



Decisions That Matter

How Oroville Hospital can help you make informed choices about end-of-life care



Oroville Hospital

Members of the Oroville Hospital palliative care team work together to honor patients' choices.
PHOTO BY PAULA SHULTZ

The decisions that are right for you

The doctors, nurses and staff at Oroville Hospital entered the medical field to care for people and save lives. It's what motivates us each day. But even with the best health care in the world, the truth is that each life's journey will one day end. Our health care professionals recognize that the quality of life that you live can be just as important as the length of it. That's why we're committed to helping people make the right decisions for *them* when it comes to end-of-life planning.

The best time to talk to your loved ones and your doctor is when you're well. Oroville Hospital staff can provide guidance and assistance in filling out your advance health care directive and help you understand the choices you are making. If you're unexpectedly faced with making difficult decisions about end-of-life care, Oroville Hospital will be there to help you and your loved ones understand your options, and provide responsive and compassionate care according to your wishes.

-Robert J. Wentz
President and CEO
of Oroville Hospital



Have You Had the Conversation?

Start a dialogue about your health care choices today

BY MIKE BLOUNT

At some point, we are all going to face death. It's the natural conclusion to each of our unique chapters. There is ample opportunity to talk about end-of-life planning, but we often avoid discussing it until we're faced with an unexpected illness or emergency. By then, you may have to make decisions about your care quickly, or loved ones may be put in the difficult position of making those decisions for you. Having the conversation about end-of-life care early on allows you to make your own decisions and dictate your ideal quality of life.

An advance health care directive is a document that legally outlines your wishes in the event you become critically ill or injured. It may also provide information for your loved ones to make decisions on your behalf if you are unable to do so. The more specific and detailed your advance directive is, the easier it is for your care providers and loved ones to follow your instructions exactly how you want. That's why it's important to start the conversation with your primary care provider and loved ones early — no matter your age, stage, family status or health. Continue that

dialogue so your care providers can help you better understand the decisions you are making while you are filling out an advance directive.

Culturally, we tend to focus on health and longevity in our society. With all the advances in medicine, we often feel like we can live forever. But doctors and medicine can only do so much. The doctors at Oroville Hospital understand that quality of life is just as important as the length of life, and they can help you understand your options and help you determine what you will and will not be comfortable with.

Whether you are young or old, healthy or ill, planning for the unexpected is always important. Your primary care provider can provide valuable guidance and assistance in filling out your advance directive and planning for your end-of-life care. The best time to have these difficult conversations with your doctor and loved ones is when you're well, so don't be afraid to start a conversation about end-of-life planning. It's the best way to ensure that you make your own decisions, and Oroville Hospital staff are available to provide the compassionate and responsive care you want according to your wishes.

Building Lasting Memories

Family grateful for loved one's end-of-life support

Mark Clark and his family were celebrating the 20th birthday of Mark's eldest daughter, Brittany, when attention turned to his 76-year-old father.

Ray Clark wasn't eating much at dinner, which concerned his children. He'd recovered well from colon surgery about six months before and hadn't shown signs of decline — at least, not to them.

The family took him to the emergency room at Oroville Hospital. There, doctors determined Ray had colon cancer, requiring immediate surgery. During the operation, surgeons also discovered he had lung cancer. The physician relaying the results of the surgery delivered the difficult news: Ray likely did not have long to live.

Ray's wife, Beverly, and their three children (Mark, Martha and Mary) knew he did not want to spend his last days in the hospital. An avid baseball fan, Ray wanted to see his nephew Jarid play Little League and attend his first Major League game. He wanted to return home and live out whatever time he had remaining in the comfort of familiar surroundings, near the people he loved most.

To fulfill his wishes, the family met with Oroville Hospital's palliative care team. The team "helped a lot," Mark says.

"They knew what our goals were as a family and what our goals were for him."

The palliative care team's primary job is to ease the symptoms and discomfort of serious illness. Team members are also charged with supporting patients in making informed personal decisions about their own care, especially for patients facing the end of life.

Nurse practitioners Dawn Abel and Reggie Ottem helped coordinate Ray's treatment and provide for his changing needs as he transitioned from the surgical recovery ward to extended care. The nurses later arranged for in-home hospice care. Throughout the process, the palliative care team listened to and supported the needs and personal wishes of Ray and his loved ones.

"They treated us like family," Mark says. "They're kind of like family — when you spend that much time with people, it's hard not to think of them as family."

