



# 2016 Butterfly Luncheon Featuring MITCH ALBOM

March 29, 2016

The Houstonian Hotel

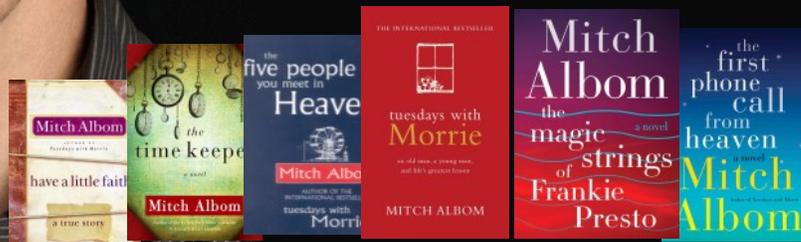
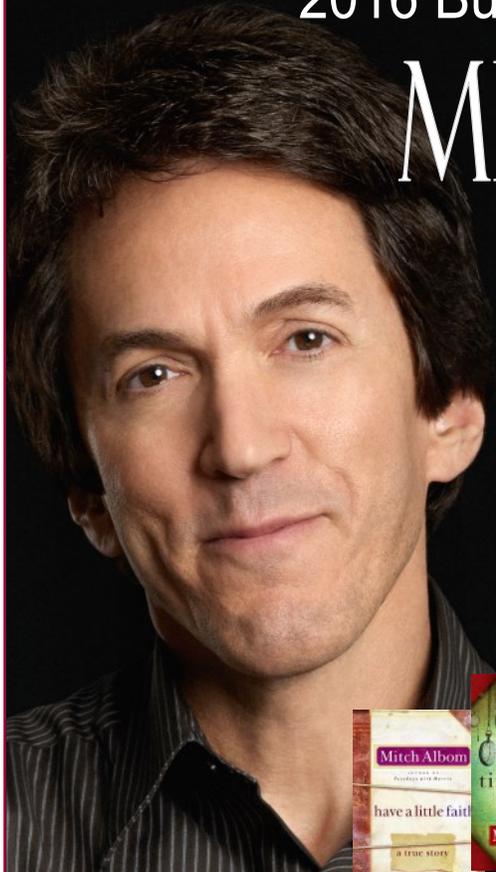
111 N. Post Oak Ln., Houston, Texas

Registration Begins at 11 a.m.

Sponsorship Opportunities and

Individual Tickets Available

at [www.houstonhospice.org](http://www.houstonhospice.org)



Volunteer Newsletter

## The Houston Hospice Butterfly Luncheon

With the humor, insight and compassion that made *Tuesdays with Morrie* a runaway best-seller, renowned author and humanitarian, Mitch Albom, will talk about our connectedness that serendipitously results from the seemingly random path of life's journey.

This is a major theme of Albom's latest book, *The Magic Strings of Frankie Presto*, in which he notes that we're all in a band, in fact several bands of people and groups throughout our lifetime. That band can be your family, your coworkers and your groups of friends from various times in your life. The book gets you to examine what part you are playing in each of those 'bands'. Copies of *The Magic Strings of Frankie Presto* will be available for purchase and signing.

Volunteers make our fundraising events extra special! Butterfly luncheon volunteers help with guest registration, raffle ticket sales, and general hospitality. If you would like to volunteer at this year's Butterfly Luncheon, please contact Patsy Piner at [ppiner@houstonhospice.org](mailto:ppiner@houstonhospice.org) or Elisa Covarrubias at [ECovarrubias@houstonhospice.org](mailto:ECovarrubias@houstonhospice.org).

Proceeds from the Butterfly Luncheon help fund our Butterfly Program of pediatric hospice care. Many of our pediatric hospice patients are unfunded and their families benefit greatly from charity care.

