

Being Proactive About Aging & EOL Issues

**How Palliative Care, Hospice,
and Death/End of Life (EOL)
Douglas Support EOL Options
and Experience**

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FOUNDERS



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Vision

A Collective Approach to Death and Dying

Mission

Creating community by connecting people, resources, and experiences to educate and support a holistic approach to end-of-life for individuals and families living on the North Coast.

Values

Acceptance – to be a container for the joy, suffering, and uncertainty of each person’s lived experience and relationship with death and dying.

Belonging – person-centered, inclusive, equitable. Each person has a unique lived experience and story within our shared humanity.

Connection – with a servant’s heart to listen, bear witness to, and hold the story of each individual and family as a unique and integral part of our shared humanity and sense of place.

Legacy – the invitation to create beauty and meaning from our lived experience and story

WELCOME

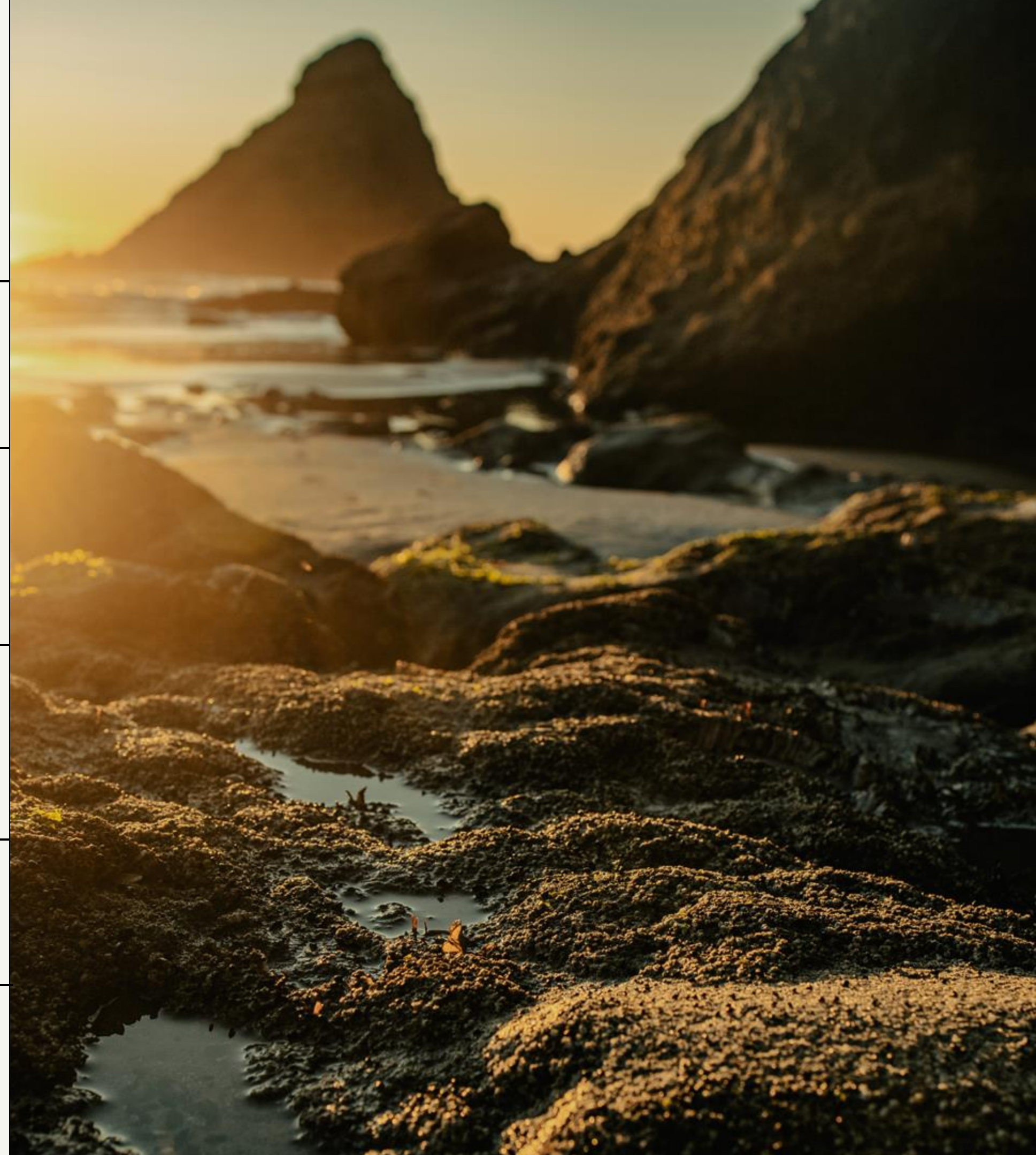
1 Recognize the challenges associated with over-medicalization in aging and dying.

