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MEDIA PLANET

END OF LIFE CARE

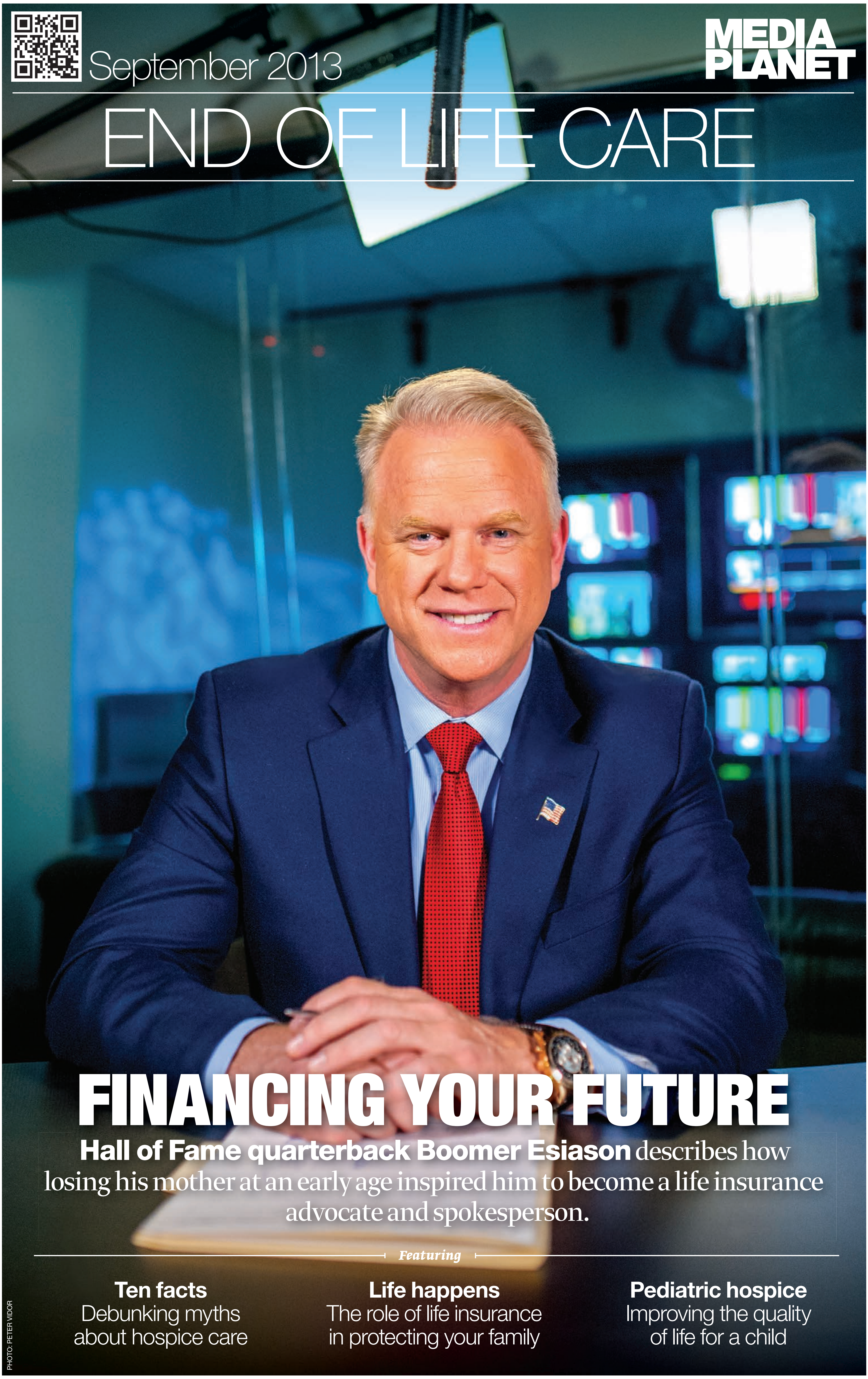

PHOTO: PETER VIDOR

FINANCING YOUR FUTURE

Hall of Fame quarterback Boomer Esiason describes how losing his mother at an early age inspired him to become a life insurance advocate and spokesperson.

Featuring

Ten facts
Debunking myths about hospice care

Life happens
The role of life insurance in protecting your family

Pediatric hospice
Improving the quality of life for a child

BEST PRACTICES

Paul Malley
President, Aging with Dignity

Don't leave important life (and end-of-life) choices to chance

Millions use "living will with a heart and soul"

We all want the best for the people we love. We want our kids to have a great first day of school, so we make sure they have all their supplies and a good lunch. We want our spouses to know they are loved, so we find ways to show affection. But when it comes to one of the most important moments in life — how we care for those we love when they are seriously ill — we often leave it to chance.

Too often, these important decisions are left to legal and medical experts, or worse, to politicians and bureaucrats. We are not all doctors, lawyers, or legislators. But we are all sons or daughters, spouses, siblings, and friends who want to care well for those we love.

This is about more than just legal designations and documents. It is about honoring our human dignity. It is about knowing, in real and tangible terms, how to care for someone we love when they are seriously ill.

The grassroots nonprofit organization, Aging with Dignity, was inspired by the life and work of Mother Teresa of Calcutta, particularly the example she gave to the world regarding dignified care for those in greatest need. Fifteen years ago, we introduced a new document called Five Wishes that allows people to make their own decisions about care at the end of life. It has since reached more than 20 million people across America and beyond, thanks to the support of 35,000 partner organizations (including hospices, hospitals, physician, attorneys, places of worship, employers and civic groups).

