

# 1• About Mission Hospice

*“We thought hospice meant that she was going to die.  
Now I realize it just means she’s living  
with more people caring for her.”*

*– Kay*

## The history of the hospice concept

The word “hospice” was used during the Middle Ages to refer to a lodging place where weary and sick travelers could stop and refresh themselves. The term was first applied to specialized care for dying patients in 1967 when Dr. Cicely Saunders established St. Christopher’s Hospice in a residential suburb of London.

Inspired by Dr. Saunders’ work, a group of people from Yale University, New Haven hospitals and the New Haven community, in 1974 began to develop the first hospice program in the United States – Connecticut Hospice, Inc. Marin’s Hospice (now Hospice By the Bay) came into being late in November of 1975 when a small group of individuals made the decision to offer their professional services free of charge to dying members of the community and their families.

## About hospice care

Considered to be the model for quality, compassionate care for people facing an end-of-life illness or injury, hospice care involves a team-oriented, holistic approach. Expert medical care, pain management, and emotional and spiritual support are expressly tailored to the patient’s needs and wishes. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow this to occur.

Patients with terminal diagnoses of six months or less and who wish to maintain quality of life are ready for hospice care. The patient, with the consent of the primary care physician, chooses hospice. Our professional staff helps each patient and family find the best place for care, whether that is in a private home, nursing home or other facility, or in our hospice house.

Entering hospice care is not giving up – it is an opportunity for patients to truly live the last months of their lives. By addressing the possibility of hospice soon after a terminal diagnosis, the patient benefits from the physical, emotional, and spiritual care needed to ease his or her transition.

## San Mateo County’s first hospice program

In the late 1970s, our visionary founders Helen Lagen and Marguerite “Mac” Nash saw the need for compassionate end-of-life care in San Mateo County. The pair were drawn to hospice service from different directions. Nash, known as “Mac” to her friends, was a cancer patient. In 1977, doctors told her she had two months to live. In fact, she lived for another two years, long enough

to meet Lagen who had just suffered through the death of a close friend. In August of 1978, Nash and Lagen, not acquainted with one another, began discussing with friends the possibility of developing a hospice program in San Mateo County.

With the help of community members Dr. Pierre Salmon, Evelyn Grant, Edith Morris, and Helen Campbell, they incorporated Mission Hospice as a community-based, independent nonprofit organization – and the county’s first hospice program – in March 1979.

Their vision, dedication, and commitment to community created an ongoing tradition of compassionate care that continues to this day at Mission Hospice.

## Mission Hospice & Home Care

Today, Mission Hospice is the leading provider of end-of-life services in the San Francisco Peninsula and South Bay. Since our founding in 1979, we have provided thousands of patients and their families with physical, emotional, and spiritual support throughout the journey from a life-threatening diagnosis through death and bereavement.

We believe that everyone deserves care that is aligned with their beliefs, wishes, and values. Our staff and volunteers represent and appreciate the diversity of our community, and we are committed to providing compassionate and personalized care to all patients and families, regardless of their race, age, religion, ability, marital or financial status, sexual orientation, or gender identity.

Our hospice house in Redwood City, **Mission House**, offers professional, 24-hour hospice care and family support in a peaceful, homelike setting. Mission House is designed for patients at the end of life who need intensive, round-the-clock symptom management that cannot be provided at home. The house also offers a safety net for patients whose caregivers need a few days of respite. Patients typically stay in the hospice house a few days to a few weeks.

Both Medicare and Medicaid, along with most private insurance plans, pay for hospice care. Mission Hospice is a Medicare-certified agency. Recognizing our commitment to providing the very best care, The Joint Commission awarded our agency the Gold Seal of Approval® for Home Care Accreditation, as well as Community-Based Palliative Care Certification.

### Mission Statement

**Mission Hospice honors and supports people’s wishes for the last phase of life by providing our community with exceptional end-of-life care and education.**

## Our care – It's about life!

Mission Hospice helps patients with serious illness live life to the fullest. As a nonprofit organization, we put patients over profits, offering personalized, compassionate care. Working as a team, our specially trained nurses, doctors, social workers, spiritual counselors, and volunteers help patients and families throughout the stages of a life-limiting illness, working to address physical, emotional, and spiritual needs to give patients and their loved ones the opportunity to cherish their time together.

