

WHO WE ARE:

How Montgomery Hospice Can Help You & Your Loved Ones

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What we do & how we can help

What is hospice?

Hospice is care that focuses on medical and personal comfort for people living with a life-limiting illness. Hospice care helps patients with physical symptoms like pain or nausea. Hospice staff members also comfort patients, families and friends by helping them feel emotionally and spiritually at peace. They work together with patients and families to bring dignity and well-being to those affected by serious illness and loss.

What is Montgomery Hospice?

Montgomery Hospice is a nonprofit organization that has been providing hospice care to people in Montgomery County for more than 30 years. We are the largest hospice in the county. Besides hospice services, we provide professional grief support for anyone who lives in the county. In 2011, Montgomery Hospice cared for more than 2,000 patients and their families, and provided grief education and support to 8,800 Montgomery County residents.

Who is Montgomery Hospice?

The people of Montgomery Hospice are professionals and volunteers who work together as a team to meet the needs of our neighbors who are living with a terminal illness. The professionals include doctors, nurses, nurse practitioners, spiritual counselors (chaplains), social workers, hospice aides and grief counselors.

Is Montgomery Hospice a part of the Montgomery County government?

No.

Is Montgomery Hospice affiliated with a religious group?

No.



Whom does Montgomery Hospice care for?

Montgomery Hospice helps our seriously ill neighbors in Montgomery County who have decided (after talking with their doctors) to concentrate on living their lives as fully as possible rather than aggressively fighting a disease.

Is hospice only for people with cancer?

No. Montgomery Hospice can help those with any illness (including cancer, dementia, heart disease and others).

How are hospice services paid for?

Hospice services are paid for by:

- Medicare (Part A)
- Medicaid
- Most private insurance companies, or by
- Montgomery Hospice. We care for patients who do not have insurance or any other way to pay.

Why do patients choose hospice?

Patients choose hospice when it becomes clear that a cure is no longer likely, and they want comfort care so they can live as fully as possible until the end of life. For some patients, hospice can be an alternative to staying in—or returning to—a hospital.

Where do patients receive hospice care?

Montgomery Hospice usually cares for patients and families in their own homes, wherever they live. Besides houses and apartments, we care for patients in assisted living facilities and nursing homes. Some patients with difficult symptoms receive care at Casey House, the only facility in Montgomery County exclusively designed for hospice patients.

What services are provided by Montgomery Hospice?

- Expert pain and symptom relief
- Medications
- Medical equipment, such as oxygen, wheelchairs, walkers and hospital beds
- Medical supplies
- Nurses available by phone 24 hours a day, 7 days a week
- Assistance with patient personal care
- Grief support

Who cares for the patient?

The team of people that work together to care for the patient includes doctors, nurses, hospice aides, social workers, spiritual counselors (chaplains) and volunteers.

Will the Montgomery Hospice doctor visit the patient?

Yes. If necessary, the Montgomery Hospice doctor will visit a patient's home.

What do Montgomery Hospice nurses do?

The nurses visit patients regularly to see how they are doing, teach caregivers how to take care of their loved ones, and coordinate the medical care of the patient.

What does the hospice aide do?

The hospice aides visit patients periodically to help with things such as bathing and making sure patients can move around safely. Every hospice aide at Montgomery Hospice is an experienced nursing assistant with a certification from the state and specialized training in end-of-life care.

What does the Montgomery Hospice social worker do?

Montgomery Hospice social workers help patients and families learn coping skills and ways to keep patients comfortable in their homes. They also can help patients and families with difficult conversations or to work on practical tasks, such as arranging for help with chores.

What does a chaplain do?

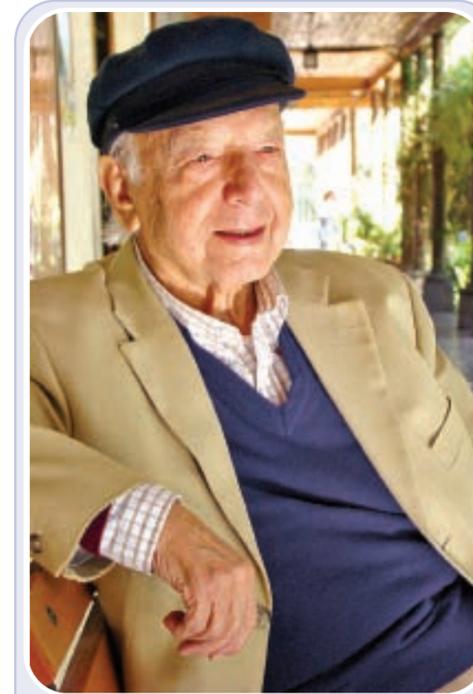
For patients who are interested, Montgomery Hospice spiritual counselors (chaplains) are available to talk about spiritual concerns. Our chaplains help people find comfort and answers that fit their own beliefs. Chaplains offer spiritual support to people of any faith background, or no faith background, and help people find their own answers.