2 Understand the concept and principles of “slow medicine.”

3 Explore the roles of palliative care, hospice, and death/EOL doulas.

4 Small group conversations.

5 Discuss how these approaches create more compassionate, collective, and holistic approach to death and dying.

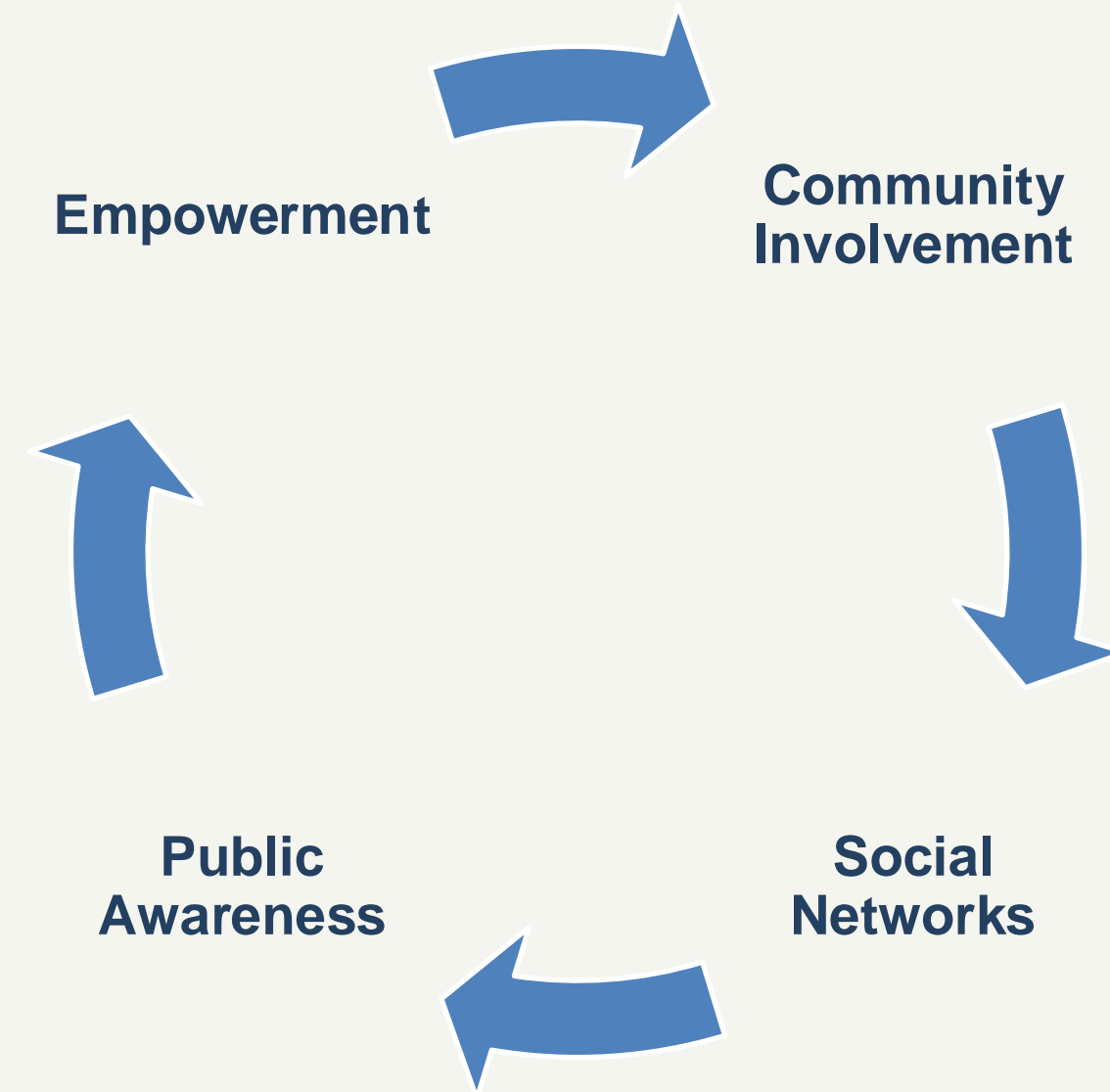


What does *Living Well* and
Ending Well mean to you?

