

2015 Athena Hospice Reflections-full list

Below are the essays written by the premed students who participated in the 2014-2015 **Athena Institute Pre-Med Hospice Volunteer Program**. Whose mission is to instill in pre-med students a sense of humanity and understanding towards the geriatric patient and 'end-of-life' care through hospice service... and to provide patients an opportunity to educate these young students in how to listen to their needs. Learn more about it at athenainstitute.com.

Names are changed to protect privacy, but the words come directly from the students themselves.

1. Leigh H. (Princeton University)

The first time I visited the hospice facility, I was struck most not by the patients, but by their families. The patients themselves were strangers, and without the context of their families it would have been easy for them to remain as such. It would have been simple to believe that perhaps these people had always been in their current state. That in turn would have made it easy to separate them completely from my own sphere of loved ones – these elderly women were nothing like my energetic grandmother, my father would never be like these men. The presence of the patients' families struggling to remain brave and steadfast in the face of all of this brought home the reality that every person in the facility had once been someone's parent, sister, brother, child. The families served as a reminder that each of the patients had lived a life and meant something to someone. They reminded me that the patients were more than patients; first and foremost they were human beings.

After this first eye-opening visit, I began to learn more about the people I was visiting. I came to appreciate the sweet older woman with the kind eyes who could remember very little, but was nonetheless perpetually cheerful and friendly. She had such innocence about her, and despite not remembering us always seemed so happy to see us. I'll also never forget the woman who could not speak a word of English and the way her eyes lit up when she realized we could communicate with her in her native tongue. To me this symbolized the simple joy and relief that comes from being understood. Though for most of our patients the barrier to communication was not as obvious nor as easily fixed as the one mentioned above, it was something all of them faced on some level or another. Some of them could not communicate verbally, but even with those who could, it was often difficult for us to understand what they were truly trying to tell us. It could be frustrating on both ends, but while we could walk away from it at the end of the day, they could not. My experience volunteering with hospice has driven home to me the importance of communication and truly listening to patients. Even when it is not possible to actually understand what is being said, it makes all the difference in the world for a patient to at least know that they are being listened to. This is a lesson I will carry with me forever.

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I think these realizations and the memories of my time volunteering will have a significant impact on my future as a doctor. In the medical profession, the way doctors interact with their patients is often considered secondary to the treatments they prescribe. Patients are frequently viewed as cases to be solved rather than people, and this is especially true of older patients. I believe that both the suffering and strength I have witnessed as a volunteer will inspire me to be a better doctor by reminding me to always provide not just treatment, but *care*.

2. Antoine A. (Swarthmore College)

My time in the hospice program was immediately after and during a time of significant change in the health of some of my closest relatives. This closely paralleled and defined my experience with the program. I was quite familiar with hospice since three of my grandparents went through it in their final months. Some of my most difficult memories of my senior year of high school are of visiting my grandmother and her son, my uncle, in hospice. Both declined almost simultaneously during a period of about three months. But my mother was the reason I wanted to volunteer in hospice; she had been diagnosed with breast cancer the previous summer, and for a few tense weeks, we thought she would have to spend her final hours in what I viewed as a sterile and impersonal setting which had characterized my relatives' experiences with hospice.

When I first met my hospice patient, I had just finished a particularly difficult week in my studies. I thought I knew what to expect, how to act, and how to provide her with comfort and peace. The first week was the hardest for me because I had no sense of my role. My patient was dealing with late stage dementia and communication was almost nonexistent until I realized how to connect with her. The nursing staff were swamped with more patients than they could handle and I was struck by how lonely someone in that position could become.

At first I was concerned with whether I was doing enough. But eventually I came to recognize the comfort I provided just being present and the care provided through the power of human touch and a soothing voice. On my second visit, I was told my patient was a former opera singer. Gradually, her vocalizations sounded more and more like song, which had defined her life and now visibly brought her indescribable joy. With time I recognized her favorites and came to see this woman who couldn't speak produce music so powerfully it could move anyone. Her brain was degenerating, but she was clearly using music to get to something close to her heart. I recognized some of her songs as hymns and began to read Psalms to her. I doubt she could understand much of it, but it seemed to bring her some comfort.

Halfway through the program, my mother finished chemotherapy and tests over the past few months have shown complete recovery. I'm certainly incredibly thankful and in admiration of the physicians who saved my mother's life, but my hospice patient could never be that lucky. We have a tendency to avoid death as a taboo subject, which contributes to unnecessary stress and misery when it finally catches up to us. Many people have suggested to me that hospice is for the dregs or those the medical establishment can offer nothing. I've come to appreciate palliative

care as the ultimate expression of love that medical caregivers can provide. By providing support to a dying patient, I could be on the same level as the best physician and have the same effect on the life of a fellow human being. In a very short period of time, I have developed a bedside manner and a sense of the emotional care physicians must provide every day. I hope that as a physician I can bring much more to improving a patient's life. The story has really come full circle: last week my mother began working as a hospice volunteer. My dream is that as a physician I will be able to be as good a caregiver.

3. Selena D. (Haverford College)

Prior to participating in the hospice volunteer program I was scared of death. I have never had anyone close to me die. However, when my friends' relatives died, I often had a strong reaction even when I did not know them well. Taking part in this program has taught me a lot about death and grief and has definitely changed my attitude towards the end of life. I feel that in our culture, death is often viewed as failure. I have realized how harmful this viewpoint is and learned that death is not failure, but instead, is a natural process. Additionally, I feel that our culture's attitude toward grief is also unhealthy. We are told to "get over it" and "move on". However, our training with Natalia Voz opened my eyes to the importance of the grieving process and how it is distinct for every individual. The lessons I have learned about grief will definitely impact my own life as well as my actions as a doctor.

Another lesson I have learned from this experience that will impact my interactions with patients in the future is the importance of building a relationship with your patients. This is often difficult since patients you see may be of a wide range of ages and backgrounds. In fact, prior to beginning my visits, I was unsure if I would be able to connect with *Doris*. She was significantly older than me and had a very different upbringing than I did. However, I easily connected with *Doris* and realized that although there are always differences between people, there are also some similarities. You just have to search a little harder to find them. This experience has made me more confident that I will be able to connect with patients in the future.

Despite being exciting about being able to connect with *Doris*, I think that forming relationships with patients can also be frightening. After spending so much time with her, I definitely grew emotionally attached to her. As she started to get sicker I felt emotionally affected by this. Nevertheless, I also knew she had led an amazing life and though she was sad to leave, she was accepting it. Knowing this was comforting. However, I am interested in pursuing pediatrics and I feel that accepting a child's death can be much more difficult than the death of someone who is older.

My visits with *Doris* this past year have also shown me a version of the end of life that many would consider ideal. Although *Doris* suffered from an awful disease she was still able to communicate and still had a pretty good memory. Additionally, she had a large family that was incredibly supportive. She often had family members visiting her and would also often talk about her memories. She was a very outgoing, optimistic, cheerful woman and I sometimes wonder what the situation would be

like if she had lost her memory, if her family was not around, or she was depressed. Through this I realized how lucky *Doris* was, in some sense, and that not everyone at the end of their life has such “ideal” circumstances. I wonder how these patients can be supported.

Overall, participating in this program has taught me a great deal about interacting with patients, death, and grief. I truly enjoyed spending time with *Doris* and feel that I have gained a friend. I am grateful for the lessons I have learned that will undoubtedly influence the work I do a doctor in a positive, beneficial manner.

4. Frankie C. (Bryn Mawr College)

I was often told that one of the hardest challenges a medical practitioner will face is the death of their patients. A physician must accept that no matter how skilled they are or how hard they try, there will be a number of patients that they cannot save. This grim reality did not deter me from pursuing the medical career since I believed I was capable of dealing with deaths due to my experiences from growing up in an extended family. Prior to joining the Pre-Med Hospice Volunteer Program I was very confident with my ability to interact with elderly patients and was very optimistic that I would handle any losses well. Through the many months of volunteering, I have gained invaluable experience and knowledge that have shifted my perspective and made me truly understand the strength of a medical practitioner.

Death is not easy and I only realized this the day my first patient, Mary Donkowitz, passed away. Mary was what we called a “pleasantly confused” patient; she was an 88 years old lady with dementia and no close relatives. My first visit with her consisted of me asking her five questions repeatedly, since those were the only ones she can remember the answers to, and her rejecting my hand massage. Still determined, I returned to her for a second visit, this time instead of bombarding her with questions, I asked her to pose and drew pictures of her. Mary loved it; she would smile and pose without complaining at all. While drawing her, I would ask her questions about her life; the drawing somehow stimulated her memory and she actually remembered stories from her youth. We built a bond quickly afterwards, with her sharing many of her stories. During my last visit with her before winter break, I promised that I would visit her right after I return from my trip to Thailand with photos and souvenirs. She passed away the morning of the day I planned to visit her after the break. I was shocked and grief stricken by her death, but I was even more confused by my reaction.

Mary was not my relative—I had no significant relationship towards her outside of the volunteer program, yet I was incredibly saddened and felt guilty that I was not there for her in her last moments. Even the hospice care training did not fully prepare me for the impact of her death. I wrongly presumed that a death of a patient, while tragic, would not be much different from a death of a stranger. Mary’s death allowed me to understand the difficulty of navigating through death of a patient, something all physicians must face, and highlighted the importance of training for correct grieving response. I still hold her dear to my heart but I know that I did everything I could to provide her with support, companionship and

pleasant memories during this last stretch of her life; and I hope to continue doing just that with my other patients.

I am currently visiting my second patient, Thomas Denny, and I find that this experience is as fulfilling as my experience with Mary. Even though Thomas is in a much better condition than Mary was, given the subtleness of death, I need to make his end-of-life experience as meaningful as possible. As mentioned, death is not easy, but it should not prevent a physician from interacting with their patient and giving them the emotional support that the patient need.

5. Chloe C. (Swarthmore College)

I always knew that the patients in hospice would pass away. After all, that's why they were admitted to the program. But it was still a shock to me when I heard that Mary died before I could visit her as I had planned to do the next day. I had realized from our last meeting that she was getting more and more sleepy, tired, and confused. I couldn't wake her up, so I just sat there and held her hand, watching the shape of her sleeping. I thought that maybe, next time, I can bring her some textures so that she can at least feel if she can't hear. I had put my teddy bear and a soft blanket on my bed to bring it to her, but that afternoon, I received the email from Marina telling her she had passed. The rain was drizzling around me, and I stood outside the van to my class at Bryn Mawr, wondering if I, who had only visited her three times really did give her something meaningful in the last moments of her life. Our encounter was such a small speck in the entirety of her time on earth. Was I able to help make her life worthwhile?

