

BODY OF KNOWLEDGE: Over the past 12 years, more than 15,000 New Hampshire fourth-graders have learned about their bodies and how to care for them, thanks to a program supported by the Dartmouth-Hitchcock Clinic called Granite State Fit Kids.



Finding “grace and guts” at the bedside

It would have been understandable if Ellen Stern had decided she’d spent enough time at sickbeds. But the day she saw a newspaper ad saying that DHMC was establishing a volunteer palliative-care program, she was determined to apply.

Stern’s mother had just died, and many years earlier she’d supported a cousin who was dying of pancreatic cancer. “He died really hard,” she says. “But he wanted me a part of his process. . . . I was holding his hand when he crossed over. . . . He was at peace and not hurting any more.”

The two experiences taught Stern that “if a patient is diagnosed with a terrible illness, it isn’t bang, the end. . . . If you’re lucky, you have some time . . . to get your priorities in order.”

Help: It was to help people like her mother and cousin that she enrolled in DHMC’s No One Alone program back in 2006. Volunteers like Stern—there are now 27—support the work of

DHMC’s Palliative Care Program, which focuses on improving the quality of life for patients with a serious illness or injury. The volunteers spend time with patients during long hospital stays, when people often feel lonely, bored, or isolated; they sometimes interact with patients’ family members as well. Dr. Ira Byock, DHMC’s director of palliative care, says the people chosen as volunteers “have to have a degree of emotional maturity and sensitivity to make use of the privilege of being at the bedside.”

Few: The U.S. has about 1,300 hospital-based palliative care programs; DHMC’s is one of only a few that uses volunteers. Wendy Sichel, the director of No One Alone, screens applicants carefully, assessing their “motivation, emotional maturity, tolerance, warmth, and empathy,” she explains. Not every

Volunteers “have to have a degree of emotional maturity,” says Byock.

volunteer has all those qualities in equal measure, but “I do want to see that they have empathy,” Sichel says. “I try to sense that they’re people-people.” Applicants are also asked to write an essay about losses in their life.

Those who are selected as volunteers undergo 20 hours of training from the palliative care team—doctors, nurses, a social worker, a chaplain, and Sichel and Byock. They learn how the team manages patients’ pain, as well as about advanced directives, spirituality at the end of life, and grief and bereavement.

After volunteers complete the training, they are accompanied for a while by an experienced volunteer until they are comfortable seeing patients on their own.

“I don’t do it to collect any rewards,” explains Cecilia Hoyt, another No One Alone volunteer. “I do it out of the need to love and help those people and be able to make life a little more comfortable, easier. . . . It helps you to grow and mature and look at life through different eyes.”

Both Hoyt and Stern have also spent time with families of patients near death. Once, says Stern, she was with a mother as her young son was taken off life support. “I literally had to hold her up,” Stern says. “But we got through it—she got through it. . . . I felt that day like—I don’t know how I felt, but I knew I had made a difference.

Guts: “I’ve been learning how to put death in its place as part of our being,” she adds. “I’m learning grace from people that I see. That word keeps coming out—it’s grace. And guts.” One patient she spent a lot of time with, Stern adds, “I used to call . . . my Xena warrior princess.”

MATTHEW C. WIENCKE

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1981 DHMC Annual Review:

“Hemodialysis, the use of an artificial kidney machine to remove toxic wastes from a patient’s bloodstream, has extended life for thousands of people whose kidneys have failed. . . . ‘As recently as 24 years ago, if both kidneys failed the person was sure to die,’ stated Frederick Appleton, M.D., medical director, Dialysis Unit. . . . A five-station hemodialysis unit opened at Mary Hitchcock in November 1980.”



>150

Radius in miles of the area from which the DHMC Chronic Dialysis Unit currently draws patients

10

Number of specialists in kidney disease and transplantation at DHMC



MARK WASHURN

Cecilia Hoyt, left, is active at DHMC in one of the nation’s few hospital-based palliative-care programs to use volunteers.