

2008

Photography, Film, Essay & Poetry Awards



Winners of this year's Photography, Film and Writing Contest were announced during NHPCO's 9th Clinical Team Conference in October 2008. In the following pages, we are proud to showcase the winning entries—a wonderful testament to the talent and creativity of so many members around the country.

National Hospice and Palliative Care
Organization



Photography Contest – Adult Category



First Place:

“Family and Friends”

Jeff Sikorovsky
Hospice Care
Dunbar, WV



Third Place:

“Gift of Music”

Sue Brookins
Senior Independence Hospice
Columbus, OH



Second Place:

“Everlasting Love”

Ashley Faison
Hospice and Community Care
Rock Hill, SC



**Honorable
Mention:**

*“Memory
and Harmony”*

Melody Farrin
VITAS Innovative
Hospice Care®
Pittsburgh, PA

Photography Contest – Young People Category



First Place:

*“Letting them
be Children”*

Ben Fournier
Delaware Hospice,
Wilmington, DE



Second Place:

“Querida”

JH Photography
Hospice of Northeast Georgia Medical Center,
Gainesville, GA



Third Place: *“Sleeping Fairy”*

Tammy Benner
Serenity Hospice, Lafayette, IN



Honorable Mention:

*“A Brother’s
Love”*

JH Photography
Hospice of Northeast
Georgia Medical Center
Gainesville, GA

Photography Contest – Nature/Abstract Category



First Place:

"Rays of Hope"

Joanne Jones
Aseracare Hospice of Atlanta
Atlanta, GA



Second Place:

"Balance"

Gary Goatcher
Heart of Hospice, Hood River, OR



Third Place:

"Letting Go"

Carole Clem
Montgomery Hospice, Rockville, MD

**Honorable
Mention:**

*"Hands and
Heart"*

Gary Goatcher
Heart of Hospice
Hood River, OR



Film Contest

This year's film contest focused on public service announcements used to help educate the public and build awareness of hospice and palliative care. What stood out the most among the winning entries was the use of patients, families and professional staff who shared

their personal experiences to help viewers understand what hospice and palliative care offers. The winning submissions were designed to carry accurate and relevant information to a diverse population.



First Place:

Treasuring Life—PSA Collection

Treasure Coast Hospice

Stuart, FL

Filmmakers: Jeff Jones Productions and RP Marketing

Second Place:

VITAS Television Spots

VITAS Innovative Hospice Care®

Miami, FL

Filmmaker: VITAS Innovative Hospice Care®

Honorable Mention:

Peaceful & Proud: Personalized Care for Veterans

Hospice of the Western Reserve

Cleveland, OH

Filmmaker: Anne Bruder

Sharing the Journey: Willamette Valley Hospice

Willamette Valley Hospice

Salem, OR

Filmmaker: Allied Video Productions

Essays

First Place:

How The Pieces Match



By Melissa Roberts Weidman
Hospice & Palliative Care of Cape Cod
Hyannis, MA

“People die the way they live,” the nurses here at my hospice often say. That sounds like we are all destined to be plagued by our bad habits (or better, rewarded by our hard-earned virtues) right up to our very last moments. Or maybe, as I prefer to think, it means that the unavoidable end of life can be as varied, unique and fascinating as any adventure possible.

Each patient I have had the privilege of knowing at our hospice house has shown me the distinct individuality of the experience. Kathleen was a terminal cancer patient who resolutely pushed her walker outside every day to sit in state on the veranda, chain smoking and drinking cups of black coffee. She took great joy in the birds fluttering at the feeder and in holding court with the various aides and nurses who shared her love of tobacco. Once a month she dressed up in her party clothes to go to the Foxwoods casino with her daughter, returning jubilantly to report her losses. She adored the fresh-baked fruit pies and chocolate cakes the hospice cook made, growing rosier and plumper with each passing month. She thrived despite her terminal illness, living for two years beyond all predictions.