The millions who use the Five Wishes advance directive like it because it is easy to use; meets the legal requirements in most states without requiring an attorney; and helps them communicate important preferences to loved ones and health care providers. They especially like that Five Wishes includes the things that matter most: comfort, dignity, family, and spirituality. It's why Five Wishes is called "the living will with a heart and soul."

While we may all have different ideas about what we would want at the end of life, we all want to maintain our human dignity. This is true regardless of where we live, what we believe, how much money we have, or how we vote. This is a common bond among us. Five Wishes offers a simple way for us to do the very thing we desire, to take good care of those who we love when they need us the most.

PAUL MALLEY
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"In every community there are specialized teams **ready to support you and the people you love** through these inherently difficult experiences..."

Caring well for one another through the end of life

Front-page headlines frequently carry news of a killer storm that has ravaged someplace in the country. Our hearts go out the victims and we reflect that, fortunately, most people who live in regions prone to hurricanes, tornados, forest fires and floods wisely prepare to weather the forces of nature. It would be foolish not to. In contrast, when it comes to death, the natural disaster that awaits us all, relatively few Americans are sufficiently informed or have taken basic steps to keep themselves and their families safe from harm when dying.

The danger is real. Despite decades of efforts and significant improvements in end-of-life care, studies reveal that many Americans still suffer as they die or spend their last days in places or situations they would never have wanted.

The team approach

There are no villains here. Life is precious and no one wants to lose people they love. However, by acting as if death can always be forestalled, well-intentioned doctors and loving families can inadvertently make dying much harder than it needs to be.

Here are a few things worth considering:

Ira Byock, MD
Professor, Geisel School of Medicine, Dartmouth

First, in every community there are specialized teams ready to support you and the people you love through these inherently difficult experiences. A bit like the Red Cross and FEMA in weather-related catastrophes, palliative care and hospice programs provide skilled professionals when you need them. These doctors, nurses, social workers, spiritual counselors and others treat people's pains and help with bodily basics of eating, sleeping, eliminating, grooming, and getting around. They provide practical and emotional support to families as well, because whenever one person receives a life-threatening diagnosis, every member of his or her family shares the experience of illness. With skillful care and reasonable comfort, a person's dying can hold opportunities to complete a life, rather than merely have it end.

Second, necessary preparations begin simply with a conversation with people you trust. Share your thoughts about circumstances in which you would want — or not want — treatments, such as CPR, mechanical ventilation, kidney dialysis or medical nutrition. The right plan for one person might be entirely wrong for another. Complete a directive giving one or two individuals formal authority to speak for you if you become incapacitated. The Conversation Project and Everplans websites provide valuable resources and forms at no cost.

Personalized care

If you or a loved one is seriously ill, work closely with your physicians to develop a plan of care that is tailored to your particular condition and honors your personal values, preferences, and priorities. These days, enlightened insurers, hospitals and health systems make palliative care available to people before crises occur. Research shows that when palliative care is provided along with cancer or cardiac treatments, patients tend to not only feel better, but also survive longer! Websites such as Dartmouth Atlas and Medicare.gov make comparative data available to help in choosing hospitals and health systems.

As the end of life approaches, being well-informed and prepared allows us to effectively use the best institutions and professionals available. Because illness and dying are fundamentally personal, each of us must do whatever we can to look after ourselves and those we love.

IRA BYOCK, MD
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10 facts about hospice care

Some people mistakenly think hospice care is just about dying... that hospice is the place you call when there's nothing more that can be done. Nothing could be further from the truth. Hospice helps patients and families focus on living.

Hospice care brings comfort, dignity, and peace to help people with a life-limiting illness live every moment of life to the fullest. It also reaches out to provide support for the family and friends who love and care for them.

Last year, hospice providers cared for 1.6 million dying Americans and their families. In fact, more than 44 percent of the people who died in the U.S. were cared for by hospice. Use of hospice continues to grow each year, but far too many people receive care for seven days or less which might prevent people from taking full advantage of all the special services that hospice offers.

Yet, there are some important facts about hospice that people don't know. And this may be keeping people from getting the best care possible, when they need it most.

J. DONALD SCHUMACHER, PSYD
President and CEO, National Hospice and Palliative Care Organization

1. Hospice is not a place; it's high-quality medical care that helps the patient and family caregivers focus on comfort and quality of life.

2. Hospice is paid for by Medicare, Medicaid, most insurance plans, HMOs, and managed care plans. Fear of costs should never prevent a person from accessing hospice care.

3. Hospice serves anyone with a life-limiting illness, regardless of age or type of illness.

4. Hospice serves people of all backgrounds and traditions; the core values of hospice—allowing the patient to be with family, including spiritual and emotional support, treating pain—cut across all cultures.

5. Research has shown that the majority of Americans would prefer to be at home at the end of life's journey—hospice makes this possible for most people.

6. Hospice serves people living in nursing homes and assisted living facilities.

7. Hospice patients and families can receive care for six months or longer.

8. A person may keep his or her referring physician involved while receiving hospice care.

9. Hospice offers grief and bereavement services to family members and the community.

10. To get the most out of what hospice offers, it's better to have care for more than just a few days.

If this information about hospice surprises you, take the time to find out more. The best time to learn about hospice is before someone in your family is facing a healthcare crisis.

