

Being a Hospice Volunteer



Philosophy



Goals



Principles

Philosophy and Goals

What is Hospice Palliative Care?

- ❖ Aims to improve quality of living and dying.
- ❖ Focuses on caring, not curing — and on life, not death.
- ❖ Neither hastens nor postpones death.
- ❖ Is for the terminally-ill person and for family and friends providing care.
- ❖ Addresses a wide variety of practical issues ranging from physical to spiritual.
- ❖ Uses a team approach and is only provided when the person and/or family is prepared to accept it.



Philosophy and Goals

What is the difference between Hospice Palliative Care and Curative Care?

- ❖ Curative care focuses on helping someone recover from an illness by providing active treatment.
- ❖ Hospice Palliative Care focuses on comfort care: providing comfort and opportunities for personal and spiritual growth, encouraging open discussions among the person, the family and members of the care team.
- ❖ Palliative care is concerned with quality of life over quantity of life.
- ❖ Palliative care address symptoms rather than causes.



Philosophy and Goals

Where is Hospice Palliative Care provided?

- ❖ In any setting where people reside, including at home, in hospices, in hospital, in long-term and chronic care settings, in shelters and in prisons.



Philosophy and Goals

When should Hospice Palliative Care be provided?

- ❖ The theory: under many provincial health plans, person must have a diagnosis of six or fewer months to live to be eligible.
- ❖ In practice: the decision is made by the person and family in consultation with the care team.
- ❖ Current research and practice encourage an earlier palliative diagnosis for improved quality of life



Philosophy and Goals

How do people access Hospice Palliative Care?

- ❖ They may be referred by physician or other care provider.
- ❖ Individuals/families may contact Hospice directly
- ❖ They are then assessed and provided with suitable options.



Principles

Patient/Family focused care

- ❖ Needs and wishes of patient, caregivers and family guide all planning and decision-making.
- ❖ Based on dignity and integrity.
- ❖ Work with strengths and limitations of patient and family.



Principles

Quality Care

- ❖ Based on nationally accepted principles, norms of practice, and standards of professional conduct.
- ❖ Care team is trained and qualified, and receives ongoing education.



Principles

Comprehensiveness and Coordination

- ❖ **Comprehensiveness:** The physical, psychosocial, spiritual and practical needs of the person and caregivers/family are assessed. Strategies are developed to meet those needs.
- ❖ **Coordination:** All members of team share information constantly.



Principles

Safe and Effective Care

- ❖ All hospice palliative care activities are conducted in a way that is safe, collaborative, accountable and effective, and ensures confidentiality and privacy for the person and his/her caregivers and family.



Principles

- ❖ Accessibility
- ❖ Advocacy
- ❖ Self Care



The Hospice Palliative Care Team: Roles and Responsibilities

Introduction

The patient – the person who is dying

- ❖ At the center of the team – always

Family members

- ❖ Help to guide and direct care, making decisions if patient is unable

Informal caregivers

- ❖ Family members, sometimes – and friends, neighbours, etc.

Case manager

- ❖ Develops plan of care, initiates services, orders supplies

Family physician

- ❖ Coordinates medical care, discusses advance directives with family

The Hospice Palliative Care Team: Roles and Responsibilities

Introduction

Personal support worker

- ❖ Assists with daily living activities, reports changes to caregivers

Volunteer

- ❖ Provides companionship, emotional support, practical assistance

Spiritual advisor

- ❖ Assesses patient's and family's spiritual needs, provides counselling, etc.

Social worker

- ❖ Assesses psychosocial needs, assists with practical matters, provides counselling

Nurse

- ❖ Helps to assess needs and establish goals, performs medical tasks

The Hospice Palliative Care Team: Roles and Responsibilities

Introduction

Pain and symptom management program director

- ❖ Provides telephone support for caregivers re. pain and symptom control

Palliative care physician

- ❖ A consultant who works with but does not replace family physician

Pharmacist

- ❖ Prepares medications, completes an assessment and pharmacy care plan

Dietician

- ❖ Assesses patient's needs and develops nutritional care plan

Naturopathic doctor

- ❖ Assesses patient's needs and develops naturopathic care plan



The Hospice Palliative Care Team: Roles and Responsibilities

Occupational therapist

- ❖ Helps patient maintain quality of life through daily self-care and leisure activities

Physiotherapist

- ❖ Provides pain management, improves mobility, helps with wound management

Respiratory therapist

- ❖ Addresses difficulty with breathing, oversees use of respiratory equipment

Speech-Language pathologist

- ❖ Develops a plan to assist patient with communication and swallowing needs

Complementary and Alternative Medicine therapist

- ❖ Therapies may include: massage, aromatherapy, reflexology, etc.

