

MY RELATIONSHIPS



Caring *for* Terminal Patients

Chiropractors who have treated terminal patients in their final days share the life lessons they've learned—and the memories and experiences that continue to touch their hearts.

Chiropractors face a unique set of challenges and a revered role when it comes to a patient facing a terminal diagnosis. Where a medical model can often fail in terms of the patient's emotional needs, chiropractic care can enhance the patient's last days and enhance your practice experience. For patients it's a choice to die healthy and face medical treatments unobscured. For you, you've been asked to play a positive role in the process of reaching the end of a lifetime.

Terminal patients also can provide something to chiropractors in return: strength, messages of hope and appreciation for the simple things. Here, three doctors of chiropractic share their personal experiences in caring for patients with terminal diagnoses—and the life lessons they carry with them to this day.

A PATIENT'S ZEST FOR LIFE RETURNS

For about three years, Rick Gillespie, D.C., adjusted Donna* as a regular patient. "She was the most upbeat and kind person you would ever want to meet," says Gillespie, who practices in San Marcos, Texas. "She was a staunch believer in chiropractic and came to my office once or twice a month for a maintenance adjustment."

Then Donna started to feel very ill and consulted with her family physician, who performed tests and diagnosed her with cancer. She underwent chemotherapy and radiation, which made her too weak to come to Gillespie's office for adjustments. Donna's doctors told her that the medical treatments had failed to stop the cancer, and sent her home with the ominous news that she had less than six months to live.

Donna eventually returned to Gillespie's office to share her story. "She explained that she knew she was going to die, but the meds they were giving her zapped her energy," Gillespie recalls. "She vomited all the time and didn't want to live any longer under the effects of her medications."

Knowing that the end was near, Donna wanted one simple thing: a semblance of her old life. "She told me that she didn't expect me to cure her cancer, but wanted to know if perhaps I could at least make her more comfortable so she could enjoy her children and grandchildren for whatever time she had left on this earth," Gillespie says. "She didn't want to go through her last days on earth being drugged into a stupor."

Gillespie obliged, but not without some trepidation. "I guess you could almost say that she had more confidence in chiropractic at that point than I did for that type of problem," he says. "But much to my surprise and happiness, chiropractic helped her a tremendous amount. She cut way back on pain medication, and her happy-go-lucky spirit returned. On every visit she profusely thanked me and told me how much more quality of life the adjustments had given her."

Sadly, Donna's condition rapidly deteriorated within weeks, and she died. Gillespie says that in caring for Donna in her last several months of life, both had learned valuable lessons from one another. "I showed her a lot of caring and compassion, and she had a neutral third party to talk to," Gillespie notes. "She'd tell me her fears and hopes, and I think that helped her a lot, too.

I just didn't remove a subluxation from her spine. I think I helped her make that transition to accepting that she was going to die in a very short period of time. It was almost to the point of not just being doctor-patient, but forming a friendship as well."

Given such a close connection with a terminally ill patient, Gillespie experienced a range of emotions. "Initially, the situation bothered me," he admits, "but then when I realized I was helping Donna on this journey toward the end, I seemed to be caring for her with a higher purpose."

DESPITE THE CIRCUMSTANCES, A POSITIVE OUTLOOK

Diagnosed with lung cancer, Harold began to see Tobi Jeurink, D.C., in Gardner, Kan., after a family member had referred him for pain relief. "He had a collapsed lung from the cancer on one side," Jeurink recalls. "He couldn't move his shoulder and had a lot of adhesion pain there and in the upper back around the collapsed lung."

Jeurink saw Harold twice a week on and off for three to four months. Using the Activator method and soft tissue work, the chiropractor was able to manage some of Harold's pain. "He'd get two or three days' worth of 50 to 75 percent better when I saw him," Jeurink notes.

Because Harold was the first terminal patient that Jeurink had ever cared for, she was not sure what to expect in terms of results or emotions. Fortunately, Harold and his family made the situation

easy for her. "The whole family seemed brave about everything," Jeurink says. "Harold had a wry sense of humor. The fact that he could walk into the practice and joke about things knowing what he was going through was amazing to me."