**For table sponsorships and individual tickets, visit [www.houstonhospice.org/butterfly\\_luncheon](http://www.houstonhospice.org/butterfly_luncheon).**

# I Know You Love Me—Now Let Me Die

Dr. Louis M. Profetta

In the old days, she would be propped up on a comfy pillow, in fresh cleaned sheets under the corner window where she would in days gone past watch her children play. Soup would boil on the stove just in case she felt like a sip or two. Perhaps the radio softly played Al Jolson or Glenn Miller, flowers sat on the nightstand, and family quietly came and went. These were her last days. Spent with familiar sounds, in a familiar room, with familiar smells that gave her a final chance to summon memories that will help carry her away. She might have offered a hint of a smile or a soft squeeze of the hand but it was all right if she didn't. She lost her own words to tell us that it's OK to just let her die, but she trusted us to be her voice and we took that trust to heart.

You see, that's how she used to die. We saw our elderly different then.

We could still look at her face and deep into her eyes and see the shadows of a soft, clean, vibrantly innocent child playing on a porch somewhere in the Midwest during the 1920s perhaps. A small rag doll dances and flays as she clutches it in her hand. She laughs with her barefoot brother, who is clad in overalls, as he chases her around the yard with a grasshopper on his finger. She screams and giggles. Her father watches from the porch in a wooden rocker, laughing while mom gently scolds her brother.

We could see her taking a ride for the first time in an automobile, a small pickup with wooden panels driven by a young man with wavy curls. He smiles gently at her while she sits staring at the road ahead; a fleeting wisp of a smile gives her away. Her hands are folded in her



lap, clutching a small beaded purse. We could see her standing in a small church. She is dressed in white cotton, holding hands with the young man, and saying, "I do." Her mom watches with tearful eyes. Her dad has since passed. Her new husband lifts her across the threshold, holding her tight. He promises to love and care for

her forever. Her life is enriched and happy.

We could see her cradling her infant, cooking breakfast, hanging sheets, loving her family, sending her husband off to war, and her child to school.

We could see her welcoming her husband back from battle with a hug that lasts the rest of his life. She buries him on a Saturday under an elm, next to her father. She marries off her child and spends her later years volunteering at church functions before her mind starts to fade and the years take their toll and God says: "It's time to come home."

This is how we used to see her before we became blinded by the endless tones of monitors and whirrs of machines, buzzers, buttons and tubes that can add five years to a shell of a body that was entrusted to us and should have been allowed to pass quietly propped up in a corner room, under a window, scents of homemade soup in case she wanted a sip. You see now we can breathe for her, eat for her and even pee for her. Once you have those three things covered she can, instead of being gently cradled under that corner window, be placed in a nursing home and penned in cage of bed rails and soft restraints meant to "keep her safe."

*(Continued on page 3)*

## Volunteer Spotlight

Houston Hospice Therapy Dogs — The Gifts That Keep On Giving by Ann James

Since becoming a volunteer in 1993, I've worn many hats including shifts in the inpatient unit, sitting with homecare patients, and serving on the Board of Directors. But in 2006, the world of volunteering changed with two loving, four-legged golden retrievers.

I had adopted a young golden, and after just a few weeks of observing her sweet demeanor with people and animals alike, I realized she was special and would be an asset. About that same time, I was introduced to a new volunteer, Lynn Hoster who owned a senior golden with the same beautiful qualities. Together we took our two best friends to a Faithful Paws class, and the following week both passed the Canine Good Citizen test and were certified therapy dogs.

Lynn's twelve-year-old, Dixie and my three-year-old Chrissy were Houston Hospice's first therapy dogs. They were a perfect team.



L-R: Lynn Hoster with Dixie & Ann James with Chrissy

Dixie's pronounced sugar-faced smile lifted the spirits of patients and their loved ones, while Chrissy's soulful eyes and wagging tail expressed that she sensed their pain and was there to comfort them. Both had a unique way of instinctively and naturally touching the hearts of everyone they encountered.

For many years the pair regularly walked the halls and gardens stopping along the way to console those coping with stress and sadness.

They shared their unconditional love with patients, staff and visitors. Lynn and I will always remember the day we came upon a man and his two adult children sitting tearfully outside a patient's room. We did not know their wife and mother had just died. As they were leaving a while later, they stopped and gently took the dogs' faces in their hands and said, "Thank you Dixie and Chrissy for giving us our only reason to smile today."