Max, on the other hand, was furious at his diagnosis. His eyes blazed at each staffer as they came in to help. “What are you doing here?” he would snap. His loving wife would sit helplessly by, trying to calm him down with a pat on the arm or an embarrassed apology. Max would have none of it. He especially fumed at the presence of the chaplain. “There’s no blessing in any of this,” he parried as she offered to engage in a spiritual dialogue. “I don’t believe in God and never will. It’s a load of hogwash.” But as time went on and Max weakened, his fire damped down. He let his wife take his hand and began to ask questions of the chaplain. “What happens to me when I die? Is there life after death? Will I be able to send a sign to my wife after I’m gone?” The hard angles in his face softened. He began to accept that he didn’t have answers to the questions, but it was enough to let them be heard.

Sherry was unable to walk or talk at all. Almost completely paralyzed from a rare form of ALS in her early fifties, she had rapidly transformed from athletic sprinter and decathlon champion to wheel chair bound and mute. Yet she was exquisitely expressive in her silence. She communicated with an alphabet chart over which she could slowly pass her hand, stopping at each letter to spell out words. When I figured out a word, she would beam up at me with the most intensely beautiful smile I have ever seen. She somehow managed to communicate, with surprising tact and grace, her gratitude at having her every physical need tended to. One afternoon I thanked her for her good humor despite being stuck in this

strange prison her body had become, and I acknowledged how hard it must be. Her eyes filled with tears, and she nodded with as much emphasis as she could muster. I will never forget the unshielded honesty of those eyes, the way I could hear her speak to me despite the fact she had no voice, like a deer wounded or a fox trapped.

Laureen was on oxygen, fading fast, too weak to sit up. Her son came to visit her for the first time from out of the country, bringing his South American fiancé. When they saw Laureen so weak, they knew the wedding scheduled several months hence would be too late for her participation. So the couple asked our hospice doctor if they could get married that afternoon at Laureen’s bedside. In a matter of hours, local merchants donated a wedding dress, bouquet, champagne, and two gorgeous wedding cakes. The room was transformed with a nuptial altar of candles and flowers. The bride appeared, trembling and beautiful in her white gown, and the ceremony was performed by the chaplain in his vestments. The oxygen tank whirred softly as vows were repeated in both English and Spanish. Rings were exchanged and champagne glasses lifted high. Beaming from her propped pillows, Laureen mouthed the words “Thank you” to the hospice doctor, squeezing her hand tight.

Stan was a devout Christian who continuously read his worn Bible, clutching it to his chest whenever he slept. His sister was a nun who would come to visit frequently. I sat with them one morning while they told childhood stories of falling out of trees and chasing sheep. Then they described how Stan had arrived at the hospice house just last month comatose from overmedication. “When I came here, I started to live again,” he said, smiling. With new medications, he discovered a new lease on life and so had come to savor every moment. As we sat together that morning, I felt his vision of newness permeate mine, so that every color grew brighter and every smell sweeter. We laughed and laughed over everything and nothing, and I felt the room breathe with us to encompass the term “state of grace” as much as anything I have ever experienced.

Are any of these typical? No more so than the ways in which each of us shares our common biology. We are so distinctly unique that resemblances pale before our sublime variety. Yet, like squares in an elaborate quilt, our pieces match, despite contrasting patterns. No one knows when our time will come, though we all know it is inevitable. If we are lucky enough to be in a circumstance where our needs are fully met, we might step across the threshold in a way that illuminates the blessings of transformation.

Essays

Second Place:

The Dragonfly—A Hospice Story

By Eileen Erikson

Community Hospice of Northeast Florida
Jacksonville, FL

On May 8, 2006, my husband Lee and I received a call from Harvey, a close friend of ours in Missouri. He reported to us that his beloved wife, Eileen passed away due to complications from breast cancer. She suffered for 10 years and fought the battle to the end. Eileen was with the local hospice program for just weeks before her death.

Eileen and I became friends while our husbands were attending Kent State University in the seventies...yes, during the notorious shooting incident. Harvey was a law student and Lee a chemistry major. As Eileen and I attended a meeting of the wives club on campus, I noticed her beautiful auburn hair. She also spoke with an accent that was familiar to me and I immediately identified it as "Philadelphian." I was right! Lee and I were born in the same city as Eileen and Harvey. We soon became fast friends and went through many stages in our life—finishing college, the birth of children, moves, job changes as well as illness and serious accidents of our spouses.

