

BERRIEN COUNTY CANCER SERVICE NEWSLETTER

www.bccancerservice.org

In honor of the committed service of Olove Colcord, R.N.

THE MISSION OF THE BERRIEN COUNTY CANCER SERVICE:

To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.



February 2012

(269) 429-3281

VOLUME XXI ISSUE II

The **BERRIEN COUNTY CANCER SUPPORT GROUP** is a group for patients, family members and care givers. Come share successes, feelings, fears and practical methods of coping with the physical and emotional aspects of living with the diagnosis of cancer.

Life's Little Gifts

Sometimes life brings a lamp of gold
And puts it in our hands to hold,
Sometimes she brings a step toward fame
And leaves it somewhere near our name.

Sometimes she brings true love to share
With someone who was waiting there,
Sometimes she brings strength anew
To finish tasks that we must do.

But the greatest of the gifts she brings
Is a heart within that always sings,
No Matter what its fate may be
A heart that's glad, a heart that's free.

A heart that knows if raindrops fall
The marigold will then grow tall,
A heart that takes what comes each day
And makes the most of it some way.

Content to feel a higher power
Rules over every single hour,
A heart that knows as time goes by
It must not ask just how and why.

When life walks swiftly by its door,
And gives a fellow traveler more,
A heart that knows some good shall come
Not as it seems to come to some,
But slowly surely from above
In God's own time by his own love!

Live your life despite illness

Palliative care is not the same as hospice care.

Via: HealthSmart – The Doctors

Why a team approach like palliative care may be best. You hear “palliative care” and you think “end of the road,” but it’s actually far from it. When you’re diagnosed with a serious illness, you should seek relief—from pain and from stress. You seek information—about your condition and treatment. And you seek ways to keep living your life—for yourself and your loved ones.

That’s what palliative care is: it’s a service that coordinates a team of specialists and your primary doctor, and the goal is improving your quality of life.

Palliative care is available at any time during your illness, and it can be provided along with curative treatments. It works to meet individual needs—from pain management and anxiety to spiritual and psychological needs.

If you’re interested in palliative care, ask your doctor for a referral. Most insurance plans will cover all or part of the palliative care treatment received in a hospital; you also can receive palliative care at home.

Palliative care (from Latin *palliare*, to cloak) is a specialized area of healthcare that focuses on relieving and preventing the suffering of patients. Unlike hospice care, palliative medicine is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life.

Palliative medicine utilizes a multidisciplinary approach to patient care, relying on input from physicians, pharmacists, nurses, chaplains, social workers, psychologists, and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient's life. This multidisciplinary approach allows the palliative care team to address physical, emotional, spiritual, and social concerns that arise with advanced illness.

Medications and treatments are said to have a palliative effect if they relieve symptoms without having a curative effect on the underlying disease or cause. This can include treating nausea related to chemotherapy or something as simple as morphine to treat a broken leg or aching related to an influenza (flu) infection.

Although the concept of palliative care is not new, most physicians have traditionally concentrated on trying to cure patients. Treatments for the alleviation of symptoms were viewed as hazardous and seen as inviting addiction and other unwanted side effects.

The focus on a patient's quality of life has increased greatly during the past twenty years. In the United States today, 55% of hospitals with more than 100 beds offer a palliative-care program and nearly one-fifth of community hospitals have palliative-care programs. A relatively recent development is the concept of a dedicated health care team

that is entirely geared toward palliative treatment: a palliative-care team.

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness — whatever the prognosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

A World Health Organization statement describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." More generally, however, the term "palliative care" may refer to any care that alleviates symptoms, whether or not there is hope of a cure by other means; thus, palliative treatments may be used to alleviate the side effects of curative treatments, such as relieving the nausea associated with chemotherapy.

The term "palliative care" is increasingly used with regard to diseases other than cancer such as chronic, progressive pulmonary disorders, renal disease, chronic heart failure, HIV/AIDS, and progressive neurological conditions. In addition, the rapidly growing field of pediatric palliative care has clearly shown the need for services geared specifically for children with serious illness.

