

## My Parents' End-of-Life Wishes

by Monica Escalante, CFO/VP of Community Education and Outreach



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Although I knew it was important, for many years I postponed talking with my parents about what they wanted for themselves at the end of their lives. At first I couldn't bring myself to imagine the possibility of them not being well. Just the thought caused a knot in my throat and watery eyes. But over time I became more confident and after several attempts we finally engaged in what I consider one of the most important conversations we will have. Our interchange gave me the opportunity to learn about my parents' experiences with death and dying, occurrences which had a strong influence on their end-of-life wishes.

I moved to the United States from Bolivia twelve years ago. Since then I see my parents (who still reside in La Paz) once a year. I started working

at Montgomery Hospice in 2002 as Director of Volunteer Services. Many of the volunteers were spouses or adult children of former patients who, moved by the care we provided, decided to give back. These volunteers, and the families we served, taught me the difference between dying and dying well. Having this information led me to decide to talk with Mom and Dad about their goals for medical care should they be seriously ill. I wanted to be able to honor their wishes when the time came.

I clearly remember the first time I discussed end-of-life care with my father. I was so nervous that I approached the subject as if I was sharing things I did at Montgomery Hospice. When he seemed most interested, I asked him if he had thought what he wanted if he was seriously ill. He said, "If I'm seriously ill and die, I will just die....the world will not stop for me, everything will go on." My father is a man of intense emotions and he got irritated at my question. He said, "Why do you ask me this, do you think I'm dying?" I was trying to explain that I just wanted to hear his thoughts when he said, "I don't want to talk about this. It makes me angry! Do you think I'm old and I will die soon?" After this, I didn't bring up the subject up for many years. I realized that in his mind, we would only have this conversation if he were seriously ill; talking about death when he was healthy was a torture.

Since my discussion with my father didn't go far, I decided to engage my mother. During my first conversation with her, I asked her if she had thought about life-sustaining

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## Montgomery HOSPICE

### Hard Conversations

#### Hard (but necessary) Conversations to Have with Loved Ones

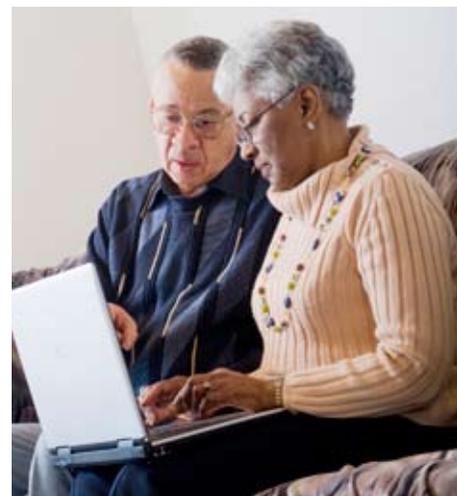
##### What do we need to talk about?

You need to talk about what type of medical treatments you want – or don't want – if you were to become seriously ill and not be able to speak for yourself. And, you need to plan ahead for, and talk frankly about, practical matters surrounding your own death.

##### Why do we have to talk about these things?

If you don't take the time to think about and decide what you want to happen to you medically at a time when you are seriously ill, then someone else will decide, based on local laws. This could result in a bad experience for you, and for your loved ones.

If you don't take the time to think about what happens after you die, the courts will decide



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## From Ann's Office Our Commitment to the Community

We, like many others, are carefully following the ongoing discussions about the federal budget. The threat of sequestration looms. These automatic budget cuts would reduce Medicare payments by two percent and directly affect hospice reimbursements. These cuts come on top of other already enacted reductions in hospice payments that will take place over the next several years. Advocates from national hospice organizations (as well as from Montgomery Hospice) continue to remind legislatures of the value of hospice and of studies that show hospice care can prolong lives and save money.

Despite these serious financial challenges, Montgomery Hospice is committed to continuing our (more than 30-year) mission of serving the seriously ill and grieving members in our community.

