attributes their kind regard to his personal approach to care - spending time with his patients, truly listening, and

"Typically an end of life discussion is not something that you practice. It's not easier the thousandth time than the first time."

respecting them at all levels. With regard to his colleagues' kind words, he finds it to be the ultimate compliment when those that work with him every day, and who he believes know him best, judge him to be a good physician.

Often times Dr. Ferri is faced with the unfortunate task of telling a patient there is nothing more that medicine can do to resolve their disease. *"Typically an end of life discussion is not something that you*

practice. It's not easier the thousandth time than the first time," he said. Dr. Ferri's approach to such conversations, not only requires time but open and honest discussion. *"I know personally I would want to make the choice and not have choices made for me. The situation is*



different for everyone and it's important to recognize that – be receptive to what they want to discuss and not just what you want to tell them" he said.

One of the most important things Dr. Ferri can do for his patients is to relieve the fear of being abandoned. Because often times the patient isn't fully aware of all that hospice has to offer, talking about hospice can sometimes exacerbate that fear. The word alone can make people fear the loss of everything – their family, their control of themselves, and ultimately their life. Dr. Ferri does his best to alleviate the fears by explaining

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It's Not About Us... But a Focus on the Difference Makers

Welcome to Footnotes - a quarterly publication of Catholic Hospice & Palliative Services designed to inform the Greater Pittsburgh community, not only about Catholic Hospice & Palliative Services, but about the people in our region who are making a difference in the daily lives of others. We hope to highlight the movers and shakers in our community who are also the "unsung heroes."

There is much good work being done each and every day that goes unnoticed. Often times community members are unaware of where to find help should they need it...or better yet, how they can be a part of making a difference.

If you know someone you feel should be highlighted in an upcoming issue, please contact our office at 1.866.933.6221 or email to info@catholichospicepg.org.

Message From Our Founder

When Dame Cicely Saunders, mother of the modern day hospice movement, began her work to construct the first modern hospice in England during the 1960s, it was truly an extension of her calling that began decades earlier when she met a patient who changed her life forever. She had been working as a medical social worker in a hospital in the 1940s when she met a patient who was dying of an inoperable cancer. They quickly became friends for the remainder of their time together, and both agreed there must be a better place to complete important life's work than a busy hospital ward where the focus of patient care was on curative treatment rather than care of the dying. After the gentleman died, he bequeathed Saunders money, telling her, "I will be a window in your home." Decades later, after becoming a physician with the sole intent to impact end of life care, Saunders opened the doors of the first modern hospice of England, St. Christopher's, and thus began the grassroots hospice movement, a movement firmly planted on Christian principles. It was Saunders who brought awareness to the needs of the terminally ill, and it was she who brought to light a topic that many still find uncomfortable and fearful today.

I have been working in hospice for close to twenty years, striving to educate the greater public and raise awareness of the needs and rights of the terminally ill. When I first began my career as a registered nurse in oncology care more than twenty years ago, I was profoundly impacted by the terminally ill patients under my care, and I knew then that hospice would become my life's work. What I didn't fully understand was just how far society would stray from Dame Saunders' founding beliefs regarding end of life care - its rootedness in Christian tradition - and for those called to serve in hospice, to act in accordance with those traditions.

Over the course of my career, I have witnessed many changes in the delivery of end of life care. Many of these changes have proven to be harmful toward patients experiencing life limiting illness. For example, following the advent of the Medicare Hospice Benefit, the growth of the national for-profit hospice industry has forever challenged the exchange of intimate, quality, hands-on bedside care for profit to shareholders, patient "quotas", aggressive marketing tactics and productivity ratios. These are words and ideas that Dame Saunders had never envisioned when she passionately began her work with the dying. Words and ideas that make a mockery of the human suffering many patients experience when told their condition is terminal. Additionally, recent research has concluded that nonprofit hospices provide more extensive services than for-profit programs, indicating that the commercialization of hospice is a detriment to patient care.

