Hospice Volunteering

You press the doorbell, wait two seconds, then turn the knob and walk in, as you have been instructed.

Outside is dazzling eleven am sunshine, but you enter late afternoon, the light weak and hazy through plastic sheeting on the windows. A voice calls out, "I'm back here," the here stretched to two singsong syllables. "But first would you be so kind as to doff your shoes?"

You take off your shoes and pad through the parlor. There is a dark green Chesterfield couch, a wingback chair, two floor lamps with fluted smoked glass shades, Persian rugs. Normally you wouldn't consider the front room of a mid-century ranch house to be a "parlor," but in this case the word fits.

There are also cardboard boxes. Many cardboard boxes. You will eventually come to see that they are actually cardboard filing cabinets, each with two columns of eight miniature drawers. On the front of each drawer is a white label with black lettering, and a tiny knob to be pulled with the tip of forefinger and thumb.

Past the parlor is the kitchen and what would have originally been the dining area, which is now occupied by a large recliner-chair and a bedside table.

He is in the recliner, lit by a lamp on the table. Beneath the table a humidifier hums and hisses. On the table are pill bottles, a weekly pill organizer, and a bowl of leftover oatmeal.

"Hello," you say. "I'm the volunteer from hospice, come to visit."

"Hello there. My name is Charles, and I thank you for coming. Welcome, please take a seat." He gestures with a flourish to a wooden chair. "I'm ninety-two and I have cancer, so you will appreciate that I do not shake hands."

"Of course. I understand."

In the dining area are more of the cardboard boxes. Charles notices that you notice them. "You are wondering about the boxes all about the place. Maybe you are wondering if I am one of those hoarders. *Well, I am not a* hoarder. *Contained within those boxes are carefully classified items that as a whole constitute what I contend, admittedly with some self-aggrandizement but maybe not much exaggeration, to be the world's finest private collection of pre-revolutionary war Mexican postage stamps."*

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Volunteers are integral to the hospice movement. They contribute to fund-raising and other organizational matters, assist with the day-to-day running of facilities, and help family members. They sit with people in the very final stages of dying.

But the main role of many volunteers is to visit people in their homes for an hour a week. I have been doing this kind of hospice volunteering for twenty years.

Even if you think hospices are valuable and worthy of support, you might balk at the prospect of weekly home visits. Three things might give you pause.

Amateurism. The hospice volunteer is not a health care professional, not a doctor, not a nurse. Hospice volunteers are not qualified to give the kind of logistical advice that a social worker, administrator, or estate planner can provide, nor offer the spiritual guidance of a minister, rabbi, or imam. They lack any expertise that could actually be of use.

Strangerhood. Hospice volunteers go to see someone with whom they have absolutely no prior connection whatsoever. Why would the arrival of a stranger be an inviting prospect for the person, or for the person's family? Don't they have enough to deal with without adding the task of welcoming into their home someone they don't know from Adam? This sounds like a recipe for an artificial, awkward encounter rather than anything pleasant or meaningful.

Death. The person a hospice volunteer visits is dying. This places a severe limit on any relationship that could develop. For the volunteer, moreover, the experience of getting to know someone just before death is likely to be more upsetting than rewarding.

In sum, you might doubt the value of volunteers—strangers without any competencies—foisting their presence on people who are dying. Such an endeavor would seem to be pointless for the people who are dying, depressing for the volunteers.

But actually exactly the opposite can be the case. Yes, a home-visiting hospice volunteer is an unqualified stranger who enters the home of a person who is dying. But it is precisely because of those features that hospice volunteering can be of great value to both parties.

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You walk through the massive front door of the Victorian house. Then into an entrance chamber. Then into a foyer. At the far end of the foyer is an unlit hall, something between an afterthought and a secret passageway. This leads to a door that opens to the nineteen-seventies addition where Arthur now resides.

He is wearing his tweed jacket and sitting in his tweed chair. "Hello my friend," he says. "Thank you for coming." Arthur is thin and frail. His lungs are weak. He sometimes has trouble speaking for more than ten seconds without a coughing fit. Even so, his broad shoulders and sonorous voice still suggest a commanding presence.

"Wonderful to see you Arthur." You touch his shoulder lightly, then sit on the couch beside him. "Did you watch the news this week? Did you see the bridge collapse in Baltimore?"

