

The Pilot

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Different Paths Bring Doctors, Patients to Palliative Care, Hospice

By Nancy Frazier O'Brien

PITTSBURGH (CNS) -- Dr. Scott Miller remembers when he first decided to specialize in palliative care and hospice more than 20 years ago.

He was an intern and saw the disdain with which some attending physicians treated patients who could no longer benefit from the sophisticated medical technology that hospitals could offer.

"That's an intern case,' they'd say. But we interns knew nothing," Miller said. "The patients deserved better. It was an emphasis on technology over compassion, and it cemented in my mind that we were doing this backward."

For Dr. Myles Zuckerman, an interest in palliative care and hospice arose from watching his patients age and develop chronic or life-threatening diseases during his 27 years of private practice as a family physician.

"I saw that they needed extra support, and I started working part time" as a hospice physician, he said. Six years ago he gave up his private practice, and "I haven't looked back for a moment. I love that I am a part of this."

Miller and Zuckerman both work now for Family Hospice and Palliative Care in Pittsburgh. Miller is team physician for the 12-bed inpatient Center for Compassionate Care in the Pittsburgh suburb of Mount Lebanon, while also providing medical care on an interim basis at a new 14-bed facility on the city's East Side.

Zuckerman is chief medical officer, overseeing both inpatient and outpatient medical care. More than 80 percent of the nearly 3,800 patients served last year received care only in their own homes, while 18.6 percent were admitted to the center at some point during the year.

But Family Hospice and Palliative Care -- founded in 1980 by St. Clair Hospital, South Hills Interfaith Ministries, Mercy Hospital and South Hills Health System -- offers much more than medical care.

The physicians are assisted by a multidisciplinary team that includes nurses, home health aides, social workers, spiritual care counselors, physical therapists, volunteers and even a 5-year-old golden retriever named Ivan.



Palliative care specialist Dr. Scott Miller said an emphasis on technology over compassion in a hospital setting led him to focus on hospice and end-of-life care nearly 20 years ago. He is pictured at the Center for Compassionate Care in the Mount Lebanon area of Pittsburgh Sept. 6. (CNS photo/Nancy Phelan Wiechec)

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(continued)

A trained service animal, Ivan walks the halls of the Center for Compassionate Care looking for someone who might need a nuzzle or a quick game of tug of war with one of his many toys. He's at the facility most days but goes home on the evenings and weekends with Rafael Sciuillo, president and CEO of Family Hospice and Palliative Care.

Sally Bothe says her husband, Bill, 80, is a "big dog lover" who has "gotten a lot of pleasure" from visits by Ivan to his room. During a late August visit to the center, Bill Bothe was in the final stages of pulmonary fibrosis, a respiratory disease.

Although he had been diagnosed with the disease a year earlier, his decline came very rapidly, according to his wife of nearly 61 years. Bill danced at his grandson's wedding in May, but when he tried to play golf after his return home, he found himself too weak to play more than a couple of holes.

With their children living in Connecticut and Indiana, the Bothes had no local family members to call on for assistance. After two hospitalizations in June and July, they turned to Family Hospice and Palliative Care for some help at home.

"We were hoping to get some help and guidance and reassurance," Sally Bothe said. "We got all that and much more."

In addition to the presence of Ivan and the option for patients to receive visits from their own pets, the center offers a variety of what they call "complementary therapies," including music and art therapy, massage, aromatherapy and Reiki, a Japanese form of energy therapy that involves the laying on of hands. As patients anticipate the end of their lives, they get help in putting together a personal reflection, which can take the form of an audio, video or photo journal or a piece of art.

When Bill Bothe was released from the hospital but his oxygen levels needed continuous monitoring, he came to the Center for Compassionate Care. "I felt like a load had been lifted off my shoulders," said Sally Bothe. "I was not in this alone."

Britt Bothe, their son who lives in Connecticut, said coming to the facility also has eased his father's fears of becoming a burden to his wife. "It made it easier for Mom, and that made it easier for Dad," he said.

He said his mother said it best when she said, "It's not the death; it's the dying that's tough."

"This is new territory for everyone," Britt Bothe said. "But at least we've got this part covered."

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