This voiceless and vulnerable population has become my own personal passion over the years, as I have worked to create a collective voice through patient focused care, a return to founding hospice philosophy, and ongoing patient advocacy. These patients and their loved ones have inspired me to expand my education and complete my doctorate degree - with a focus on palliative and hospice medicine. Each time I meet a new patient and family, I am profoundly touched by their lives and how they impact my own, understanding more deeply that their lives matter, every day they are here on this earth..... And I am honored that they and their families have chosen Catholic Hospice to care for them during - what we at Catholic Hospice believe to be - the most sacred time of life.

The character of Catholic Hospice is determined not by its name or who owns it, but rather by how it is operated. Catholic Hospice is a **pro-life** hospice organization. As an independent, non-profit, 501(c)(3) organization, Catholic Hospice believes that we have a responsibility to preserve life.

Catholic Hospice holds true to the Ethical and Religious Directives for Catholic Health

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Bands of Believers

Barry Manilow voiced a ballad years ago entitled One Voice. The song included a stanza that said:

*Just One Voice,
Singing in the darkness,
All it takes is One Voice,
Singing so they hear what's
on your mind,
And when you look around
you'll find
There's more than One Voice...*

That message resonates with Catholic Hospice & Palliative Services' team

members because it is how we see our program in a community that is saturated with nearly 60 different hospice programs.

*I had interviewed another hospice and Catholic Hospice's concern, care and ability far outweighed the other.
Virginia S.*

Catholic Hospice & Palliative Services is one voice - promoting how hospice should be based on what people deserve at this time of life. In an effort to raise funds to help more people in need of our specialized care we are currently in the process of planning *Bands of Believers* - a fundraiser to be held on a future date. We are inviting Christian bands from around the Pittsburgh area to showcase their talent, sell their goods, and assist us in spreading the word of Catholic Hospice and Palliative Services. For more information please contact our office at 1.866.933.6221.



Meet Bruce Maskarinec, D.O.

Family Practitioner in Hickory, PA and President of the Pittsburgh Guild of the Catholic Medical Association (formerly the Catholic Physician's Guild of the Diocese of Pittsburgh).

What type of Medicine do you practice and why?

Family Practice is

my specialty. As long as I can remember, I had always wanted to be a Family Physician. For me, personally, I can honestly say it was a "calling". Family Practice offers the physician a unique opportunity to take care of the individual in the context of the entire family, from birth to natural death. Always interesting and challenging, I enjoy the variety and find it to be the best fit for my personality and interests.

How did it lead you to be a part of the Catholic Medical Association?

Upon completion of residency training and entering private practice, I had the privilege of being mentored by two wonderful, iconic Family Physicians in the local community: Dr Charles Tripoli (Washington, PA) and Dr. Tony Galletta (Canonsburg, PA). Together, they had a profound influence on my development as a young Catholic Physician, inspiring me through their own witness and encouraging me to embrace my Catholic faith and to live it out in the context of my vocation. In the process, they introduced me to the Catholic Medical Association (CMA) and other Catholic Physicians in the greater Pittsburgh community. Ever since, CMA has continued to remain an active part of my ongoing faith and spiritual development.

How long have you been a member of the CMA?

I have been an active member of the Pittsburgh Guild of the Catholic Medical Association for about 10 years, with the last 7 years serving as its President.

How important is the crossover between your practice of medicine and what the CMA believes/stands for?

As you know, the practice of Medicine in today's society is very demanding, whether or not you choose to incorporate your faith. Unique to Catholic physicians, moreover, are the additional struggles to uphold Church teachings in a climate which is increasingly ever more hostile to those with such convictions. Some examples include refusal to provide contraception, sterilization and/or abortion services, either directly or indirectly through referral. Others include refusal to deny nutrition and hydration to persons in a persistent vegetative state and/or assistance with patient/family-requested euthanasia or assisted suicide. From a personal standpoint, it can be difficult at times to face rejection from patients (and even colleagues) for taking an ethical-moral position to abstain from such requests. In the future, however, should physicians lose such "conscience rights" (present legal protection from acting in good conscience), the struggles will become even more fierce and the cross much heavier! While I cannot be sure of the outcome, as a Catholic Physician, I know it is in part my responsibility to protect and defend against the loss of "conscience rights" as much as it is to protect and defend human life. As a member of CMA, I also know I don't have to fight this battle alone!