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# I Know You Love Me—Now Let Me Die

*(Continued from page 2)*

She can be fed a steady diet of Ensure through a tube directly into her stomach and she can be kept alive until her limbs contract and her skin thins so much that a simple bump into that bed rail can literally open her up until her exposed tendons are staring into the eyes of an eager medical student looking for a chance to sew. She can be kept alive until her bladder is chronically infected, until antibiotic resistant diarrhea flows and pools in her diaper so much that it erodes her buttocks. The fat padding around her tailbone and hips are consumed and ulcers open up exposing the underlying bone, which now becomes ripe for infection.

We now are in a time of medicine where we will take that small child running through the yard, being chased by her brother with a grasshopper on his finger, and imprison her in a shell that does not come close to radiating the life of what she once had. We stopped seeing her, not intentionally perhaps, but we stopped.

This is not meant as a condemnation of the family of these patients or to question their love or motives, but it is meant to be an indictment of a system that now herds these families down dead-end roads and prods them into believing that this is the new norm and that somehow the old ways were the wrong ways and this is how we show our love.

A day does not go by where my partners don't look at each other and say, "How do we stop this madness? How do we get people to let their loved ones die?"

I've been practicing emergency medicine for close to a quarter of a century now and I've cared for countless thousands of elderly patients. I, like many of my colleagues, have come to realize that while we are developing more and more ways to extend life, we have also provided water and nutrients to a forest of unrealistic expectations that have real-time consequences for those frail bodies that have been entrusted to us. This transition to doing more and more did not just happen on a specific day in some month of some year. Our end-of-life psyche has slowly devolved and shifted and a few generations have passed since the onset of the Industrial Revolution of medicine. Now we are trapped. We have accumulated so many options, drugs, stents, tubes, FDA-approved snake oils and procedures that there is no way we can throw a blanket over all our elderly and come to a consensus as to what constitutes inappropriate and excessive care. We cannot separate out those things meant to simply prolong life from those meant to prolong quality life.

## Volunteer Spotlight

*(Continued from page 2)*

Dixie volunteered until she was almost eighteen years old, making her last visit just two weeks before she died in 2011. Chrissy, now going on thirteen, recently retired and is enjoying long, well-deserved naps. Thankfully, the path paved by our dogs continues to add many paw prints as fellow Houston Hospice volunteers have gotten their pets certified through [Faithful Paws](#).

Lynn and I greatly appreciate those of you whose dogs are carrying on Dixie's and Chrissy's torch. There is nothing quite like a warm, fuzzy dog to brighten someone's day. After all, aren't therapy dogs angels in disguise?

Nearly 50 percent of the elderly US population now die in nursing homes or hospitals. When they do finally pass, they are often surrounded by teams of us doctors and nurses, medical students, respiratory therapists and countless other health care providers pounding on their chests, breaking their ribs, burrowing large IV lines into burned-out veins and plunging tubes into swollen and bleeding airways. We never say much as we frantically try to save the life we know we can't save or perhaps silently hope we don't save. When it's finally over and the last heart beat blips across the screen and we survey the clutter of bloody gloves, wrappers, masks and needles that now litter the room, you may catch a glimpse as we bow our heads in shame, fearful perhaps that someday we may have to stand in front of God as he looks down upon us and says, "what in the hell were you thinking?"

When it comes time for us to be called home, those of us in the know will pray that when we gaze down upon our last breath we will be grateful that our own doctors and families chose to do what they should instead of what they could and with that we will close our eyes to familiar sounds in a familiar room, a fleeting smile and a final soft squeeze of a familiar hand. *Reprinted with permission.*

Dr. Louis M. Profeta is an emergency physician practicing in Indianapolis. He is the author of the critically acclaimed book, *The Patient in Room Nine Says He's God*.



## Volunteer Training

The Next Volunteer Training will be **February 9, 16 and 23** at the George Library at **1001 Golfview Dr, Richmond, Texas 77469**.

Pre-registration is required and you must attend all 3 sessions. Please contact [Patsy](#) or [Elisa](#) for more information.

