

Grace Dancel: Hospice & Palliative Care

The Quiet Power of Hospice: How Compassion and Community Shape the Final Chapter of Life

Notes By Tia Marciel, edited and approved by Grace Dancel

When we talk about healthcare innovation, the conversation often revolves around cures, technology, and extending life. But in the quiet corners of medicine, another kind of care is transforming how we approach life's final chapter — hospice.

Grace Dancel, the Community Relations Director for With Grace Hospice and Palliative Care, a Christian hospice organization, describes hospice as “end-of-life support, not a cure.” Its purpose is simple yet profound: to bring comfort, peace, and dignity to patients, while wrapping their families in compassion and guidance through one of life's hardest transitions.

The Heart of Hospice

Hospice care is provided by a multidisciplinary team — doctors, nurses, health aides, social workers, volunteers, and, if desired, chaplains. The team doesn't just tend to wounds or manage medication; they teach families what to expect, help them navigate grief, and ensure patients spend their last days in comfort, not confusion.

“The family often struggles more than the patient,” Grace says. “Our job is to hold space for them, so they can be present instead of overwhelmed.”

Care Beyond Medicine

While hospice provides pain and symptom management, it also tackles real-life needs — from arranging funeral services to finding resources for covering the electric bill when money runs short. Emotional and spiritual support are central, too. Hospice social workers help families complete vital documents like advanced care directives, preventing the trauma that can follow when those decisions are left undone.

Grace shared one heartbreaking story: a patient without a specific directive for cremation preparation, leaving family devastated. “Having those conversations early,” she emphasizes, “brings peace later.”

The Ripple Effect of Compassion

The organization’s mission is rooted in Christian love and community outreach. Profits fund annual medical mission trips to countries such as the Philippines, Rwanda, Ethiopia, Japan, Honduras, Thailand, and Vietnam — where staff provide medical and humanitarian aid, build wells, raise awareness about human trafficking, mentor at-risk youth and more.

Their vision extends beyond the bedside: to strengthen families, bridge generational divides, and inspire “regret-free living.” Grace often challenges caregivers to pause and create “sunshine moments” with loved ones — memories that outshine the stress of caretaking.

When to Consider Hospice

Hospice typically begins when a doctor determines a patient has six months or less to live, though many families wait too long. Frequent hospital visits or a decline from conditions like dementia often signal it’s time. Importantly, hospice does not hasten death — it simply allows for a more peaceful transition.

“Without hospice,” Grace explains, “caregivers lose time they could spend just being family. They become nurses instead of daughters, sons, or spouses.”

Dignity in the Details

Hospice staff frequently enter assisted living or memory care facilities to provide what Grace calls sometimes out of job description “tender loving care” — managing pain, bathing patients, combing their hair, cleaning unsafe environments, even comforting them as they take their last breaths. For patients without family, hospice becomes that family.

The organization also provides grief counseling, support groups, and even pet, aromatherapy and music therapy — all covered by Medicare or Medi-Cal for those 65 and older.

A Pathway to Peace

Modern hospice care has evolved from its origins in England into a holistic practice that embraces both science and soul. Some volunteers even train as “death doulas,” guiding families through emotional and spiritual closure.

“Our goal,” Grace says, “is for families and patients to feel supported, connected, and at peace.”

Hospice, she reminds us, isn’t about giving up — it’s about letting go with grace. It’s about transforming fear into understanding and pain into purpose. And in that transformation, families often discover something unexpected: not just an ending, but a meaningful, love-filled completion.

Chatgpt summary (tia's notes further down):

Introduction & Purpose

- **Presenter:** Grace Dancel, Community Relations & Marketing Director for Hospice & Palliative Care.
- **Purpose:** Explained what hospice is, how it works, and the support it provides to patients and families.
- **Key Point:** Hospice is end-of-life support (not a cure) with focus on **comfort, dignity, peace, and family support**. Families often need more support than patients.

Hospice Team

- **Roles:** Doctors, nurses, health aides, social workers, chaplains (optional), and volunteers.

- **Support:** Both patient and family—medical, emotional, practical, and spiritual if desired

Mission & Vision

- **Mission:** Provide Christian hospice support, love, resources, peace, dignity, and comfort.
- **Vision:** Community outreach and relief; profits fund annual international medical mission trips (e.g., Philippines, Rwanda, Ethiopia, Thailand, Japan, Vietnam, Honduras).

