

## Tory Wilkinson: Offering compassion as a hospice nurse

Victoria (Tory) Wilkinson's journey into hospice care started with a very personal experience. When Tory was in college, her mom was diagnosed with Stage 4 lung cancer; after Tory graduated, she moved back home. "I put everything on pause," Tory says, "and we went through hospice together."

That experience changed the trajectory of Tory's life. "The care and support that we all received in that time, and even after her passing, redefined what compassion meant to me," says Tory. "It inspired me to reconsider how I offer compassion to the world."

With a degree in political science, Tory had planned to go into public service. But after her mother passed in early 2015, Tory began teaching yoga and meditation. "I loved

*...continued on back*



*Tory taught yoga before going back to school for nursing. She says that both jobs give her a way to offer others compassion.*



*After Sonny's death, Donne dedicated herself to grief – and healing.*

## Embracing grief wholeheartedly

*by Donne Davis*

The first time I met Sonny Davis, I told him a bold-faced lie! It was November 1967. Sonny was taking bridge lessons. "What a coincidence," I heard myself say. "I'm a bridge teacher! Where are you taking lessons?"

The following week, I showed up at his class and stood in the doorway of his classroom. The teacher invited me to take the only empty seat – right across from Sonny. His mouth dropped open. I'm sweating bullets wondering how to confess I'm *not* a bridge teacher. The cards were dealt and I asked sheepishly, "Are aces high or low?"

That was the start of our 50 years together. We got married six months later. Our relationship may have started with a lie, but from then on we never kept a secret from each other.

Sonny was a Renaissance man – a rocket scientist who worked on unmanned space flights to Jupiter, Saturn, and Mars, an artist, and a truly empathic listener. A man of few words, he shared his wit in cartoons.

In 1989, Sonny's kidneys failed. After four years on dialysis, he got a kidney transplant that lasted nine years. When it failed, he started peritoneal dialysis. In 2006, he received a kidney from a living donor that lasted the rest of his life.

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# What is spiritual care?

by *Renshin Bunce, MDiv, Chaplain*

To say “chaplain” is to invoke an image of a religious professional, perhaps a man in a reverse collar, who enters at a time of crisis and resolves problems with a really good prayer. That image is out of date.

As chaplaincy is practiced now, the care we offer is spiritual – not religious. The fact that I’m a Zen Buddhist priest, and that I trained as a chaplain as a way of carrying my vow into the world, is helpful to me, but in a visit, what’s important is what my patient believes and needs.

I entered a monastery when I was in my 50s because of a deep yearning for answers to the question of suffering. After seven years, I entered a one-year hospital residency so I could leave the monastery and find work as a professional chaplain. Zen

meditation develops an ability to sit still and not turn away from difficulty, which turned out to be great training for working with hospice patients and their family members.

Very early in my residency, I was called to the ICU in the middle of the night. A man in his 50s was dying; his wife was with him. Neither of them wanted my help – it was her sister who had asked for a chaplain. As I sat in the hallway listening to the sounds of suffering and sorrow and

wondering what I was supposed to do, I realized that my presence could remind everyone that dying is not just a physical event. This means showing up and listening – really listening – to the answer when I ask a patient or

family member how they are doing. And after that come words: explanations, reassurances, and comfort and prayers.

During the time of COVID, that physical presence is gone. I no longer sit by the bedside of people who are lost in dementia, drop in on lonely people in facilities, or visit patients and loved ones in their homes. Now I talk on the phone. It’s been a trick to learn how to bring presence to a method of communication that’s based primarily on words. Fortunately, it can be done.

When I started my training, I thought my job was to “fix,” but I’ve come to see that as both arrogant and impossible. Who am I, after all, to say that another is broken, or that I’m so powerful that I can or should change the course of a lifetime in a few visits?

What seems clear to me after a decade visiting dying people is that mostly we want to know that we’re seen and heard. Whether it’s over the phone or in person, that’s my goal in my work as a hospice chaplain. 🐾



*Chaplain Ren with a patient, before the pandemic.*

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## Take charge!

During the COVID-19 pandemic, more people are thinking about what kind of care they would want if they were facing serious illness.

Our **Take charge! Toolkit** and new **Take charge! video** will take you through the steps of Advance Care Planning.

We’ll be premiering the video on October 22 as part of **Movies@Mission Hospice**.

Find out more at [MissionHospice.org/TakeCharge](http://MissionHospice.org/TakeCharge).





## Fall volunteer training online

Our next Direct Care Volunteer training will be online! Starting October 3, the training will prepare you for supporting patients and helping families make the most of their time together.