We are committed to keeping Casey House open, providing specialized care for those with acute symptoms. As the only inpatient hospice center in our county, Casey House must remain available to people who need it, even though insurance and Medicare reimbursements only cover approximately 70 percent of the care provided there. Independent auditors in 2010 stated: "Revenue from patient services does not fully cover Montgomery Hospice's costs at Casey House primarily because the hospice provides a level of service which exceeds the level built into Medicare, Medicaid or other insurer reimbursement rates."

We are also fully committed to the Montgomery Kids program, providing compassionate care

for children (infants through young adults) who have a life-limiting illness. The insurance reimbursements cover less than half of the expenses incurred by our highly-specialized clinicians, who bend over backwards for their young patients and worried, stressed families. The Montgomery Kids team works to keep families together in their homes and to maximize the quality time that they have together.

We are thankful for the generosity of our supporters; this generosity allows us to go the extra mile for those at Casey House, and for those who have a child who is seriously ill. Your donations make a difference, and will continue to make a difference. Thank you for your support and your interest as Montgomery Hospice plans for these times of uncertainty.

Ann Mitchell  
President & CEO

## Grief during the Holidays

The holidays can be difficult for those of us who have lost someone we care about.



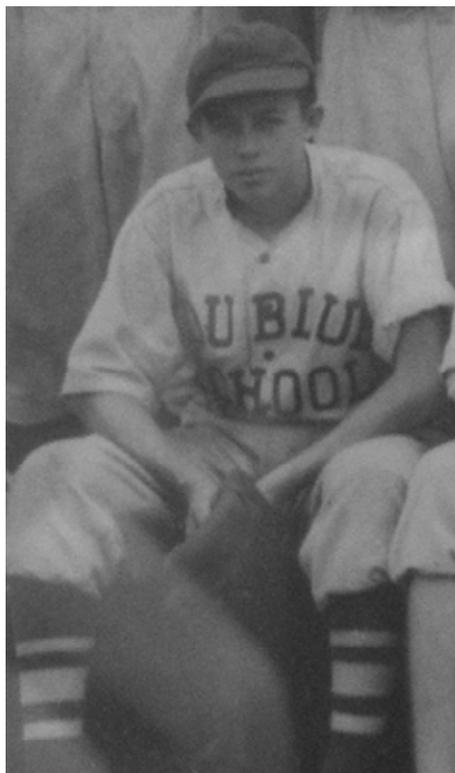
### ***If you are recently bereaved:***

- Take some time to acknowledge your loss and your grief.
- Try not to put pressure on yourself—keep everything simple.
- Remember that you don't have to live up to others' expectations.
- Focus on what you need. Ask for help from others.
- Choose to keep familiar rituals, or to create new ones, whichever feels right to you.
- Consider finding a special way to honor your loved one.
- Take good care of yourself. Eat well, rest, drink water.

### ***Help a grieving friend during the holidays:***

- Ask if she would like someone to be with her to help decorate or cook or do some other holiday preparations.
- Include him in your invitations for events.
- Respect his decision to say yes or no to invitations.
- Ask her which days will be the most difficult.
- Ask about and listen to his memories and stories of his loved one.
- Encourage her to care for herself.
- Give him permission to lower expectations of himself.
- Listen, listen, listen.

# Take Me Out to the Ball Game



Shamelessly name-dropping, Mr. (Arthur) Lee Norman related stories from his days playing minor league baseball. He first gave some background, telling about moving to Washington, DC in 1931 with his six brothers and sisters, playing baseball at Alice Deal Junior High, and then pitching for the Woodrow Wilson High School team. Clearly talented even then, he once pitched a 14-inning game – with no walks. Graduating from high school in 1940, he started his baseball career, playing in a semi-pro league in the Washington Metropolitan area.

On a colleague's recommendation, he headed down south to try his luck at spring training, hoping to get a walk-on position. It was after arriving in St. Petersburg, after that long road trip to Florida, that he encountered those famous baseball players whose names he had mentioned. He clarified his original claim about meeting Ted Williams, the famous Boston Red Sox player, by revealing that he'd

actually just seen him from a balcony. But he did speak to Joe DiMaggio (and his wife), as well as several other Yankees players, and remembers turning down a lunch invitation. He also had the opportunity to meet Sid Hudson, a starting pitcher for the (then) Washington Senators.