What do Montgomery Hospice volunteers do?

After a thorough three-day training, volunteers help in a variety of ways such as visiting with patients so caregivers can take a break, giving soothing hand massages to ease stress, running errands or helping patients and families with email, letters or memoirs. Volunteers are required to attend ongoing training during the year.

What are Complementary Therapies?

Montgomery Hospice uses Complementary Therapies such as massage, music and aromatherapy. For some patients, these techniques (used along with conventional medical care) provide comfort, and ease pain and anxiety.



Do patients ever leave hospice care?

Yes. Some patients improve and leave the hospice program.

How are decisions made about the care of the patient?

Montgomery Hospice respects and honors the wishes of our patients. Their priorities guide us.

Are patients' family doctors still involved when a patient chooses hospice?

Yes. Patients usually keep their own doctors while receiving hospice care.

Do Montgomery Hospice patients have to stop all medications?

No.

What happens if a hospice patient has an accident and breaks a leg? Would that break be treated?

Yes.

Does hospice hasten death?

No. In some cases, hospice helps patients live longer.

What should patients or families do if they are considering hospice care, or if they have questions about hospice?

- Ask their doctor to discuss all their options, which may include hospice care
- Call Montgomery Hospice for information or ask us to visit them to provide information
- Call Montgomery Hospice back with more questions. Montgomery Hospice wants families to fully understand their options and will respect any decision made.

Can patients who sign up for hospice care change their mind?

Yes. Patients can stop hospice care whenever they want, for whatever reason.

What is Casey House?

Casey House is a peaceful, home-like facility designed for hospice patients with acute symptoms. Patients may go to Casey House to get difficult symptoms under control. Casey House also has doctors, nurses, hospice aides, social workers, chaplains and volunteers. To learn more, see pages 4 and 12.

How is Casey House different from other facilities?

Casey House has a highly skilled team of professionals who are experts in end-of-life care. Patients have private bedrooms with personal bathrooms. Adult, children and pet visitors are welcome 24 hours a day.

What is grief? What is bereavement? How does Montgomery Hospice help?

Grief is the intense feeling of sadness felt after the death of a loved one. The word "bereavement" is very similar, referring to that period of sadness. Montgomery Hospice has counselors with advanced professional degrees who support families for 13 months after their loved one dies. This free support includes phone counseling, group meetings, workshops and mailings.

How does Montgomery Hospice help the community with grief?

Montgomery Hospice support groups and workshops are free to anyone who lives in Montgomery County. Montgomery Hospice also provides education about grief to community groups, to employees in the workplace, and to students in high schools.

Francis J. Collins Funeral Home, Inc.

A Montgomery Hospice Gold Level Partner since 2011, as well as a long-standing donor to other funding initiatives for nearly two decades.

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a CASEY HOUSE story

AN INTERVIEW WITH
CHRIS FOREMAN AND LENA ZEZULIN

“MY MOTHER WAS AN INTERESTING person. She was a teacher in Baltimore City public schools, mostly the inner city schools, with many challenging students. She taught reading to poor children throughout the 1950s, 60s and 70s.