When to Consider Hospice

- **Typical triggers:** Doctor recommendation, frequent hospital visits, comfort care needs.
- **Signs of decline:** Dementia-related eating/feeding challenges, weight loss, falls, respiratory issues.
- **Education challenges:** Families may resist due to cultural beliefs (e.g., overfeeding as a sign of love).

Hospice Services

- **Medical:** Pain and symptom management, wound care, oxygen, hygiene, comfort measures.
- **Social:** Support with advanced care directives, funeral planning, family education, and crisis support.
- **Emotional/Spiritual:** Counseling, grief support, prayer, volunteer programs (aromatherapy, music, pet therapy).
- **Practical:** Equipment (beds, supplies), 24/7 hotline, caregiver support groups.

Access & Payment

- **Eligibility:** Terminal diagnosis, typically 6 months or less to live (if patient improves, they “graduate out”).
- **Process:** Doctor issues “hospice order” for Medicare.
- **Coverage:** Medicare/Medi-Cal (most patients), some insurance.

Benefits for Families

- **Without hospice:** Families carry full caregiving burden, leading to stress, resentment, and lost opportunities for closure.
- **With hospice:** Families spend quality time, receive guidance, grief support, and avoid unnecessary medical bills.

Core Philosophy

- Hospice does not hasten death, but ensures peace, dignity, and comfort.
- Focus on **regret-free living**, helping patients and families reconcile, share memories, and process grief.
- Volunteers often act as “death doulas”, guiding the process, reassuring, to reduce fear and bring clarity.

Community Outreach

- Partnerships with Assisted Living and Memory Care facilities.
- Education through events, fairs, discussions, faith-based radio (K-Love), shows (Doc Martin), and cultural films like *Departures*.
- Next Event: **October 18th – Fair for Caregiving for Caregivers.**

Main Takeaway: Hospice is a holistic support system for patients and families at the end of life—providing medical, emotional, and spiritual care. The ultimate goal is a dignified, peaceful passing and a supportive environment for families.

Tia's notes edited from the Zoom transcript

Grace, Community Relations Director, marketing director, Community relations.
Shared what hospice is and what the team does.

Intro

- Hospice is end of life support, not a cure
- The objective is to make the patient and family comfortable.
- The team's biggest concern is for the family to be supported because they have a harder time than the patient.

The hospice team consists of:

- Doctors
- Nurses
- Health aids,
- Social Workers,
- Volunteers
- Support family & patient
- Chaplains, if desired

Grace structured the conversation around the pamphlet she brought.

- **Read the mission statement** to provide Christian hospice support, love , resources, peace, dignity , comfort
- **Read the vision statement.**
- **Important to the founders is to provide community relief & outreach**
 - Relief to loved ones
 - Community, drives and fairs—provide community with access to vendors
 - Profits: go to medical mission trips they take as a team each year annually that are paid by the company where they do things like provide wells, educate and empower. Traveled to places like:
 - Philippines: to bring human traffic awareness
 - Mentored, taught boundaries, after school program
 - Many at risk youth

- Rwanda
- Ethiopia
- Thailand
- Japan
- Vietnam
- Honduras

Who is hospice for?

Hospice is for those who need support with:

- Pain and symptom management
- Overwhelming stress
- Uncertainty
- Next steps
- Dealing with hospice feeling like an offense
- Access to resources

When does someone know to start considering hospice?

- Typically a doctor says it's time
 - Doctors tend to be on the "curative" side, so they can hesitate to recommend hospice, causing a patient to be in and out of hospital which could result in medical complications due to exposure to hospital illnesses
- When getting comfort care
- Going in and out of the hospital can be a sign hospice will soon be needed
- It can be hard to educate family:
 - Dementia, for example, the decline can be fast:
 - Forgetting to eat or go to the bathroom
 - Losing weight
 - Falling
 - Forgetting they ate
 - Overeating
 - Overfeeding (occurs a lot in cultures where feeding each other is a sign of caring). This can cause a patient to pass away from aspiration

- Can grind food up
 - A sign of not being hungry is pocketing food in cheek
 - Respiratory issues
- Hospice is not meant to accelerate the death process. It's a team that provides supplemental care. Can help with various needs, like:
 - funeral
 - paying the electricity bill when there's not enough money

How do you access hospice, if there's a slow decline?