The palliative care team helped make sure Ray had the treatment he needed to remain as active and comfortable as possible, enabling Ray the opportunity to build new memories with his family.

Mark, on disability leave at the time for a back injury, spent the whole month of April 2013 in the hospital with his dad. They managed to go see Jarid play Little League, as well as the San Francisco Giants play at AT&T Park.

"We made a deal that if he made it out of the hospital, we'd take him to a Giants game," Mark says. "You couldn't ask for a more beautiful

day: T-shirt weather, just beautiful."

On the ride down, Ray predicted that Giants star Buster Posey would drive in the winning run. Sure enough, that's how the game ended.

After leaving the hospital, Mark says, his father was "very, very happy to be home." Family members took turns caring for him, supplementing the hospice nursing. When it was Ray's time to go, Mark, Beverly and Jarid were there by his side.

"It was expected, but it was unexpected," Mark says.

Now, nearly two years later, Mark of course misses his father. But he also remains grateful for the support his family received through the experience of his father's final months. To anyone in a similar situation, Mark has advice born of experience.

"Have faith in God and the people that are trying to help you," he says. "It's a big weight. Try to get a good support team around you because you can't do it by yourself, that's for sure."

Don't wait to have the talk

Even though talking about end-of-life care can be uncomfortable for you and your loved ones, there are many reasons it is the right thing to do:

- It will save your family the stress of not knowing your wishes and having to make decisions on your behalf.
- You can maintain control over the decisions that are important to you.
- Planning ahead helps you and your loved ones focus on what's important when faced with an unexpected illness or injury.
- You have more time to consider your options and decide what is important to you.
- You will make better decisions about your end-of-life care because you will not be forced to make them quickly.

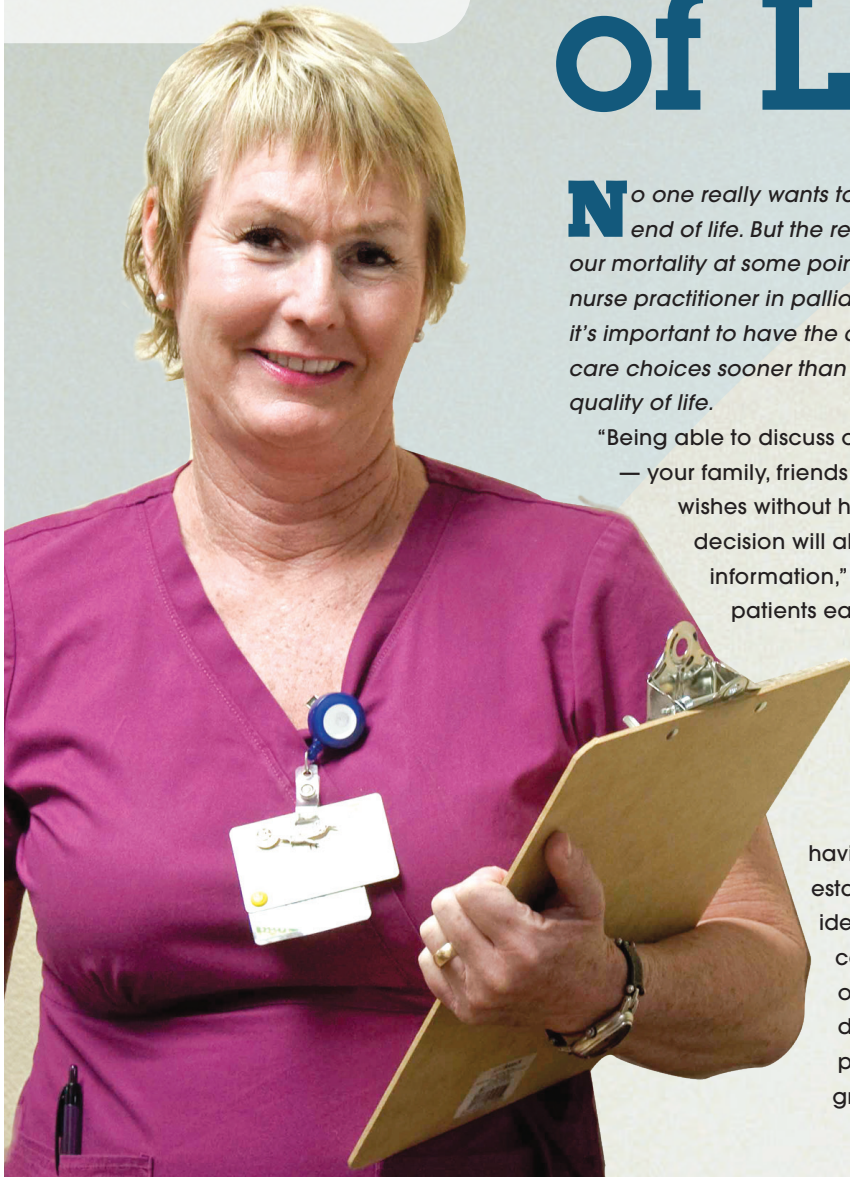
Ray Clark is remembered by his family (from left): son, Mark Clark; wife, Beverly Clark; and daughters Martha Cabrera and Mary McAvoy. When Ray was diagnosed with cancer, how and where he spent his final months was important to him, and his family and Oroville Hospital staff helped fulfill his wishes. PHOTO BY PAULA SCHULTZ