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EDITOR'S PICK

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A CHAMPION OF LIFE
Elisabeth Kubler-Ross

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DON'T MISS

Coping through communication

When Sophia was diagnosed, we knew that the life we walked through the hospital door with was gone. Everything had changed.
— Bridget, Sophia's mom

When a family learns their child has a life-threatening illness, in an instant, life is changed forever. To better understand how open and honest communication within a family can help families cope and improve the quality of life for an ill child, we talked with Sarah Friebert, MD, Director of the Haslinger Family Pediatric Palliative Care Center at Akron Children's Hospital; Mary Ann McCabe, Ph.D., Associate Clinical Professor of Pediatrics, George Washington University School of Medicine; and Lisa Delong, parent and author of *Blood Brothers: A Memoir of Faith and Loss While Raising Two Sons with Cancer*.

How does open and honest communication within a family benefit a child suffering from a life-threatening illness?
Dr. McCabe: Open communication provides a foundation of trust in otherwise scary and uncertain terrain. It helps family members to face things together and for everyone to feel a sense of belonging. It makes it more likely that the ill child and the siblings will be open about their worries and feelings, and ask questions of their parents.
Lisa: Open communication gave Justin the comfort that he could talk to us about his feelings, ask any questions he had, and know that nobody was going to think any less of him. It's so helpful for an ill child to know that he can say, "I don't like how this feels" or "I'm scared."

How did you establish open communication with Justin during his illness?
Lisa: I learned to read Justin's cues; when he wanted to have a conversation, I stopped what I was doing to talk with him. Typically, those conversations happened while driving to or from the cancer center or while lying in bed together or going for walks. One time, during a critical stage in his treatment, I was sitting on his bed, and we were playing video golf together. At that moment, I just felt compelled to ask him how he felt about dying, and he simply and honestly replied, "You know, Mom, I just don't think about it that much. I really don't worry about it. I'm not afraid." Knowing that I asked him how he felt about dying was extremely helpful to me after he died—and continues to be helpful to me today.

What are the communication needs of well siblings during an illness?
Lisa: This was something that if I could change, I would. My girls were getting ready for school and the phone rang; it was the pediatrician saying Justin had relapsed. It was chaotic, so my husband directed the girls out the door, but they knew something was wrong. If I could redo that moment, I would invite them to stay and be a part of that morning. Rather than feeling included in what our family was going through, they felt alienated. Fortunately, that kind of incident didn't happen again.
Dr. Friebert: Siblings are often left out; they are shunted among other relatives or friends, and feel excluded from their ill sibling and from the family as a whole. Open and honest communication can allay fears, allow the sibling to feel part of the family as much as she or he desires, and decrease fear of the unknown.

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A CHAMPION OF LIFE

Forty years after her iconic work "On Death and Dying" and nine years after her passing, Elisabeth Kubler-Ross' life and legacy continues to shine on.

It's an inescapable part of life, yet, for many years, how to care for the dying was rarely discussed. In fact, it was often flat out avoided. That is until more than 40 years ago, when a Swiss-American psychiatrist pioneered a movement in the United States that altered our definition of end-of-life care.

Appalled by the medical treatment of the terminally ill in U.S. hospitals, Elisabeth Kubler-Ross set off on a quest in the 1960s to study death, which, in her words, was "the greatest mystery of science." Her aim was not only to change the way the medical community cared for the terminally ill and their families, but also to offer a platform to talk about death and grieving.

As part of her research in the 1960s at the University of Chicago's Pritzker School of Medicine, Kubler-Ross spoke with dying patients about their needs and concerns while being observed by medical students. This culminated in her internationally renowned book "On Death and Dying," which introduced the so-called "Kubler-Ross method," her now-famous theory of the Five Stages of Grief - denial, anger, bargaining, depression and acceptance. "On Death" would eventually lay the groundwork for hospice care in the United States.

▲ **IMPACT BEYOND THE HOSPITAL ROOM**
Elisabeth Kubler-Ross first introduced the now famous theory of the Five Stages of Grief – denial, anger, bargaining, depression and acceptance. Her work eventually laid the groundwork for hospice care in the U.S.
PHOTO: EKR FOUNDATION

Reflections of light from those she influenced

While it's clear that her groundbreaking work contributed greatly to the perception of death in the United States, and also to the formation of hospice and palliative care, those that were closest to Kubler-Ross say her impact went beyond the hospital room. Many of her former colleagues and students claim that just listening to her speak had a profound effect on them both personally and professionally.

"People who get involved in Hospice share some common traits; having a heart to serve and care for people who are no longer able to care for themselves. There is no greater feeling in the world than feeling the satisfaction in your heart that you played an important role in helping care for someone who is dying," explains Anthony Perre, Chairman and Co-Founder of The StateServ Companies.

Long-time friend and research assistant, Mwalimu Imara, now 83 and facing his own terminal illness, attributes much of the progress in both the medical and spiritual care of the terminally ill and their families to Kubler-Ross' work.

"Back when we started working together doctors used to talk around death and terminal care in euphemisms and metaphors, but today they not only talk about death but they use the word 'hospice,'" he said. "My doctor mentioned hospice in the opening scenario of my treatment and to me that's a heck of an advance."

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Talking about talking about death

A movement unto itself

In 1969, Dr. Elisabeth Kubler-Ross' groundbreaking book "On Death and Dying" was released amidst a flurry of praise garnished with generous portion of harsh criticism.

She felt the need to begin the discussion of death that no one was having, and 40 years later, we find ourselves in that same position.

Michael Hebb, founder of "Let's Have Dinner and Talk About Death," concurs. "It's a myth that people don't want to have a conversation about choices available to them at end of life. They simply may not know how to get the conversation started or may not have been given invitation," he said.