Palliative care:

1. provides relief from pain, shortness of breath, nausea, and other distressing symptoms
2. affirms life and regards dying as a normal process
3. intends neither to hasten nor to postpone death
4. integrates the psychological and spiritual aspects of patient care
5. offers a support system to help patients live as actively as possible
6. offers a support system to help the family cope
7. uses a team approach to address the needs of patients and their families
8. will enhance quality of life
9. is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy.

While palliative care may seem to offer a broad range of services, the goals of palliative treatment are concrete: relief from suffering, treatment of pain and other distressing symptoms, psychological and spiritual care, a support system to help the individual live as actively as possible,

and a support system to sustain and rehabilitate the individual's family.

Comparison with hospice in the United States

In the United States, hospice services and palliative care programs share similar goals of providing symptom relief and pain management. Non-hospice palliative care is appropriate for anyone with a serious, complex illness, whether they are expected to recover fully, to live with chronic illness for an extended time, or to experience disease progression. In contrast, although hospice care is also palliative, the term hospice applies to care administered in patients with a prognosis of 6 months or less to live.

Assessment of symptoms

A method for the assessment of symptoms in patients admitted palliative care is the Edmonton Symptoms Assessment Scale (ESAS), in which there are eight visual analog scales (VAS) of 0 to 10, indicating the levels of pain, activity, nausea, depression, anxiety, drowsiness, appetite, and sensation of well-being, sometimes with the addition of shortness of breath. On the scales, 0 means that the symptom is absent and 10 that it is of worst possible severity. It is completed either by the patient alone, by the patient with nurse's assistance, or by the nurses or relatives.

Dealing with distress

The key to effective palliative care is to provide a safe way for the individual to address their physical and psychological distress, that is to say their total suffering, a concept first thought up by Cicely Saunders, and now widely used, for instance by authors like Twycross or Woodruff. Dealing with total suffering involves a broad range of concerns, starting with treating physical symptoms such as pain, nausea and breathlessness. The palliative care teams have become very skillful in prescribing drugs for physical symptoms, and have been instrumental in showing how drugs such as morphine can be used safely while maintaining a patient's full faculties and function. However, when a patient exhibits a physiological symptom, there are often psychological, social, or spiritual symptoms as well. The interdisciplinary team, which often includes a social worker or a counselor and a chaplain, can play a role in helping the patient and family cope globally with these symptoms, rather than depending on the medical/pharmacological interventions alone. Usually, a palliative care patient's concerns are pain, fears about the future, loss of independence, worries about their family, and feeling like a burden. While some patients will want to discuss psychological or spiritual concerns and some will not, it is fundamentally important to assess each individual and their partners and families need for this type of support. Denying an individual and their support system an opportunity to explore psychological or spiritual concerns is just as harmful as forcing them to deal with issues they either don't have or choose not to deal with.

- Palliative care is comfort care given to a patient who has a serious or life-threatening disease, such as cancer, from the time of diagnosis and throughout the course of illness. It is usually provided by a specialist who works with a team of

other health care professionals, such as doctors, nurses, registered dietitians, pharmacists, and social workers.

- Palliative care is different from hospice care. Although they share the same principles of comfort and support, palliative care begins at diagnosis and continues during cancer treatment and beyond.
- Hospitals, cancer centers, and long-term care facilities provide palliative care. Patients may also receive it at home. Physicians and local hospitals can provide the names of palliative care or symptom management specialists.
- Palliative care addresses the emotional, physical, practical, and spiritual issues of cancer. Family members may also receive palliative care.
- Research shows that palliative care improves the quality of life of patients and family members, as well as the physical and emotional symptoms of cancer and its treatment.

Commonly asked Questions

1. When is palliative care used in cancer care? Palliative care is given throughout a patient's experience with cancer. It should begin at diagnosis and continue through treatment, follow-up care, and the end of life.
2. Who gives palliative care? Although any medical professional may provide palliative care by addressing the side effects and emotional issues of cancer, some have a particular focus on this type of care. A palliative care specialist is a health professional who specializes in treating the symptoms, side effects, and emotional problems experienced by patients. The goal is to maintain the best possible quality of life.

