

March 1, 2012

Dear Friends and Colleagues,

The heartbreaking reality of the work we do is that we can't always "cure." But we can always "care" and help relieve suffering.

I was reminded of this by the performance over the past holiday season of our Palliative Care team, led by Advanced Registered Nurse Practitioner **Gwen Kolegue** and Master of Social Work **Claire Ralli**. The team demonstrated its abilities, compassion, ingenuity and sensitivity in the case of a 49-year-old man, who recently relocated to Naples from Michigan with his wife and three children. The story, shared in a recent letter from the patient's family, was related to me by **Heather Baker**, Administrative Director of The Brookdale Center for Healthy Aging & Rehabilitation.

The man sought a fresh start here after suffering business reversals in Michigan. While beginning to get on his feet again, he was stricken by two severe strokes in early December. He was admitted to NCH's Downtown Campus through the Emergency Department, and ultimately cared for on the 6 North unit. This man—a father, husband, and business owner—now became a patient requiring a feeding tube for nourishment, total assistance with all personal hygiene, and the assistance of two people for any mobility.

A consult for Palliative Care was initiated by the case manager with specific requests for counseling support for the patient's wife and three children. Claire and two chaplains from the Palliative Care team met with the family and began to provide both psychosocial and spiritual support. Through interaction with the patient and family, it became clear that the patient understood the condition in which the acute episode had left him, and displayed great emotion when his wife and children were discussed.

Subsequently, he was admitted to The Brookdale Center for Healthy Aging & Rehabilitation, where concerns arose about rehabilitative prognosis and quality of life issues. The family's greatest wish was for the patient to return to Michigan and spend his last days surrounded by family. But money was tight. The family only had funds to get them through the end of December, and there would be no way to pay January rent or pay for their daughter's last semester at a local college. They were at their wits' end.

Kim Milner, experienced and sensitive RN/Rehab Case Manager, arranged a family conference where she and Claire facilitated a decision to consult neuropsychology to assess the patient's understanding of opting out of a feeding tube. Arrangements were made to speak with two local hospice organizations to determine their ability to assist with potential transfer back to Michigan for a local hospice near family. Meanwhile, Kim arranged with the Air Trek air ambulance company to extend a partially-subsidized flight to the patient and his wife. Claire also contacted the local college housing department to secure a single-bedroom apartment so that the daughter could finish her final semester. Finally, Kim arranged for a Family Medical Leave Act allowance for the daughter to stay in Michigan during this difficult time and return to college and her job when she could.

The patient and family, as they wished, were reunited in Michigan, and expressed their deepest gratitude for the layers of support that were extended them by the concerned and compassionate NCH professionals. After only one year of service, our Palliative Care team has an average daily census of over twenty patients. It isn't easy to admit that we cannot always cure, but the reality is that our team of highly competent and fiercely compassionate experts helps relieve incurable suffering. For that, our patients are always thankful.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.