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DFS HEALTH PLANNING RECEIVED

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Medical Facilities
Planning Section

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It is time for Carteret County to have a Hospice House. My practice is limited to patients 75 years and older and hospice patients with terminal illnesses. I have been past Medical Director of Hospice of Carteret County and have followed many patients through their end of life these past 5 years in Carteret County. I have utilized nursing homes, assisted livings, our hospital, private homes, and all the hospices for end-of-life care. Terminal care available in Carteret County leaves much to be desired and I have been forced to transfer several patients to other counties for care at Inpatient Hospice Houses.

Despite the best efforts of currently available care, symptoms are often poorly addressed in **all** these settings. I have seen hospice patients in the hospital and nursing homes choking with liquid and froth spewing out of their mouths with staff not suctioning because "it would prolong their life", blood pressures being taken until the time of death (how comfortable is that?), or conversely limited pain assessments because "patient is hospice and we'll leave him alone."

Until this past year, Carteret General Hospital had two palliative care rooms nicely appointed and designed for end of life care. They are no longer available and hospice patients are now placed in any location within the hospital where the goal is usually curative; palliation is not necessarily understood or provided.

Home patients many times don't have symptoms treated despite best efforts to train family caregivers "because it's not time for their medicine" and "we don't want them addicted." Hospice nurses visiting homes are inconsistent in their assessments and interactions with the family. Many times I do not find out symptoms were not addressed until after death. Family members abscond drugs from Comfort Kits, unbeknownst until the medicine is needed and unfortunately may not be available for several hours.

We can do much better for our patients. At Hospice Houses the needs of the patient and their loved ones are addressed by staff specializing in end-of-life care; they consider it a calling. The patient to nurse ratio is MUCH less in in-patient hospice than any of the current facilities with emphasis always on comfort. Crystal Coast Hospice House will allow us to provide the care our patients need and deserve, the level of care we would want for our own loved ones. To continue otherwise is nearly inhumane.

Thank you for your support.

Remaining committed to providing a better level of care in Carteret County,

Amy Charlesworth, MD

Fellowship trained, Board Certified in Family Medicine and Geriatrics