Do you find that the influence of the CMA has altered your decision making as a physician on a regular basis?

It hasn't really altered my decision making as much as it has reinforced it!

What would you hope to be your greatest accomplishment as president of the CMA?

Thus far, I would consider my greatest accomplishment to be the transition of our former Catholic Physician's Guild into "The Pittsburgh Guild of the Catholic Medical Association" which occurred in August 2007. Membership is no longer exclusive to Physicians but "open to all people interested in supporting the

promotion of Catholic values in Medicine (this includes, but is not limited to, Physicians, Dentists, Nurses, Physician Extenders, Pharmacists, Allied Healthcare professionals, Medical Students, all Clergy and Religious).

For the immediate future, my goals are simply to continue to increase awareness of the CMA throughout the Pittsburgh Diocese with hope to encourage, inspire and witness to a new generation of Catholic physicians and healthcare providers. We have a wonderful opportunity at present in working with our local Catholic medical students as they organize themselves into a new, officially-chartered Catholic Medical Association - Student Section!

Are there other professions who you feel could benefit from the same type of organization and why?

Certainly! Other professional organizations already in existence include: Saint Thomas More Society (Catholic Lawyers), Catholic Social Scientists, Nurses for Life, Pharmacists for Life, Priests for Life and Catholics United for the Faith to name a few.

Considering the society we live in today, what are some things that you believe are a direct result of not following the church's teachings with regard to human life?

As prophesied by Pope Paul VI in his 1968 encyclical, *Humanae Vitae* (Of Human Life), it has been the widespread rejection of the Church's teachings on married love, responsible parenthood and regulation of birth that has led to the general lowering of morality. This is evidenced in an increase in the number of divorces, out-of-wedlock pregnancies, abortions, cohabitation, sexually transmitted diseases, use of contraception, abortion, IVF, embryonic stem cell/fetal tissue research, genetic engineering/cloning, unethical organ procurement and euthanasia.

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What Hospice Isn't

I've spent much of my time telling people all about hospice. I've explained who needs hospice, when hospice is needed and how to get hospice. I've informed people about their rights at end of life and explored goals for patients. I've introduced the hospice team and explained their roles. I've helped people understand the Medicare Hospice Benefit, reviewed end stage diagnoses, and broken down admission criteria. The more I knew, the more I shared. So imagine my dismay when I picked up the phone recently and the woman on the other end – whom I had spent the last 21 years educating about hospice, asked me if the man carrying the satchel who had just entered the neighbor's house was hospice and if they'd be administering morphine right away. "Mom, seriously?" was the immediate response I uttered. "Haven't I taught you anything?"

I felt defeated. But then I realized, I had spent so much of my time explaining what hospice is, yet there are many factors in today's society that build people's perception of, not what hospice is, but what hospice isn't. The looming question is how to get beyond the misconceptions. It occurred to me, that rather than only telling people what hospice is, it's also important to tell people what hospice ISN'T.

Hospice is not who you call to help you die. The misconception that hospice kills, stems from a few different origins. First, the portrayal of hospice by the media is often misconstrued and one sided. Take for instance a recent article published in *MORE* magazine (May 2011). Entitled *The Good Daughter*, one might assume it's a heart-warming story of the relationship between a daughter and her parent. Instead, it's the unfortunate journey of a woman stricken with terminal disease who wants to hasten her own death by starving herself. When she seeks direction to make her intention a reality, her daughter directs her to "talk to hospice." Wrong! Hospices are to promote quality of life each and every day...not to hasten death. Second, many individuals believe that hospice personnel administer medications in high doses to terminally sedate their loved ones. Neither of these

philosophies should ever be followed by a hospice program...and if they are, the program should be reported.

