



MISSION  
HOSPICE

# The Caring Line

IT'S ABOUT LIFE

July, 2009

## Patient Celine Chase brings rider's verve to end of life

It was the height of the Depression, an unlikely horse named Seabiscuit was giving Americans hope that the underdog could win, and Minnesota farm girl Celine Broadfoot was having the time of her life traveling up and down the West Coast as a trainer and sometimes jockey.

Women weren't an official part of horse racing history until the 1960s, but during the hurly burly of the Depression, girls like Celine could get a mount from time to time, participate in novelty "Powder Puff" derbies and work with the horses.

"We could race as good as the men," recalled Broadfoot, now Celine Chase, from her Redwood City home, where she is under care of Mission Hospice. "I also exercised and trained horses. A trainer will tell you how fast he wants a

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## Betsy Carpenter offers tips for starting "The Talk"



Remember when "the talk" was about the birds and the bees? Today, the most difficult conversation between parent and child is more likely to be the one about end-of-life issues, according to Betsy Carpenter, a lecturer at Stanford Medical School, member of the Ethics Committee at El Camino Hospital and counselor on end-of-life issues.

Using a giant plush monkey as a stand-in for the "elephant in the room," Carpenter noted that discussing death is the "last taboo," during Mission Hospice's summer forum in June at Mills Health Center in San Mateo.

She pointed out that it's not always the older person who is reluctant to discuss his or her demise. A spouse or adult child may be even more unwilling to talk about the future. The barriers to "the talk" are many and need to be addressed.

One barrier may be cultural taboos about discussing death. "Eighty-five to ninety percent of Americans prefer to die at home in a hos-

pice program," Carpenter said. "But that may not be true of some other cultures where there may be a stigma to having someone die in the home."

Other barriers include denial and procrastination, fear of death, trusting others to make decisions, conflicts with physicians, family dynamics, geographic distance and indecision about preferences. Carpenter suggested that entry points for discussions occur when:

- The family gathers
- A change occurs in a friend or family member's health, or there is a death in the family
- An interesting newspaper article, obituary or book appears
- Going through family albums
- Discussing current or controversial end-of-life cases

Carpenter stressed that "the talk" is not a one-shot deal. She advised using one of the entry points to discuss the issues either as a family, or on a one-to-one basis, and suggested taking notes and dating them as a way to guide future decisions or start subsequent conversations. Topics may include a person's history and experience of death, fear, life-prolonging medical interventions, physician involve-

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## Calendar of Events

### ☐ **Oktoberfest in Drydock Benefit for Mission Hospice**

Traditional Oktoberfest buffet, hosted bar, music by Full Circle, live auction and special drawing, Friday, Oct. 9, 6:30 to 11 p.m., Foster City Recreation Center, Lagoon Room, 650 Shell Blvd. Foster City. Reservations due by Oct. 2 to Sandy Dennison (650) 341-6902. \$75 per person or \$700 for a table for 10. Sponsored by Mission Hospice Auxiliary.



### ☐ **Voices of Hospice**

Live music in celebration of hospice care around the world. Saturday, Oct. 10, 7 p.m., St. James A.M.E. Zion Church, 825 Monte Diablo Ave., San Mateo.

### ☐ **New Volunteer Meetings**

If you're interested in learning about becoming a Mission Hospice patient care volunteer, please attend one of the new volunteer informational meetings set for Tuesday, Sept. 15, from noon to 1 p.m. or from 5:30 to 6:30 p.m. Training is scheduled for Saturday Oct. 23, 10, 17 and 24, 10 a.m. to 3 p.m., Thursday, Oct. 15 and 22, 6 to 8 p.m.

### ☐ **Bereavement Support Group**

Every Wednesday 6 to 7:30 p.m., Mission Hospice offices 1900 O'Farrell St., Suite 200, San Mateo. Open to all members of the community. For more information, please call (650) 554-1000.

### ☐ **Caring for the Dying Seminars**

Part 1: "What Every Caregiver Should Know," Saturday, Nov. 7, 9:30 a.m. to 12:30 p.m. Part 2: Compassionate Practices, Saturday, Dec. 5, 9:30 a.m. to 12:30 p.m. \$10 per person per session. For reservations and locations, please contact the Rev. Linda Siddall, Mission Hospice chaplain and program facilitator, at (650) 554-1000 or LSiddall@missionhospice.org.

