

## How We Relieve Patient Pain and Fears

by Grace Brooke Huffman, MD, CMD, Associate Medical Director, Montgomery Hospice



Montgomery Hospice patients know that we listen to their priorities and wishes as well as their fears and questions. We try to help each patient live as fully as possible during his or her remaining time. One issue that frequently is concerning to patients is pain; they ask: "Will my condition eventually cause me pain, and will we be able to do something about it?" or, "I have terrible pain now; can you help relieve this pain?"

Yes. We can help!

Our Montgomery Hospice clinicians are experts in pain management at the end of life. All of our Montgomery Hospice doctors who care for adult patients are board-certified in Hospice and Palliative Medicine. This is the specialty that deals with chronic and terminal illness and the management of symptoms related to those conditions. Our physicians are very accustomed to managing a variety of symptoms that might occur, including pain.

Pain is one way that our body has of letting us know that something needs attention. However, once we know what is causing the pain (or while we are figuring that out), we use a variety of techniques to treat it. Studies show that when pain is well-controlled, the patient can be more active, avoid anxiety and depression, and sleep better. A patient whose pain is managed also has better immune system functioning and may, in fact, live longer.

There are many causes and types of pain, such as pain related to nerve damage, injury, or various treatments that a patient may have had before enrolling in hospice. Montgomery Hospice has doctors, nurse practitioners and nurses who can evaluate and treat pain. Besides medicines, our patients also have access to many non-drug treatments, such as massage, aromatherapy, music, and so forth.

As far as using medications to help manage pain, we like to individualize our approach depending on each patient's needs, but we also follow recommendations from the World Health Organization. The first step is to use over-the-counter medications, such as acetaminophen (Tylenol) or ibuprofen (Advil). These can be very effective, but can also cause stomach bleeding, and kidney or liver problems in some people, so should always be used with a doctor's knowledge. For patients who have already tried these, we will work with them to determine when stronger medications might be needed. The next step for many types of pain is to use a particular type of medication known as an opioid.

## Montgomery HOSPICE

Opioids, commonly called "narcotics," are stronger pain medications that require a prescription. They work very well for both chronic and acute pain, and have the added benefit of being the best type of medication to help with shortness of breath, which is another common symptom in terminally ill patients. Another good thing about opioids is that they do not interact with other medications very often, and typically do not cause serious side effects. The side effects that *do* occur are almost always temporary, as the patient's body builds up tolerance to them. (These medications do cause constipation, however, and people's bodies do not get used to that side effect, so it is important to be on a treatment to prevent constipation if taking opioids.)

There are many different opioids (such as oxycodone, codeine, hydrocodone, hydromorphone, tramadol, fentanyl and others), but they are all measured against the opioid morphine. Morphine has been used for hundreds of years because it is so effective, comes in many forms, can be easily adjusted, is inexpensive, and is well-tolerated by the majority of patients.

Many people are worried about using morphine (see sidebar), but we hope to reassure you with some helpful information. First, and most importantly, use of morphine (or other opioids) does *not* hasten death when used at appropriate doses and appropriately increasing increments.

Second, use of opioids, including morphine, will *not* make a patient a drug addict.

*cont. on p. 3*



# From Ann's Office

## Working to Facilitate Clinician-Patient Communications

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"I learned about a lot of things in medical school, but mortality wasn't one of them." In his new book, *Being Mortal: Medicine and What Matters in the End*, bestselling author Dr. Atul Gawande admits that his training did not prepare him for dealing with death. Although he recognized it as part of the "natural order of things," he struggled with accepting this reality for his patients. In recent interviews, he describes the repercussions of these struggles:

*For a clinician, nothing is more threatening to who you think you are than a patient with a problem you cannot solve. If your problem is fixable, we know just what to do. But if it's not? ... Lacking a coherent view of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology and strangers."*

Another important new publication is the Institute of Medicine's report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. This report describes deficiencies in end-of-life care that need to be addressed, and provides concrete suggestions. The report states that "a person-centered, family-oriented approach that honors individual preferences and promotes quality of life through the end of life should be a national priority."