When you first started seeing Arthur, you began your visits with some version of "How are you doing?" or "How have you been this week?" But that was the wrong opener. "Terrible," he would invariably say in response. "Just awful." He would frown, shake his head, look at his feet. You would try to say something empathetic, give him the opportunity to explore his feelings, but things just sort of shut down. If, however, the two of you could find your way to an impersonal topic of interest, something other than how he was feeling, his whole energy would change. He would sit up straighter, lift his eyes to meet yours, gesture with his large hands, find his conversational stride. Various topics would work: his childhood on a farm in the French countryside, his four children and six grandchildren, hiking in the Alps. And industrial disasters.

In Arthur's room are dozens of scrapbooks with carefully cut out newspaper articles from the nineteen-sixties to the early two-thousands. At the back of each scrapbook is a handwritten index. The articles cover major world events, local occurrences, and notices about Arthur's friends and family. But the most conspicuous thread is reportage of catastrophe: failing dams, oil spills, plane crashes, nuclear power meltdowns, train derailments, and bridge collapses.

Arthur was a mechanical engineer. He is keenly interested in very large manmade structures: how they work, and why they fail.

So at the beginning of today's visit you ask him about Baltimore.

"Oh yes," Arthur says. "I saw it. An amazing thing. Impact on one pier and the whole bridge collapsed. Through truss bridge. Fracture critical construction." He taps several times on the arm of his tweed chair before delivering the stern moral: "No redundancy in load bearing."

"I read that the ship's power went out for a moment as they were approaching the bridge, and they lost the ability to steer. That's why they hit it."

"I know what that's like. On a cargo ship from Newark to Tunis. Hour out of port. Engine cut out. Adrift. But we fixed it. Stuck fuel rack."

"You were on a cargo ship from Newark to Tunis? When? Why?"

"Nineteen fifty-three. Working for Harris Corporation. Hired by the Tunisian government. To expand their port. They needed a diesel electric dredger. Built it in Glasgow. I was heading the instalment team."

"A diesel electric dredger?

"Cutter suction design."

"Can you explain to me what a diesel electric dredger is? And what does it mean to have a cutter suction design? Also, Tunis in nineteen fifty-three. What was that like?"

He coughs for an extended period, gripping both arms of his chair. It takes him a spell to recover. Then, raising a finger, he says, "First, diesel electric dredger. Then, Tunis."

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The hospice volunteer is not a health care professional, not a doctor, not a nurse. Hospice volunteers are not qualified to give the kind of logistical advice that a social worker, administrator, or estate planner can provide, nor offer the spiritual guidance of a minister, rabbi, or imam. They lack any expertise that could actually be of use. But far from being a disadvantage, their amateur status affords volunteers a unique opportunity to practice and cultivate the virtue of full attention.

You exhibit the virtue of full attention when you focus all your conscious awareness on another person. Noddings calls this "engrossment," the state of being entirely engrossed in the other. Murdoch conceives it as the perception of an individual's irreducible particularity, through which one can come to realize “that something other than oneself is real.” In giving others your full attention, you respect their value as ends in themselves. You acknowledge their dignity. You engage with them in a manner that is the polar opposite of acting as though they do not exist.

The virtue of full attention is often paired with altruistic action. Noddings, for instance, says that when I fully attend to someone, “I feel, also, that I must act accordingly; that is, I am impelled to act as though in my own behalf, but in behalf of the other.” But hospice volunteering is special precisely because it can separate full attention from the motivation to act—because it is a chance not to do something but to *just sit there.*

There is a difference between the time of a professional and the time of a volunteer. The professional’s time is valuable because of what they can accomplish. Professional time costs money, and we want to spend less money. So we aim to use professional time efficiently, to conserve it. Professional time can be wasted, so we try not to waste it. But a hospice volunteers is not qualified to accomplish anything. Their purpose is just to spend time with the person—to *be with* rather than *do for*. The time they spend with the person cannot be wasted because spending time with the person is all they are there to do.

There is real value in moments of being with someone without any expectation of anything’s being fixed, real value in the temporary liberation from the tyranny of judgment about what is and is not working. In the case of people who are dying, in particular, such moments can be respite from the burgeoning medicalization of the end of life.

The full attention of a volunteer is also free of a power dynamic characteristic of many professional encounters. Professionals have expertise and are on the clock. This can create an interpersonal inequality between a patient and even the most considerate and self-effacing of professionals. One party has something that they are there to bestow on the other. To be on the receiving end of such an interaction is not necessarily humiliating, but it is hard for it not to be at least somewhat humbling. There is nothing humbling about spending time with a know-nothing volunteer.