### ☐ **Light Up a Life Remembrance Service**

Program and reception, Sunday, Dec. 6, 2 to 4 p.m., San Mateo Senior Center, 2645 Alameda de las Pulgas, San Mateo.

## From the CEO's Desk

One of the delights of my job is going out with the staff to visit patients and their families. We are blessed to have staff members who are not only experts in their fields, but also extremely caring individuals. The staff profile of case managers Estrella Alejandrino and Susan Freyberg on Page 3 highlights the quality and compassion that Mission Hospice provides to dying patients and their families. End of life care is never easy, and individuals who provide such care have to have a special heart and desire to provide it. We hope you enjoy the articles that illustrate the quality care that Mission Hospice is so proud to give.



Dwight Wilson  
Chief Executive Officer

During our recent Summer Forum, sponsored by Mills-Peninsula Hospital, Betsy Carpenter shared a simple but very important message: everyone needs to clearly communicate his or her desires for end of life care. Patients must speak openly with family members about their wishes and also complete the necessary paperwork to ensure that those wishes will be honored, even when their decision-making capacity is diminished. In my role as CEO, I've seen how vital these conversations are to both the patient and the family. The Summer Forum is another example of our commitment to community outreach and education, whether through public events, in-service programs at residential care facilities, or at church gatherings. We've already begun planning for the next forum, to take place in the coming months.

We just received our first check from the Sequoia Healthcare District to help expand our Transition program in southern San Mateo County. The money will be used to support social work student interns and church liaisons for outreach to seniors who would benefit from this program. We have also received word that the African-American Community Health Advisory Committee (AACHAC), chaired by Gloria R. Brown, will provide two \$500 stipends for church liaisons outside the Sequoia Healthcare District boundaries.

Coming up in October, we have a very special weekend for the Mission Hospice community. Mission Hospice Auxiliary will host its anticipated "Oktoberfest in Drydock" at the Foster City Recreation Center Friday, Oct. 9 from 6:30 to 11 p.m. Guests can look forward to great company, great food and great music, and all for a great cause. Proceeds will support patients who cannot afford hospice care. We expect the evening to sell out, so buy your tickets early!

Mission Hospice will participate in a national event called "Voices of Hospice" on Saturday, Oct. 10 at 7 p.m. Please come celebrate hospice care around the world and enjoy live music at St. James A.M.E. Zion Church, 825 Monte Diablo Ave., San Mateo.

Finally, you should receive our 2008 Annual Report later this summer. The report will acknowledge our many 2008 donors and highlight Mission Hospice staff, volunteers and patient families. The board and I would like to thank each of our generous donors. Without your support, Mission Hospice could not continue to provide compassionate care and comfort to those who need it most.

### Easy to be green via Email

Would you prefer to receive this newsletter and other Mission Hospice communications by e-mail? If so, please e-mail Irene Kanturek at ikanturek@missionhospice.org and indicate whether you'd prefer to receive electronic communications in addition to, or instead of, hard copy mail. Please help us keep Mission Hospice green by reducing our reliance on paper.

## Staff Profile

## Ester Alejandrino and Susan Freyberg



Estrella “Ester” Alejandrino (pictured on right) and Susan Freyberg, registered nurses and case managers at Mission Hospice, both grew up and received their initial nursing training in their native Philippine Islands, coming to the United States as young women to start their careers.

But their paths to Mission Hospice have been different.

Ester clearly remembers when she decided to become a nurse: she was only 5 years old when her aunt – a nurse – noticed that her leg was seriously infected.

“If she hadn’t seen me, I would have lost the leg,” she recalled. “I wanted to be able to help other people the way my aunt had helped me.”

For Susan, it was a little different.

“It was my mother who encouraged me to become a nurse,” she said, noting that many Filipino parents saw nursing as an opportunity for their daughters to travel to the U.S.

...“The Talk” (continued from page 1)

ment and rituals around death and dying, including post-death arrangements. Community resources, including Mission Hospice, are available to provide information and materials.

Carpenter said it’s critical to emphasize the importance of “the talk” and what a gift it is to the family to know a loved one’s wishes. Benefits include bringing the family together, lightening the burden for the dying person and survivors, providing personal insight and knowledge to give comfort and confidence, and preventing erroneous thinking and death bed conflicts.