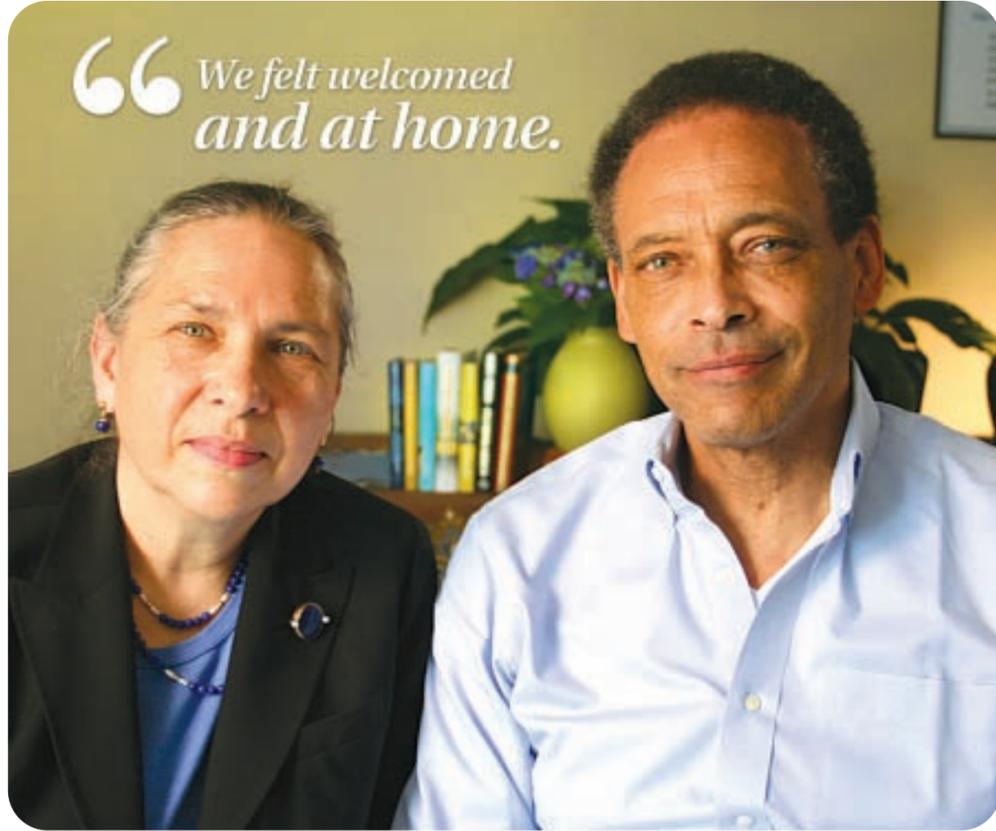
After retiring for a brief period, she had a whole second career running a day shelter for homeless men in Baltimore. She ran a program where men who lived on the street could come and get a meal and some clean clothes or do their laundry or get a shower.

She was a very giving, loving person. When she developed dementia-related aspiration pneumonia, she ended up in a hospital. The hospital took more than two weeks to figure out and communicate that she was, in fact, dying.

WHAT A RELIEF FOR MOM TO BE TRANSPORTED TO Casey House! Casey House has such a homelike atmosphere. We were actually startled by how nice it is. The building is welcoming and there are lovely touches such as the smell of cookies and coffee, dogs for petting, and a harp. The courtyard is lovely. We would go outside and make calls, and enjoy the view and the birds.

AT CASEY HOUSE, WE FELT WELCOMED AND AT home. We could come and go at any time. We were able to treat the Casey House Great Room as though it was our own den. Chris' siblings were there a lot and we were able to be together very comfortably as a family. Friends came too. The grandchildren were able to play Nintendo on the Casey House TV. Our kids were nervous and anxious about the whole process and we were able to provide pizza for them at the table. That was so reassuring and helpful.

MOM HAD ALWAYS ENJOYED READING THE GOSPEL and listening to jazz. We read to her during her time in the hospital, but by the time she got to Casey House she was too tired to listen to Bible readings. She did still want to listen to her music—which she did, a lot of old Duke Ellington tunes. The second day Mom was at Casey House, the family gathered for



Montgomery Hospice thanks Lena and Chris for sharing the story of Chris's mother, Thelma Foreman.

her 85th birthday celebration in her room. We sang “Happy Birthday” to her and there was a cupcake with one lit candle. She couldn't eat but she was happy to have us around her.

THE NURSES WERE VERY ATTENTIVE. AT THE TIME Mom was admitted, the social worker helped us make tentative long-term plans in case Mom needed to leave Casey House if she stabilized. She was good about making clear to

us that Casey House is for short-term hospice care only. The chaplain helped us connect with clergy. We were pleasantly surprised to find out the staff wanted to take care of the whole family, not just Mom.

Casey House is all-embracing and all-enveloping. We want to help people learn that Casey House and Montgomery Hospice are there to give people the care they need at the end of life.”

PARTNERS

Joseph Gawler's Sons, Inc.

Has increasingly supported Montgomery Hospice since 2009. Now a Gold Level Corporate Partner, Gawler's has also provided in-kind donations and has recognized Montgomery Hospice employees with their community service award.