"They're kind of like family — when you spend that much time with people, it's hard not to think of them as family."

Mark Clark

Reggie Ottem, a nurse practitioner in palliative care at Oroville Hospital, says it's important to have the conversation about an advance directive sooner than later, because it can affect your quality of life.
PHOTO BY PAULA SCHULTZ



A Better Quality of Life

Setting goals for your final days can add comfort in a difficult time
BY MIKE BLOUNT

No one really wants to talk about what happens at the end of life. But the reality is that we all must confront our mortality at some point. That's why Reggie Ottem, a nurse practitioner in palliative care at Oroville Hospital, says it's important to have the conversation about your health care choices sooner than later, because it can affect your quality of life.

"Being able to discuss openly with those you care about — your family, friends and health professionals — your wishes without having to be forced to make a decision will always yield the most valuable information," Ottem says. "By engaging with our patients early on, we can get a better idea about their personal goals to enter a more effective level of support in the event of a serious long-term health problem."

Once you are comfortable having the conversation, Ottem says establishing personal goals for an ideal quality of life will help health care professionals with your end-of-life care. Those goals will be different for everyone. For some people, it might be to hold their grandchildren. For others, it might

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Reggie Ottem
Palliative care nurse practitioner

be to work in their garden or be free from pain. Ottem adds that those goals may change as a person's health changes. Keeping an open dialogue with those you love is important.

"What you were willing to accept 10 years ago, you may not be willing to accept anymore," Ottem says. "If we know what the ideal quality of life is for that person and what they expect, we can talk to them frankly about the benefit and risks of any treatment they are considering. Some may actually do more harm than good by making them weaker or nauseous."

For example, chemotherapy fights a patient's cancer, but it also affects the body in various ways, including compromising the immune system and affecting appetite. In cases where the treatment is aggressive, it can leave a patient's immune system compromised and at risk for infection. Just because a treatment is available, it doesn't always mean that it's the best course of action for every individual in every case. That's why Ottem says it's important to keep your health professionals in the conversation and ask questions.

"I think a good question to ask after a diagnosis is, 'Is this curable? What is the best-case scenario?'" Ottem says. "By asking the right questions, your health care team becomes comfortable discussing the options and not just what the patient wants to hear. It has to be a team approach and that discussion is helpful to the ones you love."

The human cost

Not making decisions about end-of-life care can have real human costs, in terms of needless pain and discomfort from unnecessary medication and procedures. Having an advance directive allows you to make decisions about what kind of care you want to receive and what you are comfortable with ahead of time.

- Unneeded procedures and care can expose you to unnecessary risks, including infection and a weakened immune system.
- Additional pain and suffering can cause a reliance on pain medication to alleviate discomfort.
- Unnecessary procedures increase stress for both you and your loved ones seeing you undergo treatment with no long-term benefit.
- You will have to spend more time in the hospital and away from family and loved ones.
- Unnecessary procedures decrease your overall quality of life.



What Is an Advance Directive?

How to ensure you get the care that you want

BY MIKE BLOUNT

An advance health care directive is a legal document that outlines your wishes concerning medical treatments at the end of life. It ensures that you can get the end-of-life care that you want, without putting additional stress on your family or loved ones by asking them to make decisions on your behalf.

The best time to fill out an advance directive is when you are healthy. Your primary care provider at Oroville Hospital can help guide you through the process of completing an advance directive and help you understand the choices you are making.

Why is it important?