“Studies show quality of life is better if a person has the conversation with the family and the physician,” Carpenter said, adding that it isn’t always as hard as some people anticipate to start the conversational ball rolling.

“I meet somebody hiking and in five minutes, guess what we’re talking about – and it isn’t bicycles,” she said.

It turned out to be the right decision. “I actually grew up wanting to be a lawyer, but I found my true calling in hospice care,” Susan recalled.

Ester, who came to the U.S. in 1970, worked in Canada for a few months before starting her U.S. career, working in New York, Texas, Washington, Missouri, Alaska, Colorado and California. She also visited her family in Manila, helping to support six nieces and a nephew and eventually bringing her brother and his children to the Bay Area.

She admits that the transition to hospice nursing was challenging at first.

“Hospice care is emotionally intense,” she said, “but it’s a comfort to know that we can help relieve suffering at the end of life. Our patients are prepared. They have someone to be with them, to give them medication and to care for them. I hope for the same compassionate end-of-life care that we give our patients.”

Susan earned a master’s degree in nursing from Emory in Atlanta, and then worked in hospitals in New York, Virginia and the San Francisco Bay Area before joining the corporate world. She worked in product safety compliance at Syntex and clinical data review at Pacific Research Associates, as well as on stroke research at Stanford Hospitals. While she enjoyed the excitement

of clinical research, she turned to hospice nursing for the one-on-one patient interaction.

Like all Mission Hospice case managers, Susan grows close to her patients and has many fond memories of her visits.

“Serving patients and their families is the most rewarding part of my job,” she said. “We work with every patient and family to help them understand the disease process and make the patient as comfortable as possible.”

Susan joined Mission Hospice about three years ago, and her daughter Frances joined as director of development earlier this year.

“We’re both so busy that we don’t see each other often, but it’s nice when she comes by my office and blows me a kiss,” she said.

Mission Hospice has six case managers. All are registered nurses who are a vital link in delivering quality hospice services. They meet with patients and families to assess each situation, and then work with an interdisciplinary team (physicians, social workers, home health aides, chaplain and volunteers) to establish and implement an individualized treatment plan.

## Advanced Health Care Directives

Mission Hospice strongly recommends that anyone without a current advanced health care directive complete and/or update one today. Too many situations occur in which a patient’s desires are not expressed or understood in time to be implemented.

Caring Connections, a program of the National Hospice and Palliative Care Organization, provides state-specific information and publications about advanced directives on their website at [www.caringinfo.org](http://www.caringinfo.org). Click on “Planning Ahead.” This site is an excellent resource to guide families in discussing this important subject. Those who have never completed such a document may require some time to ensure that their personal views are fully explored and expressed to family members and health care providers.

Remember that an advanced health care directive is a living document that can be changed or revoked at any time.



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## Patient Celine Chase brings rider's verve to end of life (continued from page 1)

horse to run. I was pretty nearly always on it. They used to call me the girl with the stopwatch in her head."

Although she grew up with horses, there were no race tracks in Minnesota. A visit to relatives in Idaho led to her meeting a group of young women who made their livings at the West Coast tracks or as stunt girls in the movies. Photos of the time show Celine in masterful control of powerful thoroughbreds on the practice track.

But that life came to a jarring stop when the United States entered World War II and restrictions closed many of the tracks. Celine eventually married Richard Chase, an Air Force veteran who became a mechanic at United Airlines. By the time they moved to the Peninsula, daughter Barbara had been born. She remembers fruitlessly pestering her parents for a horse, but Celine rarely rode.

"I had a daughter to raise so I didn't go back with any of that," she said. Later, Celine became passionate about plants, joined garden clubs and for many years managed plant displays at the San Mateo County Fair. She also became a national officer in the Gesneriad (a species of plants that includes African violets) Society.

Today, the independent spirit that took Celine into a once unusual career sustains her through her final years. She was 98 in June and, after three hospitalizations for heart failure, knows she doesn't have a lot of time left.



"Yeah, I know I'm going to die," she says. "Everybody is going to die sometime. I was actually relieved when I found out what I had."

Mission Hospice nurses, social workers and other staff enable daughter Barbara to care for her mother in the home she has occupied for 50 years, surrounded by her own possessions, including the scrapbooks and mementoes of her racing career.

"I don't want to die in the hospital, I'd rather die here," Celine says. "I don't know how it could be any better than this."