Compassionate Community Model

Communities are empowered to develop initiatives tailored to their local needs, creating systems of care that are more responsive and inclusive.

Is an approach to end-of-life care that seeks to engage the broader community in supporting individuals and families through dying, death, loss, and caregiving. ***It emphasizes the idea that end-of-life care is not just the responsibility of healthcare professionals but also of the community in which the person lives.***



Stigma and Taboos

- ~ Fear of Mortality
- ~ Cultural and Religious Beliefs
- ~ Emotional Discomfort.
- ~ Denial and Avoidance
- ~ Social Norms
- ~ Lack of Familiarity
- ~ Protecting Others
- ~ Stigma Around Illness and Aging
- ~ Fear of Conflict

“If we talked as honestly and openly about death as we do pregnancy and childbirth, we might live differently.”

Why This Matters

“I had no idea.”

❖ **Quality of Life**

Focusing on comfort and dignity can reduce unnecessary suffering.

❖ **Autonomy & Values**

Planning ahead ensures end-of-life care aligns with personal beliefs.

❖ **Emotional Preparedness**

Open discussions help reduce fear and uncertainty about dying.

❖ **Support for Loved Ones**

Clear directives relieve family members from making tough decisions alone.

❖ **Respects Cultural & Spiritual Beliefs**

Recognizing traditions leads to more holistic, meaningful care.

❖ **Holistic, Patient-Centered Care**

Integrates physical, emotional, and spiritual support for the individual.

❖ **Resource Allocation**

Thoughtful planning helps prevent over-treatment that may not improve outcomes.

Over Medicalization in Aging and Dying

Definition: Excessive use of medical interventions, tests, and treatments, often leading to diminished **quality of life**.

What happened?

Death transformed from a natural process to a medical event, often prioritizing length over **quality of life**.

Medicalization of Aging & Death

Healthcare System Evolution:

- ❖ Rise of hospitals and intensive care (1950s–1960s)
- ❖ Advanced life–sustaining technologies
- ❖ Shift from home deaths to hospital deaths
- ❖ Focus on cure over comfort

Societal Changes:

- ❖ Longer lifespans due to medical advances
- ❖ Changed family structures
- ❖ Urban vs Rural
- ❖ Decreased familiarity with natural death
- ❖ Growing fear of death & aging

Patient/Family Factors:

- ❖ Desire to "do everything possible"
- ❖ Difficulty accepting mortality
- ❖ Limited understanding of impact on interventions
- ❖ Equating medical care with caring

“Slow Medicine”

Thoughtful approach to healthcare that emphasizes careful observation, gradual interventions, and shared decision-making over rushed treatments and excessive medical interventions.

- ❖ **Patient-Centered:** Focus on the individual's values and goals.
- ❖ **Deliberate and Thoughtful:** Avoid rushing into aggressive treatments without holistic evaluation.
- ❖ **Quality of Life Over Quantity:** Emphasize comfort and meaningful experiences.
- ❖ **Shared Decision-Making:** Collaboration among healthcare providers, patients, and families.
- ❖ **Seeing the patient as a whole:** Considering the patient's environment, values, and expectations
- ❖ **Taking time(slowing down):** Allowing patients time to heal, and using that time to improve their diagnostics
- ❖ **Integrative:** Incorporating modern medicine with other methods like good food, rest, and shared decision making
- ❖ **Being open:** Being open to the patient's questions and ideas

Five Principles

- ❖ The endeavor to deeply understand the patient, in all his or her complexity, and to acknowledge both the particular losses and specific strengths that emerge during the course of aging.
- ❖ An acceptance of the need for interdependence, and the promotion of mutual trust.
- ❖ A diligent effort to communicate well and practice patience
- ❖ A commitment to steadfast advocacy
- ❖ A resolve to maintain an attitude of kindness in any situation

A “Slow Medicine” Approach

For Patients:

- ❖ Improved **quality of life**.
- ❖ Greater sense of control and autonomy.
- ❖ Reduced fear, anxiety, and isolation.