Often, palliative care specialists work as part of a multidisciplinary team to coordinate care. This palliative care team may consist of doctors, nurses, registered dietitians, pharmacists, and social workers.

Many teams include psychologists or a hospital chaplain as well. Palliative care specialists may also make recommendations to primary care physicians about the management of pain and other symptoms. People do not give up their primary care physician to receive palliative care.

3. If a person accepts palliative care, does it mean he or she won't get cancer treatment? No. Palliative care is given in addition to cancer treatment. However, when a patient reaches a point at which treatment to destroy the cancer is no longer warranted, palliative care becomes the total focus of care. It will continue to be given to alleviate the symptoms and emotional issues of

cancer. Palliative care providers can help ease the transition to end-of-life care.

4. What issues are addressed in palliative care? Palliative care can address a broad range of issues, integrating an individual's specific needs into care. The physical and emotional effects of cancer and its treatment may be very different from person to person. For example, differences in age, cultural background, or support systems may result in very different palliative care needs.

Comprehensive palliative care will take the following issues into account for each patient:

1. **Physical.** Common physical symptoms include pain, fatigue, loss of appetite, nausea, vomiting, shortness of breath, and insomnia. Many of these can be relieved with medicines or by using other methods, such as nutrition therapy, physical therapy, or deep breathing techniques. Also, chemotherapy, radiation therapy, or surgery may be used to shrink tumors that are causing pain and other problems.
2. **Emotional and coping.** Palliative care specialists can provide resources to help patients and families deal with the emotions that come with a cancer diagnosis and cancer treatment. Depression, anxiety, and fear are only a few of the concerns that can be addressed through palliative care. Experts may provide counseling, recommend support groups, hold family meetings, or make referrals to mental health professionals.
3. **Practical.** Cancer patients may have financial and legal worries, insurance questions, employment concerns, and concerns about completing advance directives. For many patients and families, the technical language and specific details of laws and forms are hard to understand. To ease the burden, the palliative care team may assist in coordinating the appropriate services. For example, the team may direct patients and families to resources that can help with financial counseling, understanding medical forms or legal advice, or identifying local and national resources, such as transportation or housing agencies.
4. **Spiritual.** With a cancer diagnosis, patients and families often look more deeply for meaning in their lives. Some find the disease brings them more faith, whereas others question their faith as they struggle to understand why cancer happened to them. An expert in palliative care can help people

explore their beliefs and values so that they can find a sense of peace or reach a point of acceptance that is appropriate for their situation.

Can a family member receive palliative care?

Yes. Family members are an important part of cancer care, and, like the patient, they have a number of changing needs. It's common for family members to become overwhelmed by the extra responsibilities placed upon them. Many find it difficult to care for a relative who is ill while trying to handle other obligations, such as work and caring for other family members. Other issues can add to the stress, including uncertainty about how to help their loved one with medical situations, inadequate social support, and emotions such as worry and fear. These challenges can compromise their own health. Palliative care can help families and friends cope with these issues and give them the support they need.

Chantal's New York Cheesecake

- 15 graham crackers, crushed
- 2 tablespoons butter, melted
- 4 (8 ounce) packages cream cheese
- 1 1/2 cups white sugar
- 3/4 cup milk
- 4 eggs
- 1 cup sour cream
- 1 tablespoon vanilla extract
- 1/4 cup all-purpose flour

Directions:

Preheat oven to 350 degrees F (175 degrees C). Grease a 9 inch springform pan.

In a medium bowl, mix graham cracker crumbs with melted butter. Press onto bottom of springform pan.

In a large bowl, mix cream cheese with sugar until smooth. Blend in milk, and then mix in the eggs one at a time, mixing just enough to incorporate. Mix in sour cream, vanilla and flour until smooth. Pour filling into prepared crust.

Bake in preheated oven for 1 hour. Turn the oven off, and let cake cool in oven with the door closed for 5 to 6 hours; this prevents cracking. Chill in refrigerator until serving.