In *The Wings of the Dove* Henry James describes a meeting between a doctor and sick woman. Having "ten mere minutes to give," the doctor sets on the table between him and the woman a "crystal-clean cup of attention." James's metaphor highlights the purity of the doctor's attention. But it also captures his attention's sharply defined limits. During the patient's bounded time, she will try to restrict herself to talking only about what will be relevant to the doctor's expertise, to hone her interaction to fit into the cup. The person you visit as a hospice volunteer does not need to do any honing. Your conversations can flow in any direction, can jump and slide and pour wherever. Your attention is receptive to any aspect the person wishes to share.

Loved ones who are caring for the person might also wish to pay that kind of attention. But despite their best intentions, caregivers simply might not have the time or bandwidth for extensive moments of non-care-giving. Doing nothing but being with can be a luxury caregivers cannot afford. Volunteers are graced with just that luxury.

It is, consequently, unsurprising that many volunteers find it inapt to refer to the person they visit as a *patient* (let alone as *my patient*). Patient derives from "passive," carrying with it the idea that the person in question is being acted on by someone else. That does not completely misrepresent a person's relationship with a doctor or other healthcare professional. But hospice volunteers do not do any acting on the person they visit. The relationship is not that of agent-to-patient. So what term should be used? One hospice I volunteered with instructed us to use *client.* The transactional nature of that word—the implication of exchange of service for compensation—seemed to me no better than patient and maybe worse. I generally find myself referring, inelegantly, to "the person on hospice" or just "my person." Not a great solution, I know, but I have not been able to figure out anything better.

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Sam was in the infantry during the Korean War. He worked in an automotive frame factory in the fifties, then moved into delivery driving in the sixties. By the early seventies he had became a long-haul trucker.

"The big moment," he is telling you, "the really big moment, came in seventy-four, when Nixon, ole Tricky Dick, lowered the speed limit to fifty-five. Fifty-five goddamn miles per hour! Do you have any idea how slow that it is? That is sloooow. No way in hell we were gonna stick to that speed. When you're running, time is money."

Sam lives in a family house that has been reconfigured into a care home for five elderly occupants. Sam does not want to sit in his room, and to be honest, neither do you. It is messy and odorous, and there is space for only the bed and one chair. Nor does he want to sit in the common room "with all those old biddies." (The four other occupants are women.) So you have decamped to the back patio, sitting in white plastic chairs under a frayed awning. Sam has brought out a bag of sunflower seeds. From the glances you catch of the two workers as they go about their business, you surmise that Sam's habit of spitting shells to the ground is none-too-popular with staff.

"What sort of things did you transport?"

"Any goddamn thing they'd pay me for. And some of the stuff was crazy, I can tell you. Dead animals. Weapon parts. Crates of bibles, ha! Once I hauled bags and bags of packing peanuts, filled up the whole box and weighed next to nothing. But I guess the damnedest one was in seventy-eight, outside Dallas."

Sam had been a smoker, and it is easy to imagine that this is a moment when he would have drawn deeply on a cigarette. But of course he cannot smoke here. He pops a sunflower seed in his mouth and spits out the shell.

"It was a private job for an oil millionaire and his lady-friend." He proceeds to spin a yarn about a trip back and forth between Texas and Los Vegas that includes cop evasion, call girls, and a craps session that turned five hundred dollars into five thousand.

"Wow," you say. "That was quite a time. When you were driving in the seventies, that's when the whole CB craze was going, wasn't it?"

"Yeah, that's right. CBs weren't for just fuckin around then. With the goddamn fifty-five speed limit we had to know where the cops were laying traps just to make our runs count. That's why we all had handles. Couldn't use real names."

"What was your handle?"

Sam fixes you with a stare, and then grins. He spits out a sunflower shell, watches it fall to the ground, looks at me again. "I was Big Johnson.*"*

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Hospice volunteers go to see someone with whom they have absolutely no prior connection whatsoever. This might seem to severely limit the value of their visits. Why would the arrival of a stranger be an inviting prospect for the person, or for the person's family? Don't they have enough to deal with without adding the task of welcoming into their home someone they don't know from Adam? It sounds like a recipe for an artificial, awkward encounter rather than anything pleasant or meaningful. But actually exactly the opposite is the case.

