



A GOOD TELLING OF A GOOD STORY: Vermont Public Radio reporter Susan Keese won an Edward R. Murrow Award for a report in 2005 on the memorial service that Dartmouth medical students hold for their anatomy-class cadavers.

Gifts totaling \$7 million will go to palliative care

The last months, weeks, and minutes of one's life do not have to be filled with loneliness, fear, and pain: this is the promise of palliative care. But fulfilling that promise takes coordination, time, and resources: this is the challenge of palliative care.

Now, thanks to two recent gifts totaling \$7 million from the Jack and Dorothy Byrne family, meeting those challenges at DHMC will be a little easier. The Byrnes, of Etna, N.H., have committed \$5 million to establish an endowed chair in palliative medicine and \$2 million for the ongoing work of DHMC's Palliative Care Program.

"At one time," says Dr. Ira Byock, director of palliative care, "academic medical centers and the clinicians who work within them were sheltered from the pressures of time and revenue generation that clinicians in private practice experience. But in today's world, the pressures of

time and money are impinging on all of us.

"A five-minute procedure in the emergency department, for instance," says Byock, "is better compensated than hours I might spend at the bedside of a seriously ill patient with his or her family. And so philanthropy is very important in allowing us to practice and teach the state of the art in palliative care."

The multidisciplinary palliative care team at DHMC works to address the social, emotional, spiritual, and physical needs of patients who are critically ill. The Byrnes' gifts are helping the team expand both its staff and the services they offer. One new service is the No One Alone program, in which trained volunteers "sit with patients in the hospital," explains Byock, "to alleviate the sense of loneliness and boredom and sometimes anxiety that people feel during the very long hours" near the end of their lives.

Alone: Such loneliness is what first inspired Dorothy Byrne's interest in palliative medicine. About 20 years ago, her son was being treated for cancer at a hospital in New York and she noticed that some patients had neither family members nor friends at their bedside. "That was my induction into seeing a lot of people having to battle their disease alone," says Byrne. Over the years, she and her family have become more and more involved in supporting palliative care at DHMC. They decided to establish the endowed chair after

meeting with Byock last summer.

"His reputation of course preceded him," says Byrne of Byock. Still, "I was impressed when I met him." Byock has been a hospice physician for more than 20 years and is a leader in the field. He was recruited to Dartmouth in 2003, and since then the Palliative Care Program has flourished. Staffed 24 hours a day, seven days a week, it logged 2,178 inpatient visits and 912 outpatient visits in 2005—increases since 2003 of 345% and 57%, respectively.

Cause: Dorothy Byrne recognizes the importance of having "someone as motivated and dynamic as Ira" leading the effort. Establishing an endowed chair "makes a powerful statement that we're devoted to the cause," she adds. She believes Byock's presence and her family's ongoing support will also enhance Dartmouth's ability "to recruit [other] talented people, [if] they know there is such a powerful thrust behind this cause."

"I had a number of opportunities [elsewhere] to practice and build a palliative care program," Byock admits. But "as I traveled and interviewed and spent time in various medical centers, I was struck by how ready and ripe Dartmouth seemed to transform health care. . . . Now, having been here for over two and a half years," he adds, "I can tell you that nothing has diminished my confidence that we can change the world, right here."

A **WEB EXCLUSIVE** Q&A with Byock is at dartmed.dartmouth.edu/summer06/html/vs_gift_we.php.

JENNIFER DURGIN

THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1952 booklet marking the opening of the Faulkner House addition to the old Mary Hitchcock Memorial Hospital:

Faulkner House was heralded as the "most significant single development in the history of the Hospital." In 1945, with occupancy at 95%, "all departments [had been] operating under serious handicaps of space." But Faulkner made "the facilities . . . entirely adequate for offering the best possible hospital service."



\$3 million

Cost of Faulkner House, compared to \$220 million for the 1999-2006 Project for Progress (P4P) expansion

113,000

Square feet of new space in Faulkner House, compared to 467,000 in P4P; for more on P4P, see dartmed.dartmouth.edu/spring06/html/healing_place.php



MARK WASHBURN

Byock's palliative medicine program will benefit from two recent gifts.