Mr. Norman was able secure tryouts with the Senators and then later with the farm program for the St. Louis Browns. He eventually signed a contract to play for the Cocoa Fliers in Cocoa Beach, Florida (part of the Florida East Coast League). He was happily making \$90 a month.

Due to the threats from World War II, the Fliers folded and Mr. Norman enlisted in the Navy. He fought in the Pacific, serving on the USS Tate, and also in the Battle of Okinawa. After the war, he worked for a variety of businesses, including a real estate company, a bank, a car dealer and a hearing aid business. He was married to his wife Lila for 61 years; together they raised two daughters. During all this time, he never lost his love of baseball.

Mr. Norman shared his baseball stories – and his desire to see the Nationals play – with his Montgomery Hospice team. On July 19, 2012, with the help of Montgomery Hospice, The Village at Rockville and his family, a busload of red-shirted Nationals fans headed out to watch the Nats battle the New York Mets. Mr. Norman was somewhat disappointed at not being called down to throw out the first pitch (remembering the days when he could have done so easily) but was pleased when a representative from the team presented him with a Louisville Slugger bat signed by Davey Johnson. The Nationals ended up losing the game 9-5, but did manage to make up some of an 8-run deficit. His daughters and grandchildren (and many neighbors from The Village at Rockville) all enjoyed the 80-degree temperatures, the seats in the shade and the nice breeze.

On August 17, only a month after the ballgame adventure, Arthur Lee Norman died. He left behind a loving, grieving family - and baseball stories that those of us at Montgomery Hospice will not forget.



Lee Norman with daughters Bonnie and Linda Norman

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measures at the end of life. While she hadn't thought about it for herself, she had witnessed her stepmother struggle in her last days hooked up to a ventilator. Mom had been part of the decision to disconnect the machine. I learned about the days of heated discussion between her and her siblings before they finally agreed to disconnect the ventilator. Mom described the look in her stepmother's eyes, begging them to let her go. Her children were around her when she died. Mom and her sisters washed her stepmother's body and dressed her in her favorite clothes they had picked together the day before. I did not know this was a common ritual that my mother found comforting. This sharing with my mother was so powerful that we ended this conversation hugging each other in tears.

Learning about my parents' end-of-life wishes is an ongoing dialogue that evolves and reshapes over time.

Two months later, my mother's father died. He was 100 years old. Mom was sad but content. Her father had lived a long and good life. My mother described her father's death as a good death. He was comfortable, had a chance to say goodbye and he had been ready and eager to go for a while. She remembered that once not too long before, her dad woke up from a nap in an airplane; seeing the clouds, he thought he was in heaven and wondered what she was doing there.

The next time Dad and I talked about end-of-life care was when his brother died in March 2010. My father knew his brother was dealing with cancer but he did not seem to realize that he was dying. Just days before his brother passed, my father described him as a fighter and was confident he would get better. My father stayed in denial until the last day. I deeply regret not reaching out to my uncle's family, having believed my father when he told me he would get better.

After losing my uncle, I called my father and for the first time we talked about death and dying. We had long talks about his childhood, the sudden death of his father, his brother's recent passing, and his mother's death. All of a sudden Dad started talking to me about this subject that we could not touch before. My father is a man of strong faith, a layman in the Catholic Church since he was 10 years old. He prays daily and feels that God listens to him. He has several stories of "miracles" that occurred because he did not lose faith. In December of 2009 my former nanny, Isabel, was hospitalized with liver failure. I flew home to Bolivia to say goodbye -- that is how seriously ill she was. We all, including her doctors, thought she would not make it. But Dad never lost faith and started going to church daily. Isabel lived with liver failure for over two years; she died on May 9, 2012. Dad deals with losses and with illness by asking God for help, and time and time again most of his prayer requests are granted.