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Sandy Spring Bank

Supporting several Montgomery Hospice causes for 21 years, including the annual Hearts for Hospice community fundraiser. Has committed funding as a Silver Level Corporate Partner through 2013.



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Montgomery Hospice

What I Didn't Know About Grief

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



ISTOCKPHOTO/GIZMO

“Grief is universal. At the same time it is extremely personal. Heal in your own way.”

—Dr. Earl Grollman

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.”

—SUSAN BURKET

MONTGOMERY HOSPICE HELPS THE COMMUNITY

Montgomery Hospice professional bereavement counselors provide free support to Montgomery Hospice patients' families and also are available to help others in the community. If you feel that talking with a counselor might

help you, please call 301-921-4400 and ask to speak to a bereavement counselor. This counselor will listen to you and suggest resources that may be helpful, such as the free grief workshops and grief support groups that

Montgomery Hospice offers. You can always visit our website, www.montgomeryhospice.org, to learn about upcoming grief support groups and workshops, as well as explore articles on grief posted there.

Robert A. Pumphrey Funeral Homes

Since 2004, has been providing essential funding to Montgomery Hospice, including the annual Bereavement Conference and Community Workshops. A Silver Level Corporate Partner since 2011.

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www.pumphreyfuneralhome.com



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MontgomeryHospice.org

What to Expect When You are Grieving

What are normal reactions when someone you love dies?

You may feel a **variety of emotions:**

- Sadness
- Anxiety
- Guilt
- Anger
- Denial
- Numbness and shock

You may experience **sensations** such as:

- Tightness in the throat
- Heaviness in the chest
- Loss of appetite
- Mood swings
- Extreme forgetfulness
- Excessive fatigue

You may act **out of character:**

- Crying at unexpected times
- Overeating
- Undereating
- Wandering aimlessly
- Questioning spiritual beliefs

These are all natural, normal grief responses. You are not going crazy when you feel them. You are grieving because you loved.



Gentle the Journey: the Campaign for Montgomery Hospice

An Interview with Barry R. Meil,
Campaign Chair & Foundation Board Chair

How did you get involved with Montgomery Hospice?

In 2003, my mother, who suffered from emphysema and Alzheimer's disease, began her end-of-life journey. Her physician recommended that we bring Montgomery Hospice into the home. My family and I did not have any real understanding of what hospice care was all about. Though the emphasis at Montgomery Hospice is on the patient, their staff members also give tremendous support to the family. My mother, in her moments of lucidity, knew that Montgomery Hospice was there to help her. After a few weeks of exceptional hospice care, my mother passed peacefully. We were pleased to have bereavement support to help ease the pain of our loss.

After my mother died, my father decided to restart his retirement by teaching, attending senior education programs and travelling. Unfortunately, he was only able to do that for a short time before developing his own health problems. For our family, seeing this intelligent, vibrant person fade into a state of depression and affliction was extremely tough. In 2009, his deterioration began to accelerate, and because of our wonderful experience with Montgomery Hospice, we called again for help with my father's end-of-life journey.

Why should the community consider supporting Montgomery Hospice?

I have seen firsthand how Montgomery Hospice shines in the care of both patient and family. Montgomery Hospice professionals are adept at dealing with the emotions of spouses, children and other family members, and are skillful with the patients' medical and emotional needs. I am not sure how our family would have fared in those dark days without the help of the Montgomery Hospice staff. They made those days full of love, dignity and respect.

Each year, more and more families turn to this gem in our community for help, and the professional medical staff and highly-trained volunteers quickly respond. They wrap their arms around an ailing loved one and the family with skill and compassion. Montgomery Hospice is a nonprofit organization that has



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"As Chair of the Foundation Board and the Gentle the Journey fundraising campaign, I am honored to be helping to raise philanthropic support for Montgomery Hospice, an organization that is very important to me and my family."

delivered excellent hospice care and grief counseling to Montgomery County for more than 30 years and does so regardless of one's ability to pay. I am proud to know that no one is turned away because of a lack of financial resources. Montgomery Hospice relies on the generosity of the community to do so. Reimbursement received from Medicare, Medicaid and private insurance does not fully cover the cost of care provided, especially at Casey House, the only inpatient facility in the county built exclusively for hospice patients.

I am also proud because Montgomery Hospice is once again caring for the youngest members of our community through Montgomery Kids, a specialized interdisciplinary team providing comfort care to children (infants through young adults) as they approach the end of life. Professional grief counselors are part of this team and are available to support par-

ents and siblings, a support that continues for two years after their loss.

