

Interactions with Family and Loved Ones



When You perform work as a Friendly Visitor, You will often interact with the Patient's surrounding "social network" at some point. This network is referred to generically as "Family Members and Loved Ones". This can include a wide range of Individuals who have some connection with the Patient. It encompasses each Person that the Patient regards as a close, meaningful Human companion in life. It might include a Spouse, Ex-Spouse, Partner, Adult and Young Children, Step-Children, Grandchildren, Greatgrandchildren, Siblings, Aunts, Uncles, Cousins and of course Close Friends. Over the course of a lifetime, the Patient may well have

many such relationships.

As the Hospice Patient draws closer to the End-of-Life, these various relationships usually take on profound new perspectives and meanings. The process of declining and dying affects not only the Patients' experiences, but also that of those Individuals that care about them. Exactly how these caring Individuals react to the prospect of impending death can vary a great deal. Reactions can be affected by circumstances. A Spouse living with a dying Spouse will be impacted completely. A Cousin who was close to the dying Patient during childhood, but who has resided in another state for many years will be affected differently. A small child of a Patient will generally react differently from an older Adult Child. A close Friend will respond differently from a church Associate.

The reactions of Individuals within the Patient's social network can also vary widely based on the emotional connections and closeness of the relationships with the Patient. Usually the stronger and more engaged the connection to the Patient is, the stronger will be the impact of immanent death on surrounding Family Members and Loved Ones.

However, different People will respond differently to the specter of a death. Human

Beings deal with the subject and the reality of death in very different ways. Some People can barely bring themselves to think about it, let alone being in the presence or being involved with a dying Person. Most People have no idea about how to behave around or what to say to a terminally ill Individual. Some fear that they may do or say something inappropriate, insensitive, confrontational or out of place. So, when the news about a Hospice Patient gets around to the immediate and more distant social network, there will typically be a wide range of responses. Some People will seem to step forward and try to offer practical help, while Others will seem to fade away. Even those that would usually be regarded as closest to the Patient may act in very differing manners. Some Siblings or Adult Children will offer active support and seek to intervene on a regular basis, while Others may barely remain in contact with the Patient. Some Family Members or Loved Ones may feel compelled to "orchestrate" or "control" the decisions and course of on-going care. Still Others may be at a complete loss as to how to proceed and offer no ideas or opinions. Some may be rendered numb, while Others cannot stop directing things.

Due to the intensity and complexity of these situations, it is often the case that many

disagreements and conflicts can arise among the various Family Members and Loved Ones. Some may remain entrenched in “denial” of the original life-threatening disease diagnosis. They may press for a second or third medical opinion. They may try to insist that any possible treatment protocol must be pursued. They feel that a “never give up” attitude must be maintained. Still, Others may quickly acquiesce to the perceived inevitability of the diagnosis and try to plan for life accordingly.

Perhaps the most difficult challenges arise when there is a distinct difference between the Patient’s changing perspectives and those of various Members of the social network. Within the “five stage frame work” of Kubler-Ross, the Patient may have progressed into an “acceptance” attitude, while well-meaning Loved Ones may still be in “denial” and pressing for further clinical testing or medical treatments. The Patient may privately feel exhausted and overwhelmed by the long struggle and may simply want to be made comfortable, left alone and let nature take its course. Family Members may not be emotionally ready to embrace such passivity and may want the fight to continue. If Family Members have never really experienced the death of a close Loved One, they may not be capable of accepting the inevitability of this

death.

Again, as a Friendly Visitor, You will normally encounter various Members of the Patient’s social network during your regular visits. This is especially true when your visitations occur within a “private home setting”. You may not meet the entire surrounding network. In fact, there may be many Members that are very close to the Patient that You never interact with at all. Keep in mind, that in general You spend only two to three hours per week in the presence of the Patient. You only witness a brief “snapshot” of the Patient’s life, including mood, energy, cognitive status and environment at that specific time. For the most part, You will be unaware of everything that has transpired since your previous visit. You will only have access to knowledge about the changing situation through your brief observations and the information that the Patient and Family choose to reveal to You. If You are visiting a Patient within an Assisted Living Facility or Skilled Nursing Facility, You will usually have no input from Loved Ones.

However, it is extremely important for You to keep in mind what your overall objectives are during each visit. You are there in the vital role of a kind, empathic, compassionate Friendly Visitor. You are there to engage the Patient in

whatever kinds of conversation or activities that Patient finds enjoyable or meaningful at the time. You are not there as a Therapist. You are not there as a Spiritual Counselor. You are not there as a Medical Professional. You are not there to solve their problems. Likewise, You are not there to resolve any conflicts they may have with individual Members of their social network. You can and should listen to any comments or complaints the Patient may offer concerning other People. (If You regard these conflicts as significant, You should communicate these issues confidentially to your Agency Coordinator, Case Manager or Social Worker.) However, You should never take it upon yourself to attempt to remedy these issues.

The difficult and often tumultuous events surrounding the dying and death of an Individual within Hospice Care usually involve multiple People. Death is most often a community event. Various Family Members and Loved Ones are inextricably caught up by circumstances and emotional connections to the Patient. Individuals react to this profound situation in many different ways. Some step up and become closely involved, while Others fade away. As a Friendly Visitor, You will often witness many of these issues first hand. You simply need to stay mindful of the specific roles

You are there to fulfill and do your best to do so.