I am sure he prayed hard for his brother; it took him a long time to recover from what to him was another sudden loss. And although Isabel's death was expected (the last months of her life were particularly hard with multiple hospitalizations) it was still a shock when she passed. However, this time there was a big difference. My father had had long conversations with Isabel until the very end. He had a sweater and many other clothes that Isabel sewed for him, she asked him to use them "as needed." Those clothes have been helpful to my dad; he wears them all the time. They make him feel better. Isabel was an adopted daughter to my parents; she lived with them for over 30 years. Dad prays for Isabel everyday and he is confident that she is in heaven and not suffering anymore.

In December 2010, my family flew to Bolivia to celebrate the holidays with our loved ones in Bolivia. Two days after Christmas, Dad, Mom and I sat in the sunroom at their house drinking freshly squeezed orange juice and had a long conversation about my parents' end-of-life wishes. Dad wants aggressive treatments but wants to be well informed about pros and cons because he might change his mind. He doesn't want to compromise on what he calls a decent quality of life. He is a fighter and wants to give death a hell of a fight. Mom hopes to die well, like her father. She has a low tolerance for pain and wants to be comfortable. She also wants her hair and nails done if she is in the hospital. She wants to look good to feel good; she did that for her stepmother and I promised to do it for her. Dad wants a traditional Catholic funeral, a viewing and Argentinian sambas played at his funeral. Mom at first said she wanted to be cremated but after Isabel's death she changed her mind, now she decided that she wants to be buried with Dad. Both of them are to be buried with Isabel. Mom wants to be remembered with Julio Iglesias songs. We haven't completed advanced directives forms; there are no such forms in Bolivia, but we know what we want. They too know what I want.

Learning about my parents' end-of-life care wishes has been a long and at times tedious process. These were hard conversations; I had to find the appropriate time and the right setting (which was particularly hard because my face-to-face time with my parents happens only a few days a year). This is ongoing dialogue that evolves and reshapes over time. Their views of end-of-life care evolve day by day as they see their relatives and other loved ones die under different circumstances. Having these conversations has brought me closer to my parents and has enabled a type of intimate sharing I treasure. I'm grateful to have started this journey while there is time to complete it and plan to continue making the most of it.

# Hard Conversations continued from page 1

what happens to your possessions. And you will leave a huge burden on your grieving loved ones. So, make the time to think about what you want – and to discuss things with your family or close friends. Do it now, rather than in the midst of a crisis, so that you have time to thoughtfully consider these decisions.

## What do we talk about?

Start with some frank **medical discussions**. Talk about what you would consider “quality of life.” Think about who might be able to take care of you if you are no longer healthy. Discuss who you would want to make decisions for you if you are not able to make them for yourself.

Research the pros and cons of various treatments offered at the end of life. Learn about the benefits and burdens of CPR, feeding tubes and ventilators. Ask about palliative treatments that focus on comfort, treatments that might involve the use of medications to control pain or other symptoms that are sometimes experienced while dying. These are topics that can be discussed with your physician or other health care professional. It is important to be informed when making these important decisions because the issues are complex.



If you belong to a particular faith, consider researching your religion’s teaching on end-of-life issues. Also, talk with your loved ones about what you want to happen **after you die**. What type of funeral would you like? What would you like done with your body? What type of life do you envision for your family? How would you like to be remembered? What would you like to happen to your money? To your possessions?

## How do we have these conversations?

Work to find a way that is comfortable for your family. For some it may work to schedule a family meeting. Others may be more comfortable with one-on-one conversations. Consider having a professional facilitate the discussion. Perhaps a counselor or faith leader could help get

it started. You may want to call on the expertise of a health care professional, financial planner or lawyer. Have several conversations; you may need time to think over these difficult subjects.

## Write down your wishes.

Research and then create the necessary legal documents. Discuss your financial assets and estate planning and distribution of your possessions with a lawyer and a financial planner.

Making decisions about medical treatments that you would want or not want is called advance care planning. You can document your wishes using advance directives.