Eileen and I not only shared the same name, we shared the same basic philosophy of life. We respected each other's differences. She and Harvey were Jewish; Lee and I, Catholic. We saw "Jesus Christ, Super Star" and "Fiddler on the Roof" together and marveled at both of these shows.

During Eileen's fight with breast cancer and subsequent decline, I introduced her to a book for children about the explanation of death. It was recommended to me by one of the chaplains at the hospice organization where I worked. When I told Eileen about the dragonfly theme of the book, she agreed for me to send it to her.

In the story, a water bug is found climbing up a stalk in a pond. When it reaches the water level, it becomes a beautiful

dragonfly. However, it is not able to return to the water to tell the other water bugs what happens when they reach the top. The dragonfly is blissfully happy flying around in the beautiful world above the pond. This story is a comparison to our souls leaving the drudgery of this world to become a new form in a beautiful place.

I sent the story to Eileen but never did hear from her as to her reaction. I knew she was still going through treatment for her cancer so I did not mention it to her again.

As we prepared to go to Missouri for the funeral, I talked with Lee about the dragonfly story and he listened with skepticism. He believes in an afterlife and is a Christian, but some of my hospice stories were hard for him to comprehend, even symbolic ones.

Harvey chose my husband as a pallbearer. When Lee came back from the ceremony of bringing Eileen's casket to her resting place, he sat down and looked very pale. I asked him if he felt alright. He said in a somber tone, "I'll tell you later in the car." As we headed to Harvey's home after the service, Lee spoke about what startled him at the cemetery. "As I stood on the hill with the other pallbearers, I noticed a dragonfly flutter by along our path. It circled over the hearse then disappeared. What amazed me is that it stopped in front of me just long enough to notice its color. The dragonfly had auburn wings. My husband, to lighten the moment, said to himself "you can't fool me, I know who you are." It gave me comfort to know that perhaps Eileen was consoling us by portraying our little analogy of heaven and afterlife.

I love you, Eileen, and I hope that you are enjoying your eternal reward and displaying your beautiful colors for all to see.

Essays

Honorable Mention:

SMA, The Story of Anna and Ben

By Beverly Perrin
UC Davis Hospice
Sacramento, CA

I've always believed that the essence of our work in hospice is to be present with the dying, to "hold space" for the grief unfolding. To be a compassionate witness, walking alongside, sharing the enormity of the moment, as not only to provide a sanctuary, but to truly know in your soul, the essence of suffering. As if, together, you might reach beyond the devastation of illness to uncover this thread of discovery, of grace, within.

My most heartfelt and personal understanding of this included the care of two babies, fraternal twins, who shared the diagnosis of spinal muscular atrophy. This disease, like muscular dystrophy in older children, causes weakening of all muscle groups, precludes lung function, and almost exclusively, results in death within the first year of life. The infants were five months old. Ben was by far the sickest, and was already on continual oxygen when our hospice first met with them. Anna, on the other hand, was chubby and flourishing. Except for floppiness in her extremities, you would not know that she shared her brother's disease.

The house overflowed with toys and baby books and pictures of these precious charges. Two of everything filled the front room, from highchairs to car seats to playpens, but only the double stroller had gotten any use. There were daily walks when Ben could tolerate them, and Ben and Anna would be filled with the wonder of trees, flowers, and the ducks that waddled at a pond nearby. It was an extravaganza that could last up to two hours, and this outing was the time when both children seemed most captivated, most relaxed. The small oxygen cylinder tethered to Ben was hidden under blankets along with bottles and tube feeding supplies, and a bulb syringe for suctioning, if needed.

Ben, from profound fatigue, could no longer nipple feed. Any swallowed liquid became an increased threat for aspiration, where the fluid could silently enter his airway, resulting in pneumonia. His parents, Debbie and Robert, had agreed with, and allowed the doctor to place a small tube in his stomach, through which the formula would be given. His breathing improved somewhat after the gastric tube was inserted, but the stress of the procedure weakened him further. The anxiety in his face and his air hunger were briefly relieved by his mother's touch. He watched her face, and listened intently to the sound of her words. Soothed, he would sleep for short snippets of time, to awaken and strain for his mother's voice, as he hadn't the strength to cry. And still, with his body perpetually in high

fowler's, small trickles of formula would sometimes find their way into his already compromised lungs. Meanwhile, Anna joyfully watched a video of Tellatubbies, and although unable to move her limbs, gleefully babbled to anyone who would listen.

