



GREATER TRAIL HOSPICE SOCIETY NEWS & NOTES

**Join us to refurbish
the CVL Community
Palliative Rooms!**



*Donate by e-transfer:
info@trailhospice.org
or through Canada Helps*

SWIM-A-THON

MARCH 7TH, 2024

**GREATER TRAIL
HOSPICE
SOCIETY
FUNDRAISER**

**SWIMMER & SPONSOR
POSITIONS OPEN**

250-364-6204
INFO@TRAILHOSPICE.ORG
CALL OR EMAIL FOR
MORE INFORMATION

***We Can't Make a
Splash Without You!***

**Be a Swimmer,
Be a Sponsor
Support Hospice Programs!**

**“At the heart of hospice
is meeting patients and
their loved ones where
they are during difficult
times when support is
needed most.”**

-Ben Marcantonio

The Crucial Role of Difficult Conversations in Palliative Care

Palliative care plays a pivotal role in enhancing the quality of life for individuals facing life-threatening illnesses. **In the realm of palliative care, difficult conversations are integral and hold immense importance in ensuring effective communication, shared decision-making and the overall well-being of individuals and their families.**

Communication is one of the foundations in palliative care. Difficult conversations are often centered around discussing prognosis, treatment, and end-of-life preferences. **Open and honest discussions create an atmosphere of trust, enabling all parties to express their concerns, fears, opinions, and hopes.** Such transparency fosters a sense of partnership and empowers people to actively participate in decision-making regarding their care. It is a crucial part of upholding one's autonomy, allowing individuals to make informed decisions about their care based on their values and preferences. When healthcare providers engage in open discussions about prognosis, potential complications and available treatment options, individuals and their families gain a better understanding of their conditions which empowers them to make choices that are in alignment with their goals, values, and desired quality of life.

Life threatening illnesses often evoke fear and anxiety in individuals and their families. Difficult but honest conversations provide a platform for trained professionals to address these emotional concerns and provide support. Openly discussing fears enables a plan to be developed with coping strategies, psychological support, and resources to navigate the emotional challenges associated with serious illness.

A conversation now can give peace of mind to both the person and their families

Palliative care extends beyond the individual's life to encompass the needs of their loved ones. Difficult conversations about end-of-life issues enable trained professionals to discuss anticipatory grief and bereavement support. Initiating these conversations early in the palliative care journey allows individuals to express their concerns, preferences for end-of-life care, and wishes regarding legacy and spiritual matters. This proactive approach fosters a supportive environment and helps the multidisciplinary team tailor their care to meet the emotional and spiritual needs of both the individual and their families. But difficult conversations do not just stop at the doctor's office or hospital door. It is essential that difficult conversations take place in the home with the family as well. These hard conversations about values, beliefs, fears of changing roles, and goals of care need to be fluid and consistently revisited with loved ones. These conversations also give your family members the tools and knowledge to make decisions for you if you are unable to speak for yourself.

Difficult conversations in palliative care are indispensable for fostering effective communication, upholding autonomy, addressing emotional concerns, and establishing expectations. These conversations contribute to a patient-family-centered approach that enhances the overall quality of life for the individual facing life-threatening illnesses and provides support to their families. **By recognizing the importance of difficult conversations, both the healthcare team and the family can create a compassionate and collaborative environment that ensures a dignified and personalized end-of-life experience.**



Debbie Fink, Outreach Coordinator
Greater Trail Hospice Society

Meet Our Staff!



Although I am not a Trail 'Lifer' even after 20 years, I truly believe this is my community and I treat it like it is! Being able to raise our kids in a beautiful, caring environment has been an amazing experience.

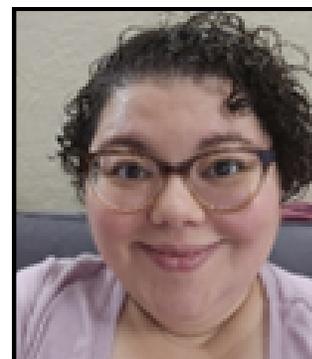
As the kids got older, I knew it was my time to find a way to give back to the community and I have through Trail Hospice. I receive such satisfaction in matching clients to a Friendly Visitor volunteer, knowing this makes their week a little brighter, and finding bedside volunteers for the acute clients knowing they have somebody there to hold their hand and talk to them. Knowing we provide peace and comfort makes this job a joy. I feel incredibly honoured to be included in our clients' end of life journey. As challenging as this job is the silver lining is our volunteers who give so much of themselves to support our clients. Without volunteers there would be no Trail Hospice.