The first time I met Mary, she held my hands and said, "Your hands are warm. They are made out of love." I had thought about that many times after that. Even as she was falling asleep, I would still hold her hand, hoping that small warmth would convey the love within me. I think, however, in all realness, she was probably not conscious of my touch in her deep sleep. But what I knew was that I was aware of her warmth. I knew for sure the joy within me when she smiles, the pride when I discovered that she was Roman Catholic by observing her blessing herself, and the warmth of the companionship we shared. I hope I had given her bits of myself that I brought with me into this experience. But I don't need to hope, but know, that our encounter influenced me. My experiences with her reaffirmed my desire to be "a really weird doctor", one who would challenge the often impersonal set-up of the current medical system, challenge the idea that doctors have no time to genuine build relationships. During my time with her, I was amazed by how much love she had to give me even when she was physically weak. She told me, "It is important to always remember to bless yourself." And I think that doctors should also remember to do that and take care of themselves, and to allow themselves the "luxury" of sitting in with a patient, get to know them as a person, and allow themselves to be changed and taught by those they take care of. Caretaking is something that is built on a relationship. By focusing on these relationships, physicians are better able to understand patients as holistic persons and give them the care they need.

That day, as I was walking in the gentle rain, I thought about how miraculous our encounter was. I got to know her only a little bit, like sticking a finger into the

water—there was so much depth that I had yet to explore. But I'm glad that I was able to meet her for that short time, because life's beauty is most apparent when we are able to share our warmth with others, as she did with me.

6. Yudita L. (Princeton University)

On my first visit to a nursing home as a hospice volunteer, I saw a small woman lying silently on a bed along a wall in the hallway. She was curled in a fetal position with her eyes closed and hands slightly shaking. When she realized that I was standing beside her bed, she reached for my hand and raised it to kiss it. At first, I was shocked and slightly uncomfortable with her behavior, but I slowly began to suspect that kissing and holding my hand was comforting to her. We remained that way for quite a while, the silence occasionally broken by my effort to engage her in a conversation. Despite my best efforts, she remained silent, periodically reaching for my hand and kissing it.

When it came time for me to leave, the patient spoke to me for the first time. As I was bidding her farewell, she said in a low voice, "You are beautiful and reminds me of my mother whom I will see soon. Always remember to keep smiling and be happy". Hearing those words, it suddenly dawned on me that during the visit, while I thought she was seeking comfort, she was in fact offering comfort to and sharing her love with me. Here lay an elderly woman struggling with a terminal illness, who, rather than becoming bitter, was generous and compassionate. Instead of solely focusing on herself, she manages to touch others with her love.

Her words and actions allowed me to experience the importance of reciprocity and led me to reconsider my viewpoint on interactions with patients and with my peers. Previously, I had assumed that when interacting with patients, the medical personnel, while striving to be congenial, held the authoritative position as the person with the answers and the facts. Now I understand that there is no dominant position in patient care. On the surface, patients are seeking solutions and relief, but they are also providing their own gift as well. Patients are both pupils and teachers – as are the medical staffs. As a result of this realization, after every patient interaction I have had as an EMT and hospice volunteer, I reflect not only on the quality of care I provided to the patient, but also on what I have learned from the encounter and how I could incorporate these lessons in the future. Doing so has made me a better provider who is more attuned to the patients.

My encounter with the hospice patient also improved my interaction with my peers as well. By understanding the importance of reciprocity in a relationship, my peers and I exchanged ideas more freely and helped us to become better students. We are now able to discern more clearly what our interests are, to explore new areas that we were not previously aware of, and to become better communicators.

Having received these valuable benefits from that fateful encounter in the nursing home, I should be the one offering my gratitude to the patient, for her simple gestures and words sparked a growth that I am forever deeply thankful for.

7. Kaitlin S. (Bryn Mawr College)

I entered into the hospice program unsure of what to expect and had no idea that it would end up having such a great impact on my life. During my time in the

hospice program, I have met three patients. Although the experiences were all very different from one another, the goal of my time with each of them was the same. I wanted to provide comfort, company, distraction, and assistance in their time of need, and hopefully help to contribute in a positive way to their journey through hospice.

My experience with hospice has given me insight into what can be seen as a “good death”. With my first patient, I saw her immediately experience a steady decline in her health. She did not seem to have any close family near her, but on my last visit with her, she was surrounded with people from the hospice program, and seemed comfortable and accepting of death. Through my experience with this patient I was able to learn how to provide comfort to someone who was minimally or not at all responsive. I learned how the dying process could be a peaceful experience, which is not normally seen. My second patient had his wife in the same room as him in the extended care center. Although I wasn’t able to talk to the patient as much, I was able to see that the wife was prepared for what was to come. His wife had time to say goodbye and they were able to provide support for one another.

However, in my most meaningful relationship during my time with hospice, I have been able to see my patient over a longer period of time and have seen her interact with family, her roommates, and other people in the hospital. I have been able to gain an understanding of her outlook on life and have heard her reflect upon some of her experiences. Whenever I ask her how she is doing, she always says “Well, you know, I’m taking it one day at a time....that’s all you can do”. This statement has really stuck with me and has made me reflect upon some of my experiences. Although this attitude is seemingly obvious, hearing someone say it to me and maintain the same feeling, even when so close to death, has really made an impact on me. I think that sometimes people, including me, try to have complete control over their lives and only take time to appreciate the larger events in life. However, I think it is important to also reflect on the smaller things in life and take time to appreciate each day as it comes. My relationship with this patient has taught me to take life a little bit slower and to have a greater appreciation for all that I have on a day to day basis. Also, this patient was recently taken off of hospice, which was a great ending to the year.

I think that this experience has definitely influenced my future career as a doctor (hopefully). I think it has taught me what a “good death” can be and has also given me much more experience interacting with patients in a one-on-one setting. I think it is impossible to know all of the other ways that this experience has impacted my career at this point, but I’m sure I will see how it has impacted me in the future.

8. Ranjit B. (Swarthmore College)

I have come to appreciate death as a process that is inherently social, and one that is quite active. As a hospice volunteer, my presence is not constant, but regular. And in this time, I have come to appreciate my relationship with the hospice patient—no matter how strong—as one that places me in the process of both dying and living. I say a process because, like life, death is an act in motion. My relation to the patients with whom I visited changing each time I visit.

Meet someone once, and his death is merely an absence, a pinpoint in both my and his process. During my first introductory visit to the Wayne center, I met a gentleman with advanced ALS. Hardly able to speak, he struggled to chat about motorcycles until he asked for the nurse and we left. The following week, I received an email about his passing.

Meeting someone twice, and his death is the loss of another Green Bay fan and a husband. During the same visit, I met *Larry*—another, less advanced ALS patient—and his wife, *Sarah*. *Sarah* informed us that she visited six days a week for the past year. *Larry* nodded, then returned to watching football. The next visit, *Larry* was again watching football. I ask him who his favorite team is. “Green Bay,” he said never looking up from the screen. My next visit, the sign on *Larry’s* door is gone, and his bed is empty.

Meeting someone a few times, and you begin to appreciate the sociality that seems inherent in hospice care, and in dying. By my third visit with *Linda*, I was lucky enough to hear all about her baby doll and the Wayne Center cat, that she likes cooking and she hasn’t seen her sister in a while. And by the fourth, she had offered to adopt my fellow volunteer and I as her niece and nephew. While *Linda* was still alive and active—physically, that is—on my last visit, I could see how even the last few months have changed her. She is forgetting more, and the stories started to repeat themselves.

The hospice patient, while they may be physically lying in a bed, is going through the dying process as a person in motion. Throughout this endeavor, the patient’s relationship with those around them is constantly changing as their illness and health changes and they approach death. This movement is ingrained at a socio-cultural level by the many metaphors and euphemisms we use to explain death and dying: a passing, a moving on, going to a better place, stepping through a door. Yet, I have had a chance to see these metaphors in action through my time volunteering in hospice care. In living, as in dying, it is difficult to form memorable bonds with someone after one or two visits. Relationships require building and cultivating, developing overtime. While my relationships with the gentleman in Room 202, *Larry*, and *Linda* were all different, each has taught me a little bit about the process of dying, but more importantly, each has taught me about the process of relating.

9. Keith Z. (Princeton University)

She lay curled up on the bed, a tiny, frail woman of 100 years. She seemed to be resting. I called out her name quietly but distinctly to announce my presence. She moved slightly, but did not speak. I crouched down and gently held her hand. We stayed like that for several minutes—I, gently stroking her hand and hair, and her, resting. I stood up to leave after she seemed to have fallen asleep, but she pulled me back and asked, “You’re leaving already?” I responded no, and we continued. Although she only spoke once, I felt a deep connection between us, and realized that she greatly appreciated my presence.

I signed up to be a hospice volunteer on a whim. I did not know much about it, but it has turned out to be one of my most fulfilling experiences. I have tried to find ways to help the sick, but as a college student with no medical training,

volunteering at the hospital usually amounted to paperwork, answering patient calls, or checking up on patients and making sure they have everything they need. While these tasks are certainly important to the hospital's functioning, it was hard for me to see the direct impact they had on patients' lives. I brought them water or food if they needed it, and occasionally even had hour-long conversations with them, but the patients would always be discharged by the time I came back to the hospital a week later. I doubted that I had made a difference in their lives.

With hospice, however, I visited the same faces every week. Although I still carried out other tasks similar to the ones I was doing at the hospital, my relationship with the residents was much more intimate. I rapidly morphed from a volunteer to a friend. Some of the residents were very talkative, and I found myself discussing everything from the current political situation to the characters in George Eliot's novels. All the residents I visited, however, gave me the sense that I was truly making a difference in their lives. I was not prescribing medicines or performing procedures, but what they seemed to need most was someone to talk to—the human connection.

Although I have been going to the nursing home for quite some time now, it is still hard to imagine how dull life for the residents can be. Unlike the patients in the hospital, who are constantly visited by family or attended to by an army of doctors, nurses, and volunteers, the residents in the nursing home often went for days without seeing their families. They could talk to the nurses, but they stopped in infrequently and only to make sure that the residents were physically comfortable. It was up to me to supply the emotional connection that lay neglected. I was nervous at first, but the role has given me an enormous sense of fulfillment and many new friends.

