



# Palliative Care VS. Hospice Care *What is the difference?*

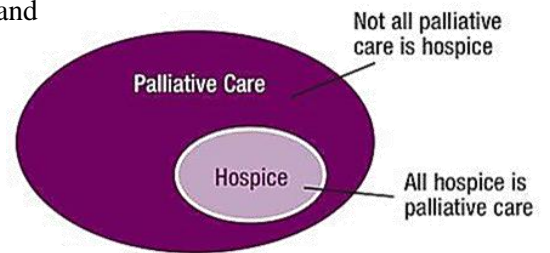
As explained by Theresa Vrij, LMSW; Social Work Palliative Care; Corewell Health (Beaumont – Troy)

*Many thanks to Theresa Vrij for speaking at our April meeting. Below is a summary of the points she made regarding these important types of care.*

It is common for individuals to not know the difference between palliative care and hospice care. Sometimes even physicians are confused by the terminology. There are similarities between the two, but there are also significant differences.

## What do palliative care and hospice have in common?

- Focus on enhancing quality of life.
- Treat individuals with chronic, life limiting illness(es).
- Address the individual’s needs: physical, emotional, and spiritual.
- Include the emotional and spiritual needs of the individual’s family and other extended natural supports.
- Aim to listen to what is important to the patient and family and honor their wishes.
- Typically have insurance coverage for the services (Medicare covers both hospice and palliative care. Some private insurance companies and Medicaid do not always have coverage for hospice and/or palliative care).
- Can provide their service in the hospital, at home, in a nursing home, or a group home.



One to One is devoted to the on-going support of those newly diagnosed, those in remission and those in recurrence.

100% of contributions directly benefit our group by providing activities and paying for expenses.

Donations are gratefully accepted and can be made by check payable to **One to One Ovarian Cancer Support Group** c/o Marilyn Brozovic 4793 Alton Dr. Troy, MI 48085

A receipt will be provided for tax purposes.

## What is different?

- Palliative care** is provided in conjunction with curative medical treatment such as chemotherapy or dialysis.
- Hospice** can begin when treatment meant to cure or manage a chronic illness stops, either because the individual no longer wishes to pursue treatment or the physician is no longer offering treatment.
- Palliative care** team works with your established physician(s).
- Hospice** physician becomes your treating physician (although I have heard of individuals requesting to keep their primary care physician, but this is rare).
- Palliative care** has limits in prescribing medication to limit side effects.
- Hospice’s** aim is comfort and gives medications to achieve comfort (alleviate pain, anxiety, shortness of breath, and agitation). For example, if morphine is indicated to alleviate shortness of breath, the hospice team will not concern themselves with a dose that may drop the individual’s blood pressure, but are only concerned with making sure the individual receives medication so the individual is not feeling short of breath.
- Palliative care** team is available during business hours. If there is an issue that cannot be managed with the palliative care team, the next step would be to call 911 or go to your nearest emergency room.
- Hospice** is available by phone 24 hours a day, 365 days a year. If there is an issue, instead of calling 911, the family will call hospice. If the issue cannot be resolved by a phone call, a hospice nurse will come to the home regardless of the time of day or day of the week.

# PROFILE IN *Courage*

By Marcia Gurche

**Shoshana Mandel-Warner** is a musician and artist who comes by her talents honestly. Shoshana, whose name means “Rose” in Hebrew, was named for a favorite singer of her mother’s, although Rose was also her grandmother’s name. She was the only child of Samuel and Lillian Freedland. Her dad was an automobile tool and die maker/designer and her mom worked for the Detroit School System for thirty-five years as an accompanist and she started the district’s preschool music program. Shoshana grew up in Oak Park surrounded by music, and began playing the flute, violin, and recorder at a young age. Being an only child, Shoshana spent a lot of time with her parents, and she also went to a lot of events where her mom played the piano, such as in nursing homes and hospitals, and she developed a love of the elderly.