So Hebb set out to fix that. His "Let's Have Dinner and Talk About Death" project partnered with the Elisabeth Kubler-Ross Foundation and others, inviting people around the world to host their own dinners, with the idea that given the opportunity people welcome the chance to talk about their own wishes for care at the end of life. "We had no idea how many people would participate," he shared.

The result? People in 15 countries hosted over 350 dinners on August 24, the anniversary of Kubler-Ross' passing. Several hosts shared that they guided their dinners to a close after two hours as attendees didn't want to leave. Many are hosting repeat dinners on their own since they had such a great response," said Hebb.

That sentiment is echoed by Betsy Trapasso, host of Death Café LA. "While the topic is still considered uncomfortable for many, people are beginning to accept that death is a part of life. We need to be able to express openly how we want to live until that event occurs," she said.

Trapasso has hosted eight Death Café LA events in 2013 and expects to host a total of sixteen by year's end. "Complete strangers sign up for our events and we book solid within minutes. I have to turn people away constantly," she said.

There is also great hope for a cultural shift of consumer consciousness amongst those at "The Conversation Project", founded by Pulitzer-Prize winning journalist Ellen Goodman.

"Baby-boomers changed the way we give birth by becoming involved in the delivery room. They are now changing the way we die in America by becoming a part of the end of life decision making process for themselves and those they love," she said.

"The goal of the Conversation Project is to encourage families to have these important conversations early, before they enter into a healthcare crisis situation," Goodman said. "It can seem too soon until it's too late. We want to shift the conversation from what's the matter with you, to what matters to you."

Hebb and Trapasso agree, now is the time for a shift in consciousness and apparently, the country may be ready to participate, as over 60,000 people have downloaded The Conversation Project's, Conversation Starter Kit in the past year.

So while it may have taken forty years since the release of Elisabeth Kubler-Ross' "On Death and Dying", maybe, just maybe, we're ready to talk about death, which is really, as these change-makers feel, just talking about life.

DIANNE GRAY, CEO, HOSPICE AND HEALTHCARE COMMUNICATIONS
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Evolving philosophies on pediatric hospice and pain management

There's a "how-to" guide for about everything these days, but for families and caregivers of our country's estimated one million seriously ill children, there is no guidebook that addresses the complexities and emotional challenges of decision making for children suffering in pain as a result of a serious or life-threatening illness.

"At times, parents, clinicians and community providers feel fearful when it comes to dosing opioids to our youngest patients," said Dr. Glen Komatsu, pediatrician, palliative care physician and medical director of Providence Trinity Care in Torrance, CA.

"However, that doesn't negate the need to do so, as many pediatric patients are suffering in tremendous pain. Often people erroneously fear that the morphine and methadone we are properly prescribing will kill the child," said Komatsu. "That fear is not based upon fact," he said.

What causes this reticence? A preponderance of myths and a lack of education on the topic, Komatsu feels.

His explanation of the myths include:

- Addiction (Addiction is different than dependence.)
- Opioids are "too strong" for children ("Untrue," proclaims Komatsu.)
- Morphine will cause the child to die. ("When properly prescribed, opioids are not the cause of the child's death," Komatsu feels.)
- Increased drowsiness will persist and the child will "sleep for the rest of his or her life" (Sometimes a patient may initially feel drowsy when first administered the morphine or methadone, but this usually goes away.)

"Parents are the decision-makers for their seriously ill children and if all they hear are the potential negative side effects of any medication, they will avoid its use in their child," said Komatsu. "However, if parents also hear that a pain-free child may be able to lead a more normal life, they are more likely to agree to a protocol that is appropriately prescribed for that child."

The issues also lie far outside the boundaries of the home or hospital, however.

"If community pharmacies are not properly trained on opioid use in pediatric palliative care," Komatsu's shared, "they can and have treated families like they are addicts for agreeing to morphine use in their child, simply because they are not educated on the topic." Further, insurance companies have been known to limit access to medications due to a lack of understanding surrounding the proper dosage for pediatric hospice and palliative care patients.

"It's important to recognize that these very special patients have specific needs that change often, regardless of diagnosis. We also understand the 'fear factor" of many clinicians when it comes to prescribing medications to young patients, which is why we, and some other companies, have staff specially trained in pediatric pharmacy — on call 24 hours a day, seven days a week," Kevin Kirkland, President of OnePoint Patient Care said. "Every child deserves to be as pain free as possible. It's a basic human right and we all need to do our part to ensure that happens, even if we can't necessarily alter the course of the disease."

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Understanding hospice regulations

Raeanna Lewarne, Vice President of Clinical Operations and Services at ProCareRX, discusses her take on the changing nature of the industry.

Question: What's currently taking place on the regulatory end of hospice care?
Answer: The Centers for Medicare and Medicaid Services (CMS) is the largest payer for hospice services. As we see with much of the rest of the United States federal agencies, CMS is under tremendous pressure to reduce redundancies and the associated costs in our healthcare systems. The hospice industry is seeing a significant increase in the CMS scrutiny and regulation of hospice service utilization, incorporating both appropriateness and efficiency of care, to support the goal of ensuring care goals are met while reducing associated costs.

Q: The increased CMS regulations are creating a sense of fear and uncertainty amongst some within the hospice industry. What are people most afraid of?
A: In my opinion, hospices and healthcare professionals are most afraid of two things. The first is that the new regulations may become so burdensome that the hospice organization won't be able to support the additional reporting requirements and the second is that the potential loss of the supporting physician's autonomy to take care of their patient.