- A doctor will assess and determine if they are "hospice eligible," might consult with other doctors
- Will provide a prescription, called a "hospice order" (Medicare uses that to pay for those 65 years+)
- Must comply w medicare guidelines (minimizes fraud)
- Various requirements for eligibility

If a patient is pocketing food, and the doctor is called, who notifies the family?

- After the team meets and assesses, they provide education
- The family can decide to take advice or not
- Can be hard for cultures where food is the answer of everything so might not listen so need to keep educating
- Beneficial if the family is unclear on what is needed or wanted
- The decline process can be traumatizing if it isn't a pleasant experience
- The social worker can talk to you

Besides medical care, are there also social aspects that you offer?

Yes, beyond medical care, we offer:

- Physical comfort for
 - Wounds, like bedsores
 - Oxygen needs
 - Doctors and nurses
- Social support:
 - Help families understand what's coming next

- Educate to avoid potentially traumatic experiences.
 - Grace shared a story of a family where **the patient's health directive was not completed**. This resulted in the state cremating the patient's remains in a way that the husband and sister found to be undignified and traumatic to them.
 - The husband had to make "a million decisions" in the last minute and he didn't have time to grieve.
 - Having advanced care directives is important.
- The social worker reviews the list of items to handle
 - funeral home
 - mortuary,
 - medical care
 - Etc.
- The hospice team helps with those steps.
- The physical care of the patient is the easiest part:
 - tending to bed sores
 - providing oxygen to help with breath
 - providing physical touch
 - doctors and nurses work together to help w/
 - hospitalization
 - bathing
 - if they can't get into the shower, wipe them down.
 - comb their hair
 - change them and get them tidy
 - typically stay for an hour (not full-time caregivers)
 - come once a day, once a week, depending on the needs
- When they're "imminent":
 - a health aide could come in every day to bathe the patient towards the end, their last breaths.
 - wrap up
 - be available for the family
 - provide medications for their supplies, like, diapers,wipes, gloves, pamphlets.
- Be available for the caregiver:

- support camp
- 24/7 hotline
- equipment (providing a bed to make it easy for the patient to get up and down)
- Medicare pays for things like:
 - grief support
 - pamphlets
 - etc.
- Helping people through stages of grief
 - working with the whole family
 - different families
 - one mentor can help get everybody on board
 - biggest challenges, hardest dynamics are if families when there's only one caregiver (like a sibling) and everybody's in denial ("mom doesn't have dementia, what are you talking about?")

The hospice team's doctor and nursing director have a heart to support family dynamics:

- Their team is really good with helping the family transform
- Helping the patient pass on, if the family's ready for that
- Families can choose spiritual or non spiritual approaches.

The team *partners* with Assisted Living and Memory Care

- Palm Villas is building one here in Saratoga Creek:
 - two beautiful homes: one memory care,
 - possibly assisted living on the
- Those facilities are not the experts in life. They leave it up to the hospice team to provide supplemental care and comfort
 - our nurses teach caregivers how to care for someone that's dying:
 - how to bathe them
 - provide reassurance for things, like if the nails turn color it just means the blood supply is slowing, the body shutting down.
- The hospice team enters assisted livings, memory care units, skilled nursing facilities to:

- administer various pellets and heavier anti anxiety or pain medications (like morphine) that they may not necessarily have or use there at the assisted facility
- we provide tender loving care (TLC)

What benefits and resources does the hospice team provide?

- Social workers, counselors, volunteers (aromatherapy, pet therapy, music therapy,
- Emotional support is where our team shines
 - spiritual, prayer options
 - grief recovery

Who pays for hospice?

- Most patients are elderly, so Medicare, Medi-Cal pays
- Some insurance if in network.

Without hospice, what would happen?

- The quality of the patient, end-of-life care declines if you don't ask for help,
- The care giver:
 - Takes on the care of the patient (like a parent or grandparent)
 - must take them to the hospital, doctor's appointments, etc.
 - instead of spending quality time with them, is stressed
 - can become resentful dealing with emergencies and stressful situations like ambulances, 911, the hospital.
 - There's no time to:
 - Ask, "what are your last wishes?" "Do you have any regrets?"
 - Go through closure, reconcile everything. They tend to ask what happened in their life:
 - "Do I feel at peace?" "Did I have good relationships?" "Did I just focus more on work?" "How do my kids see me?" "What's the quality of my relationships with people?"
 - These big things that happen towards the end.
 - Sees the high medical bill coming in

- if they're 65 and older, you don't ever see a bill.
- You lose that time with your family.