For Caregivers & Families:

- ❖ Less emotional and financial stress.
- ❖ More meaningful time spent with loved ones.
- ❖ Clear guidance and reduced confusion about medical decisions.

For Healthcare Professionals:

- ❖ Deeper connection with patients.
- ❖ Ethical and moral satisfaction of providing patient-centered care.

Palliative Care

What is it?

Palliative care focuses on maintaining the highest **quality of life** while managing treatment and other needs.



When is it appropriate?

Unique to each patient. The purpose is to relieve suffering while supporting the best possible **quality of life** for patients and their families, regardless of the stage of disease or need for other therapies.

Indicators

- ❖ Disease Related Factors
- ❖ Symptom Management
- ❖ Quality of Life Considerations
- ❖ Support Needs

Considerations

- ❖ **Healthcare Provider:** Focus on patient's diagnosis, symptoms, goals of care, and timing of referral to best integrate with current treatment
- ❖ **Palliative Care Team:** Consider their capacity to meet patient needs, service availability, and coordination with existing care team.
- ❖ **Patient/Family:** Must understand what palliative care offers, be ready to engage, and have practical **access to services** while considering their personal goals and resources.

Hospice Services

What is it?

Care focused on support and comfort during the final months of life, typically when curative treatment is no longer sought or beneficial.



When is it appropriate?

Hospice care becomes appropriate when a person has a terminal illness with a life expectancy of 6 months or less, and the focus is on comfort care rather than curative treatment.

Indicators

- ❖ Terminal diagnosis from a physician Stopping curative treatments
- ❖ Frequent hospitalizations
- ❖ Progressive decline in health and function
- ❖ Increasing need for pain and symptom management
- ❖ Patient's desire to focus on comfort and **quality of life**

Considerations

- ❖ Location
- ❖ Service delivery model
- ❖ Setting
- ❖ Agency
- ❖ Public vs Private
- ❖ Death with Dignity
 - ❖ MAiD
 - ❖ VSED

PALLIATIVE CARE ~ HOSPICE

PALLIATIVE CARE

Can begin at any point in a serious illness. The focus is *improving quality of life through symptom management and support*, regardless of whether the underlying disease is curable. Palliative care often works alongside curative treatments – a patient might receive chemotherapy for cancer while also getting palliative care to help manage pain, nausea, and emotional distress.

HOSPICE

When curative treatment is no longer the goal and life expectancy is limited to months rather than years. It *provides intensive comfort care and support specifically focused on end-of-life needs*. When someone enters hospice, they've decided to focus entirely on quality of life rather than extending life through aggressive treatments.



Resources

Below are resource links for other helpful websites.

For Patients & Families

- Advance Directive & Healthcare Representative Appointment Forms – Oregon
- Advance Directives, Other States
- CaringInfo (a program of the National Hospice & Palliative Care Organization)
- Centers for Medicare & Medicaid Services (CMS)
 - Medicare & Hospice - Coverage
 - Medicare Hospice Booklet
 - Medicare Compare
 - Medicare Hospice Fraud Toolkit
- Hospice Foundation of America (HFA)
- National Alliance for Care at Home (NAHC & NHPCO)
- OHSU Center for Ethics in Health Care
- Oregon Dementia Road Map
- Oregon Health Authority (OHA)
- Oregon Portable Orders for Life-Sustaining Treatment (POLST)
- Oregon Psilocybin Services
- Safe Drug Disposal - Medicine Take Back Programs Oregon
- We Honor Veterans

Grief & Bereavement

- CaringInfo (a program of the National Hospice & Palliative Care Organization)
- In This Together - Supporting Children & Families in Grief
- Northwest Association for Death Education and Bereavement Support (NWADEBS)

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LATEST NEWS

[more](#)

1/28/2025

Spring Intensive Registration NOW OPEN

1/24/2025

Palliative Care Project ECHO Trainings

1/22/2025

Starting Your Advance Directive

NHPCO is now the National Alliance for Care at Home

The Alliance is your partner to help care providers achieve your goals now and in the future.