Our programs together provide a **Continuum of Care** designed to serve patients – and their families – at every stage of a life-limiting illness, from Community Education about advance care planning, to Bereavement Support services for those who are grieving a loss.

**Hospice** provides compassionate comfort care – medical care, pain management, emotional, and spiritual support – to patients with a terminal diagnosis estimated to be six months or less. Entering hospice care is a personal decision, and one that is always the patient's to make or change.

**Palliative Care** provides an extra level of physical, emotional, and spiritual support to improve quality of life for people with serious, life-limiting illness who are not ready for hospice. Our team makes home visits for pain and symptom management, spiritual and emotional support, education, and referral to community resources.

**Transitions** helps patients and families adapt to the changes that accompany living with a serious illness – changes that can be difficult and confusing. Transitions offers supportive services to patients with life-limiting illness who are not yet physically or emotionally ready for hospice. This includes evaluation by an RN, emotional support and education, and volunteer companionship and respite. This care is not reimbursed by insurance, but thanks to our community donors, it is provided at no cost to the patient.

In each program, we create a personalized care plan especially for each patient, with sensitivities to cultural, spiritual, and personal preferences. Our continuum of care allows patients (and, importantly, their families) to remain with the same support team throughout their journey. We are dedicated to helping people throughout the challenges of a terminal diagnosis.

Most of our patients receive care in their own homes. We also care for people in assisted living, board and care, skilled nursing facilities, and elsewhere. Our hospice house offers a peaceful, homelike option for those at the very end of life whose symptoms cannot be managed at home.

We offer **Bereavement Support** to patient families and the wider community through a combination of support groups and individual grief counseling for those who are grieving or facing the death of a loved one.

Our **Educational Programs** for community members and health providers are designed to help people understand and discuss their options for end-of-life care in advance of critical need, through a series of community forums, clinical staff presentations and in-service/continuing education support for clinical staff.

# The story of Mission Hospice

By Mission Hospice co-founder Helen Lagen, March 2006

The spirit of Mission Hospice was first manifested in a room at Pavilion East, an extension of Mills Hospital, where a dear friend of some thirty years, Bernice Johnson Gray, RN, had become a patient, dying where she had nursed. Mary Kemmerle, RN, the head nurse, had noticed that several friends were visiting Bernice daily. One morning she asked me if we could cover those periods of the day when members of the nursing staff were their busiest, as “Bernice shouldn’t be alone.” We did not realize at the time that we were creating a mini-hospice in that room.

The second bed was never occupied by a patient. It was reserved for one of her two young adult sons, Brewster and Bob Gray, who took it in turn to be with their mother at night. I credit Mary Kemmerle with having taken the first step toward hospice care. In April of 1978 when Bernice lost her struggle for life against cancer of the pancreas, Karolina Soley, MD, and I turned our attention toward finding an appropriate way to memorialize our friend.

The Hospice Movement: A Better Way of Caring for the Dying, a newly-published book by Sandol Stoddard, became a primary resource that we circulated among friends as an introduction to the history and precepts of this new revival of an old concept of care. The author had written: “We must begin to honor the labor of those pilgrims who journey before us, in being present during the part of their lives we call dying, we must learn better to honor Life itself.”

Bernice had taught us so much about the needs of a patient living through the last days of life, for an advocate, for the comfort of companionship and the relief from pain. How could we better honor the memory of our friend than by bringing hospice care to our community?

Warren Dale, the Chaplain at Mills Hospital, put me in touch with Marguerite (Mac) Nash, a beautiful young woman who was a cancer patient in remission. When we became active partners in purpose, she called us the chair-pair. The poignancy of her condition was an impetus for those who had formed the Interim Hospice Group in the fall of 1978. One day during a planning session we were discussing names for the future hospice. Emily Brown, a dear woman, spoke up: “We have a name. In 1840, there was a hospice in San Mateo located between what is now Crystal Springs Road and Baywood Avenue. It was called Mission Hospice. They served weary travelers on El Camino Real. So there is an historic precedent for the name, and we each feel a mission to establish this hospice.” It was immediately obvious that Mission Hospice would be revived. Working diligently with capable assistance, we became incorporated in March 1979.