Hospice is not meant to be utilized only for the final hours/days of life. Early intervention is most beneficial to the patient and the family. Statistics show that more people die on palliative home care than hospice each year. It's extremely unfair for the patient and their family. When hospice originated it was palliative care – comfort care. Today, palliative care falls under the umbrella of homecare which, due to insurance regulations, restricts services to the patients. When a patient is on homecare, insurance companies dictate the number of visits a patient can receive from their nurse, home health aide and social worker. Under hospice, the program designed to provide care at end of life, the team sets a unique care plan for each individual as to what team members visit and the frequency of visits. In addition, spiritual care, volunteer support and bereavement services are provided.

Hospice is not always offered by physicians in a timely manner. Beyond the debate of palliative care vs. hospice care, many patients die without a referral of any kind. They are often treated to death. I recently met a grieving son whose father had undergone radiation therapy for pancreatic cancer. Originally his physician had ordered him 44 radiation treatments. The patient did not do well with the treatments and ultimately passed away. It wasn't until afterward that the son found out through insurance issues that the amount of radiation his father had received in 44 treatments, could have been given in 22 treatments. The radiation did not extend this man's life. It did not provide quality as he was constantly making the

trip back and forth for treatment which was exhausting not only for the patient but for the family member accompanying him. There was no benefit to the patient – no quality of life.

Hospice is not about giving up hope. Hospice began as healthcare for those faced with a limited life prognosis, however there are times that the patient's condition improves and they are discharged from hospice. A hospice which truly abides by Medicare law will reassess patients at the designated times and either continue with hospice care or discharge to care more appropriate for the patient's condition.

Signing on with a hospice program does not mean giving up your doctor. Even if receiving care from a hospice program, patients may still see their attending doctor for routine visits. However, the hospice team serves as the eyes and ears for the referring physician, making it possible to keep the patient comfortable at home rather than unnecessary trips to the physician's office and/or hospital.

Aristotle was quoted as saying "The worst form of inequality is to try to make unequal things equal." Despite the public image, no two hospices are created equal and so much of what people perceive to be hospice practices is not true. All hospices are independent from one another and the level of care provided is not always the same. For that reason, it is essential to interview a program prior to signing on for care.

Even more important is learning about hospice services before needing such care for yourself or a loved one. You do have rights. The right to choice...the right to dignified care... the right to truly understand what hospice is – and what hospice isn't.

Everyone was very helpful and respectful of us and my dad. When I had to call for help it was answered very timely. We thank all of you and recommend Catholic Hospice. Jeanne F.

Q & A *Continued from page 3*

If you really think about it ... where did we go wrong with regard to the value of human life?

Where did we first go wrong with regard to the value of human life?

As mentioned, I would have to agree with our late Holy Father, Blessed John Paul II, who proclaimed throughout his pontificate, that our rejection of the Church's teaching on CONTRACEPTION (not abortion, as many believe) is truly the root cause of the "Culture of Death". This is supported by many facts, not the least, that "failed contraception" is now reported by women to be the number one reason they seek abortion! And, as I mentioned above, it's been all downhill from there!

Any future hope for healthcare as related to end of life care following the church's teachings?

Certainly! As Christians, we always have hope for we have Jesus Christ. We are also most fortunate to have the Church, established by Jesus Christ and left in the hands of The Holy Spirit to guide us through such tumultuous times. The Church has a long and rich history, filled with great leaders and Saints. She has great wisdom, and in the end, She will prevail. We too can prevail with Her ... as long as we remain faithful!

Founded in 1954 with the approval of Bishop John Dearden, the former "*Catholic Physician's Guild of the Diocese of Pittsburgh*" was established to promote and observe moral principles in Medical Education and the practice of Medicine according to the teaching of the Catholic Church. As Catholic Physicians and healthcare providers in the Diocese of Pittsburgh, members come together in the Catholic Medical Association in order to grow in the spirit of Christ in personal and professional lives and to bring His Spirit to all that is touched by members' science and art. Membership is no longer exclusive to physicians and dentists but now open to all people interested in supporting the promotion of Catholic values in Medicine.