"Love is a constant interrogation," writes Milan Kundera. "In fact, I don't know a better definition of love." The point I take from Kundera is that we care deeply about others' being sincerely interested in us. We feel loved when we talk with someone who truly wants to hear what we have to say (and is not simply letting us talk about ourselves just long enough to justify their talking about themselves). We take curiosity in ourselves to be a great virtue of companionship.

Arriving as a stranger puts a hospice volunteer in exquisite position to practice and cultivate the virtue of companionable curiosity. As a stranger, a hospice volunteer knows next to nothing about the person they have been assigned to. They do not know the details of the person's job or family. They probably know nothing about the person's childhood, their favourite books and movies and music, their memorable holidays. Little or nothing about the activities to which they have devoted heart and mind and to which the piffling word "hobby" does not do justice. Nothing of their first meeting with the one who would become the love of their lives. The person can relate all this from scratch. The hospice volunteer just has to be a companion who is curious.

It is not hard. Virtually every person, when they are talking about what they are passionate about, is interesting. Fascinating even, with stories and enthusiasms equal to the most riveting of novels.

It is not hard, but a modicum of planning can help. I kept notes in a small pad I would glance at a few moments before heading off for a visit. When Sam mentioned in passing that he switched jobs when he was thirty-seven, I reminded myself to ask him to tell me more about what led to the change. When I saw on Arthur's bookshelf a row of seven novels by the same author, I copied down the name so that I could ask him about the author at a later visit. Before a visits with Charles, I did a few minutes' internet research to enable me to be a somewhat more active participant in the seminars he delivered each week on the Mexican postal system (1870-1910).

I suppose one way of describing such conversation is as a distraction from the reality the person is facing. But I would resist that description. Nothing is more essential to a person than their stories. By the time someone is on hospice, they will have lost the capacity to do many of the things central to their identity. But they may still be able to talk—about their family, their past, their vocation, their avocations. The presence of a fresh pair of ears can help them to feel like themselves.

Nor is pure talking the only option. Other activities can help carry the conversational load. With Bill, a lifelong St. Louis Cardinals fan, I timed my visits to coincide with broadcasts of Cardinals' games, during which we grappled together with the big issues—the efficacy of extreme infield shifts, the ramifications of designated hitters in one league but not the other, the ranking of pitchers present and past. Sam, an avid poker player, gave me tutorials in Texas Hold 'Em, which afforded him the opportunity to regale me with stories of his most audacious wins and most unlucky losses. Arthur belonged to a chess club for thirty years, and (when he was up to it) he and I would play, both of us so focused on our game we would usually end up surprised to realize we had gone well past the hour mark. Marion and I watched afternoon reruns of

Gunsmoke and wondered together during commercial about the relationship between Matt Dillon and Miss Kitty.

But what of the fact that these people were dying? Wasn't that something we talked a lot about? As it turns out, not really.

The people I visited were well-aware they were dying. It was not unusual for them to remark it. Charles would regularly mention that as a Christian he had no fear of death. Bill mentioned not being around for the next season of Cardinals baseball. In the moments spent recovering from his mighty struggle to take three steps and sit down in a chair, Arthur would often say something to the effect of, "I don't see the point of this going on much longer. Really, I'm ready to be done. And I think it will be very soon."

But dying was not a subject we talked about for long or in much depth. I aimed to be alert to it, and to signal my receptiveness to discussing it. At the same time, I did not want to force the subject on them. I wanted to talk about it if that was what they wanted, but only if that is what they wanted. The result was that we ended up spending most of our time on other things.

Hospice volunteers in some studies report experiences similar to mine, their visits mainly taken up with stories, anecdotes, reminiscing, small talk, friendly chat. At the same time, hospice volunteers in other studies report that death and existential issues do play large roles in their visits. What might explain this difference?

I suspect at least part of the explanation for why the people I visited did not talk a great deal about death is the particular demographic they belonged to. Most of them were men born in the 1920s. The stereotype of that group is of stoic, just-get-on-with-it types who do not dwell a great deal on their feelings. The men I visited fit that stereotype reasonably well.

They were also, to put it bluntly, old. Indeed, by the time I visited them, they had been old for a long time. That they were nearing death did not seem to be something they took to be surprising news.