What is the "Gentle the Journey" Campaign?

The "Gentle the Journey" Campaign is an \$8 million, 3-year fundraising campaign that began in 2010. Through this campaign, Montgomery Hospice is raising critical support for a \$4 million endowment created to support Casey House Nursing Services. An additional \$4 million is being raised to support Montgomery Hospice's operational and program needs, which include our Hospice at Home teams, Bereavement Care program (which is one of the largest in the country), Complementary Therapies, and Community Education and Outreach.

As of today, Montgomery Hospice has reached the \$5.5 million milestone (in gifts and pledges) toward our \$8 million goal. Montgomery Hospice is deeply grateful to two major benefactors of this campaign: the Healthcare Initiative Foundation and the Eugene B. Casey Foundation. Special thanks to our Corporate Partners who are recognized throughout this publication; their support made it possible. We are also deeply grateful to so many individual members of our community who generously support us.

How can you support Montgomery Hospice through this campaign?

As Campaign Chair, I invite you to join me in making a donation to Montgomery Hospice today. Your generosity will help to ensure that Montgomery Hospice can continue to respond to the growing demand for services for all who need its care—today and well into the future.

While a donation of any amount is deeply appreciated, we invite you to consider making a gift at one of our "Gentle the Journey" Campaign levels:

Hearts for Hospice Circle—the community-wide annual giving circle recognizes donors who give from \$250 to \$9,999

Gentle the Journey Circle—recognizes donors who pledge or make outright gifts from \$10,000 to \$49,999

Signature Gift Circle—recognizes donors who pledge or make outright gifts at the \$50,000 and above level

Thank you for helping to make a difference!

Montgomery Kids



physician, in conjunction with the child's family, decide on a "plan of care" that will provide comfort for the child.

What other services are provided?

The hospice social worker provides emotional support and works to solve practical issues that arise. If desired, a chaplain can visit to explore spiritual concerns. Trained volunteers are available to share music or stories with the child, help with siblings or run errands.

The Montgomery Kids team strives to support the child and the entire family, and

to help them deal with this extraordinarily difficult time. Montgomery Hospice bereavement professionals provide coping tools, tips on creating memories, and ongoing education about grief and loss.

How are services paid for?

Most private insurance companies cover hospice care, as does Medicaid. Donations to the Gentle the Journey campaign allow Montgomery Hospice to provide financial assistance to families without insurance or any other way to pay.

How can families learn more about Montgomery Kids?

A family whose child is struggling with a serious illness can call Montgomery Hospice at any time to learn more about the Montgomery Kids program and the services provided. Members of the Montgomery Kids team are available to meet with families in a hospital or in a home, at no cost, to provide detailed and specific information.

For more information, call Jim Dent, Montgomery Kids Clinical Manager, at 301-921-4400.

Montgomery Hospice provides compassionate, professional care for children who have a life-limiting illness. We care for children of all ages, from infants to teenagers and young adults. We support the children in their homes, surrounded by family, friends and the things that they love.

The Montgomery Kids team is a dedicated, interdisciplinary group of trained professionals who work with the children, their families, and their doctors or other caregivers. The Montgomery Kids team respects the wishes and priorities of each child and family.

When do families call Montgomery Hospice?

Families often call us after years of treatment and repeated hospitalizations, when they and their child's doctors feel that the child could benefit from the expertise of the Montgomery Kids team members.

How does Montgomery Kids work with the child's current doctors?

The doctors who have been caring for the child continue to be involved, working closely with the Montgomery Kids team. Collaboration with other medical professionals is crucial.

What medical services are provided by Montgomery Kids?

The hospice physician and nurse closely monitor the child, work to alleviate symptoms, manage medications and equipment, and provide education to the family and other caregivers.

Are treatments stopped when a child receives hospice care?

No. The child's physician and the hospice

Why Support Montgomery Hospice?