Having an advance directive allows your care providers to know exactly what kind of medical care you want to receive in the event you become unable to make decisions for yourself — for example, due to being unconscious. It also helps you avoid unwanted medical procedures that could cause additional pain and suffering.

How will it help you get the care you want?

Advance directives are legally valid throughout the United States. That means that doctors are required to provide responsive care according to your wishes. You may want to provide instructions regarding the insertion of a feeding tube or the use of a breathing machine. An advance directive will ensure that your care providers will not provide any medical treatment you do not wish to receive.

What questions do you need to ask?

Ideally, you want your advance directive to be as detailed as possible. But it may be difficult to discuss every potential medical scenario that could happen. Instead, start a dialogue with your primary care provider and ask for direction in completing your advance directive.

Where can you go for support?

Oroville Hospital staff can provide both guidance and assistance in completing your advance directive. It's important to speak with your primary care provider directly so he or she can help you better understand the options that you have and the choices that you are making. Oroville Hospital also has two palliative care nurse practitioners who can answer any questions you have about end-of-life care. You may also ask your religious leader or Oroville Hospital's chaplain for support in completing an advance directive.

Does Oroville Hospital provide the advance directive form?

Yes. You can download the advance directive form on Oroville Hospital's website at www.OrovilleHospital.com/directive. Make sure to ask your primary care provider any questions you have. Some questions you will need to answer include designating an agent to make decisions on your behalf and specific instructions regarding your health care. The form provides choices for health care, and filling it out can be as easy as selecting your preference and initialing, or you can create your own form.

For more information on advance directives, visit www.OrovilleHospital.com/directive.

Making the best decisions

Your primary care provider can help you decide what is best when considering end-of-life care. Here are a few questions that you can ask your doctor before you complete an advance directive:

- Is my disease/condition curable?
- What are the best-case and worst-case scenarios for this disease/condition?
- What are the realistic chances of me benefiting from this drug or procedure?
- What are the side effects?
- What questions should I be asking about this care that I haven't thought of yet?
- On average, how long does it take to recover from this procedure?
- What kind of quality of life would I have?
- Will this procedure or care restrict my physical movement in any way?
- How much pain or discomfort does this procedure or care cause?

"We want to make sure the family and the patient have all the information needed so they can make the best, informed decision to guide their care."

Dawn Abel

Dawn Abel, a nurse practitioner, is a member of the Oroville Hospital palliative care team.
PHOTO BY PAULA SCHULTZ

Empowering Patients to Make Personal Decisions

Palliative care team helps support patients and their families

As a family nurse practitioner working in Oroville Hospital's Post-Acute Center, Dawn Abel treats patients with a wide range of ailments, including those that are life-threatening. That's when Abel slides into her other role, as a member of the hospital's palliative care team.

Palliative care is treatment focused on relieving the symptoms, pain and discomfort resulting from serious illnesses. Palliative care is aimed at improving the patient's quality of life, and can begin at any time during a serious illness. Hospice care is one kind of palliative care that focuses on the needs of patients who are nearing the end of their lives.

As a member of the palliative care team, Abel collaborates with physicians and staff to help fulfill the wishes of patients and their loved ones, including their personal choices about end-of-life care.

The team meets with the patient and family after being referred by a physician. During this consultation, the physician explains the diagnosis and treatment options, the nurse practitioner reviews any advance health care directive the patient may have created, and the group starts discussing how to proceed.

"We try to help guide the family in what would be best for the patient, and we also try to include

the patient in those discussions as much as possible," Abel says.

Some patients may wish to aggressively fight an illness — that may entail intensive therapies, such as surgery and medication.

Depending on their unique situation, others may choose to forgo therapies, especially if chances for a successful outcome are low. They instead prefer to focus on easing the suffering through "comfort care," including medicine for pain and discomfort.

Still others may feel they'll be more comfortable receiving care at home, opting for specialized in-home hospice care for the final days.

"We want to make sure the family and the patient have all the information needed so they can make the best, informed decision to guide their care," Abel says. "We usually don't expect families to make a decision that day; it all has to do with the patient's progress."

Moreover, she adds, with any decision — even one written in an advance directive — "patients are able to change at any time; it's not set in stone. Families can change things as well."

These conversations — very personal, very intimate, very delicate — tend to be hard for all involved, Abel admits. But they're also critically important.

Providing comfort also extends to people close to the patient — spouse, children, parents, siblings and friends.