Both the IOM report and Dr. Guwande stress the importance of physicians (and other medical community members) communicating with patients. The report asserts:

*Clinicians need to initiate conversations about end-of-life care choices and work to ensure that patient and family decision making is based on adequate information and understanding.*

Dr. Guwande emphasizes the importance of listening to patients. Dr. Guwande: *In medicine and society, we have failed to recognize that people have priorities that they need us to serve besides just living longer. The best way to learn those priorities is to ask about them.*

*Discussions most successful clinicians had with patients involved just a few important questions:*

- *What is their understanding of their health or condition?*
- *What are their goals if their health worsens?*
- *What are their fears? and*
- *What are the trade-offs they are willing to make and not willing to make?*

*These discussions must be repeated over time, because people's answers change. But people can and should insist that others know and respect their priorities.*

Montgomery Hospice clinicians understand the importance of talking with and listening to patients who are nearing the ends of their lives. We have experience having these conversations and appreciate how difficult they can be for clinicians, patients and families. Through our Center for Learning, we share our expertise about this subject. Recently, we increased our educational offerings using innovative methods such as online seminars and videos.

With technical support from the National Hospice and Palliative Care Organization, we created an educational video for physicians, which we called *The Good News about Breaking Bad News*. Steve Roberts, journalist, George Washington University professor and Montgomery Hospice board member,

facilitated a panel discussion among three of our physicians. Doctors can watch this presentation whenever and wherever they want, and earn Continuing Medical Education credits. Our medical director also uses this video as part of in-person presentations for physicians at area hospitals. The "good news" of the title refers to the fact that having effective conversations with patients and families is a skill, one that can be learned. And by learning the techniques for discussing difficult issues, not only does the patient benefit, but doctors benefit as well, because the stress of having these discussions is lessened.

For other professionals, we have an online webinar, *Difficult Conversations: Strategies for Talking with Patients & Families*, presented by Mary Wassman, RN, CHPN, a Montgomery Hospice nurse with more than 20 years of hospice experience. She provides specific tools and tips so that medical professionals can improve their proficiency in having these conversations.

Other useful videos on our website include one that covers hospice basics, *Understanding Hospice Care*, and an award-winning video about our acute care facility, Casey House. Go to [www.montgomeryhospice.org/videos](http://www.montgomeryhospice.org/videos). Other resources for clinicians about end-of-life conversations can be found at [www.montgomeryhospice.org/conversations](http://www.montgomeryhospice.org/conversations).

Dr. Guwande concludes: *"The people who are really good at these conversations never give up. They are fighters, but fighters for a different concept of hope — the hope that you would have as good a life as possible all the way to the very end, no matter what comes."*

Ann Mitchell  
President & CEO

# How We Relieve Patient Pain and Fears cont. from page 1

Although some people can become addicted to any of these strong medications if used inappropriately, taking these medications for appropriate indications (most often, pain and shortness of breath) will *not* cause drug addiction. Our physicians, nurse practitioners and nurses offer patients expert advice about the proper use of opioids.

Finally, if patients who are eligible for hospice are worried about taking morphine or other strong pain medicines, we want to reassure them that we will work with them to make them as comfortable as possible, and to give them the best quality of life in the time they have remaining. We do not want patients to suffer from pain or other

symptoms that can occur at the end of life, nor do we want patients to take any medicine without making sure they have a good understanding of why and how we think they should take it. Morphine and other opioids are just one of many ways that we have of gentling the journey at the end of life.

## Questions & Answers about MORPHINE

### **I've heard that morphine can slow breathing and cause death more quickly. Is that true?**

When opioids such as morphine are given carefully and increased gradually, there is a very low risk of respiratory depression. By observing the patient closely, our clinicians can advise when more medication is needed and when it is appropriate to stay with the current dose of opioid.