The positive attitude carried into Harold's final days. "His wife called me the day before he died and asked if I would make a house call," Jeurink says. "Walking into his house, the thank-you I got from him, his wife and his children and grandchildren were absolutely overwhelming. In that near-critical time of loss, they were so gracious as to thank me for helping him be a little bit free of pain his last few hours. And because the family was still being upbeat, it helped me to let go of my feelings. I was able to stay professional that way because they were so strong."

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When the Terminal Patient Is a Child

Caring for a terminally ill patient can be challenging to any chiropractor, but when that patient is a child, the situation can be all the more difficult. In his 43 years of practice, Evon Barvinchack, D.C., of Greencastle, Penn., has cared for two children who were dying from cancer.

After hearing how he had relieved pain in a young girl suffering from terminal cancer, a family sought Barvinchack's services for their own son. "Their little boy had been sent home from the medical centers after they were told there was nothing left to do," Barvinchack says. "The family wanted him to die at home and not in the hospital. They asked if I would come out and see what I could do to relieve some suffering."

Barvinchack was able to provide some pain relief for the young boy, helping him rest better in his final days. Dealing with a child who is that sick differs from handling a similar situation with older patients, Barvinchack says. "For adults, you have to show compassion yet remain detached enough to maintain professional decorum. You provide as much emotional support as you can within your framework. For the children, it's tough. Objectivity in a child is almost nonexistent. Children test your core beliefs, and you don't have a lot of answers. When a child looks at you and asks, 'Why does God hate me?,' the cliché that "God needs a new angel" won't suffice when the child says, 'Then why does he make me hurt?' You swallow hard and go on."

vide Harold something that traditional medicine could not. "When he was considered terminal, it's like all the other Western medicine just stopped," Jeurink says. "Whereas with chiropractic, you have the hands-on approach and get so much closer to the patient with that personal touch."

LEADING A NORMAL LIFE UNTIL THE END

At the age of 101, John wanted to maintain his independence as much as possible. He mowed his own lawn, prepared his own meals and cared for the house he had built with his own hands in the 1930s. He didn't want to slow down, but his body told him otherwise. John was living with advanced prostate cancer and had suffered from strokes, hearing loss and vision problems. Still, he wanted to feel as healthy as possible in his final days.

Over the course of 10 years, John had seen Paul Marston, D.C., of Butler, N.J., off and on for maintenance adjustments. In his last few months of life, John was unable to drive, but still wanted to see Marston for the pain he experienced in his upper back, neck and arm. Although Marston operates a high-volume practice, he made house

calls for John. "Every Wednesday for about two months prior to his condition worsening, I would stop by his home to adjust him during my lunch break," Marston says.

The visits were more than just chiropractic events. "I will always remember John's long conversations to get no real answer to the question or matter at hand," Marston says. "He told me to enjoy my kids and the newborn I was about to have. He told me to enjoy my wife, as he had been widowed for 20 years and had no children. He also advised me to do as much in a day as I could. Most of all, he taught me to have pride in everything I did; otherwise, it is not worth doing. 'Do this, and you will live long and be happy,' John would say."

Then, one Wednesday came along, and Marston knew that John was on his deathbed and could not be helped chiropractically. Marston did not want to ignore this weekly visit and decided to pay a social call. "When I entered John's bedroom, he became very happy to see me and apologized for not being able to get out of bed for his care," Marston fondly recalls. "His hospice nurse, distant relatives and one of his neighbors were there, and we all laughed. Without a break

in the conversation, John wanted to know how his favorite baseball player, New York Mets third baseman David Wright, had done in the All-Star Game the night before."

The exchange illustrated an important life lesson for Marston. "Even when patients are terminally ill, they have an agenda of what they want to accomplish," he says. "At the end of your life, whatever is important to you is still important to you."

Shortly thereafter, John passed away. "I cried at his funeral last year," Marston recalls. "Someone that old, you wouldn't think you'd be that upset. But I was. Even though I knew John was going to die, I thought if someone were going to live to be 110, it would have been him."

A picture of John on his riding lawn mower a few months before he died hangs in Marston's office. It serves as a reminder of the strong connections chiropractors have with their patients, and that life should not be taken for granted. "As with John, I want to live my life to my optimal level of health and the fullest potential every day," Marston notes. "What is the alternative? To me, there is none."

TCL

**Some names have been changed.*



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