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stages through which many terminal patients may progress. In this book Dr. Kubler-Ross makes a plea for home care treatment versus institutional settings for end of life care; she goes on to testify on the subject of death with dignity before a US Senate Special Committee on Aging. By 1974 the first hospice legislation is introduced but not enacted.

During the mid to late '70s and into the early 1980s, the US Department of Health, Education and Welfare promoted support of hospice and with HCFA (health care financing administration) initiated demonstration programs at 26 hospices across the country to determine cost effectiveness of hospice care and to help determine what hospice is and what it should provide. By 1982 Congress includes a provision to create a Medicare hospice benefit and by 1984 JCAHO initiates hospice accreditation.

It took until 1986 for Congress to make the Medicare Hospice Benefit a permanent benefit and states are given the option of including hospice in their Medicaid programs. Hospice care is finally available to terminally ill nursing home residents. It took until 1993 to include hospice as a nationally guaranteed benefit under President Clinton's health care reform proposal and hospice is finally an accepted part of the health care continuum.

In 2002 the Department of Veterans Affairs launched a program to increase veterans' access to hospice and palliative services. By 2004 more than 1 million Americans with life-limiting illness were serviced by the nation's hospices, the first time the million-person mark had been crossed. This is the same year that the first national conference on access to hospice and palliative care is hosted in St. Louis. By 2007 research published in the Journal of Pain and Symptom Management reports that hospice patients live an average 29 days longer than similar patients that did not have hospice care. By 2009 the number of hospice volunteers continued to grow with a record 550,000 people serving as volunteers.

Hospice services continue to grow, as does the population of patients most likely to need those services, the baby boomers. Needless to say, hospice is a relatively new concept to organized medical care, but a much older concept in providing care for the weary or ill.



Marsha Thompson, hospice nurse; Kay Hansen, site manager for Sanford Vermillion Hospice, and Joanne Martin, hospice nurse, are pictured in the newly decorated hospice room in Sanford Vermillion Hospital.

A more formal approach

Five years after Marilyn's death, and after the community had experienced the positive impact provided by volunteer hospice caregivers, a more formal, medical approach was adopted in Vermillion.

Deanne Syzmonski was hired in March 1991 to provide hospice nursing. "And I was hired to do home health care," said Marsha Thompson, "but we were actually both cross-trained so that we could do either service. We started working for Dakota Hospital as nurses, and we were on call for hospice every other day.

"As time passed and as we got busier, we hired more nurses," Marsha said. "We took care of some of the patients at home, but they had to have a care giver with them that was willing to be with them 24/7. And some patients were at the hospital."

The involvement of the local hospital was one of the original goals of Mary's efforts from the very beginning. She also knew it was time to step back a bit as Medicare and Medicaid took on a growing role in helping to provide hospice services.

Mary continued to provide volunteer services for several years,



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