Raeanna Lewarne, R.Ph, Pharm.D., BCPS
Vice President, Clinical Operations and Services, ProCare HospiceCare

Q: What should hospice patients and their families be most aware of in terms of these regulations?
A: Patients and their families should be aware that hospice professionals and healthcare organizations spend great amounts of time, passion and energy to ensure sure that the patient and their loved ones will have a comforting end-of-life experience. After all, we all know we may be looking forward to our own hospice experience someday — so there is a large vested interest to continue improving hospice! Hospice patients and their families should be comforted in the fact that there are huge networks of these professionals dedicated to both system improvements and quality experiences for their end-of-life journey. Also, family and friend feedback is important - if you've had a hospice experience that you'd like to share, get involved at your local, regional or national level. The most important voice comes from those we serve.

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Coping through Communication

Communication Counts is a practical, innovative, and comprehensive resource to support families with a school-age child living with a life threatening illness.

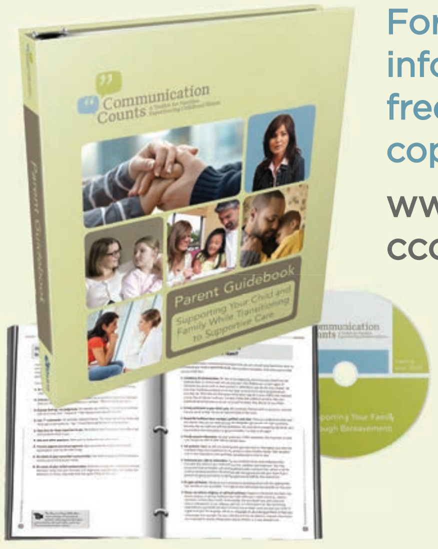
Based on the chronology of a child's illness, and not specific to illness type, Communication Counts give parents the information they need, when they need it, without overwhelming them with too much advanced detail, and ultimately increasing parents' positive coping skills through the use of direct and open communication with their ill child, other family members, and the healthcare team.

Communication Counts offers three distinct toolkits, tailored to the stage of the illness the child is experiencing:

- Supporting Your Child and Family During Diagnosis and Treatment
- Supporting Your Child and Family While Transitioning to Supportive Care
- Supporting Your Family Through Bereavement

Each toolkit includes the following components:

- A Parent Guidebook that includes methods for promoting communication with children who are ill, well siblings, family members, healthcare team members, and other support people.
- A Parent DVD that presents families talking about their experiences and the ways they used communication at that particular stage of illness.
- A Family Activity Book that gives the family easy-to-implement activities to enhance communication.



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INDUSTRY PERSPECTIVE

Boomer Esiason helps us prepare for the fourth quarter

Ninety-five million American adults are not covered by life insurance, posing a huge risk to their family's financial savings net. Make sure you know the facts.

Mediaplanet: You were 7-years-old when your mom passed due to cancer. Most people don't experience that level of loss at such an early age. What was that like?

Boomer Esiason: No one is ever prepared to lose a parent. When my mother passed away, it was me, my dad and my two teenage sisters left behind. It really just turns your life upside down and changes things forever. My mom was the one who made our house a home. Although I was too young when she passed to have many lasting memories of her she is a big part of who I am today and has shaped my life in so many ways.

MP: You've been outspoken about the financial hardships your family faced growing up. What were some of the hardest times?

BE: My mother didn't have life insurance in place when she passed away. It certainly wasn't easy and I know my dad sacrificed a lot. Money was definitely tight. He worked extremely hard to provide for us. He actually commuted three-hours a day round-trip from our home on Long Island to his job in New York City. Luckily, we had neighbors and relatives to help us out with things while my dad was at work. If there had been life insurance, we could have hired the help we needed to keep the household running and to take care of the things my mom would have normally taken care of for the family.

MP: Amongst many things you're very well known for, you've become an advocate for life insurance. At what age were you aware of what life insurance even is? How did you become an advocate?

BE: I've had life insurance since the start of my career, when I was first drafted into the pros. I have a great financial advisor and we've made sure that as my career has grown, my life insurance coverage has grown with it. For me, life insurance is about protecting the people you love. I feel it's my responsibility to make sure that if something happens to me, my family won't have to worry financially.

This is especially important since my son Gunnar has cystic fibrosis. I made a decision when he was young—when he was undergoing several hours of treatment each day, and we knew he'd need to for the rest of his life—that he would always have me or someone else by his side to share the burden of his disease. Having life insurance means that when I put my head on the pillow at night, I can rest easy knowing he will always have the financial security he needs to take care of himself and his health needs.

Boomer Esiason
Hall of Fame Quarterback;
CBS Sports Analyst; Spokesperson for Life Insurance Awareness Month

"For me, life insurance is about protecting the people you love."

MP: Being the spokesman for National Life Insurance Awareness month, what do you wish more people knew?

BE: Today, 95 million adult Americans don't have the financial safety net that life insurance provides. That's a lot of families who are taking a big risk by leaving their futures to chance. Far too often, it is something people don't want to think about or make a priority. Remember, if something happens and you haven't done the planning, the people you leave behind will feel the brunt of your mistakes.

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Don't wait—because life happens

Life happens. For as much as we set goals and plan ahead, real life intervenes. That was the case for the Donacas.

Shane Donaca pursued his neighbor, Kim, with a persistence that surprised her. One day, as she was set to turn him down for a date again, she found herself saying, "What time are you picking me up?" That's when their love story began. They married and became a blended family with three children.

Shane turned his passion for construction into a thriving commercial construction business. As the business grew, he knew he needed to protect his family better in case something were to happen to him. But family and work seemed to occupy every waking moment. After numerous attempts, Shane's life insurance agent was finally able to pin him down and get his signature on a new life insurance policy.