Shoshana graduated from Southfield Lathrup High School and went on to the University of Michigan where she got her bachelor’s degree in psychology with a minor in music performance. She followed up with a Masters in Clinical Social Work from the University of Illinois and a certificate in Geriatric Social Work.

Shoshana was diagnosed with Stage 111C ovarian cancer in 2006 and suffered a recurrence three years later. At the time, she had been married to her husband, **Jan**, for only about three years and her daughter, **Kayla**, was in middle school. It was a very scary time for the entire family. Jan, who Shoshana knew since they were fourteen, was an excellent caregiver, not only for Shoshana, but also helping his new stepdaughter navigate those stressful years.

After her initial diagnosis, Shoshana got tested for the BRCA gene mutation and unfortunately, she tested positive. She made the decision to have a prophylactic mastectomy. She really did not see that there was an option, but she didn’t look forward to the surgery given that she had had complications with her first two surgeries. Shoshana is extremely grateful that her daughter, who is now 28 years old, tested negative for the BRCA gene. Kayla lives near Shoshana and Jan and after she completed her Master’s in Public Health Education she began working for a company as their Product Manager for Healthy Living.

After she completed treatment, Shoshana, a clinical social worker, had a difficult time going back to work in a hospital setting, so she got a job with a homeless shelter coordinating the winter rotations shelter at local churches and synagogues and even drove the truck with all the beds and other equipment. She was able to use her life experiences, as well as some empathy and humor in this job, to help get through this tough time in her own life. Shoshana eventually went back to her career job as a geriatric social worker until she had to retire to care for her mother in their home. Her mom passed away in December.

*(Cont. 'd on next page)*

Shoshana and Jan have been married for twenty years. Shoshana was living with Kayla in Chicago at the time she reconnected with Jan and made the decision to move back to the Ann Arbor area shortly afterward to be closer to her aging parents. Jan loves to fish, particularly fly fish, so Shoshana learned to fly fish at the Reeling & Healing Retreat. The couple enjoys spending time together fly fishing around the Ann Arbor area, in upper Michigan, and have even fished in the beautiful waters of Colorado. Jan also enjoys woodworking, and since Shoshana is an artist and has done a lot of pottery, they have collaborated on some projects.



Shoshana loves all types of music and continues to play the flute, violin and recorder and played with the Dexter Community Orchestra for several years. She also plays in her synagogue for special programs and services. As a couple, Shoshana and Jan have enjoyed traveling across the United States, the Caribbean, Europe, and they especially enjoy taking a road trip off the beaten path. She is interested in writing poetry and has even had some of her poetry published in the journal *Voices of Social Workers*. She also enjoys gardening and hanging out at home with the family's two rescue dogs: Bubba, a 100-pound black lab, and Oliver, a 10-pound Shih Tzu.

Shoshana is part of the **Survivors Teaching Students®** program. Over the years several doctors have reached out to her to speak to their newly diagnosed ovarian cancer patients who were struggling. She became their mentor as they navigated the ins and outs of their cancer journey. Having received support from many special people as she went through her own healing, Shoshana now wants to “pay it forward” in the best way she can.