When surveyed, the hospice team said that their biggest desire for their patients is:

- To be free of pain
- Have all desires and needs met
 - Shared a story about how two members of the team held grandma's hand and asked what she wanted. She replied she just wanted to pass on so, they sat with her with that, holding hands the family, team, and the elder. She was impatient to move on and the team and help explain it's a process
 - This is common.
- Patients to be surrounded by family and friends.
- **Patients take their last breaths in peace and dignity.**
 - For example, some people's homes are unsanitary, hazardous, uninhabitable, hard living dangerous, perhaps hoarding is occurring, there are pets, feces and urine. The hospice team will go above and beyond the call of duty to clean the space and the patient to ensure they experience peace and dignity when they take their last breath.

Pathway to transformation:

- Team meets the family and patient where they are.
- Provide physical relief from
 - discomfort
 - wounds (tending)
 - shortness of breath (oxygen)
 - etc.

What kinds of caregiving resources are there?

- financial needs
- home finding
- financial planning
- if we can't find the resources, can provide references:

- emotional support for stress because there's a lot
 - families are confused, afraid, grieving,
 - anticipated grief: how long to hold on when to let go
 - anxiety, guilt, regret, uncertainty.

What is your goal?

Our goal is really for the families and the patients to feel supported, connected, self-expressed.

- ask how they're feeling
- often, it's hard
- encourage their sharing
- help them be at peace.

What is palliative care?

- We originally did hospice and palliative care, but now focused on hospice
- Palliative care is just maintaining the medications for pain management (morphine for extreme pain)
- social worker
- nutrition.
- we are a team that advocates for you so you don't have to piece things together, through your own through insurance.

What is hospice eligible for?

- 6 months or less to live
- can include palliative care, counseling, and medication
- patients "graduate out" if they improve
- It's neat just to have this team of people guiding you to a good end.
- Peaceful, and then a lot of times, too, we help:
 - Walk them through, like, a lot of the pain when they're ready.
 - Often they need to be self-expressed about things they did in their life for good or bad, relief from repressed emotions and feelings and generational trauma.
 - Easier to be vulnerable with third-party volunteers than family or medical staff, they feel more comfortable.

- Our nurses discern and feel.

How has hospice evolved?

- Began in England then the US as a government social service and evolved from there.
- Some of our volunteers are “death doulas’
 - for example, a psychologist that helps walk people through.
 - It’s about removing fear, providing clarity.
- One value of caregiver’s discussion group is:
 - we carry a lot of fears with us
 - knowing there’s hospice organizations and what they do and don’t do can help remove fear, think more about, quality of life better with support than without having
 - doing it alone can be frightening.
 - In her coaching, Grace reverses conversations with elders and considers “regret-free living”—what can be adjusted to make a good ending?
 - Grace shared a story of ordering her son around and then stopping to realize bonding for their future relationship was more important. Now they go around together and she points out what she’d like in her assisted care experience, so it’s a positive experience.
- There’s people who’ve never even heard of the word “hospice”.
- We don’t hasten death but rather
 - provide a good end of life.
 - provide physical, the emotional,relational comfort
 - help people to be self-expressed, free, peace and dignity.
 - founder cares about supporting stable family dynamics as the situation can cause angst in the relationships, that can be avoided through knowledge,awareness, and support,
 - want to bridge the generational gap between the youth and aging population.

How do you communicate that there hospice exists?

- in cultural settings, especially, are not educated.
- it's not advertised on television
- some ways it's shared:
 - discussions like this
 - the doctor may introduce them to hospice,
 - K-Love
 - Doc Martin show
 - A Japanese film called Departures about a cellist looking for work, sees an ad for Departures. Shares the young man's journey from being repulsed to reconciling with his father. In the Japanese way, "Departures" means sending the loved one on their way
- regret-free living concept.
- making sunshine moments
- Try to find time to step back and not be the caregiver:
 - spend time to just be with that person and with the rest of the family, and make beautiful memories that you can all the time you have left.
 - helps with not feeling regretful
 - Caregiving can be a special opportunity.
 - easy to get so involved in the caretaking, dealing with problems, can get lost in that.

- Wrap up

Next Event: **October 18th Fair for Caregiving for Caregivers**