



## **BEING THERE**

Palliative care makes the promise that the client and the family will be cared for spiritually, intellectually, emotionally and physically. No person could possibly do that, and of course no one person does.

The promise is impossible if one person or discipline presumes to provide it; next to impossible if specialists, however talented and well intentioned, work in isolation from one another; but possible if caregivers work as a well-trained and coordinated team.

People are not created as separate 'pieces' – a change in our physical well-being affects us totally. With the pronouncement of a terminal diagnosis, feelings flood our thoughts and spirits. The very foundation of our being is shaken and we look for, and need, more than medical science can offer. What is required is the willingness of the members of the health care team to be present with people in their fear and uncertainty – without the answers.

How then can each of us help? We begin with who we are. Our life experience of loves and losses, our history, our interests are all available to help us really connect with clients - and they need us to connect.

In this work, it simply comes down sooner or later, to how comfortable we are with ourselves, with others and with the whole idea of dying, because often working with the dying involves more "being" than "doing".

Generally it is the "doing" that we are more comfortable with but the client's need at this time, more than ever, is for someone who can be counted on to be there for them. Availability is probably the single most reassuring and helpful attribute in a person who is working with the dying. The highest praise any caregiver can hear may be: *"You were there when I needed you"*.

## **EMPATHY**

The power of entering into the experience of or understanding emotion outside ourselves.

The ability to identify with a person and so understand his or her feelings.

The ability to communicate this understanding.

Courtesy Prince George Hospice Society