There are two basic kinds of advance directives:

- Power of Attorney for Health Care
- Living Will

The **Power of Attorney for Health Care** allows you to appoint a person to speak for you if you are unable to speak for yourself, in order to make decisions about your health. This person is called your **Health Care Agent**. This should be someone you trust, someone who understands you, someone who will be able to make these decisions when the time comes.

The **Living Will** is a statement of instruction describing your wishes about medical treatments if there comes a time when you are extremely sick or if you have a disease that is not curable.

(If you live in Maryland) the State of Maryland has a form that can be used for advance directives. Maryland also recognizes a form called “The Five Wishes Directive” and most forms from other states. The Maryland MOLST (Medical Orders for Life-Sustaining Treatment) is a new form (signed by a doctor) that makes your treatment wishes known. Write everything down and store the documents in a place where people can find them. Doing this will maximize your chances of having the medical care that you want.

## Repeat.

Continue to have conversations and be conscientious about updating the legal documents as your thoughts evolve, you gain new experiences or your circumstances change. Revisit your decisions every year or two. Take some control. Give this gift to your loved ones.

For more information and tips on having the conversation, please visit our website: [www.montgomeryhospice.org/AdvanceDirective](http://www.montgomeryhospice.org/AdvanceDirective)

# A Montgomery Hospice Chaplain Reflects on Meaning at the End of Life

by Lynn C. Sifrit, M. Div., B.C.C.



During the past six years working as a Montgomery Hospice chaplain, I've had the opportunity to meet many different people, people with widely different levels of education, work experiences, beliefs and places of origin. This diversity is evident each time I visit a patient. But, although each person is a unique individual, all of them have

something in common. They hope to have a sense of meaning in their lives, even when the amount of time they have grows short.

The Random House dictionary defines "meaning" as the "end, purpose, or significance of something." As I visit hospice patients, I journey with each one as they name what brings them meaning or gives them strength. As a chaplain, I try to help them recall sources of meaning from the past and to experience new sources in the present, so that they have a meaningful conclusion to their lives.

Most patients talk about the meaning that they find through their relationships with those whom they love or who care about them. I will always remember the response of one gentleman when I asked what brought meaning to his life. As he lit and drew on his pipe, he said with a gleam in his eye, "My liquor and my tobacco." After a short pause he said, "And my children ... who bring me my liquor and tobacco." The man clearly cared for his children and felt their care for him, but he humorously began by defining two things that brought him pleasure as his health declined.

Many name religious participation as a source of meaning. Others say that they are spiritual, finding meaning through belief in God or a higher power, but do not participate in an organized religion. A good number state that they do not believe in an afterlife, but find meaning in living a moral life, based on a set of values. One woman told me that she believed in treating others as she wanted to be treated.

Other patients experience meaning through what they have done throughout their life. They might find meaning in the businesses that they have created. Others find meaning in some other life's work, or groups that they have started or helped to strengthen. Many people find meaning in the legacy that they have created that will continue after their death, or in a financial



gift to individuals or groups. One person, who remained single all her life, identified her legacy as the students that she taught and who now live lives filled with meaning. Many of those students still write cards to ask about her and to update her on their lives. Some have said that she inspired them to become teachers.

The people in Montgomery County are diverse, yet have something in common – the search for meaning. At Montgomery Hospice, we seek to provide physical, emotional, and spiritual support to hospice patients, including supporting that search for meaning. As a hospice chaplain, I have the privilege to see each person as a unique individual, and to support them as they seek to live their life to the fullest until they take their last breath.

## Memorial Poem *by David Harkins (adapted by Susan Burket)*



You can shed tears that she is gone  
and you can smile because she has lived.  
You can close your eyes and pray that she'll come back  
and you can open your eyes and see all she's left.  
Your heart can feel empty because you can't see her  
and you can be full of the love you shared.  
You can turn your back on tomorrow and live yesterday,  
and you can be happy for tomorrow because of yesterday.  
You can remember her only that she's gone,  
and you can cherish her memory and let it live on.  
You can cry and close your mind, be empty and turn your back,  
Or you can smile, open your eyes, love and go on.

