

Social workers play important role in end-of-life care

By Emmanuel Hospice

No two days are alike for Katie VanRyn. She might spend a morning helping one family apply for a handicapped hang tag for their van. She might then assist another family fill in aid applications to secure financial assistance to defray the cost of care. Or she may spend an afternoon looking at funeral homes, pricing the difference between cremation and burial.

That's all in a day's work for VanRyn, a social worker with Emmanuel Hospice, who helps patients and families navigate crucial end-of-life issues.

"My role in working with patients is to focus on their psychosocial needs," VanRyn explains. "It may be in the form of counseling patients and families, making referrals or connecting them to resources. If they need to move – either to a facility where they can receive greater care or back into their home – I help facilitate that.

"I can also help families have those difficult but necessary end-of-life discussions. I can talk with them about funeral arrangements, advance directives or how they want to spend their final days, giving them a chance to make their wishes known."

Vern Bareman knows that Katie and her social work colleagues at Emmanuel Hospice play an integral role in the care process.

"Every family is different," says Bareman, director of psychosocial services. "The social worker really helps guide the family dynamics as we go through the very difficult transitional period with people at the end-of-life.

"Our team is well-versed in end-of-life care, from understanding insurance regulations to providing counseling to navigating funeral arrangements. There is a broad range of things that patients don't think about on a day-to-day basis. Our social workers can step in with a huge wealth of knowledge to share."

VanRyn and her colleagues bring that knowledge to the interdisciplinary patient care teams at Emmanuel Hospice, which also include medical professionals and spiritual caregivers. Bareman likens this trio to a three-legged stool; without the social workers, the stool would topple over.

Yet patients and families don't always see the need for a social worker. While the role of the nurse or doctor or chaplain is pretty clear, VanRyn says she often gets a lot of questions about why she's at the bedside.

"Families are not required to have a social worker as part of their hospice team, and some do decline our services," VanRyn said. "We still offer our support to the nurse who is part of the team, and often we will get a call in a few days or weeks asking us to step in after all.

"Of course, I prefer to be part of the process from the very first meeting. This allows the family to have a discussion upfront about what the needs are. Depending on those needs, I might back out for a bit and, when things are getting closer to the end, I can step back in."

As part of her initial assessment, VanRyn asks the patients about their interests and hobbies. She notes that as patients get closer to death, they have less energy. Identifying what gives them joy allows VanRyn to help patients conserve their energy so they can focus on those pursuits with the time they have left.

VanRyn and her colleagues have helped patients take a final trip to a Lake Michigan beach, a casino, a family cabin, and a family wedding. Sometimes the wishes are simpler: Facilitating a Skype call with a long-distance friend or arranging a lunch visit with family.

Bareman notes that having a social worker on the team can break down barriers within the family.

"Sometimes patients want to put up a brave front for their families," Bareman says. "When they are alone with the social worker, though, they open up and say, 'I am ready to go, but I need to stay strong for my spouse.' The social worker has a way of allowing them open up, and then facilitating conversations with the rest of the family."

In fact, setting the table so that those conversations can take place is one of VanRyn's favorite parts of her job.

"One of the most rewarding things I get to do is to help educate families and facilitate conversations," she says. "As a social worker, I can encourage a conversation between patients and families. If they are unsettled about dying and not comfortable talking about it, I can ask questions that may prompt a discussion after I leave.

"If people can talk ahead of time about their advanced directives and funeral planning, it is so much easier. These are hard conversations to have, and some people just don't want to have them. It's admitting they are dying. But if they can get that piece out of the way, then can then focus on living."