**BOTTOM LINE: When used appropriately and with expert guidance, morphine will not hasten death.**

### **I've heard that patients on morphine sleep all the time. Is that true?**

One side effect of any opioid is sleepiness or sedation. However, this is one of the side effects that will wear off after a few days of use. This is why it is important to take pain medication as scheduled, so that the pain will be better controlled and so that a patient's body will be able to build up tolerance to the sleepiness. Another thing to be aware of is that unrelieved pain can be exhausting, so when pain is better controlled, a patient may finally be able to relax and "catch up on" deep sleep.

**BOTTOM LINE: Opioids do cause sleepiness, but this side effect usually wears off after a few days.**

### **I've heard that taking strong pain medicine now means those drugs won't work when they are really needed. Is that true?**

No. Controlling pain, using a variety of methods, is important for many reasons (see article). Although a patient might get used to the effects of the opioid, and might need higher doses, there is no upper limit to the amount of medication we can use to relieve symptoms. We can control pain well before very high doses are needed, and the hospice team will work with the patient to decide when symptoms are controlled.

**BOTTOM LINE: There is no need to suffer if the physician determines that morphine is indicated for certain symptoms, because we can safely increase the dose if needed.**

### **It is very easy to overdose on morphine, isn't it?**

Morphine has been safely used for hundreds of years to help relieve pain. It would require a very large dose given all at once to cause an overdose. Because our experts are so familiar with opioids, it would be exceedingly unlikely for an overdose to occur, because each individual's symptoms will be managed on a case-by-case basis.

**BOTTOM LINE: Morphine taken at doses to relieve pain is safe and effective.**

### **I don't want my loved one to become an addict. Can you treat pain, yet prevent becoming "hooked" on opioids?**

Drug addicts take these types of drugs in order to "get high," so they become dependent on the drug for that effect, regardless of whether or not they are having pain. In contrast, hospice patients who take opioids for pain do not become addicted, because they are only taking the amount of medicine needed to control pain.

**BOTTOM LINE: People at the end of life who take morphine appropriately and as directed for pain or shortness of breath do not become addicted.**

### **I think that I should only take morphine when my pain is really severe. Do your experts agree?**

No. Pain can become a vicious cycle, and it becomes harder to control pain if we don't stay ahead of it. We can make adjustments to your pain regimen so that your side effects are minimized.

**BOTTOM LINE: Pain medications should most often be taken regularly, not just "as needed," to achieve the best pain control possible.**

# Do Real Men Cry? Help for Men Who Grieve and Those Who Care About Them

by Kip Ingram, Montgomery Hospice Bereavement Counselor



Men don't always fit the typical mold when it comes to expressing their grief. Family members or friends may look at a man after a significant loss and question why he seems to shed few tears. They may wonder why he does not show much emotion when others around him are expressing their feelings in a direct way. On the surface, he may seem unaffected in tone, or distracted with accomplishing tasks, or seething with emotion but somehow unwilling to talk about it. He may seem to want to be alone more, and he resists sitting around with others talking about his feelings. Those concerned may wonder why he does not seem to grieve like others and if something is wrong.

Recent research suggests that men certainly feel and are affected by loss in big ways. For example, widowers are at risk for higher rates of depression, health problems and overall mortality than widows. They seek and receive less social support and are 5 to 12 times more likely to commit suicide. There is no doubt that men feel the impact of losses in their lives, so what is happening with their grief? Are they in denial? Have they been taught by society that men are not allowed to cry and show their feelings? Or is there something else going on?

A number of researchers in men's grief, such as Kenneth Doka and Terry Martin, have recognized that people, both men and women, have different grieving styles as individuals. Neither all men nor all women are alike. One cannot lump them into distinct groups, with each one containing separate "masculine" and "feminine" elements. Some men

may be more emotionally expressive than others, some women less so, and each individual is shaped by his or her own unique circumstances and loss. What Doka and Martin have noticed, however, is that people tend to gravitate toward two patterns of grieving: intuitive (expressive emotion) and instrumental (practical emotion). And they have found that men more often are instrumental grievers.