Learn more & get involved: AllianceForCareAtHome.org →

[Info for Hospice & Palliative Professionals →](#)

[Info for Patients & Family-Caregivers →](#)

THE LATEST

National Alliance for Care at Home Welcomes Sherl Brand as New Chief Operating Officer

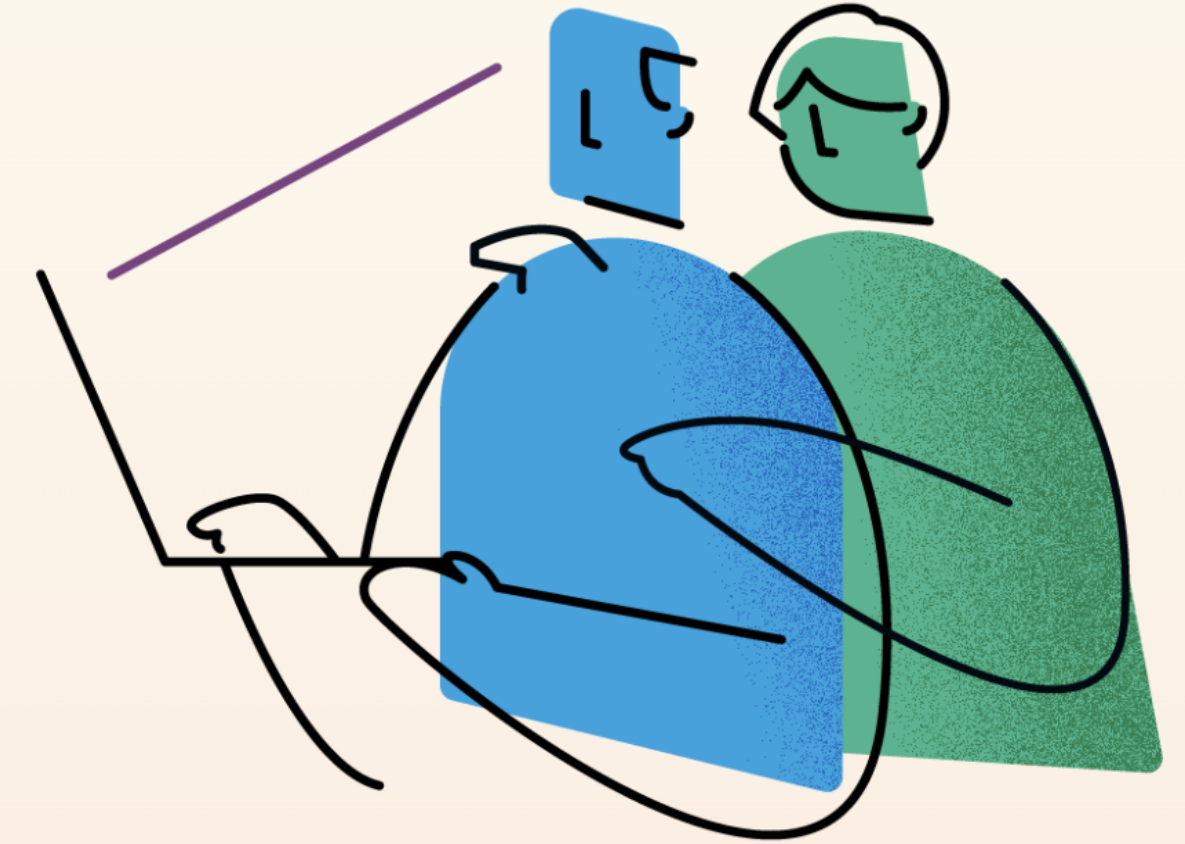
The Alliance Applauds Gerald's Law Passing Through Congress

The Alliance Supports Legislation to Fix Hospice Special Focus Program

During serious illness, CaringInfo is here to help you make informed decisions about care and services before a crisis.

Available in: [Español](#)

Understanding and discussing topics like [advance directives](#), [palliative care](#), [caregiving](#) and [hospice care](#) may feel overwhelming on top of dealing with a serious or life-limiting illness. Our [guides](#) and [resources](#) are here to help you through the journey you are on and to aid you in understanding the choices you have.



Do you need help now? You or your loved one has a serious illness.



What's the difference between hospice and palliative care?



What do you need to do to create an advance directive?