# What I Didn't Know About Grief

by Susan Burket

Before my best friend died, I didn't know that grief could have a physical impact. After her death, I did not understand why I was feeling exhausted day after day. I had always thought a "lump in the throat" was a metaphor, until the day I had to stop jogging because that lump was literally preventing me from breathing. It took me a while to figure out I still needed to eat, even when not feeling particularly hungry.

Before she died, I did not know I would feel guilty about being sad. I had lost my friend, but her husband had lost his wife and her children had lost their mother. For quite a while, I told myself that their loss was so much greater than mine and I should quit feeling sorry for myself. I eventually learned that grief is not a competition, that I could lean on other friends for support, and that I could help her family by acknowledging how much we all loved and missed her.

I learned after her death that grief is messy and confusing, and doesn't necessarily follow a set pattern, or a specific series of stages. I was surprised to experience moments of laughter amidst the sadness. Before my friend died, I assumed that one "got over" a death after some specific period of time. I did not know I would still be hit with pain randomly at odd times for quite a while.

Before I worked at Montgomery Hospice, I did not know that people spend their careers studying and researching grief. And that others spend their days working with people to educate them on how to move

through grief in order to heal. I had not known that although many of us stumble our way through loss, others need more help. I now know assistance is available through books, in support groups, and through one-on-one sessions with trained counselors.

As much as I've learned, I do not presume my experience is identical to any other's. Dr. Earl Grollman, educator and author, wrote "[everyone] hurts differently. There is no way to predict how you will feel. The reactions of grief are not like recipes, with given ingredients, and certain results. . . . Grief is universal. At the same time it is extremely personal. Heal in your own way."



*Montgomery Hospice professional bereavement counselors provide grief support to the community. See the calendar on the back of this publication for upcoming workshops and groups, or call 301-921-4400 and ask to speak to a bereavement counselor. Workshops and articles on grief can also be found on our website: [www.montgomeryhospice.org](http://www.montgomeryhospice.org).*

## Giving to Montgomery Hospice Through Workplace Giving Campaigns and Employer Matching Gifts

Montgomery Hospice is grateful for your contributions, which enable us to care for patients who are uninsured or under-insured; offer bereavement support to anyone in the community who has experienced a loss; 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 Community 1st - America's Charities of Greater Washington DC, we participate in the Combined Federal Campaign (#85936), the Maryland Charity Campaign (#6242), 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 you previously gave to Montgomery Hospice through the United Way, please consider sending your gift directly to us or donating through our website ([montgomeryhospice.org/campaign](http://montgomeryhospice.org/campaign)). You may still give through the United Way by following its instructions on how to donate to a non-United Way 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 your gift! Ask your Human Resources department how to request a matching gift from your company. Thank you in advance for your generous support.

## Support from the Corporate Community

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Montgomery Hospice is grateful to our 2012 Corporate Partners. Donations through our Corporate Partnership program help to underwrite educational programs and other initiatives that educate county residents about our services.

Businesses and organizations interested in becoming a Montgomery Hospice Corporate Partner for 2013 should contact:

Marlene Bradford  
Director of Development  
301 9921 4401 x146  
mbradford@montgomeryhospice.org.

Thank you again to the 2012 Corporate Partners whose logos appear below. Their businesses were recognized in the spring issue of this publication.

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### Diamond Partner



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### Gold Partners



**Gold Level Corporate Partner since 2010**



Adventist HealthCare is a proud partner and supporter of Montgomery Hospice. For more than 30 years, Adventist Healthcare and Montgomery Hospice have worked together to ensure that residents of Montgomery County receive the best and most appropriate care and services. We believe our partnership and collaboration allows both Adventist HealthCare and Montgomery Hospice to better care for our community.

Montgomery Hospice Nurse Liaisons are available to patients and staff at both Washington Adventist Hospital in Takoma Park and Shady Grove Adventist Hospital in Rockville. These skilled and compassionate professionals provide valuable expertise in palliative care and end-of-life care. They meet with families and work together with our case managers to give medical support and personal comfort to people living with life-limiting illness. The nurses are a vital part of our care teams and also provide support and resources to our hospital staff, physicians and chaplains.