**When I was your age,  
I had to walk through  
13 feet of shag  
carpet to change the  
TV channel. 📺 😂**

**Once I started  
spending my own  
money, I realized my  
mom was right.  
We do have food at  
home.**

# Dust If You Must

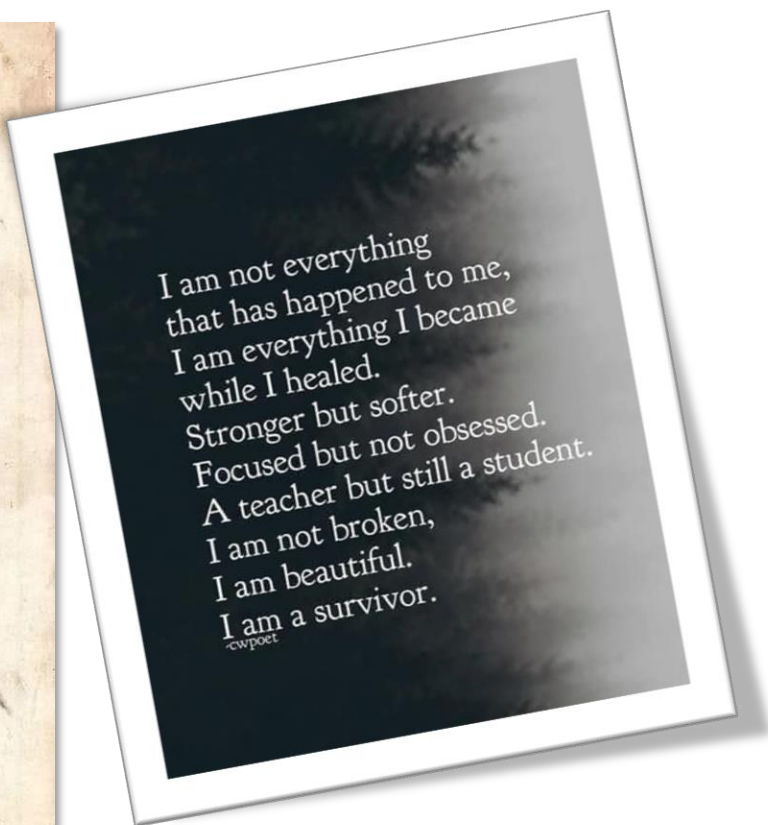
by Rose Milligan

Dust if you must, but wouldn't it be better  
To paint a picture, or write a letter,  
Bake a cake, or plant a seed;  
Ponder the difference between want and need?

Dust if you must, but there's not much time,  
With rivers to swim, and mountains to climb;  
Music to hear, and books to read;  
Friends to cherish, and life to lead.

Dust if you must, but the world's out there  
With the sun in your eyes, and the wind in your hair;  
A flutter of snow, a shower of rain,  
This day will not come around again.

Dust if you must, but bear in mind,  
Old age will come and it's not kind.  
And when you go (and go you must)  
You, yourself, will make more dust.



## HAPPY SURVIVORsary!

Peggy Moroney	20 years!
Marcie Paul	14
Leana Lee	13
Lori Doggett	12
Stephanie Brown	6
Elise Kapelanski	6
Nina Hamilton	1



"Hope is like the sun. If you only believe in it when you see it, you'll never make it through the night."

~ Leia Organa

### meeting

Group meetings are held on the **2nd Thursday** of the month at **4 pm**. Meetings are in-person at the **Berkley Public Library** and are also held via Zoom.

You are welcome to join us for dinner following the meeting at *The Avenue Restaurant*, located on Woodward just north of 13 Mile.

**June 8**  
**July 13**  
**August 10**

#### Newsletter Editors:

**Marilyn Brozovic**

4793 Alton  
Troy, MI 48085  
248-561-2027

[brozovicm87@gmail.com](mailto:brozovicm87@gmail.com)

**Marcia Gurche**

42508 JoEd  
Sterling Hgts., MI 48314  
586-323-0838  
[mgurche@gmail.com](mailto:mgurche@gmail.com)

#### Patient Advocate:

**Patty Kurpinski**

586-850-0152  
[patkurp@yahoo.com](mailto:patkurp@yahoo.com)

#### Asst. Editor/Layout:

**Jeanine Dunaj**

Newsletter information is presented in summary form, is general in nature and provided for informational purposes only. It is not intended in any way to be a substitute for professional medical advice, diagnosis or treatment.

#### *Objectives of support group:*

- ✦ *Provide a forum for ovarian cancer patients to address concerns;*
- ✦ *Support each other through initial treatment phase, during potential recurrence, and with issues related to long term survival;*
- ✦ *Establish core group of survivors willing to visit newly diagnosed patients;*
- ✦ *Increase awareness of ovarian cancer, including its symptoms and risk factors, in the hope of achieving earlier detection and treatment.*