I considered becoming purely a researcher for a long time, being drawn to the complexities of human biology and hoping to discover that cure for a terrible disease. I am still deeply interested in the scientific aspect of medicine, but experiences like being a hospice volunteer have taught me that I really enjoy medicine for its personal component. When I become a physician, I will make sure to listen to my patients and give them the compassion that they need. They might need a procedure or pill, but my work with hospice has taught me that sometimes, a simple heart-to-heart is all that's needed.

10. Savannah A. (Bryn Mawr College)

Before entering this program, I experienced the death of two grandparents within six months of each other. The deaths each had their own impacts on me but when I look back at them in comparison to each other, I saw how meaningful the final steps before passing are. Having the opportunity to be part of an end-of-life-care team has reinforced my love for medicine and the support that medical professionals provide beyond the diagnosis and medication. My experience as a pre-medical student at a liberal arts institution has taught me that there is far more to medicine than the nitty-gritty science and I believe that healthcare is finally moving more towards seeing the patient as a whole; like Holisticare does. Our country needs more healthcare providers like Holisticare and more compassionate and warm-

hearted people like Cyndi and Reverend Graham. I am so fortunate to have been able to learn from them and I hope to exemplify their values in my future occupation. As a volunteer with no formal medical training or privileges, we learned how to care for the individual, which is quite a change in mindset from focusing on fixing the body. The first few visits with my patient were hard because I felt like I should be doing more for her than just sitting there and talking, but over time, I saw how important it was to simply be there. The patient that I saw the entire year had been mentally prepared to pass away for years, and frankly, she didn't know why she was still here. Much of what Cyndi had taught us about helping patients cope with impending death was pointless for her and I found that she rather just needed company. She enjoyed talking about her life and her hometown, we looked at history books and she would tell me about the buildings and landmarks. She had far more life left in her than I initially realized and we spent our time together crafting, talking about religion, politics, clothes or fashion, and family. I feel that I will take away just as many life lessons from her as I have from Cyndi and Graham. But at the same time, she was still my patient and I watched her struggle through a broken ankle and a nasty cold. There were times when I wished I could do more for her and times when she's felt too despondent to talk with me when I visited. Our relationship has had its ups and downs but I still came back every week and I could see that she appreciated it in the way that she greeted me with a smile and bright eyes and asked me how I had been or about my family to show that she remembered things I've told her. Besides my patient, my favorite part of the program was the reflection meetings throughout the year. It gave us a chance to learn from each other and share our experiences with people who can connect and empathize with them. Collaboration and discourse are essential in medicine, but above all, it was important for us to acknowledge and express what we were feeling during the experience. Being a doctor may require us to be restrained and solemn but that doesn't mean we aren't human and we won't experience emotions in response to our work. Rev. Graham encouraged us to embrace the emotions and provided exercises and literature to help us work through, analyze, and digest our experiences. Because of my time as a hospice volunteer, I know I will be a more capable and understanding doctor someday.

11. Isadora B. (Haverford College)

The relationship that I developed with *Mary* through the Pre-med Hospice Program is one that I will never forget. For most of this school year, I looked forward to visiting *Mary* at Devon Manor. Every week, I would walk into her room and see her warm smile. She was so excited to have a visitor, especially a young visitor that could connect her to the world outside of Devon Manor. I would sit on the couch next to her and ask her how she was feeling, and every week she would respond saying she was feeling well. Next, I would ask her about the books she had been reading throughout the week—she loved reading. She loved to tell me about her books and she surprisingly seemed to remember every detail. As I got to know her, I began to bring her new books to read every week and she was so thankful and excited. She spent so much time reading that she believed that she had read every

book with extra large print text available at the Devon Manor library. *Mary* also loved to talk about her sons. It was heart-warming to listen to her talk about her sons, as she was clearly so proud of them. I felt like I knew so much about her and family just from having an hour-long conversation with her once a week. *Mary* often used her life stories as an opportunity to give me life advice. It was clear that both her and I valued our time together. One of the most touching moments I had with her was when she referred to me as her friend. I felt so lucky to have established such a strong connection with *Mary* in such a short period of time.

My last visit with her was very disheartening. I was shocked by how quickly she had deteriorated from the last time I saw her. She could no longer speak in coherent sentences. She was so angry and kept on kicking and hitting her nurse. She was crying and whining saying she wanted to go home and die. She told me to leave and never come back, which was very difficult for me to hear given the many meaningful conversations we had in the previous months. I try to forget this visit and focus on all of the good times we spent together.

The most important thing that my hospice work has taught me is how much I value personal relationships. In whatever career I choose to pursue in the future, I know that I would enjoy the opportunity to build relationships with others—whether that means building relationships with clients, patients etc. Surprisingly, hospice work has steered me away from wanting to pursue a career in medicine. Originally, I thought I wanted to be a surgeon. But, after experiencing this program, as well as shadowing an orthopedic surgeon and realizing that he never really had the opportunity to build relationships with patients, I came to the realization that medicine may not be a career that I want to pursue. Another thing that deterred me from a career in medicine is how quickly I became attached to *Mary*. I think I would have trouble successfully achieving the balance between looking at my patients from an objective point of view and expressing emotion and sympathy for my patients. *Mary's* passing affected me more than I ever thought it would—I am not sure how long it will take to recover from mourning, but the relationship I built with her is one that I will value and remember forever.

12. Joanna L. (Princeton University)

Don't cry because it's over; smile because it happened. – Dr. Seuss

In my past year as a volunteer for Ascend Hospice, I've been thinking about dying and how it fits into the context of my own experiences and the experiences of the people I've interacted with. It can be hard to describe all the things I've learned from these interactions, but I truly feel that I've changed and matured in the process, not only as a pre-med student and volunteer, but also fundamentally as a person. Most of all, I've gradually come to think of dying as a process instead of a state of being – something dynamic, intangible, and profoundly spiritual – even though it manifests physically in the people we love. At the same time death seems to represent the ultimate end of a long journey, the process of dying doesn't have to mean suffering until the end – perhaps instead, we should follow the words of Dr. Seuss and appreciate the life that was lived, the love that was expressed, the blessings that were counted, the moments that were experienced.

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In reflecting on hospice and hospice care, I think back to *Beatrice*, a sweet, elderly lady who was one of the people I interacted with in my time volunteering. I met *Beatrice* the first time we (the other volunteers and I) visited the care center. That afternoon, *Beatrice* was resting on a bed and seemed to have just woken up, and she seemed pleased to see us visiting her. Although she didn't speak very much, she reached out for us and seemed content simply with holding our hands and she looked at each of us, smiling the entire time. Before the visit, I had been worried that I wouldn't know how to interact with the patients in the best way, that I wouldn't know the right things to say. But with *Beatrice*, just our physical presence and our physical touch seemed to be a source of comfort for her, and words didn't seem necessary. I felt connected to *Beatrice* on a simple human level by just holding her hand and smiling with her, and I hope that she felt the connection too. *Beatrice* fell asleep soon after our meeting and I left the care center that day filled with wonder and appreciation.

In some ways, being a volunteer often means opening your heart to the people you're trying to help to form a human-to-human connection, but in doing so, you can often make yourself vulnerable as well. At the same time, you don't want to completely erase your emotions, for you can come off as indifferent, like a wall exists between you and the person you're trying to help, and that can be the most hurtful thing of all. In my opinion, the key lies in being emotionally cognizant in your situation – being aware of every action you make, every thing you say, every thought you have – and acknowledging that you're sharing a part of yourself in the process of connecting with and helping someone. I think there's a valuable lesson to be learned here, where we are constantly thinking about our impact on other people in the process of forming connections. And the kind of doctor I want to be is just this kind of person: one who recognizes patients as resilient individuals in need of help and compassion, who interacts with patients with empathy and mindfulness, who finds ways to alleviate patients' suffering, to ultimately ease their process of dying. Dying is human – it is a part of all our stories – but suffering does not have to be; and in the end, bringing comfort and security – whether it is physical or spiritual – is perhaps a doctor's most important duty to his or her patient. This I learned through hospice, and this I will carry with me in my present and future aspirations. Thank you for giving me this opportunity to learn and grow.

13. Mark S. (Swarthmore College)

I've wanted to practice medicine since I was a child. I've always had lots of respect for doctors and the work they do; devoting one's life to the service of others in this way is both an honor and a heavy responsibility. I want to help others through my work and this is the best way I know how. I was motivated to join the hospice volunteer program because I've been thinking about oncology as a potential field of medical practice. I was interested in palliative care and I wanted to see a different side of medicine; one in which treatment has failed and we need to reevaluate the way we define patient care. I hoped to gain some insight into what hospice care is like by seeing first-hand what the patients, their families, and their caretakers go through.

2015 Athena Hospice Reflections-full list

My experience has been mixed. Training for the program was sobering because we learned about the reality of hospice care and it really hit me for the first time that the people we were going to be interacting with are at the end of their lives. At the actual care facility I visited two hospice patients with dementia. The facility is called Harlee Manor and it is a geriatric care center that is structured more like a hospital than a care home. One of my patients does not speak and the other reaches out to people who are not in the room. I read books to both of them and tried to have conversations but they are mostly one-sided. I began bringing a ukulele and a guitar to sing and play songs for them, and *Fred* (another volunteer) started coming with me to sing and play as well. In the end, both patients were eventually taken off of hospice care, even though their status had not changed.

At one of the resource and reflection meetings, we were asked what we thought a 'good death' was. I talked about the romanticized American idea of growing old and peacefully dying in one's sleep, perhaps surrounded by loved ones. I do not feel that these patients are having a good death and I find this profoundly disturbing. They are locked within the care unit by a coded door and many spend their days alone in their rooms, in silence. My patients used to get visitors, but the nurses tell me that they no longer do because it is too painful for their families to come and not be recognized. I feel that these patients are suffering deeply, and when I see them wasting away in these cold, dark rooms, week after week, I feel helpless and utterly disgusted with the healthcare system and my own lack of control over the situation. I feel that the process has been dragged out and that the quality of the patient's lives are so diminished, that dare I say, they would be better off dead. It is one of the most agonizing things I have ever experienced and their suffering fills me with sadness.

