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ABILENE—Late one evening shift, registered nurse Kay Kovach sat at her station in the Hendrick Hospice Care inpatient unit, busily charting information and occasionally glancing at her watch.

All was quiet on the unit, with the exception of the all-too-familiar sound of a patient's wife trying to communicate with him in the room across the hall: "Turn—is that right, Mark? Do you want me to turn you?"

Mark, age 35, was diagnosed with amyotrophic lateral sclerosis 15 months ago. ALS, commonly known as Lou Gehrig's disease, attacks the muscles and renders the patient a virtual prisoner in his own body.



David Stephenson, director of Hendrick Hospice Care, and nurse Billie King visit with Margie Dawley, whose husband is in the Hendrick Hospice Care inpatient unit. (Photo courtesy of Hendrick Health System)

His disease had progressed rapidly. His routines changed from playing catch or going fishing with his son, Tommy, to racing him in his wheelchair. Now, he was totally helpless, unable to swallow or speak.

Two weeks earlier, Mark's breathing became difficult, and he needed frequent suctioning. That setback brought him to the Hendrick Hospice Care inpatient unit.

Kovach acknowledged later that she wondered why God would allow a man

so young to be taken from his family. But it's a reality she frequently faces in her job.

One evening early in Mark's stay, Kovach was startled to see a boy was standing by her—Mark's 6-year-old son, Tommy—eyeing a small plastic bag lying on the desk with three or four apricots inside.

"I love apricots," he said.

Kovach assured him she had more than she needed and offered him one.

Taking a seat beside her, the boy quickly ate the apricot. Then, leaning back with a serious look, he said: "You know what? Life isn't too much fun anymore."

Kovach quietly closed the chart she was working on and laid down her pen.

"Why isn't life fun anymore?" she asked.

"Do you know my daddy is going to die?" he asked.

She replied that yes, she knew his father was going to die.

The boy considered her words thoughtfully.

"Kay, do you think we need another apricot?" he finally asked.

Kovach held open the bag for him, and the two sat and ate silently.

In the weeks after that encounter, Tommy visited the nurses' station often, sharing his greatest fears and heartaches with Kovach—watching his mother cry, thinking about vacations the family would not take together and recounting stories of racing his bicycle against his dad in his wheelchair.

"Kay, I bet you didn't know wheelchairs can pop wheelies," he told her.

Kovach relayed Tommy's stories to the hospice bereavement counselor who began talking with him.

Throughout Mark's stay in hospice, Kovach kept a box at the nurses' station, decorated with watercolor painting of an apricot and a card labeled: "Tommy's Apricot Box." Hospice staff kept the box filled with a variety of treats and notes to Tommy.

One afternoon, Mark's father stopped by the nurses' station, his shoulders drooping more than usual. Tired and heavy, he settled into his grandson's favorite chair, noticing the box for the first time.

Kovach explained how the box came to be and how the staff used it. With tears rimming his tired eyes, he talked about what it's like to lose a son, one he considered his best friend, and what it is like seeing his grandson and other family members grieve.

A few nights later, while Kovach again sat filling out charts, an older patient's son came by to talk about his father's condition. Adjusting his baseball cap, the 40-something banker settled in Tommy's nurses' station chair.

Spying Tommy's apricot box, he said, "There has to be a story behind that."

Kovach closed her chart and laid down her pen, once again, ready to listen.

Those are the kind of stories that reinforce the need for hospice care provided in a Christian context, said Bruce Lampert, Hendrick's director of pastoral care.

"Hospice is not just a service," Lampert said. "It's a ministry. And can there be any more appropriate place for ministry to happen than at the bedside of a dying person?"

By creating the hospice inpatient unit, Hendrick provides a comfortable,

peaceful, home-like environment for patients and their families. Hospice ensures the end of life occurs with comfort and dignity.

Hendrick Hospice Care's inpatient unit provides palliative care that focuses on improving the quality of life for patients with advanced and usually life-threatening illness.

The hospice delivers high-quality patient care and pain and symptom management, using a professional team of physicians, nurses, social workers, chaplains, volunteers and support staff.

Established in 1983, Hospice of Abilene joined the Hendrick Health System in 1993 and changed its name to Hendrick Hospice Care in 1997. The inpatient unit opened later that year, the only such facility in the region and one of only two hospice inpatient units among Texas Baptist hospitals.

Hendrick administration improved access to hospice care by converting one unit of the hospital exclusively to hospice inpatient care.

Previously, patients receiving hospice services were spread throughout the hospital.

"Hospice is about quality of life," Hospice Executive Director David Stephenson said. "The staff and volunteers are here because of the difference hospice makes in the lives of patients and families each and every day."

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