From the very beginning, we realized the importance of proceeding slowly to ensure that this effort would be well-grounded, based on sound medical protocols as formulated by Pierre Salmon and the Medical Advisory Committee of his confreres. This maintained a necessary balance between my deliberate approach and the urgency felt by Mac, my lovely co-founder whose concern was that we would be ready to meet her needs when the time came.

Mac said: “I’ll probably be the first patient” ... and she was. We were ready with Pierre Salmon, MD, as Medical Director, Marilyn Stone RN, PHN, as Executive Director/Patient Care Coordinator, and a corps of Direct Care Givers whom they had trained. Carol Gray, RN, was included in the first group of Volunteer Nurses, also Joanne Rovno, RN, who cared for our beloved Mac, “The woman Full of Love” who died on 15 October 1979.

It was my privilege to serve for the first three years as president of the Board of Directors; then the leadership passed to Marjorie (Midge) Bolton. Initially, we were funded by a grant of \$30,000 from the San Mateo Foundation. Now our income is augmented by philanthropic contributions from the community at large, by memorial gifts, and by the fundraising projects of the hard-working dedicated volunteers of our Auxiliary.

When the work became too heavy for one person to handle the dual role, Marilyn brought Carol Gray onto the staff as Patient Care Coordinator, a post she held until Marilyn's retirement in 1988. Then it was a natural for Carol Gray, RN, MPA to be appointed Executive Director, a position in which she served with distinction for 16 years. It was the culmination of 25 years of her dedicated service to Mission Hospice.

Our first office was in a medical compound on El Camino in Burlingame. As we outgrew that small space and progressed to larger offices, we finally settled in a separate building in San Mateo at 151 West 20<sup>th</sup> Avenue. On February 11, 1999, we celebrated with a gala Open House, introducing the Pierre Salmon Gallery. The new situation afforded wall space with excellent overhead lighting. Marilyn Stone and I were inspired to start a gallery in memory of our first Medical Director. Dr. Salmon was a Renaissance man, a traveler with an interest in History and The Arts, and a fine photographer. We hung a small representative group of his work as a permanent collection. This has provided a venue for local artists to show their work, bringing people into our office who become acquainted with the program of Mission Hospice, and creating a pleasant ambience in the workplace for our staff.

Despite the many changes in the delivery of medical care that have occurred during the several decades since its inception, Mission Hospice has endured autonomously. In essence, it has remained true to the ideals and goals as envisioned and affirmed by our original founders in their Statement of Purpose:

“To provide, facilitate, and coordinate physical, emotional, and spiritual care for terminally ill patients and their families in San Mateo County, and to educate professionals, those who give hospice care and the public in the methods most effective in providing that care.”

**To learn more about the history of Mission Hospice,  
visit [www.missionhospice.org/events-news/history](http://www.missionhospice.org/events-news/history)**

## Mission Hospice care team members

For each Mission Hospice patient, a care team works closely with the patient's physicians and family members to develop a comprehensive, personalized plan of care. Our emphasis is on quality of life, with special attention paid to pain control and symptom management. Teams also assist families with the emotional and spiritual aspects of dying, and provide needed medicines, medical supplies, and equipment.

**Physician/ nurse practitioner:** Our physicians/nurse practitioners oversee all patient care and will confer with patients' personal physicians when necessary. Our physicians/nurse practitioners are specialists in hospice care, pain control, and symptom management.

**Nurse case manager:** A nurse case manager oversees patient care under the auspices of the Mission Hospice physician/nurse practitioners and is in direct contact with the patient's physician. The nurse case manager or the on-call/weekend nurse is always available by phone. Our nurses are specially trained in hospice care, pain control, and symptom management.