The next morning, Shane went to sell his motocross motorcycle, as he was ready to hang up his racing helmet for good. On the way, he hit an embankment, flipped off his motorcycle and was killed.

Life happened to the Donaca family.

"My life changed from that moment on," says Kim. But Shane had left a legacy for his family in the form of life insurance. "Life insurance is an amazing gift," says Kim. "I don't have to lie awake at night worrying about money or about getting another job."

Here is Kim's advice to other families: "You can't wait to buy life insurance. Imagine if Shane had put off his decision just one more day."

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Life insurance: A simple answer to an important question

Marvin H. Feldman
President and CEO, Life Foundation

Preston Newby was a youth minister. He and his wife, Tara, were driving to visit family. In the keeping with who Preston was, he stopped to help at the scene of an accident. That's when he was struck by another car and killed. He was only 24.

Fortunately, this young couple had bought life insurance. So despite the emotional upheaval that Preston's death caused, Tara and her two sons were able to carry on financially.

How many other people have prepared like this for the unexpected? Unfortunately, not enough: 95 million adult Americans have no life insurance.

If you have people who depend on you or have financial obligations, you need life insurance to protect against life's "what ifs."

■ **Single:** You may not have dependents, but if you owe money, you need life insurance. It ensures that your debts, including student loans, won't be passed on to your family.

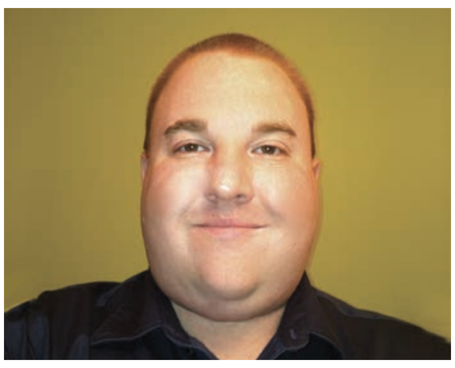
■ **Married:** You'll likely incur joint financial obligations like buying a home, in addition to monthly bills. It's also smart to get coverage now if you plan on having a family.

■ **Parents with children:** Many couples rely on two incomes to make ends meet and single parents may be their children's one-and-only, so life insurance is critical at this point.

■ **Empty-nesters/retirees:** Many people lost part of their retirement nest egg during the recession. Life insurance ensures that if something happens to you, your spouse or partner can live comfortably in retirement, despite any shortfalls.

Life insurance is a simple answer to an important question: Would anyone suffer financially if I were to die? If the answer is yes, it's time to sit down with an insurance agent.

MARVIN H. FELDMAN, CLU, CHFC, RFC
editorial@mediaplanet.com

	1 What do consumers need to know about pharmacy services in the hospice industry?	2 What is the most misunderstood part of the hospice pharmacy industry?	3 What should medicine do when it can't save your life?
 **Jeffrey S. Hohl** Chief Executive Officer, OnePoint Patient Care	**Hospice pharmacy is a distinct specialty,** and consumers should choose hospices with access to that specialty. Hospice pharmacies are experienced handling the uncommon symptom management challenges end-of-life care presents — challenges unfamiliar to pharmacists working in traditional retail and mail-order settings. Also, just like a hospice is local, your hospice pharmacy should be, too. Only pharmacies with local operations can provide services such as home delivery, 24-hour access and rush services, which are critical to caring and compassionate hospice patient care.	**Hospice pharmacy is not just a clinical specialty,** it is also an operational specialty that is highly service intensive. A good hospice pharmacy provides highly responsive service reflective of individual patient need. This requires dedicated people, efficient systems and streamlined processes that focus on getting information to clinicians and medications to patients reliably and quickly. Hospices that collaborate with a service-oriented hospice pharmacy and include it as part of their multi-disciplinary teams can provide a superior quality of patient care.	**In end-of-life care,** medication gives patients an element of control at a time when they are most vulnerable. It can help patients be comfortable and pursue those activities and goals most important to them. Many times, this means taking patients off certain types of medications to ensure they have the quality interaction with loved ones they seek. Other times, it means the administration of the right type and dose of pain medications to alleviate any suffering.
 **Jason Kimbrel, PharmD, BCPS** Vice President of Clinical Services, HospiScript	**One of the benefits of hospice care** is it offers patients and families an entire team of healthcare professionals, each lending his or her own expertise to the patient's care at end of life. These professionals work interdependently with the patient and family. They come together on a regular basis to share how the patient and the family are doing, where the challenges are, and what is working well. Each team member shares knowledge and contributes expert opinion to promote quality of life for that patient and family. Pharmacists are an integral part of that team.	**Determining appropriateness of medications** at end of life is one of the pharmacist's pillars of responsibility while working in hospice. Understanding that all medications have risks and benefits, the pharmacist's education and specialized training allows expert and individualized attention to each patient's medications.	**The pharmacist works** within the hospice team and in conjunction with the patient and family, to evaluate and recommend changing or even stopping certain medications. Understanding the patient's goals, the disease progression, and medications' ability to impact quality of life, a hospice pharmacist has the opportunity to improve end of life care for each patient. We may not be able to change the ultimate outcome but we can impact the journey.
 **Martin McDonough, PharmD, CGP, DAAPM** Founder and CEO, Outcome Resources	**Pharmacy services are** a very important part of the hospice experience. One of the roles of hospice is to provide palliative care, and proper utilization of medications is one of the primary ways in which hospices achieve that goal. Palliative care for the hospice patient includes the utilization of medications in ways not familiar to many hospice patients and their families. Hospice patients generally have complex medication regimens due to their diagnoses, and access to pharmacists skilled in geriatric, pediatric, and pain management are essential to the caregiver.	**Most don't realize** the role a pharmacy benefit manager plays in hospice care. A premier participant in the hospice pharmacy industry provides more than just palliative medications; they provide a full range of clinical, administrative, and informational support. Experienced clinical pharmacists deliver robust, proactive assistance with drug selection, pain management strategies, and educational support for hospice staff. Efficient administration systems streamline ordering and prescription processing. This team effort ensures the hospice patient's medications are effectively managed to maximize patient care.	**In palliative care and hospice,** the role of medicine is to provide comfort to patients and their families. An essential component of a successful palliative care program is a medication treatment that specifically relieves symptoms such as severe pain, persistent nausea, anxiety and delirium, ensuring patient comfort and enhancing the quality of life. Medications effectively manage a variety of symptoms that are encountered during the final stages of a terminal disease, allowing patients to experience death with dignity and avoid severe discomfort.