As a volunteer, you might provide companionship, offer respite for loved ones, read books or listen to stories, or sit vigil with patients.

We welcome bilingual volunteers and those with interests such as music, poetry, and pets that can improve patients' quality of life.

To find out more about volunteering with Mission Hospice, join one of our virtual **volunteer info sessions Tuesday, September 22**. We have a session from noon-1 and another at 5:30-6:30pm. For more information or to RSVP, contact Craig Schroeder at 650.532.2323 or [cschroeder@MissionHospice.org](mailto:cschroeder@MissionHospice.org).

## Embracing grief wholeheartedly... *continued from front*

Transplant recipients take immunosuppressants to prevent rejection but that make them vulnerable to infection. Sonny had pneumonia four times and developed COPD. In 2018, he became reliant on an oxygen machine.

Despite health challenges, we planned to celebrate our 50<sup>th</sup> anniversary at a

After Sonny died, I embraced my grief wholeheartedly. This was the biggest learning opportunity of my life, and I used every resource Mission Hospice offered.

My grief counselor, Erin, came to my house every Friday for 10 months. I joined several support groups,

I don't dwell in the past, wishing for what I *can't* have. Of course I have wonderful memories, but I focus on the present and feel gratitude for what I *do* have. I remind myself I had 50 years with a man who adored me.

*"After Sonny died, I embraced my grief wholeheartedly. This was the biggest learning opportunity of my life, and I used every resource Mission Hospice offered."*

- Donne Davis

spa in Napa. But that morning he was so short of breath, I took him to the ER. Instead of champagne and caviar, we toasted with apple juice and Jell-O.

His health continued to deteriorate, and on September 12, 2018, we started his care with Mission Hospice. Just five days later, I was holding his hand when Sonny took his last breath.

A few weeks before he died, I asked Sonny, "How am I going to live without you?"

"You'll be fine, Donne. You're strong and you love life too much to be sad." I was terrified of living alone for the first time in my life.

including the one specifically for those who have lost a spouse or partner, and took Isabel's "Writing through Loss" workshop twice. By surrounding myself with people who understood loss, I learned so much.

As the weeks went on, I noticed tiny steps of progress. I found joy in my day; I stopped saying "we" and switched to "I;" I didn't cry when I said, "my husband died."

Focusing on my grief has given me confidence. I'm stronger than I ever imagined. I always relied on Sonny to pat me on the back. Now I do it myself.



If you're grieving, embrace your grief wholeheartedly. Being alone with your grief is the hardest - I encourage you to reach out for support. You'll discover just how strong you are. 🐾

*For information about grief support, including our many free drop-in grief support groups and the next "Writing through Loss" group, see the enclosed Connections guide, call 650.554.1000, or visit [MissionHospice.org](http://MissionHospice.org).*

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Mission Hospice & Home Care serves patients and families in the San Mateo and Santa Clara County area with quality, compassionate end-of-life care and education. Founded in 1979, our local, independent nonprofit has supported thousands of patients and their families through illness and bereavement. Donations from the community support our exceptional care and educational programs, and help us serve people regardless of their medical coverage or ability to pay.

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**INSIDE: Tori Wilkinson: Offering compassion  
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**Offering compassion as a hospice nurse... continued from front**

being able to support someone's process, facilitating their healing journey."

The next year, Tory went back to school to complete her pre-reqs for a nursing program.

But she didn't want to wait to help support patients, so she spoke with Mission Hospice about volunteering.

After completing her volunteer training, she began visiting patients in their homes and at Mission House. She

found a real family with the Mission Hospice team, bonding with staff and fellow volunteers over their shared mission. She credits the staff with supporting her aspirations to become a nurse.

Last December, Tory graduated from the University of Pittsburgh Medical



Center with a BSN and RN. And this summer, Tory returned to Mission Hospice - this time as an admissions nurse. Though she's a new graduate, Tory already knows hospice care

from three sides - as a family member, as a volunteer, and now as a nurse.

The admission process at Mission Hospice is thorough and unhurried, giving people the time they need to ask questions.

"I love being the first person that people meet," she says, "and to be able to spend the time they need to feel supported in this process. We can facilitate a graceful, gentle end, and serve the whole support system. I think we can make an overwhelming situation less intimidating."



Tory holding a patient's hand as a volunteer (left), and as a new graduate from the University of Pittsburgh Medical Center.

She sees her new career as a natural outcome of her intention. "Hospice and palliative care relieve some of the suffering in the world. Providing relief is what I was hoping to do with public service, as well as with yoga and meditation," says Tory, "and now I get to do that as a nurse."

"I could not be more grateful to the people who are helping me along this path." 🍂