The doctor plays an important role in continuing life, but now more than ever I feel that doctor plays an even more crucial role in helping patients to die. It is certainly a wake-up call. The weight of the situation is too much; it feels as though there is nothing I can do for the patients aside from offering a little verbal support and some company, and this is difficult to accept.

I've learned a lot about myself. This job is so incredibly important, but I do not know if it is for me. Lots of questions have been raised: questions of faith, of happiness, and of how we deal with death. Thanks to hospice, discussions about death are no longer stigmatized for me. I am working on trying to accept death and the dying process, but I am still afraid. Because of hospice, I've taken a step back to reassess what I value in my life and I feel that this opportunity for self-reflection is, in itself, much more than I could have expected to get out of the program. It's so easy to get caught up in our schoolwork and our day-to-day problems and forget how truly blessed we are to be alive and healthy. Thank you for this opportunity to participate in the program and write on this experience. I feel that every pre-med should be exposed to hospice care to really understand the weight of their role as a future caretaker.

14. Karen N. (Princeton University)

2015 Athena Hospice Reflections-full list

Working with Ascend this year provided an opportunity to step outside the bubble that is the college experience. It was a needed reminder that there are so many ways that people experience life and perhaps more than that, that there is an end to life. I found that every time I went to volunteer at Morris Hall it was a reality check that convicted me of the pettiness I so often fall into. For me I think the most striking part of working with those in the final stages of life is reflecting on who they were in the past. In particular I remember talking to *Mr. Stefan* who had been a soldier in the US armed forces posted in Korea during the Korean War and then in Alaska for a number of years after that. On the wall was a beautiful painting he had done himself while posted in Korea. Sitting by his bed I wanted to honor him somehow and I was genuinely interested in hearing his stories from his time in the army, stories that he recounted with visible pride. Unfortunately speech was difficult for him and so it was hard to understand everything he said but it was clear that having someone interested in listening to him meant a lot.

Volunteering at a hospice is not always comfortable but it is worthwhile. It's hard to know what to say and what to do but you go in with a desire to bless people and I believe it does. It can be sad seeing people who were once strong independent individuals limited by their physical and mental conditions. It is important though to move beyond pity and come, so much as is possible, to a point of interpersonal connection rooted in respect and care.

Let us walk a while together
Whilst for a time our paths align
Tell me stories from your journey
As I am setting off on mine
You've been so many places
You've seen so many sights
It's been a great adventure
Of happy days and mighty fights
But now your body's weary
From so long and hard a race
So the path is turning gently
Towards a final resting place
But for this moment,
Tell me stories from your journey
As I am setting off on mine
Let us walk a while together
While for a time our paths align

15. Shelley B. (Haverford College)

When asked to summarize my feelings towards my hospice experience in a poem or in a few sentences, this is what came to my mind:

While hospice, in the sense of time, is the precursor to death, hospice is a moment to celebrate life, a time to reflect, remember or forget, grieve, say goodbye. It is an often opportunity to regain a sense of self after lengthy,

invasive, painful treatments that can cause one to lose oneself. Hospice patients wish to be treated as the living, not as the dying.

In this statement, I hoped to convey that my experience as a hospice volunteer has, largely, not been focused on the aspect of hospice that is dying. Rather, my visits with patients have been fairly lighthearted, overall, and have focused on pleasant memories and casual conversations. I think that, at its core, this is what hospice is truly about.

I have not had much previous experience interacting with elderly people or with hospice. My mother's mother died of ovarian cancer at the age of 48, when my mom was about to enter college, and her father, a former World War II pilot, died a few years later while in a coma resulting from a plane crash. My father's father was diagnosed with Alzheimer's disease when I was young and passed away when I was 9, and my father's mother died when I was 14 from a variety of causes. Neither of the grandparents who I had known in my life experienced hospice, and, as a result, my memories of their deaths felt very chaotic and rushed. I did not feel like I had time to say goodbye to them on their own terms.

In many ways, my interactions with my two hospice patients have felt like conversations that I might have shared with my own grandparents had they been alive today. When we talk, we joke and laugh, share stories and experiences. My first patient was very proud of his minor-league baseball career in the South Pacific when he was in the service. Every week, we would talk about how he loved to go swimming in the clear water that couldn't be found in the US and how the people there were so welcoming to him. It was clearly a highlight of his life and I really enjoyed being able to listen to his memories of his time there. I would try to talk to him about some of his other favorite sports, including football and basketball, and he would laugh at my lack of knowledge in both fields.

While I have witnessed some setbacks in my patients' conditions, I have been amazed by their continued positivity. Just this past week, I went to visit my current patient and was asked to come back another time, not because she didn't want me there, but because she thought it would be more worthwhile for me to visit her when she was not as tired. Later this week, when I returned to visit again, she told me about her latest fall. She simply said that sometimes things like that happen but that God looks out for her. In January, my first patient contracted shingles, and rather than fixate on the discomfort he had been feeling from the rashes on his arms, he asked me about how my winter vacation had been and whether or not I had found a job for next year (which I had!).

At least with the two patients I have interacted with, I have found that they prefer to talk about their pasts, their families or even the people they eat lunch with in the dining room above complaining or fixating on death. They have been incredibly positive, and to me, that is a sign of a life well lived.

16. Julian S. (Princeton University)

My fellow Friday volunteers and I developed a good relationship with a hospice patient named *Irene*. She is a very kind and happy woman who always

smiled when she saw us and during our conversations. We learned a lot about *Irene* and also told her about ourselves. She would ask about our “romantic lives” and compliment us. We would end up smiling the entire visit and feel happy afterwards as well. *Irene* definitely cheered us up with her great personality. I hope that we similarly made *Irene* happy as well. I definitely see the importance of hospice volunteering now after developing a good relationship with *Irene*. It is beneficial for us volunteers to visit with patients in order to learn about care and develop our interpersonal skills. It is also great for patients to have hospice volunteers visit so that they can be provided with companionship and care.

Hospice has affected me positively. It helped me improve at talking to people. Conversation and interpersonal relations are important in any field but I appreciate the importance of good bedside manner in my future work in medicine. I am also happier after conversations with patients and also with knowing the fact that I am helping in the holistic care of patients.

I have a better understanding of the importance of hospice care now that I have participated in the process. Now that I have volunteered in a hospice program the significance of palliative care is more clear. I see how important teamwork is to hospice and the value that hospice provides in medicine and the community. I realized that good collaboration between people in a patient’s care-team and between hospice and community / family members can have a very positive impact on a patient. I can more clearly see that communication and bedside manner is important in medicine. The most importance should be placed on the patient and fulfillment of their needs should be the highest priority.

A lot of questions about the dying process have been answered by my participation in this program. I have learned a lot and developed myself as a hospice volunteer, a future doctor, and a person. I do know what the importance of hospice is now. Of course, I still have much to learn and these are my questions I guess. I need to learn how to treat hospice patients the right way based on their own personal needs which is definitely something that will come with time and experience but is a question I can ask experienced care providers who can give me some advice in this regard. I’m also curious as to what the different factors that can influence families, patients, doctors, and other healthcare providers to enroll patients in hospice programs.

As stated above, volunteering in hospice has definitely influenced by future career as a doctor. I now appreciate even more the importance of good interpersonal skills and the power of companionship and developing good relationships with patients. Additionally, I realize now that all healthcare does not need to be 100% cure-focused. It should be focused on the patient and his/her needs. Sometimes palliative care is the proper choice. Even if I do not enter the specific field for hospice and palliative care, the lessons I learn here will be important for my career wherever I choose to go.

17. Susan D. (Swarthmore College)

At the beginning of this program, I was unsure of exactly what to expect. I was passionate about gaining experience with a different aspect of medicine. Death

is not commonly discussed, especially at the undergraduate level, but is an inherent part of life, and of life saving.

During the training and orientation prior to the volunteering, we discussed ways to interact and communicate with non-verbal hospice patients. At the time, I was not concerned about this, since I had experience interacting with non-verbal athletes through Special Olympics, and other volunteer experiences where I interacted with mentally disabled children and adults. I was also very interested to learn about aromatherapy, and other relaxation techniques recommended to interact with the hospice patients to help them find comfort and peace near the end of their lives.

However, on my first day of volunteering on my own, I found that interacting with the hospice patients was very different from the non-verbal Special Olympics athletes I was used to communicating with. Both of my patients had some degree of dementia, and were bedridden. Unlike the athletes, I could not communicate effectively through actions or movement, since these patients had to stay sitting or lying down. They also had little energy to respond or communicate back to me in any way, and were often sleeping or trying to sleep when I arrived. This was difficult for me, because I wasn't sure if I should wake them to try and communicate, or if I should let them sleep. In the end, I decided to gently touch their hand to see if they responded, and greeted them. When they stirred, I was still unsure of how to interact since I could receive no feedback as to whether or not they were enjoying my company.

I decided to try playing music, since I played piano for 13 years and felt that it was something my hospice patients may enjoy as well. I played some of my favorite composers such as Chopin, Debussy, and Mozart. I would also read them stories that I enjoy, such as *Bridge to Terabithia*, and *Huckleberry Finn*. Although I did not receive very much feedback as to whether the patients were enjoying my presence, I liked to think I could feel their hand grow less tense as I held it, and as we were listening to music, or reading a story.

Overall, I immensely enjoyed doing my best to bring comfort to the patients I visited. Although it was definitely a challenging experience, it was very fulfilling. The reflection meetings were also an amazing resource, and I enjoyed hearing other's stories, and being able to share some of my own. It was very interesting to be exposed to many different views on death and dying, and how people and their family members cope with it. I know this experience will make me a better physician in the future, and it has opened my eyes to many different views and thoughts about death and dying.

18. Emma A. (Princeton University)

As I walk into the small bedroom, I see a small, elderly woman reclining peacefully in her bed. Our eyes meet as I get closer, and hers gleam as if with recognition, though we've never met before. She is overjoyed that I, her presumed daughter, have come to see her in this temporary home. She tells me that she can't wait to get home and back to work, that it will be any day now. Over and over, she repeats, "I'm so glad you're here."

This was how the first of my hospice visits began, and I myself am surprised by how vividly I remember it. This one woman's complete misconceptions about her condition and my identity, coupled with her very real gratitude, will be impossible to forget. As I have proceeded with my hospice visits, I have continued to be shocked by just how much my time and care can mean for a patient nearing the end of life. Making the effort to see someone, to show them that you care, to let them know that they matter and that they are loved – this is something that my volunteer experience has shown me is extremely powerful, and I know this knowledge will serve me both in my work as a physician and in my personal experiences in the years to come.