Instrumental grievers (practical grievers) experience their world more intellectually and less through intense feelings. They find more energy when solving a problem or accomplishing a task. They cry less, or rarely, and they are more awkward around the emotional expressions of others. They tend to focus on behaviors, and

their emotions are often managed in small amounts, which are tied to certain activities. Intuitive grievers (expressive grievers) cry more, experience their feelings more intensely, and find it comforting to share feelings with others. While most of us are not exclusively one pattern (instrumental or intuitive), but a combination, we lean more toward one or the other. Whether by instinct or social conditioning, men tend toward the instrumental style.

Given the difference in styles, one can begin to understand why and how many men would seem to grieve differently. They still suffer the impact of a loss and carry the emotion of it, but they work it out in different ways. As one man said to me in the early days of his grief, with a combination of frustration and pain, "I wish I could just fast forward through this part and get to the end." I would remind him that suffering in grief is unavoidable and there is no one magical technique to make it speed up or go away, yet there is something important in his desire to approach the grief journey as a series of problems to solve and tasks to undertake. The key is to build upon his strengths and begin to engage in conversation about the many tasks, problems and decisions he is facing. Conversations about emotions still have a place, but we can come at them in a way that is tied to certain purposes and activities.

One common experience many grieving men face is a deep sense of loneliness, and this can present an issue which needs to be addressed. For example, it is not uncommon for a widower to acknowledge that

# Do Real Men Cry? continued

his wife was the one who managed the social calendar for activities with friends. She may also have been the hub of communication with children and other family members over the years. So after her death, finding a way to take up and fulfill her crucial role presents a problem. It is important to find the kind of social support which enables a widower to endure lonely times. Finding good ways to manage social activities and supportive connections with others is a crucial part of the grief journey for many men.

This same task-oriented approach can be used to address many of the issues that men often face in grief: denial and shock, guilt and regret, anger, a sense of helplessness or powerlessness, mixed feelings of

longing for a loved one and relief that his or her suffering is over. One important activity for grieving men is to engage in meaningful rituals. Such actions can be simple or intricate, a one-time event or an ongoing routine. To engage in a grieving ritual is to do something specific which connects to a loved one in a meaningful



way. It may be listening to a certain piece of music or looking at pictures in a way that lets your emotions come forth. It may be building a memorial of some kind or creating something in a loved one's memory. It may be a ritual to express anger or acknowledge guilt. It may be a ritual to channel energy into a sport or hobby. The power of ritual for many men is that it gives them something to do in their grief, a task in which to engage, a channel for the emotion they carry. In the end, the issue is not whether real men cry, but understanding how men grieve and how best to support them in the grief journey.



Montgomery Hospice offers several free multi-week workshops/ support groups for men throughout the year, and anyone from the community may call to sign up. There are also a number of supportive organizations for men, including the National Widowers' Organization ([nationalwidowers.org](http://nationalwidowers.org)) and Tom Golden's page for men and grief (<http://www.menweb.org/mengrief.htm>).

## Helping Men Grieve

- 1. Emphasize problem solving.** Begin with their strengths and what is working for them. Focus on what needs to be done.
- 2. Find rituals that matter.** This can be any repeated activity that connects him to his loved one (going to the cemetery, eating at "our" favorite spot, etc.).
- 3. Engage in supportive social activities.** These can be fun outings without necessarily being focused on grief.
- 4. Encourage creation of a "memorial."** This can be any activity undertaken to honor a loved one.
- 5. Acknowledge anger when present** and suggest a healthy expression of it that is not destructive to them or others.
- 6. Honor the space a grieving man may need.** Do not force him to talk "for his own good," or attempt to fit him into a preconceived idea of how grief should be expressed.

