

**SECOND ARTICLE FOR "TOUCHING LIVES" – 12-07-08  
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**THE GIFT OF REFRAMING**

After 25 years of being a hospice nurse, I'm still in awe of the raw courage it must take to open the door to someone like me for the first time. Everything I represent must be frightening. Nobody *ever* wants to acknowledge that dying is a given.

But I ring door bells over and over because I *know* I can make this journey more comfortable, less frightening and more meaningful. My goal is to take this tragedy and "reframe" it into a final and positive opportunity.

What do I mean by "reframing"? It's like taking a picture, changing the mat color, adding a new frame, and repositioning it on a different wall so it has a different look, feel, and effect on the room. The picture itself hasn't changed, but the way we look at it now is different .....so it *feels* like it's changed. It may look more positive now.

So, how do you take a tragedy that represents upcoming, devastating loss make it to look and feel like a final, powerful, even wonderful life opportunity to be shared? After trust and physical comfort is achieved, "reframing" is the answer.

There is no one right way. Some people look for spiritual meaning in their illness; others find solace in inspirational readings, while there are those who may write their stories for others dealing with illness and loss.

My way is more direct and concrete. I sit with the caregiver and sometimes the patient. Using a long piece of paper, we make three vertical columns titled: **FIXABLE, MEMORY MAKING, and NOT FIXABLE.**

The first column is: **FIXABLE.** This would include aspects of the illness like: pain, nausea, constipation, avoiding skin breakdowns, sleep disturbances, depression, anxiety, fear, isolation, caregiver stress and exhaustion. These are all problems that hospice is trained to improve or eliminate. It is logical to give these issues our fullest attention and energy to increase the quality of life for the patient and family.

The middle, but most important column is: **MEMORY MAKING**. This column will embody the hopes and dreams yet unrealized. "What haven't you done that you always wanted to do?" "Who would you like to see?" "Where would you like to go?" "How can we help accomplish your wishes?"

The last column is: **NOT FIXABLE**. These are situations and symptoms that cannot be fixed, but could possibly be controlled or made manageable as they increase over time, issues like: continued progression of the illness, increasing weakness, decreasing appetite, increasing sleepiness, increasing time in bed, emotional detachment from the less important aspects of day to day living.

The importance of the patient and family recognizing these issues as being not fixable is for them to give less focus and attention on these. So, rerouting their attention and energy on the fixable issues becomes the more beneficial priority.

However, constant monitoring by clinicians on the Not Fixable can often forecast changes ahead and appropriate interventions or adjustments that will make these not fixable difficulties more manageable.

Once this column is filled out, we fold the sheet so this last column is now facing the back of the paper. The clinicians will work on this column very diligently. But the patient and family's attention are now directed on the first two columns where their efforts will reap rewards.

Many of my former patients and caregivers chose to reframe their terminal illness and use this important time as their final opportunity to live every moment, as richly as possible until death came, rather than die every moment until the end. The following are some great examples.

A dying young mother used her time by taking the family photos that captured the memories made with her young children and placing them into beautiful, individual albums called "Mommy and Me" – personalized memory treasures for each child.

The dying wish of a gentleman was to attend the reunion of the Battle of Normandy in France. Although severe issues of pain initially made this plan seem impossible, with the help of the hospice team, the comfort provided by a Morphine pump, and the sheer determination of

this patient and his family, this amazing dream was shared together and continues to be a treasured memory for this family.

The brain tumor that had already stolen David's eyesight, caused transient deafness, and rendered him bed-fast, did not thwart his drive to finish writing his book with the daily help of his family. He completed it and died knowing it had just been accepted for publication.

Sound unusual? Not as much as you would think. Many people choose to live quiet but remarkable lives. By reframing, they use this final opportunity in remarkable ways and by so doing, leave remarkable memories.

It's a choice. But, why choose a legacy of anything less?