On my time off you will find me warming a seat at the Bridgeview Café, baking bread for loved ones, or simply enjoying the beauty of where we live. My family jokes that I can find myself new friends just about anywhere. Kindness doesn't cost. Spread it well.

Jen Savage
Care Coordinator

I immigrated to Canada from Ocean County, New Jersey in 2020 after marrying my partner the previous year. Since coming to Canada, I have been blessed with a growing support network of family and friends that I've found are some of the most gracious and caring people I have ever met. I worked in childcare for twenty years prior to working for hospice and have always wanted to be in a career where I can help care for others as I find it very emotionally rewarding.

I feel fortunate to have found a place for myself in Hospice where I can make use of my arts education and computer skills. You may have seen my work if you're following Hospice on social media. I've met many of the volunteers in the last few months at the Christmas party, meetings and seminars; I've learned so much from them, as well as the Board and my fellow staff members. They've helped me understand and cope with the grief and hopelessness I've felt in recent months after my step-father's cancer diagnosis. In my off-time I unwind with video games, books, occasional creative writing and watching series like "Murder, She Wrote" & "Miss Fisher's Mysteries".



Becky Potter
Office Support
& Social Media



Become a Hospice Volunteer

General Training: April 5, 6 plus April 19, 20

Grief Support Training: May 10, 11 plus May 24, 25

Both are two weekends Friday 5-9 PM and Saturday 9AM - 4 PM

To Register Call 250-364-6204

7 Heartfelt Questions To Ask Yourself If You Are Confronting Death

On February 22, 2016, Dr. Karen Warren was diagnosed with a terminal illness called Multiple Systems Atrophy (MSA), a fatal, progressive brain disorder that affects neurological body functions such as swallowing, digestion, and blood pressure. Although she worked with people in her own medical practice it was hard to believe dying could happen to her. “Learning I had MSA was a blow. I was scared. Angry. Sad. I thought, “Okay, I have this disease. Now what do I do? What do people do when they learn they have a terminal illness? How do I proceed with my life?”

She started to ask more questions of herself as a process for dealing with her diagnosis. She offers these questions as something that may be helpful to anyone diagnosed with a terminal illness – and their loved ones as they move forward:

1. Whom should I tell about my illness?

Family only? Dearest friends? Financial Advisor? My workmates?

Tell who you want or need to tell, and don't feel pressured to tell anyone else. Be prepared because they will want more information and have more questions.

2. What do I need to prepare for life moving forward?

Who will care for me? How do I find out what is available?

A more important question: What do I really care about?

3. What do I want?

“Listening to others who are dying from a terminal illness, I realized that often what many of us want is just to do ordinary things.”

How do I want to spend the time I have left?

4. What really matters?

Creating and nurturing relationships, being with animals or in nature are valued.

5. Do I have time for this?

Ask: “Will doing this or saying that make a positive difference to my health or enhance my well-being?”

6. Will this action enhance my quality of life?

What, in my everyday living, will make me feel better and feel more prepared for the future that I have left?

7. What can I do to help others in my position?

Can I deal with legal issues and logistics so others don't have to deal with them?

How can I still participate in life and make a contribution?

She ends by saying, “I have time to prepare for dying – for example, by giving away things I don't need, doing things I love but may have neglected, and renewing relationships with old friends. I have time for healing unresolved conflicts in relationships and ensuring that I am comfortable with my relationships before I die. Additionally, I now understand that I am dying and I am living.”

An interesting video: “Let's Talk About Dying” Dr. Peter Saul

<https://www.youtube.com/watch?v=lkvKGafoylY&t=18s>

Greater Trail Hospice Society AGM April 10, 2024, 4:30 PM

at Trail United Church Hall, 1300 Pine Ave