

Coping with Illness

FUNsulting, etc.'s Newsletter

A newsletter for people who want to add more humor into healthcare.

June 2008

Vol 2 No 2

WELCOME TO FUNsulting, etc.'s Newsletter

FUNsulting, etc.'s Newsletter is a somewhat regular newsletter from FUNsulting, etc. whose mission is to redefine excellence in healthcare through humor. Each edition includes fun, funny *and* practical articles and resources which will enhance the humor potential in healthcare without sacrificing the integrity of the care that is delivered. Remember, a laugh a day gathers no moss (or something like that). Enjoy!

FROM THE ADMINISTRATOR

A Laugh A Day...

It was my initial assessment visit to a man who had been in our hospice program for about a week. The bedroom in his home had been transformed into a patient care arena complete with hospital bed, oxygen tank and bedside commode. I extended a hand to greet him.

"How you doing today?" I asked.

"Not too good. I feel like I've got one foot in the grave and the other on a banana peel."

"That's pretty funny," I said.

"Thank you," he said, and then paused as if deep in thought.

"You know," he continued, "I used to be the jokester of the family. I was always bringing jokes home from work or watching funny movies with my family. I can't remember a day that went by that we didn't enjoy something funny. Now that I'm sick, my family treats me as if I'm already dead."

In my opinion, a sadder statement could not have been said.

As caregivers, haven't we all been there? A patient or family member is so distraught by the illness; he or she can't seem to find enjoyment in anything. And while my patient had the insight to know what was happening, he was still unable to discuss it with his family because of the pain.

In that particular situation, I did what any social worker worth his weight in Freudian slips would do. I called a family meeting. We got everyone together and discussed his perspective. I discovered that his family was so caught up in the illness; they had no idea that they had been treating him in such a *humorless* way. Once we made them aware, they quickly reorganized to bring the humor back into his life. That night, they brought home five comedy videos and for the next few days, they had joke telling sessions in the patient's room.

When I returned two weeks later, the man had been transformed. He radiated with a renewed soul and he was *alive* again – even though he was still dying.

Sometimes we are hesitant to show our funny side because we're afraid we'll offend a patient or family. We don't encourage laughter for fear that the family will make a call to our supervisor and report us for insensitivity-it is (a swelling of the insensitivity gland common among surgeons and accountants). And yet, I believe our patients need humor as another tool in their treatment plan repertoire.

In February and March of this year, my father was diagnosed with diverticulitis that progressed into a proliferation of C-Dif, a nasty bacteria found in the colon. During the six weeks of his illness, he was treated in a nursing home, an ICU, a med-surg unit and ultimately at home with hospice. Even though I had spent ten years as a hospice social worker, being on the receiving end of patient care was an entirely different, and enlightening, experience. But what struck me most during this time was how much humor we used to balance the stress of my father's illness and death.

After he'd been in the hospital for several days, we realized that he had not been wearing his glasses. Although he was sleeping much of the time, I said, "Your glasses the bedside table. Do you want them?"

He responded, "They're not doing me any good over there."

On another occasion, the nurse was inserting an IV but having trouble finding the vein. "I'm sorry honey," she said.

My father opened his eyes and said, “You don’t look sorry.”

Time after time, his comments brought a funny touch to a very unfunny situation. And because of his humor, the physicians, nurses and aides were given permission to share their own humor. It made the process easier for all of us.

Whether your patient feels like she has one foot in the grave and the other on a banana peel or if the IV just won’t find the vein, a lighthearted quip can make all the difference in making that individual feel less like a patient and more like a person.

Give it a try.

POSITIVE RESULTS

Buffy, the Bacteria Slayer?

Recently, I asked some of my healthcare friends about the incessant buffing of hospital floors. “Why,” I asked, “is someone always buffing the floor?” Almost everyone who responded agreed with the following opinion:

“I doubt that floor buffing is associated with lower infection rates – the key to low infection rates is hand washing. However, a *dirty* floor is almost certainly going to cause patients and families to perceive that the hospital is sloppy and less safe. In short, squeaky clean is associated with perceived safety.”

Michael J. Fisch, MD, MPH, FACP

MD Anderson Cancer Center

THE BEST MEDICINE

Seeing the Light

Susan Osborn, a social worker at Hospice of Northern Virginia, was talking with a hospice patient once and the patient said, “The light, the light.”

Realizing the patient might be dying, Susan said, “Do you see ‘The Light’?”