Daniel Callahan maintains that while the death of a young person is a tragedy, the death of someone who has lived the full span of a natural human life is not. I think my octo- and nonagenarians would have agreed with Callahan. They seemed to consider their situation to be more a matter of fact than a tragedy. And I would suggest (at the risk of virtue-inflation) that following another's matter-of-fact lead—not being any more dramatic about a person's situation than the person is himself—is yet another virtue that hospice volunteering affords the opportunity to practice and cultivate.

Before closing this section, I want to mention one more benefit of a hospice volunteer's being a non-professional and a stranger. It is a benefit suggested by a comment I heard from caregivers of literally every person I visited: "It was so good for him to have a reason to get up and get dressed." Even when our hour together had been very far from sparkling, so caregivers told me, the person's day was improved by his having to prepare and be present for a visit. Here's what I think lies behind that.

People with terminal disease are in danger of suffering from self-pity and a loss of dignity due to social isolation, loneliness, and boredom. Not getting up courts that danger. Whatever sense a person might have that he is nothing more than a dying patient is likely to gain momentum from a day spent entirely in nightclothes during which he interacts only with those providing him one kind of care or another. The visit of a volunteer can go some way toward combatting that. The volunteer's non-professional status makes it a visit, not an appointment, creating the expectation of at least some degree of sociability. The volunteer's stranger status gives the visit at least a smidgen of formality, making it an occasion for the person to collect himself and make himself presentable. And to stem the momentum of self-pity and loss of dignity, one could do worse than give someone a reason to prepare for a social visit by attending to self-collection and presentation.

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Thomas lives in a well-appointed assisted living facility in Phoenix. He moved there eight years ago, after his wife Jane died, to be near his daughter Liz. For the eighty-two years before that, Thomas lived in Coventry, England.

On the table between the two of you are cups of tea and a package of the chocolate digestives Liz makes sure Thomas always has on hand. Thomas is telling you how he met his beloved Jane.

"It was June of 1948, I was twenty-two. The place to meet girls then was the palais. Do you know what I mean? The local dancehall. It was a very conducive locale, a place one could approach a girl one didn't know, ask her to dance, and not be accused of philandering. Very conducive."

"And the girls would say Yes even if they didn't know you?"

"Oh yes. Certainly. Because, you see, they loved to dance, many of them, and they couldn't dance alone. They had to have partners. So one could approach girls without acting the wolf. Very conducive. I don't know how young people manage it today."

"Internet dating," you say.

"Well," Thomas says, with tone and gesture that indicate despair at the state humanity has come to.

"Was there one particular dancehall you went to?"

"But of course. The Rialto. Every Saturday. And on Wednesdays when it was free for the ladies." He points a shaky finger to your cup. "Would you like another tea? I can call the attendant. More biscuits?"

"No, thank you. One cup and two biscuits is plenty for me. So you went to the Rialto on Saturdays and Wednesdays?"

"Yes that's right, and it was on a Saturday in June that I first saw Jane. It was probably around eight o'clock. We would usually go to the pub first, and then go to the palais at about eight. Jane was with a group of other girls. They were probably drinking Shandies. Girls mainly drank Shandies in those days. I don't know what young ladies drink these days."

"I don't either."

"It was probably Shandies. And we didn't know them, but it was the palais, which, as I said, was very conducive, so we went over and asked them to dance. In the pairing I ended up with Jane."

Thomas raises the teacup unsteadily toward his lips and manages to get some tea into his mouth. He takes an extremely crumbly bite of chocolate digestive.

"The moment I took her hand to lead her to the dancefloor I was struck. Just struck. Her skin was so smooth! I could not believe it. It wasn't like anyone's skin I'd ever felt before. And she looked at me with these great green eyes. So green! My head began to swim."

"Do you remember what song was playing?"

"But of course. It was 'A String of Pearls.' I was normally a very good dancer, but I had two left feet. I barely knew what was happening.

"When the dance ended she said to me, 'I have just read the most wonderful novel. It's called The Holiday, by Stevie Smith. Do you know Stevie Smith? She's a wonderful poet.' Of course I didn't know who Stevie Smith was and had never willingly read a poem in my entire life. But I said, "Yes, Stevie Smith, her poems are wonderful.'

"We danced together for a while. Then she danced with some other fellows, and I danced with some other girls, as one does. My plan was to ask her to dance the last dance. If one danced the last dance with a girl, one could offer to walk her home. But at ten-thirty I couldn't find her. Her friends told me that she had left because she had to wake early the next day. I later learned she was traveling to Devon to spend the summer with her aunt.