What's more, though, this volunteer experience has helped me begin to develop the valuable skill of being able to talk about death. While it seemed to me at first that this would be no big deal, it quickly became evident that it can be, in fact, very, very difficult. Before joining this program, I had no substantial experience with death or the sort of grief it brings about. While I am very thankful for this, I now see that experience with death and the dying will be crucial for me if I am to become a good physician. Especially if I am to work with higher-risk patients, I must be able to talk about the end of life, even with the patients themselves. Thanks to my hospice visits and group reflection meetings, I have begun to feel myself growing accustomed to using and accepting this language, and I am grateful to have had the opportunity to begin to develop this skill. At the same time, however, I have come to realize that is rather illogical that never in the numerous years of medical training for physicians in the United States is hospice experience required. Death and grief, I now see, will be a very real part of a physician's career, and dealing with these heavy topics is not something that should be glossed over.

At the same time, my volunteer experience has reminded me that dealing with death and grief is not something reserved for those with a medical degree. I am hardly twenty years old and am certainly nowhere near qualified to give medical care, yet when I hold a hospice patient's hand, or listen to them tell me stories about their trip to Italy sixty years ago, or help them unwrap the sandwich that was brought up for lunch, I am providing true support. This comfort does not require a degree, and no certificate could make me more qualified to give it. As was mentioned during our very first volunteer meeting, the act of providing care for the dying has been around far longer than the word 'hospice' has. As a physician, a friend, a family member, a neighbor, and simply as a human being, this lesson will be one I would do well to remember. No matter what the circumstances, I now understand how powerful showing care and compassion can be. The next time I hear the remark, "I'm so glad you're here," I'll know I'm doing something right.

19. Madison K. (Bryn Mawr College)

A Letter to My Patient: Thank you and Sorry

Karen. You have taught me a lot about life. You have shown me that existence is not immortal and everything in life has an expiration date. And even though I was lucky enough to not have to bid you farewell during my time as a volunteer, I have learned more about life from a dying person than I ever thought I could. You often reminisce about your childhood, laughing and playing with your siblings on that

vast farmland somewhere outside of Philadelphia. Your lips always crinkle into a smile when you remember your first job at Tasty Cakes Bakery, the job that helped you pay for your first car, the car that led you to meeting the love of your life, the man who gave you your beautiful daughter, your daughter who conceived your grandchildren, your grandchildren who created your two beloved great-grandchildren. Your story is that of a classic American girl.

But your story has come to an end and this is something that you have come to accept. I used to think that people who considered their lives to be over before their physical body gave out were quitters. You have shown me that this is not true. You made the decision to close the last chapter of your life's story when I first met you, but now, after seven months of getting to know you, I realize that you decided to stop writing your life's story before your physical death because you find joy in living vicariously through your daughter and your great-grandchildren. You have found life in the human beings whose lives are just beginning while yours nears its end because you want to be written into their life story, rather than continuing your own. I find this inspiring. I have learned from you that it takes true courage to accept when it is time to let go and allow life to take its course. Thank you for that.

But *Karen*, I am sorry. I am sorry that life must come to an end. I am sorry that I cannot share my youth and ignorance with you. I am sorry that when I walk through those elevator doors every Saturday at 1:00pm with my orange volunteer badge around my neck and speak to you about your worries, I am later able to remove my volunteer badge and continue with my life, while you spend your nights surrounded by individuals who are as ill and as helpless as you. I am sorry that I have days off as a volunteer while you have no days off as a patient. And I am sorry, my dear *Karen*, if you feel as though life has occupied you for longer than you wish. You have alluded to this idea of wanting to part with your existence on many occasions, but you have also learned how to accept the rest of your time here for all the beauty and pain that it brings. Your left eye has been removed, which has compromised your ability to read, which is your favorite hobby, but you are often visited by your young and vibrant great-grandchildren who light up your world. You have learned how to make the most of what your existence has been able to provide you with these past months. I am sorry that life is not eternal, but you have taught me that love is, and it is the love you have for your family keeps your heart beating.

What I have learned during my time as a pre-med hospice volunteer is that medicine is not only about giving and preserving life, but it is also about celebrating the beauty of death as it is a great part of life: it is the end. Our health care system is focused on how to keep people alive and it does not respect the beauty and importance of dying. There are numerous occasions where physicians "give up" on dying patients, but hospice has made me realize that there is no rational reason to give up on someone who is dying because death should and must be valued and celebrated just as much as living. Death is as important of a process as birth, the only difference is that one marks the beginning and another marks the end of life. What is the most important part of a book? The beginning or the end? When I am a physician one day, I hope to always remember the importance of an individual's death, and never to value a living person over a dying one.

2015 Athena Hospice Reflections-full list

Thank you *Karen* for teaching me this; I am sorry that it took me 20 years to realize that birth and death are of equal importance to one's existence.

20. Sandra H. (Princeton University)

Hospice has been an invaluable experience to have before training to become a doctor. I think sometimes it is easy to forget that the battle in medicine is not a battle *against* death. It is a battle *for* a human being. This distinction is nuanced, but important. Fighting death can, ironically, violate the oath to do no harm. During my time volunteering at hospice, I saw some patients who may not have been fully aware of the reality of their situation, but who nonetheless seemed incredibly satisfied with the life that they were living. Sometimes, this peace is a gift that hospice can give and that medicine takes away.

I also think that hospice has generally broadened my perception of death. Death as a concept is incredibly off-putting and fear inducing, and I think these feelings will be part of my conception of death for a long time. However, now I also see death as another step in a process. Some patients who were particularly advanced seemed to have left the world that we see and perceive behind even in life. In some cases, this resulted in a near-constant sense of fear, anxiety, and sadness. In these cases, death seemed like a transition into a more peaceful state, particularly for those patients who were strongly religious. This more nuanced perception of death will change the way I view patient care.

I hope that an understanding of the delicate balance between fighting for life and respecting death will help me make better decisions in my career. I think decisions like ending painful treatments and/or putting someone in hospice care are difficult decisions to make. However, throughout my volunteering, I have been struck by the level of teamwork I have seen in this hospice program. I think this underscores that such momentous decisions should not be undertaken solely by a medical professional. Social workers, religious leaders, and the patient's family can and should all play a role.

Another thing that stuck me in particular came up during one of our reflection meetings. Rev. Masi told us about the importance of allowing oneself to take personal time to reset. I think it is so easy to think of work that helps others as something that should always be rewarding, and to think that any break one might take will take away from the lives of others. However, I thought her point that you cannot take care of others unless you take care of yourself was true and obvious, but often overlooked. I think this lesson will be important to me as a healthcare provider and as a person. Coming out of Princeton, I have always felt that it is important to push myself just a little bit more, even when I am feeling tired or broken down. I think this underscores how hospice not only helps us become better health care providers, but can also help us become better rounded human beings by changing our perspective on life more generally.

All in all, although I only had one year in the program, hospice has been an invaluable part of my Princeton education. I would absolutely recommend it to other students, and I hope to be able to continue to volunteer wherever life takes me next.

21. Gretchen B. (Bryn Mawr College)

Thanks to holistic care I had the tremendous opportunity to interact with Charles and Marie the two patients that I visited and created a bond with. Getting to know Charles and Marie has been a privilege that has shaped the way I view medicine, interact with my loved ones and think about the future.

Charles was a wonderful brave and intelligent man who loved history sports and cowboy movies. I looked forward to every Saturday morning because that was the time that I would meet Charles. Every meeting was different; we would talk about justice, social movements during his time and events that were happening at the time, we would watch cowboy movies, talk about family values and our personal values. I would talk about my college experience and my aspirations for the future. He would encourage me to follow my dreams and never to give up no matter how difficult it might get.

Marie is an astonishing little woman with an amazing life story. She loves hand massages, manicures, perfumes and talking about her love story. I am honored to get a glimpse of the immense love that she has lived with her husband. She is very bright and spunky, our common interest about décor and fashion allows us to have long conversations which are not focused to the past future or the present; it is a gateway that both Marie and I can escape to when we need a break from the reality.

Before joining this program I always asked myself I would be able to stay in hospice for the entire year because it contradicted to what I thought the mission of a doctor was; to cure and never give up. However after every meeting that I had with Marie and Charles made me realize that as a doctor you are not giving up. Being a doctor in hospice gives the patient the opportunity to be comfortable and spend their last days with dignity.

This program gave me the opportunity to see the other page of medicine; inhibition to cure. My patients at hospice influenced my understanding of medicine by showing me that the job of doctor is not solely constricted to curing. There are going to be cases when that is not going to be possibility but it does not mean that my job as a doctor is going to be done. As a doctor I have will have the obligation to offer a more dignified and comfortable alternative to spending their final months under my care. I understood how important is to improve quality of life for both the patient and their family, sometimes by managing pain. I understood the importance of hospice, which offers a comfortable way of spending their last phase of life.

22. Nina W. (Princeton University)

I race against time everyday. Although we are taught growing up that practice leads to perfection, I have never mastered my race against time—despite having practiced everyday for the past 8 years (for time became a commodity to me in seventh grade, when I realized 24 hours was insufficient to accomplish everything I wanted to achieve in a day). Every night, I go to bed with the uneasy feeling that had I had a little more time, I could have made more progress on my lab report; had I had more time, I could have gotten more reading done; had I had more time, I

could have called my mom and dad, whom I have neglected since school became overwhelming. Time seems always to outrace me. I am always trying to catch up with time.

Although my race against time seems to extend to infinity, the amount of time I have is in itself a finite construct. No matter how much time this world will bestow me, I, like all those before me, and those after me, will inevitably have to face death. In my daily race against time I am often so overwhelmed by my multitudes of to-do lists that I lose sight on the finite nature of life. I became entangled. I became blind and mute to the idea of living life. I began to see life as an endless list of tasks.

