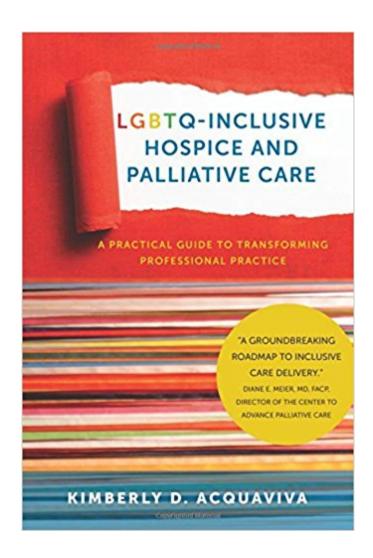


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LGBTQ-Inclusive Hospice And Palliative Care: A Practical Guide To Transforming Professional Practice





Synopsis

This is the only handbook for hospice and palliative care professionals looking to enhance their care delivery or their programs with LGBTQ-inclusive care. Anchored in the evidence, extensively referenced, and written in clear, easy-to-understand language, LGBTQ-Inclusive Hospice and Palliative Care provides clear, actionable strategies for hospice and palliative physicians, nurses, social workers, counselors, and chaplains.

Book Information

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Customer Reviews

"LGBTQ-Inclusive Hospice and Palliative Careà provides thoughtful guidance for healthcare practitioners to optimize care and best meet the needs of theirà seriously ill patients, partners and families.à Bravo to Kim Acquaviva for theà comprehensive and high-quality book.à It's a 'must read.'"ââ ¬â à - Amy Berman,à Senior Program Officer, The John A. Hartford Foundation"Informative, comprehensive, helpful, accurate, and much needed among professionals working in palliative and hospice care. The author's passion for and competence in the subject are evident throughout the book. I applaud the author's choice and ability to present the content using plain language, which made material easy to read and assimilate."à - Renato Barucco, Coordinator of the Program for the Study of LGBT Health,Columbia University/New York State Psychiatric InstituteA groundbreaking roadmap to inclusive care delivery. (Diane E. Meier, MD, FACP, Director of the Center to Advance Palliative Care)This book could not be more timely... [It] provides in-depth yet user-friendly cultural

competency lessons [and] tips for all the major steps recommended for institutional change. (Sherrill Wayland, Manager of National Projects SAGE (Services & Advocacy for GLBT Elders))

Before I wrote this book, I was always a bit curious about how people turned an idea into a published book.Ã Â The following is intended to satisfy the curiosity of readers wondering the same thing:In September 2015, the publisher contacted me about the possibility of writing a book and I signed a contract with a deadline to deliver the finished manuscript by September 2016. Shortly after getting under contract, I decided to apply for a long-overdue sabbatical.Ã Â Â Â I was granted a 6-month sabbatical (January 1 - July 1, 2016) from the George Washington University.Ã Â I started outlining the book in Scrivener in October 2015 but didn't actually begin writing until January 4, 2016.Ã Â Â Â I used Suzanna's Pacemaker (pacemaker.press) to set daily target word counts for writing.I wanted to make sure the content in the book was not only accurate but also inclusive of the diverse perspectives represented by each of the target disciplines, so after the manuscript was drafted in Scrivener and exported to Microsoft Word, seven content experts reviewed and provided detailed feedback via a reviewer portal set up using annotate.co.Ã Â Â Â In addition, I harnessed the power of social media - Twitter, LinkedIn, and Facebook in particular - to gather personal anecdotes from hospice and palliative care professionals, patients and families to include throughout the book.

With the increase of those in the LGBTQ community living openly and being allowed to legally marry in record numbers a book of this type has long been needed; although at the same time it $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ s a little disheartening there $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ s even a need for it. Last time I checked everyone dies the same way regardless of sexual preference so they shouldn $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ t be treated differently just because of who they $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ re in love with. I felt the author provided unique insight and guidance into how to provide appropriate care when the time comes for this level particularly in best how to address someone such as the proper pronoun or relationship status. I like how she pointed out that the community doesn $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ t need $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{A} "special care $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{A} as if they $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ re different from heterosexuals but instead need to be treated more inclusively. She provides some very astute questions to ask yourself as the caregiver, discussion questions and perspectives from caregivers who provide their vast experience. Those in the field can learn a detailed process on how to provide the best patient interaction as well as educate themselves on practically everything to do with sex, gender, and its applications in the health field

including how to ask about assigned birth gender, their true gender and the proper pronouns. She discusses the barriers the community historically has had in accessing proper care, how to take a comprehensive history, coordinate family meetings and how those dynamics can play out in decisions. You learn how to set goals, receive an overview on ethics and legal issues, and learn a variety of strategies on patient care, disease progression, pain and medication management, and signs of death. You $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ¢re also given a view on mental health related topics along with spiritual issues. You can $\hat{A}f\hat{A}\hat{c}\hat{A}$ \hat{a} $\neg \hat{A}$ $\hat{a}_{,,c}$ t leave this book without learning something thanks to her in-depth objectives, key terms, summaries, points to remember, discussion questions and activities. All of which are great to use in team exercises to educate staff and fellow caregivers. She even provides additional resources to show the EXTREME amount of time, attention and detail that went into creating this and how the reader/student can find additional information. It was still hard to read a quote by a professionally educated medical caregiver who openly declared their Christian faith with firm black and white beliefs which $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \mathring{A} dictate marriage is solely between a man and a woman. $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{A} Even if the nurse does claim she had an epiphany after caring for someone in a lesbian relationship which made her realize their relationship really wasn $\tilde{A}f\hat{A}c\tilde{A}$ â $\neg \tilde{A}$ â, ct that different from any other couple. As someone with a deep and irrevocable tie to the community it was hard to feel happy that regardless of what her faith dictates the nurse claims she can still provide care for a community she openly admits to hold a prejudice towards. It $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ϕ s like the separate but equal doctrine: it $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ϕ s okay to discriminate against those you deem unequal to yourself as long as you provide the $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ $\ddot{\Xi}$ cesame $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ϕ standard of care and say you are doing so out of $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \ddot{E} celove $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ . In some ways it $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ s people like that who need this book the most; those who are literally defining the quality of life for people who they don $\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ϕ t see as equals. Like I said, $I\tilde{A}f\hat{A}\phi\tilde{A}$ â $\neg\tilde{A}$ â, ϕ m bias when it comes to the LGBTQ community since I believe a person deserves quality care tailored to their medical needs and a caregiver $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ s belief system should $\tilde{A}f\hat{A}\phi\tilde{A}$ \hat{a} $\neg\tilde{A}$ \hat{a} , ϕ t be a factor in what kind of care is administered. This is the kind of book every hospital, nursing home, home health, hospice center, etc needs to have on hand, it should be required reading for all caregivers.

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