For more information on the Pittsburgh Chapter of the National Catholic Medical Association, please visit www.cathmedpittsburgh.org

Dear Heavenly Father,

As we offer ourselves to do Your will,
We desire our hands to touch in gentleness...
Our eyes to see with love...
Our hearts to beat with compassion...
And our lips to speak peace and comfort
To those who are entrusted to our care.
And whether great or small,
Help us to minister to those who
Are on their final journey Home to You
Amen

Be Informed

The most important thing one can do if faced with end of life decisions is be informed so that an educated decision can be made. In addition to interviewing hospice programs that serve your area use resources, such as the internet, to locate recent hospice stories. There are a variety of pro and con hospice stories based on people's experiences. Just keep in mind that a program that stays true to the founding principles of hospice will stand on their core promise of providing comprehensive, holistic care – body, mind and soul. Hospice is a blessing when you find the right one.



Hot Topic Hospice Headlines:

<http://www.kaiserhealthnews.org/stories/2011/june/27/growing-hospice-care-brings-misuse-concerns.aspx>

<http://yourlife.usatoday.com/health/medical/treatments/story/2011/02/Palliative-care-prolongs-life-reduces-suffering/44046292/1>

<http://yourlife.usatoday.com/health/medical/story/2011/08/Medicare-costs-for-hospice-up-70/49854600/1>

Helpful Hospice Website

Hospice Patients Alliance www.hospicepatients.org

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Care Services issued by the U.S. Conference of Catholic Bishops.

Caring for people of all faiths, Catholic Hospice believes in the dignity and sanctity of human life and, based on those beliefs, it is our mission to provide education and the utmost standard of comprehensive, holistic, end of life care. We believe hospice is a *ministry* – not big business – and it is our highest calling to provide exceptional end of life care to each patient and family we are called to serve. Much like the first modern hospice of all those years ago, we at Catholic Hospice wish to be a “window in the homes” of those who come to us during this most sacred journey.

*Cristen Krebs, DNP, ANP-BC
Founder/Executive Director*

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that together with the team, whatever can be done, for whatever time remains in their life, will be done. He also recognizes that there are times when there isn't any family, and the patient is truly alone. In that situation, he believes the medical team often becomes everything to the patient.

Discussions he has had with patients has made Dr. Ferri more conscious of what his patients and their families deal with when faced with life limiting illness. Dr. Ferri finds it most difficult delivering such news to patients with young children. The other situation would be dealing with young adults, where the parents are losing a child. He adds in his estimation, *“there's probably no greater pain to a survivor than the loss of a child.”*

Such intense situations could easily make it difficult not to take your work home with you and Dr. Ferri has worked hard over the years to leave his work at work. However he shares that our experiences and the lessons we learn, hopefully allow us to put everyday occurrences into their proper perspective, which has been a good lesson learned and passed along.

Catholic Hospice & Palliative Services is a 501(c)(3) charitable organization whose mission is to provide professional, holistic, comfort care to individuals requiring end-of-life care, while affirming the dignity and sanctity of life. Founded by experienced hospice professionals in 2007, Catholic Hospice & Palliative Services is Medicare certified and is the only faith-based, independent, non-profit hospice serving people in the greater Pittsburgh region. Catholic Hospice & Palliative Services is not under the umbrella of a larger healthcare system, nor owned by shareholders, and strives to work collaboratively with corporations, foundations, churches, civic groups, and individuals to provide excellence in hospice care to residents from the Allegheny, Beaver, Butler, and Washington counties of southwestern Pennsylvania.

At Catholic Hospice & Palliative Services, all individuals are cared for regardless of their religious beliefs and affiliations. Staying true to the founding principles of hospice, Catholic Hospice & Palliative Services believes hospice is a ministry and stands on its core promise: to provide comprehensive, holistic comfort care to patients and their loved ones as we humbly minister to the dying.

 &  www.catholic-hospice-palliative.org or follow us on:

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