"We're talking about human emotions," she says. "It can be challenging, it can be sad, but it can be very rewarding on the other side, too. I feel honored that I get to be there and help guide them."



Together in This Moment

Chaplain offers wisdom, compassion and broad perspective

Chaplain LaFreeda Thomas is driven by the mission to offer care and compassion to the individuals who come to Oroville Hospital for healing. She serves as the hospital's spiritual liaison, helping fulfill whatever religious needs patients and family members may have.

Her role varies. She's asked to lead prayers at the bedside, in the chapel or in the waiting room. She honors requests for services and rituals by officiants of other faiths. She counsels people seeking answers for myriad concerns.

Often, she contributes soothing words and a gentle touch to the healing process. Those simple gestures can mean so much, regardless of a patient's spiritual identity, Thomas says.

"Compassion is understood no matter what language someone speaks," she says. "People understand kindness in any language."

Thomas first began her work in health care as a licensed vocational nurse. Then, after majoring in health science and community health at Chico State University, she worked as a community health nurse. She transitioned from medicine to ministry after working

as a parish nursing coordinator in Paradise. After graduating from Fuller Seminary, Thomas completed the qualifications for board certification from Healthcare Chaplains Ministry Association and now is Oroville Hospital's official chaplain.

Her health care background allows her to offer added clarity to patients and loved ones about health matters, as well as add specificity into words of comfort and devotion.

"I can help reframe or clarify what's going on," Thomas says. "And then when we go into prayer, I can say what is accurately true and what I've picked up from family members to give their

heart's desire to the prayer also — so the prayer has more meaning and hopefully raises hope for something they define themselves."

A patient's self-definition is especially significant to Thomas. Her training stresses spiritual work that avoids any attempt at conversion, a value that resonates with her.

"It is extremely important to allow the person to be who they really are," she says. "I am a guest on their journey, and I

have to remember to be respectful of that."

Thomas finds that patients often turn to her for comfort and support as they approach the final steps of their journey. She says she tries to help patients who are facing the end of life, and their families, to focus on the things that are most personally meaningful. She emphasizes that it's valuable to view death in the context of the whole life lived, and above all to respect the experience of the patient.

"Remember that the perspective of the people in the experience is most important," she says. "Remember to listen — people feel loved when they're listened to — and just hear what they have to say. ... You have to understand how valuable the moment is, and stay with the person in the moment."

"Maybe it's the American culture, but we're tempted to figure out how to fix things. I had to learn not to be a fixer so much, because if you run down the road to fix the problem, then where's the patient? You've left them — and they feel abandoned. You have to stay right there."

"Remember to listen — people feel loved when they're listened to — and just hear what they have to say."