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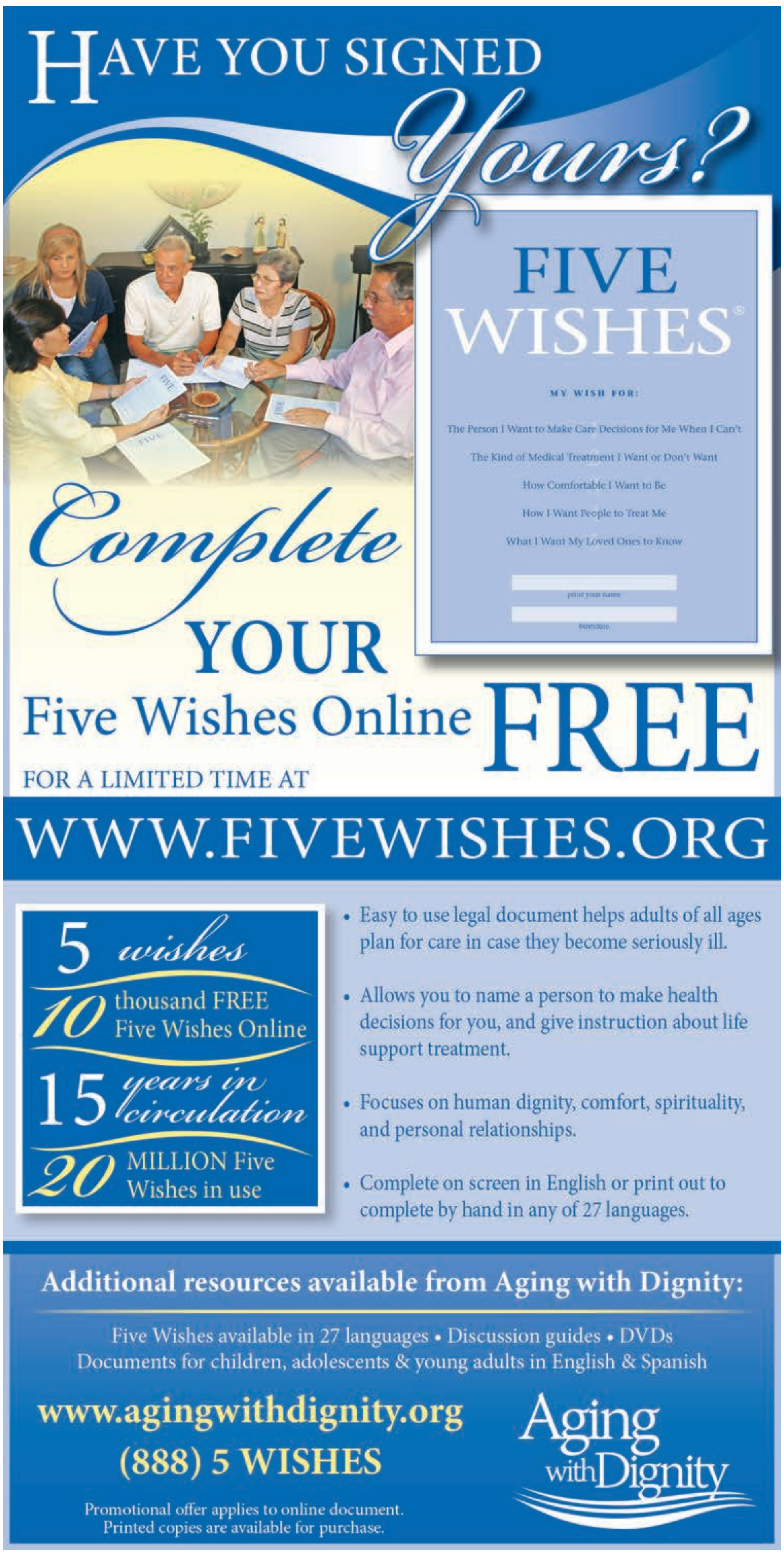

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Does *Your Family* Have a Backup Plan Like **Boomer Esiason?**

Do Families Love Each Other Less Now Than They Did 50 Years Ago?

R. Jan Pinney, CLU, ChFC
President | CEO

Personal life insurance ownership has dropped from 72% of families in 1960 to 42% in 2010, according to a recent LIMRA study. Does that mean husbands and wives love their spouses less? Or that parents figure their kids can just fend for themselves if the unthinkable happens to one of them?