## Selected Bibliography

- Tom Golden, *Swallowed by a Snake: The Gift of the Masculine Side of Grieving*
- Elizabeth Levang, *When Men Grieve: Why Men Grieve Differently & How You Can Help*
- Gerald Schaefer, *The Widower's Toolbox: Repairing Your Life After Losing a Spouse*
- Jason Troyer, *Counseling Widowers*
- Kenneth Doka and Terry Martin, *Grieving Beyond Gender: Understanding the Ways Men and Women Mourn*
- Terry Martin and Kenneth Doka, *Men Don't Cry . . . Women Do: Transcending Stereotypes of Grief*

## Corporate Partners

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Montgomery Hospice is grateful to our 2014 Corporate Partners. Donations through our Corporate Partnership program help to underwrite educational programs and other initiatives that inform county residents about our services.

Businesses and organizations interested in becoming a Montgomery Hospice Corporate Partner should contact:

Marlene Bradford, Director of Philanthropy  
301 921 4401 x146  
mbradford@montgomeryhospice.org

Thank you to our 2014 Corporate Partners.

## Diamond Partner

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### Family & Nursing Care

*We just brought my father home and would like some support from someone experienced with hospice. Can you help?*



Yes we can. **Family & Nursing Care** proudly supports Montgomery Hospice in its mission to *gentle the journey through serious illness and loss with skill and compassion*. We applaud Montgomery Hospice's commitment to ease the burdens of patients and their families and provide them with dignity and comfort throughout their difficult time.

At Family & Nursing Care, we refer hundreds of caregivers who have experience working with hospice patients, who have a true appreciation for the goals and the philosophy of hospice care. Caregivers coordinate with the professionals involved and also have a deep empathy for the experience of the person receiving the care and his or her family. Caregivers with familiarity in hospice have a better understanding of the importance of pain management and changes in condition (e.g. breathing, alertness, intake/output) and can report that to the hospice team.

Having a caregiver present allows the family to spend quality time with their loved one and removes the responsibilities of personal care. To learn more about how Family & Nursing Care can bring you peace of mind, call us 24/7 at 301 588 8200 or visit [www.familynursingcare.com](http://www.familynursingcare.com).

## Gold Partners

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### Hines-Rinaldi Funeral Home, Inc.



**Hines-Rinaldi Funeral Home** assists families with meaningful ways to grieve the loss and celebrate the memories of loved ones; this is accomplished

by education so informed decisions can be made during times of vulnerability and emotional stress. We are here to provide information, options and guidance with the highest level of competence, courtesy and compassion, while developing a relationship of trust with the families and communities we serve. We treat families as we would treat our own families, with tenderness, dignity and respect each and every time.

Montgomery Hospice is an exceptional resource for the people of Montgomery County. The families that are served by Montgomery Hospice and our funeral home, we believe, are completely cared for—before, during and after the loss of their loved ones. Montgomery Hospice not only provides care for the patient, but also emotional and spiritual support to everyone involved.

### Pettit Family Charitable Foundation



**The Pettit Family Charitable Foundation** was started in 1989 and is operated by five trustees from the Pettit Family. The Foundation works mainly in the areas of food, health, housing and shelter.

Several of the Foundation's trustees are active members in the community, serving as volunteers with area nonprofit organizations. Mr. Dick Pettit was a Montgomery Hospice board member for many years, also serving as Chairman of the Foundation Board.

## Silver Partners

### Adventist HealthCare



**Adventist HealthCare** is a not-for-profit network of healthcare providers that includes hospitals, home health agencies and other healthcare services. Based in Gaithersburg, Maryland, Adventist HealthCare employs

more than 6,000 people and cares for more than 450,000 men, women and children in the communities it serves each year. Adventist HealthCare is also the largest provider of charity care in Montgomery County. Adventist HealthCare is proud to be a corporate partner because Montgomery Hospice is a vital organization that provides skilled and compassionate end-of-life care and grief support to our community.