Type of Care	Palliative Care	Hospice Care
Definition	Specialized medical care focusing on relief from symptoms and stress of a serious illness, aimed at improving quality of life for the patient and their family.	End-of-life care provided to patients who are terminally ill (generally with a prognosis of six months or less), focusing on comfort rather than curative treatments.
Primary Goal	Enhance quality of life by managing symptoms, pain, and stress related to serious illness.	Provide comfort, support, and dignity during the final stages of life, without pursuing curative treatments.
Eligibility	Appropriate for patients at any stage of a serious illness, including those undergoing treatments aimed at cure or remission.	Typically initiated when curative treatments are no longer effective or desired and life expectancy is usually six months or less (as certified by a physician).
Treatment Approach	Can be provided alongside curative or life-prolonging treatments.	Focuses exclusively on comfort and symptom management, not on treatments intended to cure the underlying illness.
Location of Care	Offered in hospitals, outpatient clinics, long-term care facilities, or at home—wherever patients receive treatment.	Often provided in the patient’s home, hospice facilities, long-term care facilities, or sometimes hospitals—but the emphasis is on home-like, comfort-focused settings.
Payment and Coverage	Varies depending on insurance plans; many aspects may be covered by private insurance, Medicare Part B (for outpatient), and Medicaid, but coverage differs based on policies.	Typically covered by Medicare (Medicare Hospice Benefit), Medicaid in some states, and many private insurance plans, including most services, medications, and equipment related to the terminal diagnosis.
Duration	Can begin early in the course of illness and continue as long as the patient requires symptom management and/or supportive care.	Usually initiated when a patient is expected to live six months or less but can be extended if the patient’s condition warrants.
Support Services	May include pain and symptom management, counseling, care coordination, and assistance with decision-making about treatment options.	Includes comprehensive comfort care (pain and symptom control), emotional and spiritual support, caregiver support, and grief and bereavement services.
Care Team	Generally, includes a multidisciplinary team: doctors, nurses, social workers, therapists, and chaplains working with a patient’s primary medical team.	A specialized hospice team (doctors, nurses, social workers, home health aides, chaplains, volunteers), focusing on comfort and psychosocial support for both patient and family.