**Medical social worker:** Our social workers provide patients and families with emotional and practical support, anticipatory grief counseling, and information about local resources such as attendant care and Lifeline services. Social workers can help families understand hospice philosophy and Medicare insurance benefits, and will regularly assess practical and psychosocial-spiritual needs to help patients and their families cope better. Medical social workers specialize in working with family systems, conflict resolution, and can help with Advance Medical Directives, funeral and/or memorial planning, and general problem-solving.

**Home health aide:** Our licensed home health aides provide personal care, including bathing, showering, bed baths, changing bed linens, changing bed clothes, shaving, and hair washing.

**Spiritual counselor:** Mission Hospice spiritual counselors offer unbiased support to people of all faiths, as well as to those who describe themselves as being spiritual, agnostic, or atheist. Spiritual care at the end of life includes storytelling and life review, deep listening, music, guided meditation, hand massages with scented oils, exploration of the meaning and mysteries of life, blessings and prayers, rituals, and sacraments. Our spiritual counselors may also be available to officiate at funeral, memorial, or graveside services.

**Bereavement counselor:** Specialized social workers, our bereavement counselors can assist with the challenges and feelings of loss. Counselors offer group and private counseling for families and individuals in a warm, supportive, confidential atmosphere.

**Volunteers:** Direct care volunteers assist patients and families with respite and patient care. Volunteers are available so the primary caregiver can go to the grocery store, take a nap, or attend to their own personal concerns. Our volunteers can also do errands, help around the household, write letters, organize family photos, listen to the patient share memories, or just sit with the patient and family members for quiet companionship and support.

# Five precepts of accompanying the dying

By Frank Ostaseski, Founder, Metta Institute ([mettainstitute.org](http://mettainstitute.org))

A while back, I developed five precepts as companions on the journey of accompanying the dying. Perhaps they have relevance in other dimensions of life and can offer some inspiration and guidance. I think of these as five bottomless practices that can be continually explored and deepened. They are not linear and have no value as theories or concepts. To be understood and realized, they have to be lived into and communicated through action.

## **The First Precept: Welcome Everything. Push Away Nothing.**

In welcoming everything, we don't have to like what's arising. It's actually not our job to approve or disapprove. It's our task to trust, to listen, and to pay careful attention to the changing experience. At the deepest level, we are being asked to cultivate a kind of fearless receptivity.

## **The Second Precept: Bring Your Whole Self to the Experience.**

In the process of healing others and ourselves we open to both our joy and fear. In the service of this healing we draw on our strength and helplessness, our wounds and passion to discover a meeting place with the other. Professional warmth doesn't heal. It is not our expertise but the exploration of our own suffering that enables us to be of real assistance. That's what allows us to touch another human being's pain with compassion instead of with fear and pity. We have to invite it all in. We can't travel with others in territory that we haven't explored ourselves. It is the exploration of our own inner life that enables us to form an empathetic bridge to the other person.

## **The Third Precept: Don't Wait.**

Patience is different than waiting. When we wait, we are full of expectations. When we're waiting, we miss what this moment has to offer. Worrying or strategizing about what the future holds for us, we miss the opportunities that are right in front of us. Waiting for the moment of death, we miss so many moments of living. Don't wait. If there's someone you love, tell him or her that you love them. Allow the precarious nature of this life to show you what's most important then enter fully.

## **The Fourth Precept: Find a Place of Rest in the Middle of Things.**

We often think of rest as something that will come when everything else is complete, like when we go on a holiday or when our work is done. We imagine that we can only find rest by changing the conditions of our life. But it is possible to discover rest right in the middle of chaos. It is experienced when we bring our full attention, without distraction, to this moment, to this activity. This place of rest is always available. We need only turn toward it. It's an aspect of us that's never sick, is not born, and does not die.

**The Fifth Precept: Cultivate Don't-Know Mind.**

This describes a mind that's open and receptive. A mind that's not limited by agendas, roles, and expectations. The Zen teacher Suzuki Roshi was fond of saying, "In the beginner's mind there are many possibilities, but in the expert's there are few."

From this vantage point we realize that "not knowing is most intimate." Understanding this we stay very close to the experience allowing the situation itself to inform our actions. We listen carefully to our own inner voice, sensing our urges, trusting our intuition. We learn to look with fresh eyes.