Molly’s Column

FROM THE DESK OF DR. MOLLY BOURNE, CHIEF MEDICAL OFFICER

On June 9th, the End of Life Option Act went into effect. This legislation allows individuals with a terminal diagnosis to take a medication that will hasten death. In order to participate, two doctors must testify that the requesting person has mental capacity to make this decision, is able to administer the medication himself and has less than six months to live. There is a fifteen day waiting period and some legal paperwork needs to be submitted to the state before the person can obtain the prescription. Furthermore, upon request for the medication, the physician is required to suggest hospice or palliative care services.

“Clearly, Hospice by the Bay needed to be ready for June 9th. And we were.”

I was part of a task force that spent the last year developing a policy keeping true to our values at Hospice by the Bay. We reached out to hospices in states that already have this legislation. In addition, we met with our ethics committee. Ultimately, we determined that we could continue to do the incredible work we already do while allowing our clients to make an individualized decision with their physician.

The truth is, very few people are eligible for this law. The majority with terminal diagnoses do not have mental or physical capacity to carry out the processes needed to obtain a prescription. At Hospice by the Bay, we continue to help all our patients live their final days with comfort and dignity. For the small percentage of patients who are eligible and interested in participating in the End of Life Option Act, we honor the decision they make with their physician regarding the option to take an aid-in-dying medication.

It matters to us at Hospice by the Bay how you want to spend your final days. Regardless of your feelings towards this legislation, most people are not eligible for it. While none of us has a choice as to whether we will die, we can still maintain some control over how we die. With or without the new law, we can actively choose to make comfort and dignity a priority. Hospice by the Bay helps people with this every day.

Community Connections

Nurse walks the Tenderloin giving comfort to the dying

Reprinted from the San Francisco Chronicle, March 26, 2016

With a loping stride, Maurice Ruark is a man of constant motion through the Tenderloin District, the sidewalks of which he has walked for 27 years as a registered nurse for Hospice by the Bay, visiting patients who are close to death and bringing comfort from pain.

“My job is to help people, and that’s what I love to do is to help people,” he says. He decided long ago to forgo driving to see his clients. He says walking has kept him sane and healthy despite the misery he endlessly works to alleviate. Walking the sidewalks between patients helps him process all that he sees.

At the Empress Hotel on a recent morning, he gently raps on the door of Jacquie Zusman’s tiny studio room. Her pain is so severe, she can barely muster the energy to sit up. “How you doing Jacquie?” asks Ruark with an upbeat demeanor. “Don’t ask,” her voice trembles on the verge of tears. Bass shakes the walls from one neighbor’s door, as another pulls an extension cord from his room to get a signal to play golf on his phone. Ruark knows how to read pain and bring comfort. He recognizes that she is close to death. Her 16-year stint at the Empress Hotel has come to an end.

“My you gonna go to Coming Home (Hospice) this morning and I’m gonna be there this afternoon,” Ruark said, his hand resting on her back. “And I will be your nurse, and you’ll see me even on a more frequent basis.”

As he waits with her for emergency medical technicians to arrive to move her, Ruark descends the stairs to the sidewalks of the Tenderloin where he turns out the Empress and heads up the street, off to the next patient.

See complete article on our website
It was an honor for us to sit down a few days ago with Pam Peirce, Social Worker, at Hospice by the Bay, to learn about hospice care and the unique end-of-life issues facing the LGBT community. Peirce, who lives in San Francisco with her wife, has worked in hospice care for 20 years.

San Francisco Bay Times: What’s unique about caring for members of the LGBT community? How does Hospice by the Bay work with LGBT clients?

PAM PEIRCE: Historically, the LGBT community has been reluctant to seek health care from straight providers. Why? Lack of health insurance, stigma, and lack of safety in a mainstream healthcare environment. The situation has greatly improved, but facing a terminal illness is hard enough without wondering if a team of healthcare workers will treat you with respect and dignity. All our staff, regardless of their own orientation or identity, provides highly skilled care suitable to an individual’s situation, without judgement.

The challenges of a life-threatening illness can be compounded by other issues: questions of reconciliation with families of origin when there has been harm done in the past; trauma and compassion fatigue from the multitude of deaths from HIV in the 1980s and 1990s; and, financial stress as a result of employment and housing discrimination. Members of the transgender community can suffer the most from this isolation and discrimination; their desire to die in their preferred gender is often disrespected.

Having an understanding of all of these dynamics helps us be better prepared to offer services to the LGBT community.

San Francisco Bay Times: Isn’t end-of-life decision-making also a challenge?

PAM PEIRCE: Having a legal document that lays out your end-of-life wishes is particularly critical for our community. I’ve had an Advance Directive for years, as have many in the LGBT community.

But people forget. It can be very difficult if you don’t have a legal partner. Do you want family members whom you haven’t seen for years to make decisions for you or your family of choice?

I recall working with a gay couple who had been together over 40 years, but did not have an Advance Directive and were not registered domestic partners. The surviving partner lost the right to determine funeral plans after the death. No one wants that outcome. It is important for all of us to have the conversation about end-of-life wishes while we are still healthy.

(Continued on the back panel)