### The Law Firm of Amy L. Griboff, LLC



**The Law Firm of Amy L. Griboff, LLC** is grateful for the hard work of Montgomery Hospice's employees and volunteers, and we are excited to be able to continue our support as one of their corporate sponsors. Similar

to Montgomery Hospice's logo of a heart and its support for families in Montgomery County, we lead with our heart and treat our clients as extended family. With our extensive legal knowledge, we are dedicated to helping Maryland residents preserve their legacy and provide them with peace of mind. We also provide guidance to families after the death of a loved one with probate and trust administration. In an effort to educate the community on the importance of proper estate planning, Attorney Griboff regularly conducts free seminars focused on fundamental estate planning issues. Ms. Griboff is a member of the American Academy of Estate Planning Attorneys.

### Edward Sagel Funeral Direction, Inc. and Danzansky-Goldberg Memorial Chapels, Inc.



**Edward Sagel Funeral Direction and Danzansky Goldberg Memorial Chapels** are now independently owned by Jewish Funeral Directors Edward Sagel and Albert Bloomfield. Mr. Sagel

and Mr. Bloomfield feel that the experience and compassion offered will be second to none and that their level of service will be strengthened because of the new ownership.

Edward Sagel founded Edward Sagel Funeral Direction in 1994. After managing Edward Sagel Funeral Direction and Danzansky-Goldberg Memorial Chapels for 18 years, Edward is pleased to be back in control of the business he founded. He hopes that "the thousands of families I have served over the past 18 years will continue to show their support."

Mr. Sagel has known Albert Bloomfield for twenty years and chose to partner with him based on his experience of managing Jewish funeral homes for more than 20 years, his involvement with the Jewish community nationally, and his position as the immediate past president of The Jewish Funeral Directors Association. Mr. Bloomfield is looking forward to this opportunity to be a part of the community.

In 2015, both locations will be combined into the Edward Sagel Funeral Direction located in The Talbott Center on Rockville Pike. Once completed, the new total space will be twice what it is currently and include all amenities. They have agreements with Jewish Chapels throughout the Washington metro area to accommodate any size service that families may require.

Visit [www.sagelbloomfield.com](http://www.sagelbloomfield.com) or call 301 340 1400 or 301 217 9400.

### Joerns Recover Care



**Joerns RecoverCare** is a leading provider of the highest quality products and services to hospice patients. We are extremely proud of our relationship with Montgomery Hospice, and we are committed to bringing them best-in-class products and services.

Joerns RecoverCare's Hospice Care Program was created to meet the specific medical and emotional needs of hospice patients. We are committed to our hospice partners by becoming fully integrated with their programs and delivering timely, high quality products and services to their patients and families.

We guarantee a standard of excellence through extensive training of our staff and our progressive focus on new technology and analytics. The core of our program includes a quality assurance team, an improved operational structure, communication protocols, and emergency preparedness, insuring the kind of care and timeliness for which Montgomery Hospice is known.

## Corporate Partners *cont. from page 7*

### Sandy Spring Bank



**FROM HERE. FOR HERE.**

With \$4.2 billion in assets, Sandy Spring Bancorp, Inc. is the holding company for **Sandy Spring Bank** and its principal subsidiaries, Sandy Spring Insurance Corporation and West Financial Services, Inc. Sandy Spring Bank focuses its lending and other services on businesses and consumers in the local market area. Independent and community-oriented, Sandy Spring Bank was founded in 1868 and offers a broad range of commercial banking, retail banking and trust services through 46 community offices in Anne Arundel, Carroll, Frederick, Howard, Montgomery and Prince George's counties in Maryland, and Arlington, Fairfax and Loudoun counties in Virginia.

As the largest community bank headquartered in Maryland, Sandy Spring Bank is committed to providing a level of service that makes our communities a better place to live, work and raise a family while assisting individuals in

meeting their financial goals. Sandy Spring Bank has been an integral part of the community for nearly 150 years and as an organization that has deep roots in the community, our employees have a vested interest in the future of the neighborhoods that encompass the Sandy Spring Bank footprint.