How Your Gift Makes a Difference

- Montgomery Hospice cares for more than 30% of county residents who are dealing with life-limiting illnesses.
- In 2011, Montgomery Hospice cared for more than 2,000 patients and their families.
- Montgomery Hospice provides charity care to patients who are uninsured or under-insured, thanks to donations from the community.
- Our team of physicians, nurses and counselors serves those with life-limiting illnesses through our Hospice at Home program and at Casey House, the only medical facility in the county dedicated to the care of hospice patients.
- Montgomery Hospice volunteers make 200 patient visits per week, supporting patients, family members and caregivers by doing chores and being friendly visitors. Their generous donation of their time eases the burdens of patients and families.
- Montgomery Hospice provides loss and grief counseling at no charge to patients' families and any community member who has suffered a loss. Montgomery Hospice provides grief support and education to more than 8,800 Montgomery County residents annually. We depend on community support to provide this help to grieving people.
- Complementary therapies, such as Comfort Touch® massage, aromatherapy and music-by-the bedside, increase comfort and reduce anxiety for patients. These extra services are made possible by community contributions.
- Montgomery Hospice educates community members and health-care professionals about end-of-life issues and care through the Montgomery Hospice Center for Learning.

Your donations allow Montgomery Hospice to provide the best possible care to our neighbors in Montgomery County who need our help. Contact the Montgomery Hospice Foundation at 301-921-4400.



Barry Meil, Foundation Board Chairman, Ann Mitchell, President & CEO

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THE Belle OF PITTSBURGH

BY BARBARA GRAHAM

In More magazine, the title of this article was "The Caregiver Chronicles" and these words introduced the piece:

The mother: still glamorous and flirty in her nineties. The daughter: loving but conflicted, convinced she'd been a lifelong disappointment. What happens when the two women say good-bye...

"You don't have to get all gussied up," I told her. "He's a hospice rabbi. He's used to seeing people in their bathrobes." Even though she knew the end was near, my mother would not consider letting herself go—especially when Rabbi Gary Fink from Montgomery Hospice was coming to call.

"I'm not people," my mother said, propped up on the hospital bed that had just replaced the single bed in her apartment. "And I don't parade around in a bathrobe when company comes." Even now, at 95, impossibly frail and tethered to an oxygen tank, Irene looked glamorous in her blue silk nightie with the ivory lace trim.

"He's not company," I protested halfheartedly, though really there was no point in arguing. My mother, the former belle of Pittsburgh, would die before she let any man see her undressed without her "face" on.

Which is exactly what would happen, but we didn't know that yet.

Two weeks earlier—before the buildup of fluid in her lungs started squeezing the breath out of her—Irene had called me on the phone sounding frantic. Hearing the wheezy panic in her voice, I panicked, too. Could this possibly be it? I wondered. After years of serial near-death experiences, could my mother—the woman who joked that she was too mean to die—be on the brink of disproving her point?

No, she was not. The lady had more important things on her mind than life and death.

"Barb, help me, please," she implored over the phone. "I'm absolutely going out of my mind. You've got to tell me: the bronze silk or the leopard chiffon?"

The retirement home where she lived was holding its annual black-tie ball that night, and Irene was in knots over what to wear. Forget that she was wobbly on her feet, even with the walker. Forget that she had lung cancer. The lady was a coquette—adored by men, envied by women—a flirty knockout with a smart mouth. I counseled the leopard chiffon.

Irene's cancer diagnosis had seemed to come out of nowhere two years earlier. She'd been admitted to the hospital for chronic, unremitting back pain when a routine chest X-ray revealed a few suspicious-looking spots on her right lung. The biopsy confirmed adenocarcinoma.

My mother, then 93, chose not to treat the disease—or think about it. The tumors were small, and she didn't have a cough or any other symptoms. "I'm going to put it out of my mind," she announced, taking the Scarlett O'Hara approach. "Then it won't bother me."

Other family members—doctors—were less optimistic. "Chances are, she won't make it to 94," her first cousin, a Boston internist, told me privately. This man, along with Irene's nephew, a Pittsburgh doctor, was devoted to my mother. Both men had been making pil-

grimages to her "deathbed" for years. They came rushing to her side after the emergency colostomy, the bleed on her brain, the hip fracture—and always left astonished by her ability to bounce back.

"I'm afraid this time it's for real," Jerry, the Boston cousin, predicted sadly.

"She doesn't have long," Ken, the Pittsburgh nephew, agreed.

They should have known better. This was my mother they were talking about.

A CT scan taken six months after the initial diagnosis revealed no change in the size of the tumors. Another scan taken six months after that was even more striking.

"I've never seen this before, and I'll be damned if I can explain it," the oncologist said. "The tumors appear to be shrinking."

I was stunned. Boston and Pittsburgh were stunned. Irene seemed relieved, but not as surprised as the rest of us.