Coming into the hospice program, I was determined to learn everything I could about being a caretaker. As an avid scientific researcher, I often find myself exclaiming at how “cool” ground breaking surgical procedures are, and how ingenious treatments are becoming as developments in the natural sciences have allowed us to foster a deeper understanding of human life. I saw the hospice program as an opportunity to extend beyond my fascination with clinical sciences and to develop the patient interaction capacities that form a critical aspect of a doctor’s career. While my interactions with patients have taught me to be patient, to be empathic, to listen with an attentive ear and to respond with a caring heart, I could not fathom at the beginning of this program that my patient interactions would prompt me to undergo a paradigm shift in my view of time. Unlike my peers, and myself the hospice patients in terminal care are trapped by the finite nature of time. Yet, the patients I interact with are not racing. They are not trying to complete every task on their to-do list before shutting their eyes at night. The patients dedicate their limited time towards expressing their love. Their kindness resonate above whatever debilitations/ailments they may have. My interactions with them have been transformative. While my race towards time has not ended (as a Princeton student, it seems time is always a limiting factor), I have shifted my focus on what I am racing for. I no longer race for resume accomplishments or outside esteem. I race for my own sense of morality, for my own intellectual curiosity, and above all, I race so I have enough time to show those that I deeply care about how much I appreciate their love and support. Lastly, I race and I push myself through the challenges of school on my way to become a doctor. I race to reach my professional goals so I may have the tools and skills needed to prolong someone’s life, so they too can have more time to share their love, to embrace the magic of life, and to finish their race on their own accord.

23. Niles O. (Haverford College)

The Holisticare Hospice program has provided an opportunity for spiritual growth and maturity, as well as provided me invaluable experiences that will help shape the way I practice medicine.

I had been prepared fairly well with what to expect and what my purpose was in volunteering with Holisticare through the intense training that I had completed the week prior to my first visit. However, I was still curious and uncertain to how my first visit would proceed. Much to my surprise, I found

spending time with Joe, my first patient, to be a rather soothing and very natural experience. There was an energy in the room that seemed to keep him engaged and at peace with his situation. His son Joe Jr. was also always there around the time I would come to visit. I believe that being surrounded by his son and family in his last few weeks was a source of much emotional and physical support. To Joe, I think the feeling of knowing that he was very much cared about and loved by his family brought him peace. Joe passed the week following Thanksgiving. When I heard the news that he had passed I was saddened, but at the same time thankful. Joe had spent Thanksgiving with all five of his children and their families at his old home in Downingtown. I couldn't have imagined a better time for Joe to pass than after spending time at home with his loving family.

With my next patient, I experienced the true power and importance of Hospice. Elizabeth was the next patient that I was assigned to in my time with Holisticare. Elizabeth has very little interaction with anyone else besides the staff. Her three children rarely visit, and only two of them have come to visit her over the 5 months that I have been spending time with her. When I first met Elizabeth, she was "pleasantly confused", and could not grasp the fact that I was simply there to spend time with her and serve as her companion. However, Elizabeth's state of confusion faded with each visit. She came to easily recognize me by my face and voice, and would even recall facts and events that were occurring or had occurred in my life. I was convinced that she would beat her illness, until one Sunday I learned that in the past week she had fallen and broken her hip. Elizabeth was prescribed morphine to combat the intense pain that was visible in her agonizing facial expressions. The morphine immediately caused her to free fall back into this confused state. I feared that she had made a turn for the worst. Yet even in this dazed state, Elizabeth smiled and said "my boy" whenever I would come to visit her. My visits with Elizabeth have become the highlight of her week, and she loves knowing that I am coming to see her every Sunday. So much so that Elizabeth seems to have made a complete 180, and has been much more vibrant and talkative during our most recent time together. My relationship with Elizabeth has been her lifeline, and she has brought added happiness to my life as well.

Hospice is about providing comfort and companionship in our hardest moment in life. This end of life care can make all the difference in our experience with death.

24. Stella J. (Princeton University)

The first time I went to volunteer as part of the pre-med hospice volunteer program, I was extremely nervous. I wasn't sure what to expect – what the patients would be like, what the facilities would be like, what kind of conversations or interactions I would have – all I knew was that I was extremely glad to have Denise and others there with me – at least I wasn't expected to know what to do by myself.

But when we got to Morris Hall, when we started talking to the patients there, I just felt like there was so much I wanted to know about them. What were their family lives like? How had they ended up here? What kind of jobs/occupations had they held in the past? Every time I returned to the care center, I found myself

more and more comfortable with the patients, and with asking the kinds of questions that would lead to sharing and some small talk. One of my more meaningful relationships, especially, has been with *April*, who has been diagnosed with end stage lung cancer. She always appears bright and alert, smiling at us as we talk and ask her about her life. Whenever I go visit her with a male volunteer, she'll try to pair us up, asking whether either of us has a boyfriend or girlfriend, telling us that we should be dating if we're not. She's always brimming with compliments for us, and stories about her sister and brother. She's one of the kindest souls I've met, and it's worth visiting just to see her face and hear her say how nice it is that we're visiting.

My experience with Hospice patients has influenced my understanding of medicine. I've volunteered as an EMT, with my town ambulance squad in high school and with the Princeton University First Aid and Rescue Squad since freshman year, and so have had plenty of experience taking care of patients and interacting with those who need urgent medical care. However, being an EMT is very different from Hospice volunteering. As an EMT, you don't get much repeated interaction with patients; you meet them once, transport them to the hospital, and your job ends there. As a hospice volunteer, however, we see the same patients week after week, which can be both wonderfully enjoyable and saddening as well: enjoyable in that we get to know their stories better, and get to form real relationships with them, but saddening in that it is also apparent when patients are deteriorating in condition week after week. It is inevitable, of course, that these patients, like all human beings, will someday cease their earthly existence. And the Hospice program has been certainly helpful in giving me an idea of what it must be like to have patients of your own, who you care about, go through suffering and pain, as well as allowing me to have greater empathy for these patients.

These past few months have been extremely valuable for me, and it's always been refreshing to get off campus and get some perspective from older folk. It's definitely made me more certain that I want to go into medicine, and provide for my future patients the care and listening ear they need.

25. Brad G. (Swarthmore College)

I only knew *Mrs. T* for a short time before she passed. My knowledge of her was constrained to such a small context.

I knew *Mrs. T* as someone who enjoyed sitting in the sunroom just by the nurse's station, as someone who was not afraid to ask for a hug, and as someone who wanted to stand up to escape the confines of her wheelchair. *Mrs. T* was always quite, so my memories of her are of her nuanced facial expressions, from a raised eyebrow when presented with a logical paradox to a subtle smile while listening to *The Adventures of Huckleberry Finn*. I hope that her memories of me had been equally as pleasant, and that I was able to connect with her on a meaningful level.

But I also know that *Mrs. T* was so much more than I could ever see through my visits. I had the opportunity to meet her daughter, which made me realize how little I really knew about *Mrs. T*. She was an Irish immigrant who had come to America early in her life. On the website legacy.com, I am able to see that she stills

has friends in Ireland who remember her. Also, *Mrs. T* had actually worked in a nursing home for a significant portion of her life. That same day, I also learned that the peacefulness *Mrs. T* displayed around her daughter was punctuated with bouts of anxiety and distress.

My interactions with *Mrs. T* from that point on were always colored by what I had learned about her. How much else is there about her that I don't know? How can I really connect with her?

What I took away from the experience is that every patient is a full-time human being, with just as many experiences, thoughts, and desires as the people I am close to and I. This is something I will always remember in my future interactions with patients.

After the departure of her daughter, *Mrs. T* wheeled around the room with tears in her eyes. She directed my attention towards the corners of the rooms, but I could not understand what she wanted from me. As I watched her cry and tried to unsuccessfully comfort her I felt powerless. It was a crushing moment for me. Reflection upon that experience has led me to ask myself questions. Was there anything I could have done? Was that the limit as my powers as a volunteer? Even if I was a nurse or another medical practitioner, could have I done anything?

These questions have marinated my mind for quite some time after my time with *Mrs. T*, and they still arise in my mind whenever I visit my new patients. I'm not sure I have good answers to them yet, but I will continue to ponder them as I continue my journey in healthcare so that I can learn to practice medicine with effective compassion.

26. Naomi S. (Princeton University)

Walking into this experience, I didn't know what to expect – I had only heard of hospice once or twice before. I did my due diligence before filling out the application, trying to understand what exactly hospice is and what role I would play. Just before the application was due, I still could not fully picture what volunteering would look like. Despite this uncertainty, I firmly believed hospice would give me a unique perspective like no other and decided to apply.

Now, nearly seven months after the first training, I can tell someone else what hospice is; I can give another a picture of what it is that I exactly do and what my role is. Yet, these answers fall to the wayside if they are to describe how my Hospice work has affected me. The impact of an experience cannot be adequately expressed in words. I recall one particular poignant moment that perhaps better informs how hospice has effected me.

Unable to speak, an elderly woman lay slightly curled up in bed, looking at the volunteer group. She then calmly reached and took the hand of one of my fellow volunteers. Slowly, she raised the hand to her face, allowing it to gently stroke her cheek. Still clasping the hand, she kissed it and rested it next to her chin for the duration of our visit. Though in a hallway with people passing by, time suspended briefly for this moment; it was inexplicably beautiful and melancholic, serene and sorrowful. It was like looking out an open window as light rain falls from a cloudy

sky. A sigh cuts through the cold air as wisps of breath fill a previously empty space, bringing warmth and tenderness to solitude.

In that moment, she shared with us her yearning for touch, for understanding. She became vulnerable, not only sharing with us her physical vulnerability, but also her emotional vulnerability. She sought alleviation from her pain, comfort and support through her journey. Perhaps just our presence, just the fact that we were there was enough.

Individuals in hospice and medicine are given the privilege of seeing patients in their most vulnerable state. Hospice has opened my eyes to how a small touch or phrase can make all the difference, how spiritual and emotional support can bring greater alleviation and healing than any physical treatment. It is all too often, in the latter, that medical practice becomes engulfed with medical terminology and practices. The human perspective becomes lost in the technicalities of addressing physical pain. Moving forward on my path to becoming a physician, I intend to bring a sincere compassionate touch, to let my patients know I am here for them and will support them in their decision no matter what. Hospice has reinforced my passion for helping others, kindling a realization as to how a gentle touch can mean more than any physical treatment.

27. Natalie S. (Haverford College)

It has been an amazing year working as a Hospice Volunteer. I honestly couldn't have asked for a better experience from start to finish. The relationships I have been able to make and foster over this year have been a true blessing, but there is one relationship that truly stands out amongst the rest and that is the relationship that I have built with the lovely *Sharon*. I was first introduced to her via a little message sent to me by *Charlotte*. She described *Sharon* as a very nice and conversant patient who enjoyed talking and participating in the activities hosted by the facility. From her description she seemed like a lovely lady, but I have to admit I was still a little nervous about meeting her for the first time. The last thing that I wanted to do was to make her feel less at ease or feel as though my presence was at all intrusive. From the moment I said hello and she greeted me with a smile I knew this was going to be a great bond no matter how long we would actually have together.