"That weekend I went to the library. I couldn't find The Holiday, but there was a book of Stevie Smith's poems. I checked it out and read them. I ended up renewing the book all summer.

"Meanwhile I kept looking for Jane at the Rialto. She did not show up in July, she did not show up in August. Then on a warm night in September, there she was, dancing with another fellow. I tapped him on the shoulder and cut in.

"I asked if she remembered me. She said she did, but I wasn't so sure. I said, 'We talked about Stevie Smith. A wonderful poet.' And then I recited, 'Our Bog is dood, our Bog is dood/They lisped in accents mild/But when I asked them to explain/They grew a little wild.'

"Jane laughed. That was the first time I heard her laugh. She said, 'Yes, that is a wonderful poem.'

"I walked her home that evening. Six months later we were married."

"Just goes to show the power of poetry," you say.

But for the moment Thomas is in Coventry, not Phoenix. "We had fifty-eight wonderful years together," he eventually says. "I was a very lucky man."

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Many find hospice volunteering rewarding. Being a non-professional and a stranger contributes to that. It is delightful to learn about the universe of another human being. It can be refreshing just to *be with* somebody, without the expectation of anything's being fixed. And of course most humans enjoy making others feel better. Indeed, some hospice volunteers say that they do not think of what they do as altruistic because they get more out of it than they give.

But one element of hospice volunteering may still seem daunting. People on hospice are dying. To be with someone as they are approaching death is distressing. We should face such situations with compassion and courage when a person already in our life is dying. But it is something we hope not to happen. Why would we want to bring more of that into our lives?

Hospice volunteering is not for everyone. It would be emotionally untenable for some. But it may not be as distressing as you might think. For there are significant differences between confronting the death of a loved one and being a hospice volunteer.

For starters, being assigned to a person on hospice is nothing like learning that a loved one is dying. Learning that a loved one is dying is news of the gravest significance, a challenge to come to grips with. Being a hospice volunteer is not like that. Before you even know who the person you will visit on hospice is, you know they are dying.

Knowing from the start that the person is dying also changes how their death affects you. It will affect you. You will have come to care for the person, and so you will be sad. But your sadness will not be grief.

Grief is a wound. A rupture. A profound disorienting. Someone who has played a crucial role in your life is no longer there. You cannot proceed as before. You have to find a new way of being in the world. As Michael Cholbi has explained, when someone very close to you dies, you may have to renegotiate your very sense of self.

The journey of grief is not something you go through upon the death of your person on hospice. As much as you may have come to care for the person, your relationship was from the start predicated on his limited life expectancy. You will be sad when the person dies. But it will not be an upheaval to how you live, to who you are.

Along with that sadness, moreover, will come gratitude. You will have gained entrance into the universe of the person you visit. You will have been transported to times and places that would otherwise have remained inaccessible to you. You will have opened up to you interests and passions you never before even dreamt of. This is something to be grateful for.

Grief is important. It is integral to our humanity, not a disease to be eliminated. All the same, grief is something we hope eventually to get through—get through to something else. That something else is not numbness, nor is it indifference, nor is it forgetting. I do not know what that something else is. But I think we could do worse than to consider the sadness-that-comes-with-gratitude as an aspect of what we hope to get to when we get through grief. Hospice volunteering gives the heart experience of sad gratitude. It affords the opportunity to practice and cultivate that response to the death of people we care about.

Some hospice volunteers report not only increased acceptance toward the dying of loved ones but also a transformation in attitudes toward their own mortality. One aspect of this transformation seems to be a heightened awareness of the fleeting preciousness of life and a strengthened resolve to embrace the day: hospice volunteering seems in this regard to serve as a powerful *memento mori.*

Hospice volunteers have also reported reduced anxiety about their own deaths. Why might this be? I suspect it is partly because in the modern world many people can go much of their lives without engaging directly with the dying process. The unknown-ness fuels anxiety.

Spending time with a person on hospice can take an edge off that, especially when the person meets the moment with grace, courage, and wit.

But perhaps more importantly, spending time with a person on hospice reveals that while pain and suffering may be part of the last few months of life, they need not be the only parts. There can be deepened connections to loved ones, moments of self-discovery, opportunities for spiritual growth. And there can be the real human joy of friendly conversation. Hospice volunteering offers a view of how we can live our lives well right up until we die.