MOST PEOPLE—EXCEPT FOR CERTAIN FAMILY MEMBERS and service professionals trying to please her—found Irene charming.

It wasn't her fault, really, that I was impervious to her charms. Or that she, for most of my life, seemed unimpressed by mine. We were so different, both products of our times, as well as our singular quirks

and talents. I often felt as though we were mismatched, like two landmasses that don't fit together—say, Greenland and New Jersey. Irene longed for a daughter who would be just like her: a princess to her glamour queen. But I was an arty, waifish girl who rejected the whole package. I shacked up with a stoned cowboy in hippie outposts from Boulder to British Columbia. When my man and I stayed in one place long enough to have a phone, I kept the number unlisted so she couldn't call and tell me I was ruining my life.

That was in my twenties. By my midthirties, I had dumped the cowboy, had relocated from the woods to San Francisco with my young son, was earning a living (more or less) by my pen and had married Hugh, a man my mother approved of only grudgingly but later grew to adore. My parents were living in Florida then, and we saw one another infrequently. Within a day or two, Irene and I would start to drive each other crazy, so I kept our visits brief.

I never dreamed I would become my mother's caregiver. My mother never dreamed that she would need a caregiver, or that my father would die and leave her to fend for herself—or, worse, leave me to fend for her.

Taking care of a sick, aging parent is not a job you can train for. The training happens on the job, by the seat of your pants, and you are always one step behind, playing catch-up to the latest crisis. The only predictable thing about the job is its unpredictability. And in my case, the stubborn resistance of the caretaker.

Irene hollered and called me a bully. She accused me of turning her into an invalid and fought me over everything: the aides, the walker, the grab bars in the shower, the little alarm button she promised to wear around her neck but left in the bathroom the night she fell and broke her hip. The clincher was when she moved, at my insistence, from Florida to a retirement place in Washington, D.C., where I live now, so that Hugh and I could look after her. Once she arrived, Irene started addressing me as Mother in a tone so sarcastic, she sounded like me dissing her when I was a teenager.

My friend Mary Pipher, the author and psychologist, once told me it's human nature to love what—and who—we care for, but Irene? I was skeptical, to say the least. Although I never doubted that I would be a dutiful daughter, I wasn't so sure I could let go of the defenses that since childhood had been hardening inside me like bad arteries. Compassion, yes, but love? I was determined to ease my mother's suffering, but could I unblock my heart? I worried that I'd be an outlier, the rare exception to Mary's Law of Human Nature.

MY MOTHER WAS A PARTY ANIMAL AND HAD BEEN A celebrated hostess among her set in Pittsburgh, New York and Palm Beach. Although for years she'd been threatening supernatural retaliation if I dared to include her age in her obituary—if she died—I'd thrown a bash for her 93rd birthday. She hadn't been doing well (this was shortly before the cancer diagnosis), and I was afraid that she might not see 94. But by the time 94



PERSONAL PHOTOS COURTESY OF BARBARA GRAHAM

My mother was a party animal and had been a celebrated hostess among her set in Pittsburgh, New York and Palm Beach.

rolled around, her force of will seemed to have driven the cancer into retreat, so I decided to hold off on giving another party until the Big 95.

Plans were under way when the cancer finally caught up with her. Her right lung filled with fluid, and she was having trouble breathing. The pulmonologist recommended draining the fluid so she could make it to the party. The procedure nearly killed her. She begged me to cancel the event, but I refused. Family members, including my son, Clay, were flying in from around the country. Anyhow, this was Herself. The smart money said she'd rally, and sure enough, on the night of the party, the Belle of Pittsburgh showed up looking like a million bucks in the bronze silk.

I think my mother had the time of her life at that party. After the toasts, she confessed that she'd always been jealous of her own mother, envious of how much everyone who'd known Bessie had adored her. If Irene had the looks, my grandmother—also a beauty—had the charisma.

"I finally know how my mother felt, and it's wonderful," Irene said, glowing, her paper-thin skin practically translucent. "Because tonight I feel that way, too."

It occurred to me that this might be the first time in her life that my mother felt worthy. Good. Deserving of love, just for herself—not for her appearance, her zip code, her fine antiques, the rich and famous people she met, the five-star hotels she stayed in, her Chanel suit or any of the rest of it.

I'm pretty sure Irene knew there would be no 96th birthday fête. Still, she went right on as before: getting her hair done, complaining about the food at the retirement home, barking at the help for multiple offenses, agonizing over what to wear to the home's annual gala. She called me for advice, and this time she actually took it. She went with the leopard chiffon.