Thank you again to the 2014 Corporate Partners whose logos appear immediately below. Their businesses were recognized in the spring issue of this publication.

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Montgomery Hospice is grateful for your contributions, which enable us to care for patients who are uninsured or under-insured at Casey House or in their homes; offer bereavement support to anyone in the community who has experienced a loss; support the Montgomery Kids program; provide complementary therapies; and educate healthcare professionals and county residents about end-of-life care. Many Montgomery Hospice supporters choose to donate through payroll deduction. As a member of America's Charities - Community First of Greater Washington DC, we participate in the Combined Federal Campaign (#85936), the Maryland Charity Campaign, the Montgomery County Employee Giving Campaign and other public and private workplace giving programs. When your workplace campaign occurs, we encourage you to make a gift to Montgomery Hospice. It's easy to participate each pay period and so helpful to our patients, their families and the community.



If your employer's giving campaign is conducted through a program of which Montgomery Hospice is not a member, please consider sending your gift directly to us or donating through our website ([montgomeryhospice.org/donate](http://montgomeryhospice.org/donate)). If you do wish to give through such a program, you usually can by following its instructions on how to donate to a non-member agency. You may need to write in our name and address, found on the back of this newsletter.

### Matching Gifts

Whether you make a gift directly to Montgomery Hospice or through a workplace giving program, your employer may match your contribution, effectively doubling or tripling your gift! Ask your Human Resources department how to request a matching gift from your company.

Thank you in advance for your generous support.

## Community Partners

We are grateful to our Community Partners who have supported Montgomery Hospice with a gift of \$250 or more between February 1, 2014 and August 31, 2014.

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## Circle of Light Society

The Circle of Light Society recognizes individuals and families who have included Montgomery Hospice in their estate plans through a bequest, trust, insurance policy or other estate-planning vehicle. Individuals interested in joining the Circle of Light Society should contact Gerry Vent, Vice President of Philanthropy, at 301 637 1867.



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Montgomery Hospice also received a donation from the following estates:

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Between February 1, 2014 and August 31, 2014, Montgomery Hospice received contributions in memory of or in honor of the following individuals. We are grateful for these gifts.

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Hospice Matters is a newsletter for family and friends of Montgomery Hospice, a non-profit organization serving residents of Montgomery County, Maryland who are bereaved or terminally ill.

### Bereavement Care: free grief education for Montgomery County residents

*Winter Blues Workshop* December 4, 6:30-8:00 pm, 1355 Piccard Drive, Rockville

*Discussion about Grief and Healing* December 10, 6:30-8:00 pm, 1355 Piccard Drive, Rockville

*Winter Blues workshop* December 15, 1:00-2:30 pm, 1355 Piccard Drive, Rockville

*Grieving the Death of a Child thru the Holidays* December 18, 6:30-8:00 pm, 1355 Piccard Drive, Rockville

*Discussion about Grief and Healing* January 6, 2015 1:00-2:30 pm, 1355 Piccard Drive, Rockville

*Afternoon Grief Support Group* January 13, 2015, each Tuesday, 1:30-3:00 pm for six weeks, Bethesda

*Loss of a Child Support Group* January 21, 2015, each Wednesday, 6:30-8:00 pm for six weeks, Rockville

*Parent Loss Support Group* January 22, 2015, each Thursday, 6:30-8:00 pm for six weeks, Rockville

*Evening Grief Support Group* January 22, 2015, each Thursday 6:30-8:00 pm for six weeks, Silver Spring

### Volunteer Training

March 6, 12 and 20 (2015), 8:30 a.m. to 3:30 p.m. Rockville. Apply online.

### Honor and Remember People

Tree of Lights, Casey House, Rockville, Sunday, November 23. Park at Magruder High School.

Visit [www.montgomeryhospice.org](http://www.montgomeryhospice.org) for updated calendar information.



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