**Gold Level Corporate Partner since 2011**

Family-owned and operated since 1939, the Collins family serves families of Montgomery County and greater Washington in their time of need, providing dignified professional service. Whether you wish to preplan or you have experienced a loss, please contact us to discuss how we can assist you.

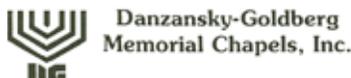
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### Silver Partners



Collins Funeral home supports Montgomery Hospice through the Corporate Partnership Program, because we see firsthand what a difference hospice makes to families in need. Montgomery Hospice offers our community the resources to handle important and sensitive end-of-life issues, as well as resources to handle the grief that comes with the death of a loved one.

### Silver Partners



#### **Silver Level Corporate Partner since 2010**

Edward Sagel, founder of Edward Sagel Funeral Direction, Inc., is a first-generation funeral director who started with a fresh approach to funeral service. He realized funeral services could be held in many venues, giving families both more flexibility and better value.

Using his vision to provide the best service at a fair price, Edward Sagel has built a reputation founded on building relationships. Family and friends recall the warmth and support of his management and staff, and they come back to ask for their special care.

Mr. Sagel also manages the Danzansky-Goldberg Memorial Chapels, Inc. Edward Sagel Funeral Direction, Inc. and Danzansky-Goldberg Memorial Chapels, Inc. are proud to be members of the Dignity Memorial® network of funeral and cemetery service providers. We work closely with hospice to assure that professional caregivers can assist families in their transition from hospice care to funeral care. We are devoted to exceeding expectations and providing a standard of service that is 100 percent guaranteed.

We understand losing a loved one is an emotional and difficult experience, and we are committed to assisting families with compassionate, professional and personal service. If you would like more information, please visit [www.SagelFuneralDirection.com](http://www.SagelFuneralDirection.com) or [www.DanzanskyGoldberg.com](http://www.DanzanskyGoldberg.com).



#### **Silver Level Corporate Partner since 2011**

The Robert A. Pumphrey Funeral Home has been caring for families in our community for more than 155 years. It was an easy decision to partner with Montgomery Hospice; our missions are the same: taking care of the patient and the family. Pumphrey's and Montgomery

Hospice understand that care for families doesn't end after a loss. As a result of this awareness, we have teamed up with Montgomery Hospice to hold quarterly grief seminars. These grief seminars are free and are open to anyone in need, regardless of what funeral home was used. Another way we have addressed the care for families after a loss is by the redesign of our website that included the creation of a Grief Resources page. This page has articles, videos and the schedule for our workshops. Our website has become the area's go-to place for funeral information. Our web address is [www.pumphreyfuneralhome.com](http://www.pumphreyfuneralhome.com). We hope that anyone in need will be able to easily access our website and obtain helpful information, both before and after a loss.



#### **Silver Level Corporate Partner through 2013**

With \$3.9 billion in assets, Sandy Spring Bank is one of the oldest banking institutions in Maryland. Independent and community-oriented, Sandy Spring Bank was founded in 1868 and offers a broad range of banking and trust services. Through our subsidiaries, Sandy Spring Bank also offers a comprehensive menu of insurance and investment management services. Visit [www.sandyspringbank.com](http://www.sandyspringbank.com) for more information.

Montgomery Hospice is one of those organizations that means a great deal to many of our employees and their families. The hospice stories that several employees shared with us, coupled with our long term relationship with Montgomery Hospice, made developing a true partnership a natural and easy step.

In keeping with that partnership, we were delighted to host our third annual Hearts for Hospice fundraising drive to benefit Montgomery Hospice. From October 22 through November 3, the bank offered its Montgomery County customers an opportunity to make a donation of any amount to Montgomery Hospice. Donors were recognized with a "heart" donation card, which was displayed in the bank for the duration of the fundraising drive. Since its launch three years ago, we at Sandy Spring Bank are proud to say we have raised more than \$ 5,200 through the Hearts for Hospice fundraiser. Many thanks to our customers and employees for making this initiative a great success! Thanks also to the caregivers at Montgomery Hospice, for "gentling the journey" for our county neighbors and friends dealing with life-limiting illnesses.