Sharon honestly became a friend and I truly enjoyed all of the time that I was able to spend with her. From her stories to her infectious smile she always made me feel welcomed. Even on her more difficult days or when the nurses warned me that she was not doing well she would be up for a joke, a book, some good food, or just some chocolate. *Sharon* is a self-proclaimed troublemaker, but to me however, she is anything but. My visits with her were definitely the bright spots of my day. I would find myself talking to my parents about her and I all could was smile. Beyond her lovely stories and conversations with her and her friends at lunch she also indirectly taught me so much. *Sharon* ultimately changed the way that I view death. I wouldn't say that I initially viewed death as "bad", but I did not see it as something that could be positive. Throughout my life I have seen death as the end and something that you cannot escape, but my time with *Sharon* has shown me the possibility of a good

death and the positive life that someone can lead even as they are dying. My time with *Sharon* has also only further enforced my desire and passion for medicine. I want to be able to provide aid to the whole person and not just their symptoms, condition, or disease. I want people to always be treated as people and not the “ailment” that they have and know that they are cared for not just physically, but also emotionally, mentally and spiritually.

As I look back on my year another thing that has surprised me is how others react whenever I mention that I am a Student Hospice Volunteer. They are always so surprised and happy that I am able to help. Often times however I feel as though they don't quite realize how much our patients have helped and shaped us. *Sharon* has helped me in more ways than I think anyone, including myself, will ever know. She has brightened my day and given me an all-new perspective on life and death. I can honestly say that *Sharon* has changed me. I will never forget her and I will truly miss my friend.

28. Sharon S. (Princeton University)

Despite having a few difficulties with transportation this year, I would definitely say that my experience with hospice patients has affected me. I think it's safe to say that it has helped me become a more sympathetic and understanding person.

During my first trip, I didn't quite know what to expect from the patients because I knew that their level of communication varied. However, most of the patients that I was able to see were more than willing to talk. Even if it wasn't very coherent, it was easy to tell that they were happy to have someone there to speak to. More than anything, it seemed like they were glad to have someone to listen to them because they didn't have many visitors. One of the patients I encountered had her son visiting her while I was there, and he was also very grateful for our being there. Seeing how happy he was and how happy all of the patients were definitely made me realize that they really need people to visit them. It also made me a bit sad knowing that they don't always have people there to talk to outside of the staff, but this is why our positions as volunteers make a difference in their lives.

Another patient I visited continued telling us how she was very happy we were there. She continued repeating how she couldn't wait to go back home and go back to her job because everyone there was so nice. Not only was she telling us about her life, but she kept asking us how we were and whether there was anything exciting happening in our lives. I believe we were with her for well over half an hour. This encounter also helped me see how important it was for us to be there because we helped to give her a part of her past. Even though she thought we were other people, and she continuously repeated the same things, for those few moments, we brought her back to a happier point in her life. Seeing how happy she was to speak to us really made me feel good about being there because I could see how much of an impact we were making on her.

During my first visit, I also encountered a patient who had a lot of complaints and was openly talking to us about them. She definitely seemed bitter about being there. Some of the things she told us were incoherent, but it helped me realize that

despite her reason for being under hospice care, there was still a part of her that understood what was going on around her. Seeing her funny and sarcastic personality emerge was definitely rewarding for me because it humanized everything that was going on around me. Hospice care is essentially waiting for death to occur, but it is humane to see the patients speaking and acting as though everything is fine. It makes the process of letting go a bit easier because at least the patients are able to enjoy their last moments.

I hope to continue volunteering for Ascend Hospice in the coming year and getting to know even more patients.

29. Renee M. (Swarthmore College)

Before I started volunteering with Care Alternatives Hospice, I knew very little about what hospice was. I understood that it was a place for those who were terminally ill, but I didn't know much else. In elementary school, I remember visiting my great-grandmother in her nursing home in San Francisco, but unlike the majority of hospice patients, she was still healthy and strong at 103 years old and did not qualify for hospice. Even now, my grandparents are pretty healthy and live at home without aids. As a result of my unfamiliarity and lack of exposure to nursing homes, my first couple visits to the Harlee Manor nursing home were somewhat shocking. Most of the residents there were not on hospice and had frequent visitors pushing them in their wheel chairs, eating with them in the small dining room, watching television with them in the living room space, and talking with them by their bedside. Hospice residents, on the other hand, due to their advanced conditions from mental disorders, heart disease, and other medical complications, seemed very isolated. They were restricted to their bed and wheel chair, and often when I came to visit them, there was no music or television on in their rooms, just silence. Although I imagine they had family visitors, talking with the nurses, I found out that they came very infrequently.

After visiting my patients many times, I came to understand the challenges of interacting and caring for elderly people with mental diseases, in this case dementia. Communication was a struggle, but I realized that even if they couldn't respond coherently in words, there were other ways to interact and understand through facial expression, music, singing, photos, and sharing experiences. After listening to some of the nursing and cleaning staff remark that my patients had "gone crazy," and had surely lost it, I became frustrated at how ignorant they were about my patients' conditions. I think a lot of people think that when a patient has a mental disorder, they can't process information normally. Especially if the patient can't respond verbally or communicate with gestures, it would be easy to jump to the conclusion that they are incapable of understanding and hearing you. A lot of neuroscience data suggests, however, that their brains can receive and process those signals. However, because their motor functions, language production areas, or other critical regions are not intact, they have a lot of trouble responding. And often when they do attempt to respond and convey their thoughts and feelings, it sounds like gibberish, which we interpret as them not understanding us. In one study I learned about in my social and cognitive neuroscience class, a patient that

could not communicate and was paralyzed was able to express their thoughts thanks to a team of scientists who devised a great alternative way to communicate. They told the patient to think of numbers if they wanted to indicate 'no,' and colors if they wanted to indicate 'yes.' By placing the patient in an MRI machine, they could see the activity of the area of the brain associated with math and numbers distinctly from the region responsible for color and vision. Thus when the "math region" lit up they knew that the person was answering 'no' to their question. From this study, the researchers could communicate with the patient by asking Yes/No or True/False questions. Clearly this patient was processing everything in the sensory world and could understand the researchers. Similarly, I believe that my patients were struggling in this same state, with the capacity to communicate still in tact.

Both of my patients were non-verbal, and although it felt impossible trying to connect with them at first, the more I visited them, the more our interactions became normal. They weren't the ones that changed- I changed. I learned that by treating them like normal people- talking to them about my day and things I'm interested in, asking them about their families and pasts, showing them music videos, singing songs to them, and sharing photos on my phone- we were truly able to communicate. For example, one of my patients would always raise her eyebrows and widen her eyes when I'd sing to her and show her videos of my puppy playing at home. She would also make sounds, clearly trying to say something, but even though I couldn't figure out exactly what, I learned to keep talking to her and remember that she could still hear me.

Internal info line

30. Eugene P. (Bryn Mawr College)

This past academic year, my senior research thesis topic for my chemistry major was on the synthesis of enzyme inhibitors as potential anti-cancer drugs. I had chosen to work on this project because I knew there could be a deeper purpose in the work that I did. I knew that if these compounds that I created really were effective, I could impact people's lives one day with the medicine they needed. However, being in the lab day in and day out made it hard for me to really grasp what it meant to impact those in physical pain, near to death, expecting their last breath any moment.

That is why I am thankful to have had the opportunity to volunteer with Holisticare Hospice. Working as a hospice volunteer has revealed more of what it means to be in the field of medicine. As a hospice volunteer, I have been able to build relationships with my patients. In particular, I have been able to share even my faith with my current patient *Ms. Kate*. Having the chance to hear her story and meet her family, I got confused most times after I visited her. I wondered if my visit even helped her because just spending time with her actually humbled me. However, I am always affirmed amidst the confusion because *Ms. Kate* found the strength in her voice to thank me and express her appreciation. If it wasn't for Holisticare Hospice, I don't think I would have received a glimpse of what it means to serve people through the medical field, especially when it comes to interacting with those at end-of-life care.

Volunteering with Hospice has taught me many things and has revealed a lot about myself as well. Hospice has taught me how to recognize and empathize with those who are grieving. Hospice has also shown me that although deaths cannot be calculated, they can be peaceful. Hospice has given me the opportunity to cross paths with incredible people whose lives I have been able to share even if for a couple months.

I now know that not only do I have the academic passion to learn more about medical research as well as have an interest in drug discovery but I also have the capacity to serve people with my time face to face in real time. I have the ability to support those going through pain as I hold their hand. I have the ability to listen, to understand, to reflect with, and advocate for.

This experience with Holisticare Hospice has only encouraged me to continue striving for a career in medicine. It can seem so abstract and far away when I think about pursuing medicine. So I hold on to my goal and dream now in hopes of achieving them at the right time. I know that I will be eager to delve deeper in specializing in a field where I must fully advocate for my patients' health and care. This past year with Hospice is only a glimpse of my exposure to medicine but it has definitely sparked a flame that I once thought was dimming down. I hope to become a physician that will be earnest in her occupation to treat patients with a sincere heart and with thoughtful wisdom.

31. Annie L. (Princeton University)

My experience with the Hospice was more challenging than I expected, but if anything, that has only motivated me more because it has provided me with perhaps the most accurate portrayal of challenges patients, families, and doctors face in terms of end-of-life care. Before I started volunteering with the Hospice, I hadn't had much interaction with patients of terminal illnesses. My grandparents were always halfway around the world, and even my previous volunteering at a hospital didn't provided me such exposure. Thus, although the training sessions provided by the Hospice were informative, I still found my first couple patient visits difficult.

During my first patient visit, I spend most of my time with one patient. We were told that she was a lovely patient, and indeed she was. She was smiling the whole time, answering our questions and asking her own questions. She told us we were beautiful young ladies, and she thanked us profusely for visiting. But although her engagement in the conversation was great, the effects of her dementia soon became clear. Shortly into the conversation, she began to ask us the same questions over and over – where we were from, what we were studying, etc. Although we simply answered her each time she asked, I saw how this would be an incredibly difficult situation for her family members, most likely one of the main reasons for her stay at the hospice.