Minuscule amounts of morphine allowed Ben to breathe more easily, and the anxiety on his face softened. Many treatments were tried to aid the frail lungs, without response. The physician had already spoken to the parents about a tracheotomy tube inserted through the neck, and the eventual use of a ventilator to keep their son alive. Watching the struggle of their only son, and knowing that death would soon steal his life regardless, they declined the tube. In the second month of hospice, in dawn's deepest hour, Ben died peacefully and quietly in his mother's arms, both held by the grieving father, both feeling a part of themselves dying, alongside their son.

The funeral was a celebration of Ben's brief and brilliant life, with Debbie and Robert each reading a letter that they had written to their son, describing what they had learned from him, and thanking him for the treasured time he had graced their lives. Leaning into each other for support, the three remaining huddled out of the church as one body, one spirit. It was a matter of time before Anna needed hospice, even though she still looked so healthy. I silently prayed that they would have many more healthy months with their daughter. But it would only be two.

Debbie called me one morning at work. She and Robert had elected to have a gastric tube placed in Anna's stomach, so that when she could no longer nipple feed, the tube could be used. They saw how compromised their son had been to have the procedure after he was already so sick, and they concluded that this prophylactic treatment should be helpful. After careful consideration, they decided against a fundoplication, which would place a purse string suture around the esophagus close to the stomach, so that food couldn't seep into the lungs. It was more invasive and sometimes didn't work, so Anna was not put through the surgery. Debbie reported that Anna had not done as well as expected, and in the last few weeks, she seemed to have a harder time with feeding and digestion.

She asked about hospice coming out "just to evaluate" Anna, even though she was sure things would get better. The doctor agreed with the plan, and the social worker and I again met with Mom and Dad and Anna in their home. One highchair,

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playpen, and car seat were stashed neatly in the corner as if they might, at some time, be of use. Like Ben, Anna now required a car bed, especially made for babies that could not hold up their heads. Anna was in mild distress, and mom shared that she had already had a short bout of apnea, prompting Debbie to puff into her mouth and “bring her back.” She feared that her daughter could already be aspirating. It was decided that Anna would start hospice, for Mom and Dad appreciated the support of the hospice team, the nurse, social worker, chaplain, and volunteer who helped out with Ben. She felt safer knowing that there was a nurse available 24 hours by phone, and if needed, to make a home visit. Like Ben, Anna had a DNR, Do Not Resuscitate order, as they believed that putting her on life support would prolong their daughter’s suffering. Debbie and Robert declined the oxygen and the “stand by” morphine, “to maintain a household of normalcy for as long as possible,” Mom hoped. It was Friday.

The weekend had been largely uneventful, except for Anna having some short bouts of apnea. Debbie had requested an afternoon visit but called frantically around 9 a.m. on Monday morning to say that Anna was having increased trouble breathing and increased periods of apnea. On my way out to the home, Debbie called again, sobbing that Anna wasn’t breathing. As I entered, Mom and Dad were huddled as one unit, holding Anna, and each other. She was again breathing, weak and shallow. In tears, Mom told how she needed to puff into Anna’s mouth, over and over, to get her back. “Why is this happening,” she pleaded, “Why does she stop breathing?” Mom and Dad were overwhelmed with grief, and I slowly sat beside them, and quietly reviewed the options. Did they understand that Anna was dying? I didn’t even want to believe that, although I knew it to be true. Hadn’t they gone through enough for this to happen so soon? They could go back to the hospital, but it wouldn’t change the outcome. This Debbie and Robert knew. They did not want to put their daughter through any more trauma. “No, if it was to happen, we want Anna, here, with us.” The doctor was notified, and oxygen and morphine were ordered.

The next two hours seemed like twenty, with Anna struggling to breathe, and Mom feeling the need to puff precious air into

her daughter’s failing lungs, with anguished cries of “How could this be happening!” and, “Oh, Anna, please don’t leave us!” I spoke to them in quite, low tones, trying to guide them and support them. I watched hearts breaking into pieces, shattered by this impending death, and could do nothing but stand there, to be present, to hold space, to be a compassionate witness to their despair and desperation. At that moment I understood fully what those words meant, for I felt them in every fiber of my being. As Anna lay dying, I cried quietly but openly for this life, this grief, these bereft parents who would lose their only children within two months of each other, the agony of which I could hardly imagine, unfolding before me.