# Memorial and Honorary Gifts

## In Memory of:

Antonia Abdal  
Sue H. Absolon  
Clifford Adams  
Margaret Bondi Alba  
Mildred Albertson  
Mary E. Alder  
Paul Allen  
Ursula Allen  
William L. 'Bill' Allen  
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Please accept our apologies if we have omitted any names from these lists.

Between February 1, 2012 and August 31, 2012, Montgomery Hospice received contributions in memory of or in honor of the following individuals. We are grateful for these gifts.

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Mi Sook Ahn  
Arthur E. Armstrong  
Helen Beall  
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*Gifts made "in memory of" may recognize any person, including members of the community or a Montgomery Hospice patient.*

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We are grateful to our Community Partners who have supported Montgomery Hospice with a gift of \$250 or more between February 1, 2012 and August 31, 2012.

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Montgomery County Executive Community Grant

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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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Mary K. DuBois Estate



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www.montgomeryhospice.org

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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.

## calendar of events

### Memorial

Nov 20 **Tree of Lights Ceremony.** Honor a loved one who has died by sponsoring a light in his or her name on the Montgomery Hospice Tree of Lights. Enjoy the annual "Garden of Lights" display at Brookside Gardens. 7:00–8:30 pm. Wheaton Regional Park, 1800 Glenallan Avenue, Wheaton. Call the Montgomery Hospice Foundation at 301-921-4400

### Bereavement Care- Open to all Montgomery County Residents. Free. Pre-registration required. 301 921 4400

- Dec 4 **Drop-In Discussion about Grief and Healing.** If you are mourning the death of a loved one, come to this small group discussion about grief and healing. 6:30-8:00 pm. Montgomery Hospice, 1355 Piccard Drive, Rockville.
- Dec 11 **Winter Blues: Balancing Sorrow and Celebration While Grieving.** A workshop for adults who are grieving. 1:00-2:30 pm. Montgomery Hospice, 1355 Piccard Drive, Rockville.
- Dec 19 **Winter Blues: Balancing Sorrow and Celebration While Grieving.** A workshop for adults who are grieving. 6:30-8:00 pm. Montgomery Hospice, 1355 Piccard Drive, Rockville.
- Jan 8 & 15 **For Men Only: Getting a Handle on Your Grief.** A two-session workshop for men mourning the death of a loved one. 6:30-8:00 pm at Montgomery Hospice, 1355 Piccard Dr. Rockville.
- Jan 9 **Drop-In Discussion about Grief and Healing.** If you are mourning the death of a loved one, come to this small group discussion about grief and healing. 1:00-2:30 pm. Montgomery Hospice, 1355 Piccard Drive.
- Jan 22 **Afternoon Grief Support Group.** For anyone grieving the death of a loved one. Group meets each Tuesday from 1:00-2:30 pm for six weeks at Faith United Methodist Church, 6810 Montrose Road, Rockville.
- Jan 23 **Loss of a Child Support Group.** For parents grieving the death of a child of any age. Group meets each Wednesday from 6:30-8:00 pm for six weeks at Montgomery Hospice, 1355 Piccard Drive, Rockville.
- Jan 23 **Parent Loss Support Group.** For adults who have experienced the death of one or both parents. Group meets each Wednesday from 6:30-8:00 pm for six weeks at Montgomery Hills Baptist Church, 9727 Georgia Ave. Wheaton.

### Volunteer Training

- Feb 22, **Volunteer Training** prepares volunteers for their work supporting patients with life-limiting illnesses and the families who support them. 8:30am–3:30pm each day. Montgomery Hospice, 1355 Piccard Dr., Rockville. Pre-registration required: 301 921 4400

For information about any event or activity, contact us at 301 921 4400. **Visit [www.montgomeryhospice.org](http://www.montgomeryhospice.org) for updated calendar information.**