“No,” said the patient, “the damn wall light is in my eyes.”

(Contributed by Carey Gauzens)

THE BEST MEDICINE

Laughter: It's A Family Affair!

By guest columnist Christine Clifford Beckwith, CSP

Three days after undergoing breast cancer surgery, I heard the doorbell ring downstairs from my place of rest in my bedroom. "Mom!" screamed my second-grader Brooks, "More flowers for your breast!"

It was a turning point for me. His innocent statement brought laughter to my already developing self-pity. After all, as a young child of fifteen, I had been forced to watch my mother crawl into bed with a diagnosis of cancer at the age of 38. In the months that followed her radical mastectomy, I, along with my brothers and sister, watched in horror as she sank into a deep, clinical depression.

She stopped caring for her personal hygiene – stopped washing her hair, shaving her legs, brushing her teeth. Eventually my father, a physician, unable to deal with my mother's depression, left my mother. She died in my arms at the age of 42. I was nineteen years old.

I made a pivotal decision that day as I lay in bed, that no matter how many weeks, months, or years I had left on this planet, I would celebrate every day as a gift. I decided no matter what happened to me, I would not allow my family members to live in the fear I had as a child, that every day might be my last. I realized that humor would be the compelling force to pull me through.

Once I started searching for signs of humor, I found it all around me. One day I was sitting on our deck reading the paper, my bald head gleaming in the morning sunrise. Brooks, along with several neighborhood children, had pitched a tent in the backyard and spent the night outside. In their innocence and ignorance, as the kids woke up one by one, they started their morning conversation. Of course, since I couldn't see them in the tent, they assumed I couldn't hear them either.

"Brooks," began Rishi, our neighbor from India, peering from the mesh windows of the tent, "What's the matter with your mom again?"

"She has cancer," Brooks responded.

“Is she going to die?” I heard him inquire.

“No...I don’t think so,” said Brooks.

“You know, Brooks, her head looks like a baseball. Do you think she’d let us autograph it?”

Families can be a great source of comfort and humor in tough times. Unfortunately, what often happens when we hear a loved one has been diagnosed with cancer is that we don’t know what to say, or we don’t want to say the wrong thing. So, often times, we don’t say anything and pull away from the patient who so desperately needs our attention.

Humor is a great connector of people. I know I needed people, especially family members, around me as I faced my journey with cancer. Therefore, it is often the patients themselves who need to “set the tone” and let family members know the timing is right to bring laughter back into their life.

How can we accomplish this? It’s simple: there comes a point in the life of most patients when they realize that they can’t change their situation, but they can change their attitude. They want their life to get back to normal and humor is an important ingredient in the recovery process.

Set The Tone to let family members, friends and caregivers know you are ready for laughter again. Share a funny story about something that happened years ago with your family. Rent a funny movie and ask your family to watch it with you. Cut out a cartoon from the paper that brought a smile to your face and mail to to your family members with a note that says, “I’m doing much better now. Thanks for your support.”

Keep The Momentum Going to encourage humor with your family members. If you’ve read a funny book that filled your heart with laughter and joy, pass it around to family members with a note on which parts you found particularly humorous. Tell a joke you’ve recently heard, or send family members an article that tickled your funny bone.

It’s Like A Rubber Ball: It Comes Bouncing Back To You! Once you’ve opened to door to humor, it’s contagious. Family members and friends will realize that laughter is the best medicine they can provide you. After all, learning to laugh at trouble radically increases the amount of things there are to laugh at.

Take time, *make* the time every day to love, learn, explore, care and live with your family members. And, by the way, don't forget to laugh!™

Christine Clifford Beckwith, CSP is CEO/President of The Cancer Club, a company that markets humorous and helpful products for people with cancer (www.cancerclub.com) including a free online eNewsletter. She is the author of six books including *Not Now... I'm Having a No Hair Day!*, *Our Family Has Cancer, Too!*, *Cancer Has Its Privileges: Stories of Hope & Laughter*, and her newest book, *Your Guardian Angel's Gift*. For more information visit www.CancerClub.com or call (800) 586-9062.

QUOTE: *Lou was a daredevil; his last words were "Watch this!"* – Last line of Louis J. Casimir, Jr.'s obituary which he wrote prior to his death.

BACK QUOTE: Doctor to patient, "I've got some good news and some bad news. The good news is that you're not a hypochondriac." – Anonymous

©2008 FUNsulting, etc.