In Loving Memory

During December 2011, Memorial Donations were generously made by and for the following people

In Memory of Theodore Kroschel Sr. & Hertha (Kroschel) Schubert

JoAnne Smith, Stevensville

In Memory of William Beiermeister

Stevensville American Legion Auxiliary Unit 568

In Memory of Ivan Burkepile

Roger & Barbara Brown, St. Joseph

In Memory of Annabelle Bush-Tibbitts

Mary L. Black, Dowagiac
John & Karen Duymovic & Bob Potter, Portage
Diane D. Kleis & Family, Boulder CO

In Memory of Olove Colcord

Kimberly D. Godfrey, Niles

In Memory of Michael Denton

Sanae Ackerman, Benton Harbor
Noriko Budd, Covert
Cathy Champagne, St. Joseph
David Kihlstrand, Prudenville
Edward Owsianka, St. Joseph
Debra Small, Benton Harbor

In Memory of Frances Dorn

Gina L. Kruck, Berrien Springs

In Memory of Matthew T. Ellis

Mike & Marsha Ellis, Niles

In Memory of Fred Fege

JoAnne Smith, Stevensville

In Memory of C "Sherm" Ford

Leonard & Dorothy Krumrie, St. Joseph

In Memory of Nelson "Bud" Goodwin

JoAnne Smith, Stevensville

In Memory of Dodie Harley

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In Memory of Alma Hildebrand

Ruth E. Hildebrand, Stone Mountain, GA

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Joyce A. Balka, St. Joseph
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Terrie Smith, Stevensville
William & Mary Spaulding, St. Joseph
Allan & Gloria Wennerberg, St. Joseph
Kathy & Shawn Patzkowsky, Birmingham AL

In Memory of Mary Ann Mashke

Mr. & Mrs Philip Arent, Niles
Leatha Mashke, St. Joseph
Edgar & Ruth Ann Ross, St. Joseph
Shirley F. Sheffer, Benton Harbor

In Memory of Lowell Miller

Gordon Miller, Berrien Springs

In Memory of Austin Murray

Sandy Murray, St Joseph

In Memory of Lynn Randon

Kimberly E. Landeck, St. Joseph

In Memory of Erica Rath

Madelynne Keller, Three Oaks

In Memory of Gary Rosenthal

Roger Rosenthal, St. Joseph

In Memory of Eve Marie Sanchez

Mr. & Mrs. Robert Hayward, St. Joseph

In Memory of Fred Schmidt

The Hoy Family, Fishers IN

In Loving Memory (continued)

In Memory of Kenneth Smith

Gordon Banasik, Watervliet
Bonnie J. Bannen, Watervliet
Duane Bodfish, Watervliet
Dennis & Shirley Churchill, Watervliet
Mr. & Mrs. Paul Crouch, Niles
Susan M. Dewey, Watervliet
John & Sharon Fox, Coloma
Elaine M. Gaynor, Watervliet
Dennis & Linda Hingst, Watervliet
H. Jean Koebel, Berrien Springs
Mrs. Jerry A. Koebel, Three Oaks
Pamela S. Lurkey, St. Joseph
Joy Maddox, Grandville
Nancy Manning, Paw Paw
Jeannine Marks, Stevensville
Vincent H. Pratt, Coloma
Barbara Schofield, Watervliet
Frieda Schultz, Watervliet
Ned Totzke, Baroda
Kerry Wesner, Eau Claire
Duane White, Decatur
Charlene Whitney, St. Joseph

In Memory of Claudia Strefling

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In Memory of Thaddeus Surma

Evelyn L. Heward, Bridgman

In Memory of Ted Surma

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In Memory of Bruce Temple

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In Memory of James William Wages Jr.

Ellen Greenland, Rhinelander WI
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John & Marilyn Sadler, Memphis TN

In Memory of Sharon G. Whitaker

Lucille Vyzral, Stevensville

In Memory of Louise Ann White

Robert F. White, St. Joseph

Berrien County Cancer Service sends our sincere sympathy to all those who have recently lost loved ones. We thank all of our generous donors. Your donations are very much appreciated and will help cancer patients in Berrien County. Thank you.

