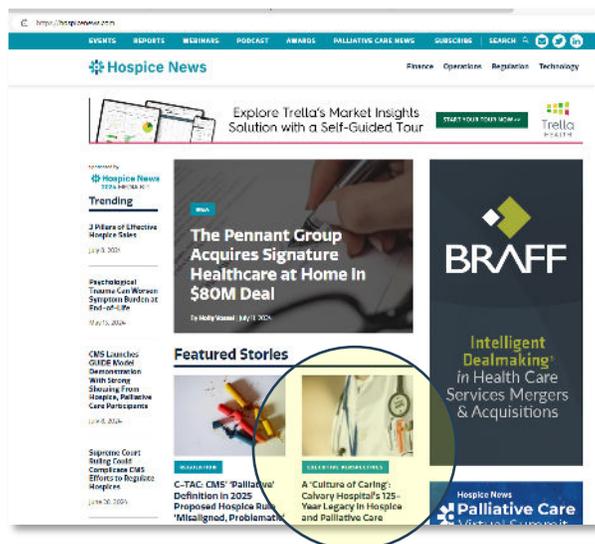


Hospice News



EXECUTIVE PERSPECTIVES

Calvary Hospital in New York City is a progenitor of the hospice and palliative care models, but it has its eyes on the future nevertheless.

The only hospital in the nation that is specifically devoted to hospice and palliative care, Calvary is celebrating the 125th anniversary of its founding this year. The faith-based organization was established in 1899 by a group of Catholic widows who called themselves the Women of Calvary. Its initial mission was to care for dying women who had been abandoned by the health care system, often with nowhere to live and no one to care for them.

The organization's first facility, the House of Calvary, had only 10 beds. Over the years it grew, and in 1965 Calvary became licensed as an acute care hospital. Today, it operates four facilities in the New York City region, as well as offering a range of home-based services, including hospice and palliative

care. It has also established itself as a teaching hospital, training U.S. and international providers on how to effectively provide hospice and palliative care.

Hospice News spoke with Calvary psychiatrist Dr. Robert Brescia about the organization's 125-year history, its legacy and future trajectory. The interview has been edited for clarity and length.



Calvary Hospital psychiatrist Dr. Robert Brescia has been with the organization for 43 years.

What distinguishes Calvary's care model when it comes to palliative care?

I think what distinguishes it is how long we've been doing it and the culture of caring. It's a multidisciplinary model.

I think when I start defining it, it's what good palliative care is considered all over. We've just been doing it for a long time. It starts with a clinically competent medical staff, a medical staff who knows how to treat pain and knows how to treat nausea and vomiting, etc. A medical staff who communicates with patients and their families in a kind but honest way.

I mean, 20 to 25 years ago patients would often be sent here from the best hospitals, never

having been told they essentially had a terminal illness. Sometimes they would be told to go to Calvary, get stronger and then come back and continue the chemo. So there's a certain honest, kind communication.

We have a pastoral care department made up of many chaplains of various religions, including an orthodox rabbi, that interface with the patient and family within 24 hours with the patient being here and then follow the patient and family throughout the patient's stay. One of the things that really distinguishes Calvary is that we try to think of the patient as living, not as dying. So even though 40% of our patients die within the first nine days, and the average life expectancy is under 30 days, we think of a patient as living today.

We have recreation, seven days a week, 365 days a year, for patients — bingo, ceramics, woodworking. We have music therapy. Juilliard comes here regularly to entertain our patients. Broadway comes here to entertain our patients. We have a therapy dog.

You mentioned a "culture of caring." Can you describe that a little bit more?

It's this sense of you're not dying; you're with us today. It's validating that the patient is alive, is with us, is lovable and important. That message is given by the cancer care technicians, the nurses, the multidisciplinary teams.

Our social work department is called the Department of Family Care and works closely with families. We have a family care center on the first floor where families can get off the unit and just unwind, come and have coffee, use the internet. It has a beautiful fish tank. They can get Reiki. They get their nails polished.

We offer bagels and coffee, lectures and support groups.

Our value is in making the worst days of their lives just a little bit better. It is a place where these patients with unbearable suffering come to be comforted, come to be loved and, when the time is right, carried by our staff from this world to the next.

There's that spiritual component that's been part of the care at Calvary Hospital. We teach medical students that touch the patients, to hold patients, to talk with patients to make patients know we'd love them. It's not a cold clinical model.

I know we're talking about a 125-year span so it's certainly okay to summarize or just hit the highlights. But how has the hospice and palliative care space evolved since Calvary started doing this work and how have you needed to adapt to those changes?

What Calvary did through its mission is now recognized as important. The fact that hospice even exists is a recognition that this is a needed modality of care.

I think what we need to do is we need to move it more upstream. People are not introduced to palliative or hospice care early enough, or not at all. They don't get the full benefit of it, or when they are introduced to it, it happens in the last days of life. The hospice movement in general is moving it more upstream. The primary care physician should be comfortable communicating and introducing these concepts earlier.

Palliative services should be introduced before the patient is dying. One of our new programs here is what we call the palliative care consultative program. When a patient's still getting active treatment, this service will bring a doctor or a nurse to the home on some kind of regular basis, just

introducing palliative care, looking at symptom management and helping with communication.

Calvary has an acute care hospital in the Bronx, another 25 beds in Brooklyn. We have a home hospice. We have palliative care consultative services. But we really want to bring it more upstream to nursing homes, to patient homes, etc., so that people can benefit from the hospice services earlier with the ultimate goal of relieving suffering of the patients and their families and make death a better experience.

Looking ahead, what are some of the forces you think will shape the future of hospice and palliative care? How is Calvary preparing to work in that changing environment?

One of the big issues is that this care has never brought in a lot of money. It's an expensive kind of care, and I'm not sure we're adequately reimbursed for it. So finances are going to be a chronic problem with hospice and palliative care.

One of our major challenges is establishing even closer relationships with the different medical systems in the New York City area, so that it will be more seamless in discovering which patients can use Calvary's services.

SOURCE:

<https://hospiceneews.com/2024/07/11/a-culture-of-caring-calvary-hospitals-125-year-legacy-in-hospice-and-palliative-care/>