## Red Tape Days

Please note: if you want to be an active Houston Hospice volunteer in 2016 **you must complete the Red Tape Day Paperwork and get your annual TB test** (or have a current chest X-ray document on file). Contact [Patsy](#) or [Elisa](#) to make arrangements to complete the required paperwork.

Find Houston Hospice Events on our [Facebook Page](#) and [Website Calendar](#).

## MISSION STATEMENT

*Houston Hospice provides uncompromising, compassionate end-of-life care to patients and families in our community.*

*Through the efforts of specially trained and highly skilled interdisciplinary teams of health care professionals and volunteers, Houston Hospice patients and their families are guided through the process of illness by receiving clinical care, psychosocial support, spiritual guidance and volunteer assistance.*

Houston Hospice  
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Houston, Texas 77030-4123  
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Website: [www.houstonhospice.org](http://www.houstonhospice.org)

## Chaplain Gary Blaine: The gift of Hospice

When I talk with patients and their families about end of life care, and specifically hospice, I expect people to be somewhat shocked. Some people think we have just delivered a death sentence to them, despite the reality that they have had a terminal illness for quite some time. More often than not I see too many patients enter into hospice at the very last days of their lives. Some are actively dying and may already be unresponsive. In fact, 35% of hospice patients die within seven days of their admission, with average stays less than twenty days.

Hospice can be a gift to both patients and their families. With a timely admission into hospice, meaningful and gratifying work can be done. Hospice is the time to put hope into a new context. Prior to hospice, hope may have meant a cure or at least more time in terms of months or years of life. The context of hope in hospice looks like an emphasis on comfort, including warmth, cleanliness, dignity, and timely pain management. Hope in hospice is the treasuring of every moment of presence and lucidity. Hospice is also the time to decide how we are going to die and what degree of dignity we expect to model and receive in our dying.

Hospice can be a gift of reorienting time and priorities. All of the conversation we meant to have with family and friends have a deeper importance than years gone by. Letters, emails, and even texts we should have sent yesterday have a higher purpose today.

Hospice can be a gift of planning. Putting together all of one's business and financial affairs can be done in hospice. This can

include your last will and testament, the distribution of personal items, reconciling your bank account and assuring that those who survive you will be able to manage bills and debts. Families will be spared a great deal of frustration with these matters already taken care of.

Planning a memorial service is a very fruitful experience for both patients, families, and their respective faith institutions. What is the structure of that service, who do you want to be involved, what readings or special music do you want, will there be an honor guard, and will there be a dinner, party, or reception afterward? Where would you like memorial gifts to go? Many mortuary services have memorial planners, and you may want to talk with your religious leader. Here again, a great deal of family conflict can be avoided when everyone understands that this is the service you planned.

*Hospice can be a gift to both patients and their families. With a timely admission into hospice, meaningful and gratifying work can be done. Hospice is the time to put hope into a new context.*

The gift of hospice is the time for reconciliation. We have all experienced anger and alienation with our families, friends, and work associates. Too many people regret the lost opportunity to say, "I am sorry, please forgive me," or "I just want you to know I forgive you for..."

Take the gift of hospice to say, "I love you," or "One of the things I most admire about you is..." Reminisce, tell stories, share memories, take photographs, and sing the old songs and hymns that are loved by your family. These days of celebration and memory will become sacred in the minds of those you love the most.

Hospice is the gift of saying goodbye. Sometimes that means telling your loved one that it is OK for them to go. I have watched dying people linger for days, waiting for a brother or sister to visit so they can say goodbye. It is a gift to say, "I am leaving now. It has been such a joy to share this journey with you. You have been such a blessing in my life and I am going to take that with me."

Chaplain Gary Blaine, D. Min., provides Pastoral Care at Susan B. Allen Memorial Hospital. He received his Doctorate of Ministry from Emory University, and holds certifications as a grief counselor and a grief group facilitator. He can be reached via e-mail at [jblaine@sbamh.org](mailto:jblaine@sbamh.org).

The Butler County Times-Gazette



By Chaplain Gary Blaine, D. Min  
guest columnist

Photo courtesy Chaplain Gary Blaine.  
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