

REHOBOTH MCKINLEY CHRISTIAN HOSPICE

Gallup, New Mexico

Percy Trujillo and her hospice team have a hard road to travel to provide end-of-life services — literally. Serving a rural area on the New Mexico–Arizona border, Rehoboth McKinley Christian Hospice’s teams often drive 60 to 100 miles over rugged, poorly maintained, muddy roads to see their patients.

But the physical roadblocks are hardly the only challenges this team is overcoming. Its service area, located close to three Indian reservations, encompasses eight different cultures, including Navajo, Zuni, and Laguna/Acoma tribes — each of which has its own beliefs and rituals regarding death and dying.

“We’ve had to learn a lot about cultural sensitivity,” says Trujillo, patient care coordinator. “I grew up in this area, and I thought I knew something about these cultures. But I didn’t know what cultural sensitivity really meant until I started dealing with issues of death and dying.”

The program’s biggest cultural challenge is to use western medical techniques in a way that doesn’t violate tribal traditions and beliefs. For example, Navajos — who comprise 72 percent of the hospice’s population — believe that death should not be discussed, and that one should not prepare for death. “To openly discuss death with a Navajo is considered disrespectful, as it is believed to be wishing death to that person,” says Trujillo. “You have to converse in a way that does not show disrespect, but that allows the patients to understand the philosophy of hospice. We’ve had to learn to choose our words very carefully.”

Trujillo and her team have learned that using the words “death,” “cancer,” and “dying” is not acceptable; nor is speaking directly to a patient about his or her illness. After much discussion with



Navajo elders and others, the hospice team now explains illness and hospice in the third person.

The team faces similar issues regarding advance directives. “By law, we have to raise the issue,” says Beth Gingrich, the program’s chaplain. “But Navajo culture says no. I’ve learned to couch the discussion in terms of myself: ‘If this were my paperwork...or if I were in this situation, what would I want?’ In this program, you have to be very flexible and willing to adapt to the circumstances.”

Another Navajo belief is that, if a person dies at home — whether it is a traditional “Hogan” or a modern home — the residence must be destroyed or abandoned, to prevent haunting. Navajo patients, wanting to ensure that their survivors have a home, often request to be taken to the hospital only when death is imminent. The hospice team is careful to respect this preference and has made arrangements with local hospitals to transport and accept patients with this special need.

Extraordinary effort is all in a day’s work for the Rehoboth McKinley hospice team. Often, before a routine visit, the

team chops wood to heat water for the patient’s bath. In fact, it’s not unusual for the staff to bring enough water and chop enough wood to last until the next visit.

A small program (serving 54 patients annually) with big challenges, Rehoboth McKinley gets whole-hearted support from its health care system. “We see ourselves as a truly integrated delivery system, and we regard hospice as an essential piece of that integration, because it addresses an important part of the life cycle,” says David Baltzer, president and CEO of Rehoboth McKinley Christian Health Care Services. Baltzer notes that the program broke even financially for the first time in January 2002, a hopeful fact for rural hospitals and systems contemplating hospice programs. The program keeps a close watch on expenses, and has implemented efficiencies such as cross-training home health and hospice workers.

“Our support for hospice goes beyond business considerations, too,” adds Baltzer. “They do amazing things in difficult circumstances. We feel in our hearts that this is something we want our neighbors, friends, and families to be able to have.”



INNOVATION HIGHLIGHTS

CULTURAL SENSITIVITY TO SPECIAL BELIEFS AND PRACTICES

CREATIVE APPROACH TO SERVING RURAL, IMPOVERISHED POPULATION

CROSS-TRAINING OF HOSPICE/HOME CARE WORKERS