

Lilian and Benjamin Hertzberg Palliative Care Institute

Brookdale Department of Geriatrics
and Adult Development
Mount Sinai School of Medicine

One Gustave L. Levy Place, Box 1070, NY, NY 10029
Tel. 212-241-1446
www.mssm.edu/palliative

Diane E. Meier, MD

Director, Hertzberg Palliative Care Institute
Director, Center to Advance Palliative Care
Catherine Gaisman Professor of Medical Ethics
Professor, Departments of Geriatrics and Medicine

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and Adult Development
Mount Sinai School of Medicine
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Hertzberg Palliative Care Institute
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of Geriatrics and Adult Development

Gabrielle Goldberg, MD

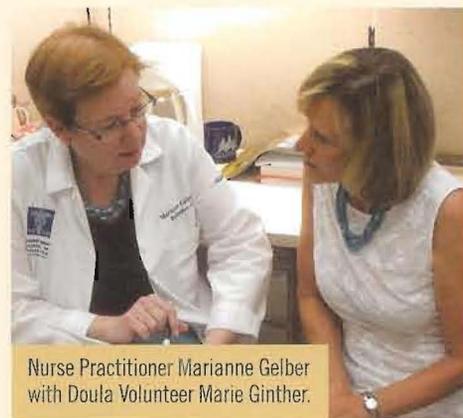
Education Director
Hertzberg Palliative Care Institute
Assistant Professor, Brookdale Department
of Geriatrics and Adult Development

Bette Kerr

Writer and Editor
Co-Editor: Susie West
Photographer: Bruce Kushnick
Art Director: E. Fitz Art, Inc.

Doulas Volunteer as Patient Companions

For Nurse Practitioner Marianne Gelber, the loneliness of hospitalized, critically ill patients was a major concern. Haunted by observations that Mr. A doesn't have many visitors, or Ms. B's family lives far away, she thought: "Wouldn't it be great to have special volunteers, non-clinical companions, to visit, support, and sit with our patients? I'd learned about Doulas to Accompany and Comfort, a non-sectarian program of the Shira Ruskay Center of the Jewish Board of Family and Children's Services (JBFCs)."



Nurse Practitioner Marianne Gelber
with Doula Volunteer Marie Ginther.

In a partnership embraced by Judith Kahn and Amy Levine, Director and Assistant Director of the Doula program at JBFCs, the first volunteers came to Hertzberg in April 2008. In ancient Greece, "doulas" were companions for women in childbirth. Noting similarities between the sensitive care required at both the beginning and end of life, JBFCs chose this name for their program.

Trained and supervised by Ms. Kahn and Ms. Levine, 5 Doulas now work in Palliative Care, under Ms. Gelber's aegis. "I orient them, teach them about washing, gowning, and gloving, and assign them to patients weekly," says Ms. Gelber. "I escort them to their first patient." Depending upon the length of a hospital stay, Doulas may see a patient for 1 month, 4 months, or longer. "They are beautiful people," adds Ms. Gelber, "and have become an integral part of our Palliative Care team. We are grateful to them and to the JBFCs."

After 8 weeks of training at JBFCs, Doulas come to Sinai well-prepared. Ms. Levine describes their training as "a mixture of the didactic and experiential, stressing communication skills and introspection. We look at spirituality, at what we are like when we're sick. How do our families handle critical illness?" After the Doulas have been assigned, adds Ms. Levine, "We continue to support them via group meetings, monthly reports, and individual conferences. The in-hospital Palliative Care program is a new model for us and we are learning all the time how we can best support it."

Three Doulas comment on the impact of their work.

"I try to keep in mind that I am not there to *do*, but to make people feel less alone. It's rewarding to realize I've added something to someone's life, just by being there." – Elaine Orr

"A recent experience with a patient and her family really struck me. She was nearing the end of life, and her son came in to play the violin for her. Everyone had tears. They were so loving, so strong." – Marie Ginther

"I try to find common ground and start a conversation around it. I sense there's a comfort for patients to have me with them at difficult times. At times I've experienced a depth of emotion that is hard to describe." – Steve Polvent

Strong testimony to the power of a Doula-patient relationship comes from patient Beth Stechman: "Steve and I often talk about music. When I'm upset, he is so patient. It can be easier to confide in a Doula than a staff or family member. Doctors and nurses can have a way of saying things that's not always gentle. One day I got bad news and was crying. The Doula came in and I could unload. It was freeing."

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