I've observed that the only people who purchase life insurance are people of character who love someone more than the few dollars a month that an insurance policy costs. They are people who are willing to sacrifice a Starbuck's coffee now and then to make sure their spouses and children are as well provided for, in the event of their untimely death, as they provide for them while living.

Think of life insurance policies as potential love letters from beyond the grave. When a child loses a Mom or Dad they experience heartache and trauma. Life insurance allows them to stay in the same house so they don't lose their friends and familiar surroundings, too. Life insurance can provide clothing and tuition and an occasional fun outing. It can provide a college education and enough money that the surviving parent doesn't need to work two jobs to make ends meet.

I love life insurance. It provides peace of mind for the insured and care and protection for spouses and children.

So why is personal life insurance ownership at an all-time low? The answer may include lack of easy access and time. In our fast paced world, it can be difficult to meet with a life insurance professional like our parents and grandparents used to do. Our world is changing and so is the life insurance industry.

Remember going into the bank to cash a check? Now we use an ATM to get cash almost anyplace and we even pay bills and balance accounts online. We used to have a travel agent who researched flights and booked travel. Now we can go online and choose from dozens of options in a couple of minutes, at most.

Today life insurance can be purchased online, too. Modern software allows a consumer to obtain accurate quotes from dozens of highly rated insurance companies with a few clicks. Have a question? Many sites have click-to-chat or a toll-free number so you can get advice free of charge or obligation. Need a policy in a couple of days? A number of companies offer instant issue policies at competitive rates. Smoke an occasional cigar, scuba dive, fly a private aircraft, or have a little too much weight for your height? Several online sites have built software that accounts for these and other underwriting challenges so when you get a quote, it is accurate for your unique situation. Think you are uninsurable? Some companies offer guaranteed issue policies for people with serious health issues.

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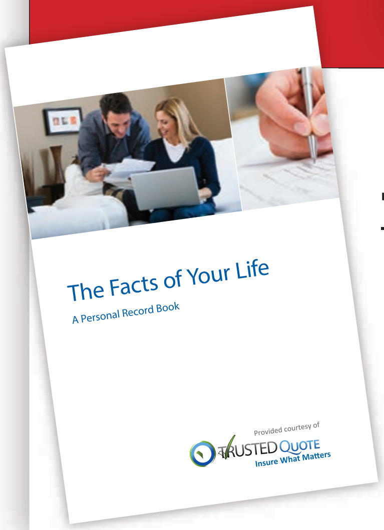

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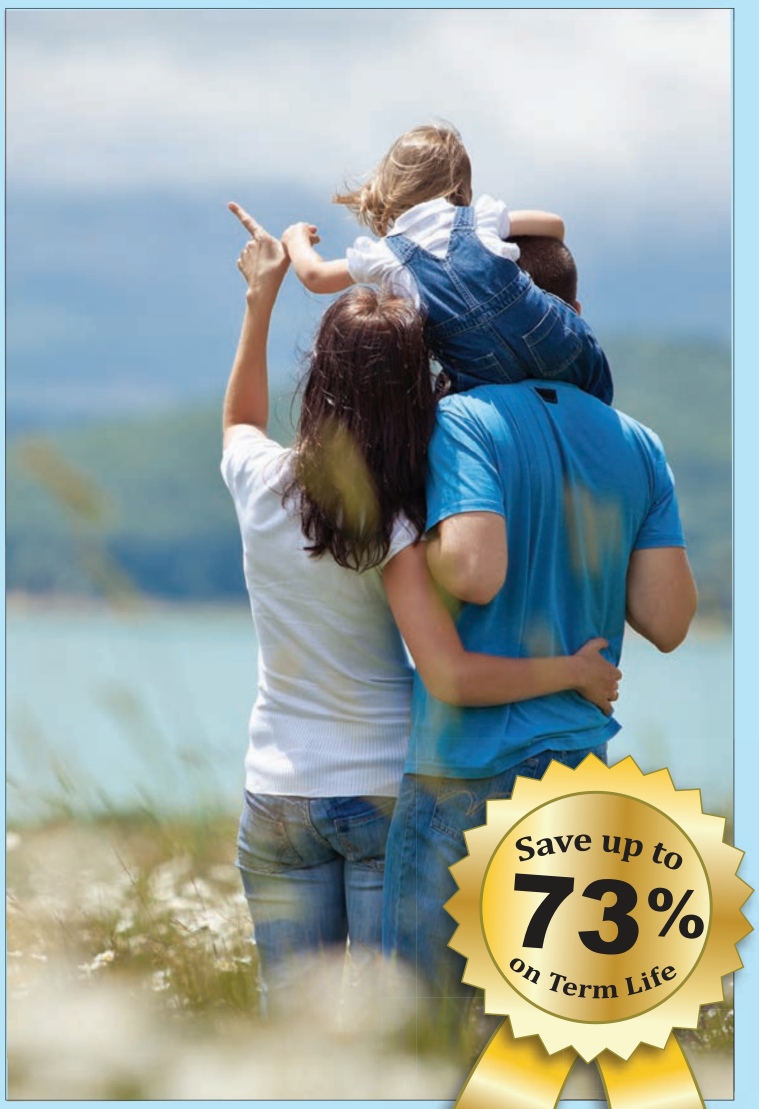
R. Jan Pinney CLU, ChFC, is a licensed life insurance agent in all 50 states and the District of Columbia. The following agent license numbers are provided for R. Jan Pinney as required by state law: CA agent #0440057, LA agent #291116, MA agent #1674866, MN agent #20270113, UT agent #58330, agent R. Jan Pinney.



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