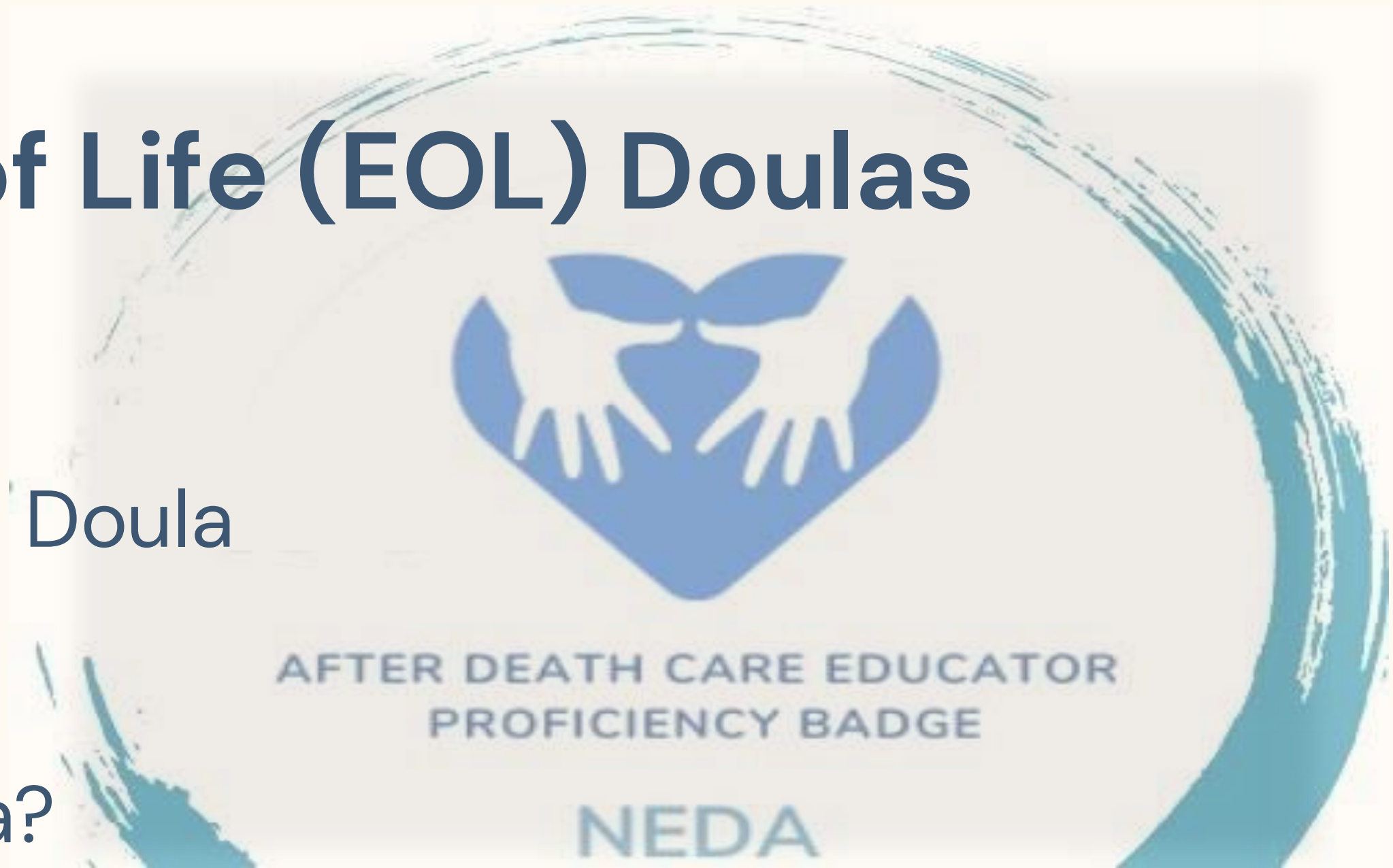
In Summary


Palliative Care can be introduced at any point in a serious/complex illness and may coexist with treatments aimed at cure or prolonging life.

Hospice Care is dedicated to patients who are nearing the end of life, focusing strictly on comfort and **quality of life** rather than curative treatments.

Death/End of Life (EOL) Doulas

- ❑ Who are they?
- ❑ What do they do?
- ❑ What is the history of the EOL Doula
- ❑ What is their training?
- ❑ Is an EOL Doula certified?
- ❑ How do I screen for EOL Doula?
- ❑ What do they cost?
- ❑ Are they part of a multi-disciplinary team?
- ❑ Do they coordinate with hospice?
- ❑ Can they advocate for me if I don't have anyone else?





Fostering
community & advocacy

BECOME A DOULA FIND A DOULA

WELCOME TO THE INTERNATIONAL END-OF- LIFE DOULA ASSOCIATION

Dying isn't a medical event. It is a human one. We have accompanied each other through the bookends of life – birth and death – since the beginning of time. In many cultures specific individuals held the role of guide through these significant life events. They eased physical and spiritual pain, shepherded life across the threshold,



LEARN MORE ABOUT OUR END-OF-LIFE DOULA TRAINING

NATIONAL END-OF-LIFE DOULA ALLIANCE (NEDA)

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Additional Considerations

"I had no idea."

Living alone

Individuals without biological or adopted families

Childfree Individuals

Unhoused or homeless

Mental illness

ID/Developmental Disabilities

Neurodivergent

Estranged or Complicated Families

Rural, frontier, isolated communities

Small Group Conversation Interactive Discussion

LIVING WELL

“We know conversations, connection, and learning about death and dying can improve the **quality of one’s life** and create a sense of community around a profound experience we all share.”

ENDING WELL

NORTH COAST EOL COLLECTIVE

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LIBRARY

[Books](#) | [Podcasts](#) | [Research](#) | [Music](#)

This is not an exhaustive list of resources but are commonly referenced by the death care community

BOOKS

GRUEF-BEREAVEMENT



RESOURCES

- EOL Considerations
- Palliative and Hospice Care
- Community Resources
- Legacy
- Grief, Bereavement, Trauma
- Pediatric
- Population Specific
- Advanced Care Planning
- Funerals and Burials
- Medical Aid in Dying (MAiD)
- Innovation and Research
- Legal
- Caregiving
- Digital Legacy
- Community Based

“Our practice is based on the belief that the North Coast EOL Collective has a shared responsibility to the community by making visible what is too often invisible.”

THANK YOU!

www.northcoasteolcollective.com

[@northcoasteolcollective](https://twitter.com/northcoasteolcollective)