The real clue that she knew she was dying came in the form of a card she gave me on Mother's Day. On the front was a watercolor of children in old-fashioned bathing costumes splashing in the ocean. Inside, she wrote,

"Happy Mother's Day! I know why Clay has turned out to be such a wonderful person. You have been a great mother. I know this is true because you have been a good mother to me. I thank you for your caring and helping me in every way. Thank you, dear Mother."

This was the first time my mother had addressed me as Mother without a soupçon of sarcasm. It made me wonder if she'd been expressing gratitude, in her backhanded, wisecracking style, all those other times. Or if somewhere along the way, her tone had shifted, and I simply hadn't noticed.

Six weeks after the debilitating lung procedure—and two days after I'd asked the nurse if they were going to kick my mother out of home hospice care because she was doing so well—the phone rang early one evening. It was Irene, sounding scared. "Can you please come over and help me," she said. "I can't stand up."

From that moment on, everything happened so fast. Stepped-up visits by the hospice team, delivery of the hospital bed, the start of morphine. Irene hated it all, except when Boston Jerry, Pittsburgh Ken and Gary, the rabbi from Montgomery Hospice, appeared at her bedside.

My mother had met with Gary several times before, and she'd grown to rely on him to help soothe her restless, fearful mind. (Plus, Gary was young, handsome and Jewish, so she also liked flirting with him.) One day I sat in with the two of them for the first time. When Gary asked her what it was about me that she was most proud of, she paused. "Who she is," she said finally. "Just. Who. She. Is."

A dear friend once wrote, "You learn the world from your mother's face." That day I learned my goodness from my mother's face. I told her that I loved her and that I would miss her. This time there was no holding back, no going through the motions, no saying the words I love you with half a heart.

Each day a little more of my mother disappeared. First her sight, then her hearing. She started reaching into space for things that weren't there, and one afternoon she fell into my arms, weeping.

"I can't see. I can't hear. This is no way to live," she sobbed as I held her and tried to comfort her. As if in that moment she really was my child and I was her mother.

Except, in point of fact, she was still my mother. Still Irene. Still the Belle of Pittsburgh. As soon as the tears had dried, she began fretting over what to wear the following morning when Rabbi Gary was due for his next visit.



PHOTO BY JERRY EISNER

Rabbi Gary Fink, director of spiritual care at Montgomery Hospice, helped sooth Irene's restless, fearful mind. Her last act was to get dolled up for his morning visit.

"He's a hospice rabbi," I told her again. "You don't need to worry about putting on makeup or getting dressed."

But as long as she had a shred of consciousness left, my mother could not let herself go. What's more, I think she secretly believed that if she had the wherewithal to pull herself together, she would be able to, if not outfox (in her case, outdress) death, then at least delay it.

And so the next morning, instead of greeting the rabbi in her bathrobe, Irene insisted on getting dolled up. She couldn't stand or walk on her own, so Dawn, her Jamaican angel aide, carried her to the bathroom

and helped her with her makeup. But that was as far as my mother got before her energy simply gave out. She toppled over into the easy chair by the hospital bed, her mouth slack, eyes shut, softly snoring.

I knew how much she wanted to see Gary again, so I tried to rouse her, without success. The rabbi talked to her, too, and said a blessing, but she didn't respond to him either. My mother seemed to have slipped into a realm that was beyond sleep but this side of death. After several minutes, Hugh, together with Dawn and Gary, lifted her onto the hospital bed. She never awoke again.

In a way, her retreat could not have been more perfectly Irene. My mother used up every last atom of her awe-inspiring, superhuman energy reserves to make herself look pretty for the rabbi.

As I kept vigil at her bedside over the next week, I realized that it didn't matter anymore what she and I called each other. Mother or daughter, those roles were done. Finished.

She was just Irene, a woman being swept away by the current that sooner or later takes us all. This was her story, her passage, and I was her witness. It was the first time I really saw her as a separate person—rather than one who existed only in relation to me—and somehow, during the hours I spent by her side not trying to do anything except be present, something came unhooked. All the things we fought over—my ripped jeans and wild hair, her ridiculous pretensions, my bad boyfriends and so-called irresponsible ways, her yearning for a daughter who would reflect her back to herself, my longing for a mother who would see me as I really am—seemed as insubstantial as a wisp of smoke.

Gone.

I buried her in the leopard chiffon.

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