The social worker waited at the pharmacy for the morphine to be filled and brought it with her. The oxygen still hadn’t arrived, and even in an emergent situation, the lag time could be four hours. Anna was struggling and Debbie knew that she could not continue to breathe into her baby’s withering lungs, in order to keep her here. They did not want to go back to the hospital. I told them that we could give the morphine, knowing that in Anna’s fatigue, she would probably relax enough to let go, and take her last breath. Or we could continue this vigil, and wait for the oxygen, which could help offset some of Anna’s air hunger. It was Debbie who finally asked for the morphine. “This isn’t fair. I’m keeping her here for my needs, not hers.” Dad agreed that Anna had suffered enough, and that she needed to be comfortable. In the corner of Anna’s mouth, I dripped in a few drops of morphine, half of the dose ordered. Within ten minutes, Anna no longer struggled; her breathing was shallow, but quiet and regular. She looked around and captured, then held, the devastated faces of her parents, just as they held one another, and spoke something to them with her eyes. As their tears fell, there was a quiet serenity in the room, as if these moments, or hours, were suspended in time. After several minutes, Anna closed her eyes, then gently and quietly, died.

The great dichotomy of our existence is that amid suffering, one can also discover profound beauty; grace that is not separate, but as threads woven into the same cloth.

Poetry**First Place:***Anne*

By Christopher O'Connell
 Hospice Partners of the Central Coast
 San Luis Obispo, CA

Bones glisten beneath
 a thin suit of flesh,
 A woman. My age.
 Only months ago
 she laughed
 and told stories
 and complained to her children.
 Now, on the cusp of a mystery,
 I can't begin to understand,
 her breath is a dry wind
 against a cracked windowpane.
 Music is my only offering. The softest I have ever played.
 In a slow dance,
 holding each other without touching—the way some families do—
 husband and children encircle the bed.
 Leaning close,
 attentive to the smallest change,
 they breathe
 in and out with her.
 Little by little, their rhythm slows,
 until, with an exhale,
 it ceases altogether.

For an eternity nothing in the world breathes.

Then, with a clap of thunder, the sky opens and the rain begins.

Poetry

Second Place:

Mary

By Jean Varda

Hospice of the Foothills
Grass Valley, CA

Mary stares
Mary's face is blank
Mary looks like
no one is home
behind hollow cheeks
and pale withered skin
Mary lies against the
blue pillow slip
her mouth collapsed open
her thin grey hair
flattened by the pillow
her blue lids conceal
vacant eyes

What is her level of
consciousness
does she know what
day it is
where she is
who she is

Mary weakens
I drip cold water
into her mouth
through a straw
rub her back
pad her with pillows

Mary doesn't understand
what's happening
this slow withering
and fading away
this effort of breath
after breath after breath...
Sometimes crying out
for her mother
who has been dead for decades

Mary grows weaker
she is going to die
We sit at her bedside
soothing her
stroking her clenched
hands open
moistening her mouth
with a wet cotton swab
placing cool cloths
on her forehead
telling her
"it's alright"

Mary struggles
with each breath
her eyes never open now
she does not answer
Mary is leaving now
slipping away

Light in the room
is warm softness
peacefulness robs words
from my mouth
our heart is a golden
sun warmed meadow
Mary is letting go

Poetry

Honorable Mention:

Reflections

By **Mary Jo Kruer**

Hosparus – Hospice of Central Kentucky
Elizabethtown, KY

When I look back, I remember...
sleepless nights—wondering if there was more we
could have done...
should have done...
would have done.

I remember...
calling Hospice in the middle of the night...
calling Hospice at 8:05...
hanging up the phone feeling relieved.

I remember...
crying when you could not see...
laughing out loud with you...
holding your hand and looking into loving eyes.

I remember...
changing the bed...
changing you...
changing me.

I remember...
watching you sleep...
watching the clock...
watching you die.

There is so much I remember...
some I want to forget...
but, mostly, I know there was no place
I would rather have been
than by your side.

When I look back, it was a gift.