Chaplain LaFreeda Thomas

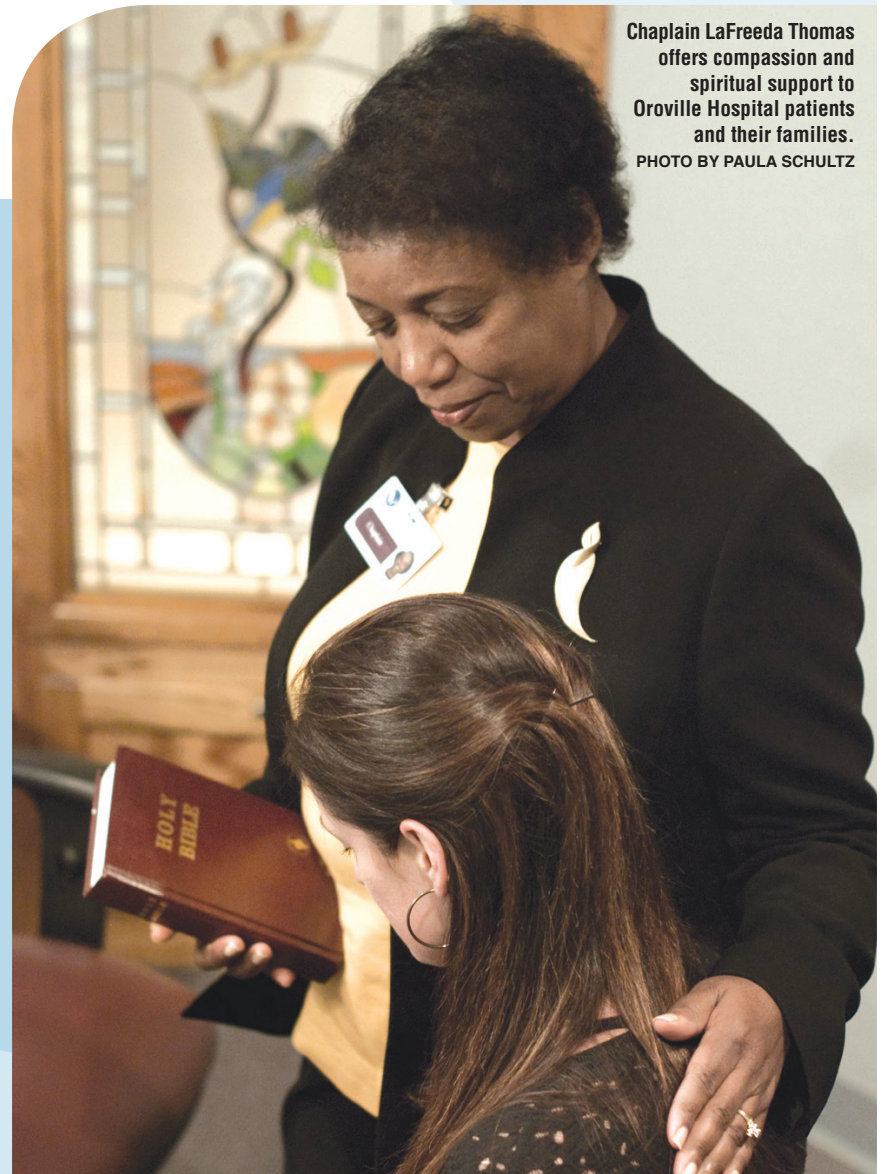
Making personal choices

Too often, families of patients with life-threatening illnesses have to make difficult decisions without knowing their loved one's wishes. Starting a conversation about the patient's personal beliefs can help a family gain understanding and ease their burden.

Chaplain LaFreeda Thomas, spiritual liaison at Oroville Hospital, recommends considering the following questions to help define what "quality of life" means to you, particularly if you're facing choices about end-of-life care:

- What makes life worth living?
- What can't I live without?
- What is most important to me spiritually and emotionally?
- Who is most important to me?
- Am I satisfied with my spiritual or religious journey at this time?
- Do I desire assistance from my own spiritual or religious support person?
- What do I want to say to people who have meaning to me?
- What instructions do I want to give — and whom can I trust to carry out the instructions?

The best time to begin considering these questions and discussing them with loved ones is now — whether you're young or older, well or have been recently diagnosed with a serious illness.



Chaplain LaFreeda Thomas offers compassion and spiritual support to Oroville Hospital patients and their families.
PHOTO BY PAULA SCHULTZ



You're Covered

A review of Oroville Hospital end-of-life services

Oroville Hospital is committed to supporting and providing excellent care to patients facing life-threatening illnesses and those making decisions about their health care. At Oroville Hospital, a team of specialists provide comprehensive, compassionate end-of-life care that is tailored to meet your wishes. Oroville Hospital end-of-life services include:

**Palliative care
Medical concierge**

**Pain management
Chaplain consultation**

**Social work
Hospice**

Take control of your medical care

By planning ahead, you ensure that you get the medical care that you want and relieve loved ones of decision-making during times of stress and grief. To get started, talk with your primary care provider for guidance in creating an advance directive, written instructions you give relating to your medical care in the event you are unable to make your own decisions. Some resources to help you organize your thoughts and initiate conversations include:

Aging with Dignity

Committed to safeguarding your human dignity as you age and to promoting better care for people near the end of life.

888-5WISHES (594-7437)
www.agingwithdignity.org

Center for Practical Bioethics

Resources to guide you, your family and friends through the process of advance care planning.

(800) 344-3829
www.practicalbioethics.org

The Conversation Project

Dedicated to helping you talk with loved ones about your wishes for end-of-life care.

theconversationproject.org

National Association of Area Agencies on Aging

Offers caregiving, nutrition, health and wellness, and elder rights and supportive services under the Older Americans Act.

(202) 872-0888
www.n4a.org

National Healthcare Decisions Day — April 16, 2015

An initiative that encourages patients to express their wishes regarding health care and providers to respect those wishes.

(650) 273-6433
www.nhdd.org

PREPARE

Easy guide to preparing for medical decision-making. In English and Spanish.

(415) 735-1106
prepareforyourcare.org

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