The Role of the Volunteer

- ❖ Companionship and emotional support
- ❖ Comfort
- ❖ Encouragement
- ❖ Practical assistance
- ❖ Informational support
- ❖ Respite care
- ❖ Spiritual/religious support
- ❖ Grief and bereavement support
- ❖ Advocacy



Who Makes a Good Hospice Palliative Care Volunteer?

Introduction

Effective volunteers are:

- ❖ Good listeners
- ❖ Empathetic
- ❖ Interactive, outgoing
- ❖ Agreeable
- ❖ Open and non-judgmental
- ❖ Culturally sensitive
- ❖ Trustworthy
- ❖ Calm



Understanding the Boundaries

Do not:

- ❖ Accept money from a patient or family
- ❖ Lend money to a patient or family
- ❖ Do the person's banking
- ❖ Agree to be a person's power of attorney
- ❖ Agree to witness a patient's will
- ❖ Share personal information about previous personal experiences with the deaths of other patients
- ❖ Discuss a patient's diagnosis or prognosis with other family members
- ❖ Discuss or talk about a patient or family with others in the community
- ❖ Provide medical care (e.g. give medications) to a patient who is uncomfortable



Understanding the Boundaries

Do Not:

- ❖ Discuss assisted suicide with a patient
- ❖ Gossip about other members of the care team
- ❖ Preach, proselytize or attempt to save or convert a patient to the volunteer's particular religious beliefs
- ❖ Counsel or advise the person or family member
- ❖ Become romantically involved with anyone in the household.



Understanding the Boundaries

Think Twice About:

- ❖ Buying a gift for a patient or family member
- ❖ Lending things to the person or family
- ❖ Sharing personal information about one's self that is unrelated to previous experiences with death and dying
- ❖ Giving a business card to a patient or family
- ❖ Inviting a patient or family to join in an activity or party outside the volunteer assignment
- ❖ Breaking down emotionally in front of a patient or family (It's okay to be human but the patient and family should not be comforting the volunteer.)
- ❖ Attending a patient's medical appointment
- ❖ Providing opinions or advice to a patient/family.



Understanding the Boundaries

Gray Areas

Be Aware Of Any Possible Harm In:

- ❖ Sharing personal information about a previous personal experience with a loved one's death and dying
- ❖ Giving one's phone number to a patient or family member
- ❖ Staying with a patient/family for longer than the agreed time
- ❖ Accepting an invitation from a patient/family to a family activity/party
- ❖ Doing jobs around the patient's home
- ❖ Providing clothes, toys or meals to a patient/family
- ❖ Continuing to visit with a family after a patient's death



Responsibilities of the Organization and the Volunteer

The organization will:

- ❖ Treat all volunteers fairly
- ❖ Have up-to date procedures
- ❖ Provide an orientation
- ❖ Give volunteers meaningful assignments
- ❖ Ensure volunteers have adequate information and support
- ❖ Provide someone to answer questions or discuss issues
- ❖ Provide constructive supervision and feedback
- ❖ Recognize volunteers' contributions
- ❖ Organize events to help volunteers with loss



Responsibilities of the Organization and the Volunteer

Volunteers are expected to:

- ❖ Commit enough time
- ❖ Be dependable and flexible
- ❖ Work as part of a team
- ❖ Complete all required training and demonstrate competency
- ❖ Be open to supervision and feedback
- ❖ Adhere to organization's policies (e.g. confidentiality)
- ❖ Assert their rights, if necessary — including the right to refuse assignments

