

TESTIMONY BILL #5499 3/16/2012

Dear Madame Chair and Distinguished Committee Members:

I am here to testify against Raised Bill No. 5499.

I have been a hospice social worker at The Connecticut Hospice for 8 years, and am the current Director of Social Work.

It is my professional assertion that most of the patients and families receiving care at Connecticut Hospice's acute care hospice hospital are in a state of crisis during this delicate end-of-life process. And studies of human behavior tell us that, during crisis, coping does NOT improve – indeed, patients and families DECOMPENSATE in the face of crisis. Thus, the social worker (and indeed the entire acute care hospice team) needs to engage in: comprehensive assessment; supportive counseling; crisis intervention; education; and connection to community resources in order to ameliorate this crisis. Every one of our patients and families is assessed on admission in order to circumvent, to the extent possible, a crisis, and to provide the family with stronger coping mechanisms. This level of acute support and responsiveness to a crisis does not seem possible under the proposed legislation, which seems to standardize diluted levels of interdisciplinary team availability.

One of the primary tenets of Hospice philosophy is to treat the patient and the family as a single unit of care, utilizing a holistic approach to health and well-being. Our patients and families frequently tell stories of feeling as if they are not treated as human beings, but simply as “cases” in many other health care settings, and that they value the humanistic, comprehensive approach that is offered at our acute care hospice hospital. Thus, the social work role (and indeed the entire acute care hospice team) is to assess the needs of the patient and family using a humanistic systems approach. The counseling and education provided by the entire team improves their overall coping. I would argue that this level of care cannot be provided in the diluted form that seems to be defined in the proposed legislation.

The hospice plan of care is vast and all-encompassing. Figuratively, everything that happens "out there in the world" eventually funnels through the front door of an acute hospice setting. Thus, the acute care hospice team is required to have expertise not only in palliative approaches to physical symptoms, but also in mental health, suicidality and other high risk behaviors, substance abuse, elder abuse, child abuse, broken family relations and communication, financial stressors and lack of resources, legal matters, anticipatory grief, and helping patients and families complete "unfinished business." And during this historic time in our country when resources are decreasing, financial stressors are increasing, and the inherent psychosocial stressors are increasing, the need for the level of care that an acute care hospice hospital provides has never been higher.

Our patients and families don't get a "do over!" There is no “second chance.” Death

happens only once for them. And for most of our patients and families, the timeframe in which all of this occurs is quite brief. We simply DO NOT have the luxury of time. The interventions that are needed from the acute care hospice team to support patients and families through the acute end-of-life phases require immediate action. Without adequate levels of an acute care hospice team present to take immediate action, it is simply not possible to meet the needs of patients and families in a timely enough manner. And let me say again...hospice patients and families do not get a "do over!"

Thus, I strongly urge you to reject Raised Bill No. 5499, as I believe that this bill represents a diluted definition of in-patient hospice care in Connecticut, and will do a grave disservice to future hospice patients and families in this state.

Respectfully,
Ralph Papp, LCSW
Director of Social Work
The Connecticut Hospice