In Your Honor

In December 2011 donations were made by and in honor of the following:

In Honor of Marian Arend

Vere Arend, Baroda

In Honor of Nancy Church

HH & Hilary Critchfield, Harbert

In Honor of Amelia Ford

Leonard & Dorothy Krumrie, St. Joseph

In Honor of Barb Krantz

Richard Ziebart, St. Joseph

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Hannah Noble, Three Oaks
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Sandra Robinson, Kalamazoo
Siham Sayegh, Benton Harbor
Margaret Yetzke, Watervliet

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

February 7 & 21 – 1:30 p.m.

March 6 & 20 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

February 14 & 28 – 1:30 p.m.

March 13 & 27 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

February 21 – 1:30 p.m.

March 20 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center

February 9 – 5:30 p.m.

March 8 – 5:30 p.m.

Ostomy Support Group

Lakeland Regional Medical Center

February 9 – 6:00 p.m.

March 8 – 6:00 p.m.

Man to Man – Prostate Support Group

Trinity Center, St. Joseph

February 21 - 6:30 p.m.

March 20 – 6:30 p.m.

DATES TO REMEMBER IN FEBRUARY

February 1 – Spunky Old Broads Day

February 2 – Hedgehog Day

February 4 - World Cancer Day

February 5 – Super Bowl XLVI Day

February 9 – National Stop Bullying Day

February 11 – Satisfied Stay Single Day

February 12 – Abe Lincoln’s Birth Day

February 14 – Valentine’s Day

February 16 – Innovation Day

February 20 – Presidents Day

February 22 – George Washington’s Birth Day

February 29 – LEAP YEAR DAY

Newsletters available online

Our newsletters are available on our website:
www.bccancerservice.org. If you would like to be removed from this mailing list, please call our office at 269-429-3281 or send us an e-mail: staff@bccancerservice.org.

Thank you!

Please Consider...

Berrien County Cancer Service, Inc., is a non-profit organization funded primarily by the United Way, private donations and fund-raisers. We receive no Medicare, Medicaid or other insurance payments. To continue our free services to Berrien County cancer patients, we need your help. Any donation is greatly appreciated.

Donations to our General Fund will help balance our current budget. Donations to our Endowment Fund will help guarantee that the Cancer Service will be available for as long as needed. Your contribution to our non-profit 501(c)(3) corporation is tax deductible – an acknowledgment and receipt for tax purposes will be sent.

Donations can be made in honor of someone or in memory of a loved one. In these instances, we would also like to send acknowledgment to the honoree or next-of-kin so please provide that information when making your donation.

_____ General Fund _____ Endowment Fund

Your Name _____

Your Address _____

City/State/Zip _____

Donation Amount \$ _____

OR

In Memory of _____

Please send notification of my gift to:

Name _____

Address _____

City/State/Zip _____

Thank you for your generosity!

Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127

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Claudia Brister (Office Manager)
Henrietta Hein

CANCER SUPPORT GROUP – Stevensville Office
1st and 3rd Tuesday of each month - 1:30 p.m.

Berrien County Cancer Service, Inc.

7301 Red Arrow Highway
Stevensville, MI 49127
Phone: (269) 429-3281 or (269) 465-5257

CANCER SUPPORT GROUP – Niles

2nd and 4th Tuesday of each month – 1:30 p.m.

Niles Senior Center

1109 Bell Road
Niles, MI 49120
Phone: (269) 429-3281

RAINBOWS OF HOPE GROUP- St. Joseph
2nd Thursday of each month – 5:30 p.m.

Marie Yeager Cancer Center

Ward and Kinney Room
3900 Hollywood Rd.
St. Joseph, MI 49085
Phone: (269) 556-7114

OSTOMY SUPPORT GROUP

2nd Thursday of each month- 6:00 p.m.

Lakeland Regional Medical Center

Community Room
1234 Napier Ave
St. Joseph, MI 49085
Phone: (269) 983-8804

MAN TO MAN – Prostate Support Group
3rd Tuesday of each month – 6:30 p.m.

Trinity Center

619 Main Street (use Main entrance)
St. Joseph, MI 49085
Phone: (800) 465-5244