As it turns out, this patient was in perhaps the best health condition out of all the ones we visit, or at least she was the easiest with whom to communicate. There was one patient whose words came out as unintelligible sounds and whose gaze never seemed to acknowledge you. For me, the hardest part about interacting with this patient was that I was never sure whether he even knew we were there, and if

he wasn't aware that we were there, I wondered how much of a help we or anyone could be to him. There was another patient who, although seemed to sometimes be aware that we were there, would start crying and wailing. Though we tried to comfort her, she seemed to be in a world of her own, having an argument with someone in her mind. Again, these initial interactions were unexpected for me, but one aspect I greatly appreciated about volunteering with the Hospice was the chance to visit the same patients each week. Over time, such interactions became less unexpected and they became gradually easier to handle.

There were cheerful moments at the Hospice too, however. During one visit, one of the floors was having a birthday party for everyone who had a birthday that month. There was cake, balloons, flowers, etc., and they were all gathered around one long table. It was refreshing to be able to see this side of Hospice care, the side where the staff try to improve the quality of patients' end-of-life care simply by having celebrations.

Volunteering at the Hospice and being able to have this direct interaction with patients has been an insightful experience. It has made me think a lot about my future reality as a doctor, especially as an aspiring oncologist. It has made me question how I will handle such situations, including challenges with communication and balancing professional opinion with patients' and families' wishes.

32. Nina H. (Bryn Mawr College)

The prospect of death has always been an unknown that has always brought about emotions of anxiety and fear for me. However, volunteering for Holisticare Hospice this past year has allowed me to view death in a different light than I once did. The different perceptions of death that I began to have were fostered by my personal interactions and conversations with my patients throughout this year. Specifically, one patient of mine reiterated many times to me her desire to die and leave this world. Initially, hearing these words was very difficult and uncomfortable for me, because I personally did not want my patient to die and even more so, I could not understand why any person with the gift of life would want to give it up. And yet, my patient helped me come to a realization in which I understood that we as individuals were at very different chapters in our lives. While I feel as though my life has just begun, for her, she was at its conclusion. To be at different stages in our long journey through life affects the way we see and anticipate death. Understanding this contrast has helped me to overcome many of the anxieties I once felt in contemplating my own inevitable death. Although I still experience a sudden rush of fear when this thought comes across my mind, I am now able to rationally separate myself from this internal visceral reaction in knowing that when I reach the conclusion of my own story, I too will have led a life that will enable me to welcome death comfortably.

Although my hospice work has allowed me to better understand the nature of dying, and more specifically how to bring about comfort in a process that we perceive as so debilitating, it has also helped me shaped my future career in medicine. Specifically, my experiences with hospice work have shaped my initial

perceptions of medicine as not simply an opportunity to save lives and help others. In fact, there will often be times in which such happy endings will not occur. Furthermore, hospice work has shown me how emotionally taxing caring for another person can truly be. The once fantastical imagination I once had of what doctors and medical care takers do has changed into a much more realistic, yet more fulfilling interpretation of their work. This new understanding has caused me to somewhat alter my initial, perhaps now somewhat superficial desire, to go into the field of medicine to simply “help and save others”. I have realized that my true medical passions lie not merely in treating patients and alleviating their immediate medical needs. Rather I have refocused my medical career path towards disease prevention, rather than just disease treatment. In potentially entering the medical field, I not only want to understand and apply medical treatment, but I also want to facilitate medical discovery and disease prevention in promoting healthy living. The work that I have accomplished in volunteer for Holisticare Hospice has not only shaped my own personal perceptions of the intersection of life and death through medicine, but it has also shaped how I want to contribute to the always evolving field of medicine in the future.

33. David K. (Haverford College)

Young people are often considered to be either unaware of death or afraid of it in a primitive kind of way, in a way that people fear any loss or catastrophe. I have only truly been afraid of death once in my life. I was not in any physical danger when it happened. I was on a bus with a couple of high school friends traveling back from an after-prom trip to Boston. I was not happy. Prom had been a stressful experience. My original date could not make it and I went with a girl whom I did not really like and who clearly did not like me. At the same time, I had been drifting apart from my friends for various reasons. At the after-prom party, they had both hooked up with girls they barely knew. As an insecure teenager, I was torn between disgust at their casual sexual behavior and a gnawing fear that my disgust was only a result of my own fear that I was too shy or not attractive enough to be able to engage in this behavior. All of that was going through my mind as I leaned against the rattling window of the bus and looked out into a dark Connecticut highway. Very suddenly, I was afraid of death. Really afraid. “What’s the point of living if I’m just going to die, to disappear?,” I thought. It was months before I realized why I had felt that way. That night, my teenage insecurities had combined with an awareness of the pointlessness of my prom-related anxiety and for a short time, my life had lost meaning. Thinking about it, I realized that fear of death is really the fear that one’s life is meaningless.

This experience is part of what attracts me to Hospice and to medicine. So many doctors fear a patient’s death more than they fear the suffering and hopelessness that sap meaning from a dying patient’s life. I want to be part of a force that realizes that the emptiness of life, not its end, is the real enemy.

The patient I visited this year had had to leave school early to support his family. He had been drafted into the army in the early 1950s and had spent almost a year in a training camp in Germany for no real reason – “a waste of time”, he called

it. He had had many jobs, from working in factories to driving limousines (one time he drove Muhammad Ali!). He had led a working-class life, a life that was not easy and probably not without unpleasant surprises. It was beautiful and for some reason humbling to hear him repeat, over and over again, "I have had a good life, I can't complain." He meant it. Here is a man who is very sick, not actively declining, but nevertheless a lot closer to death than most people, who *not once* expressed a fear of death. He does not seem to be suppressing it; rather, he is immune to it because of his awareness of the meaning of his life and his gratitude for having lived.

Not all people close to the end of their lives are so immune. Volunteering in nursing homes, I have heard the all-too-common "I wish the Lord would just take me." All these experiences have convinced me that end-of-life care *must* focus on cultivating a sense of meaning in the patient's mind. I am reminded of the end of "The Death of Ivan Ilich", when the thought of relieving the burden on his family suddenly creates a sense of meaning in Ivan's mind. His fear of death disappears and he dies in a peace that he had never known before.

Doctors may not be able to fix their patients' broken relationships, or realize their unrealized hopes, but through sensitive care that is focused on emotional well-being and dignity, doctors can help the patient find more meaning in their lives. In the words of Khalil Gibran, "it is in the dew of little things that the heart finds its morning and is refreshed". If as a doctor I can be a drop of that dew for my patients, I will find my morning every day.

34. Renata Q. (Bryn Mawr College)

Death, like birth, is a process. We know that the birth of a baby takes approximately nine months. Death, in many aspects is parallel to birth. Both are processes of life, and with one, the other will also inevitably occur. Prior to beginning my work with Holisticare, I presumed that I already had an ample understanding of death. I had experiences of friends and family members passing away. However, I never really understood the process of dying in old age. Nor did I fully comprehend the work it takes to take care of another or the feelings of a person in the process of passing away. With Holisticare, I was able to gain a higher understanding and empathize with my patients. I learned of what my patients wanted and needed with every visit, and contemplated thoughts and ideas I would not normally have considered without the experience I have gained through volunteering.

Vocationally wise, hospice has led me to a greater understanding of the struggles and necessities of health care provisions to the elderly. I have garnered a greater respect and admiration for the nurses, chaplains, workers, and my fellow volunteers who dedicate their time and resolve to provide a better environment for these patients. We hear very little in our everyday lives about the situation of the elderly who are in need of care. It is a topic that is pushed out of our minds, but requires much attention. So often, we think of dying and the elderly as a dreary or depressing topic. I have learned that this is not necessarily the case whatsoever. The situation largely depends on how one's own perspectives and outlooks are directed.

2015 Athena Hospice Reflections-full list

I have had the great pleasure of interacting with three Holisticare hospice patients, each differing greatly from one another in their lives, past accomplishments, personalities, situations, and perspectives. Similar to how each person's life differ, every individual's deaths also differ as well. I hope to take what I have learned from this experience and carry it further along down the road in my career. I hope that the elderly are given the treatment they deserve especially after living a life filled with experiences and acquiring much knowledge. After much thought, I hope to be able to further work and learn about health care for the elderly by volunteering at the Veterans Hospital this summer. Although I am not a premed student currently, I hope to follow a future path in medicine through a Pre-med Post-bac program.

35. Ramona P. (Princeton University)

I think that working in Hospice has taught me a lot that will influence my future career as a doctor. One thing is the power of having a good bedside manner. I already knew that having a good bedside manner with patients was critical to practicing medicine. But I did not realize that sometimes that interaction alone could provide healing. It was amazing to see how people would gain energy and focus, and how their pain would lessen, when we were visiting them. I think that doctors can often feel like they are unable to help in situations like the ones these patients present. It is reassuring to know that even if there are no more drugs or surgeries that can help a patient, there will always be the power of a smile and a healing touch.

I also learned a lot about the facilities that so many people spend their last few months or years in. To prepare for this volunteer position, I read *Being Mortal* by Atul Gawande—one of my personal heroes. I was really struck by his descriptions of different nursing homes, and the impacts that small changes—like putting plants and animals in peoples' rooms—can have on their health and wellbeing. There has also been a lot of coverage in the *New York Times* of nursing homes lately—I read an article recently about short-term care, and how even facilities with expensive, flashy amenities might not be serving their patients well.

I think that, from what little I saw, *St. James's* was somewhere in the middle. The staff seemed very kind and attentive to the patients—they know their names and their stories. But it is also not one of the facilities that Gawande wrote about, with children visiting all the time or a garden to work in. Even though the staff are above average, some residents were still unhappy—one woman complained about the PA system, which has announcements every few seconds all day. With the way the medical system is funded in our country, it might not be possible at the moment to make all the changes that Gawande talked about. But it is certainly something to aim for, and to be aware of.

I think my work with Hospice has definitely made me more comfortable talking to elderly people, especially people with dementia. At first, it was really hard for me to communicate when people would just repeat the same phrase over and over, or when they couldn't answer regular small-talk questions (not remembering

where they grew up, or how many children they had). It is hard to feel like your conversation is meaningful when you are not communicating the way that people normally do. But over time, I have learned to appreciate these interactions as well. After all, most conversations are not *really* about what the words are saying—when you make small talk with someone, you are showing that you care and are interested in them. It is possible to find ways to do that even with someone who has memory problems, and although I still find it challenging, I think I have gotten much better at it through this experience.