Cicely Saunders
and the Hospice Movement:
Changing the Tragedy of Dying into a Triumph

Kent Manion
Individual Junior Paper
2500 words
“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”

-Cicely Saunders

People of all cultures throughout history have been linked by one common thread. We all eventually will die. For centuries death was a similar experience for humankind. It was a natural part of life that could not be delayed or halted. Our ancestors typically died at home supported by family and community. However, with advances in medical care in the 20th century, the dying process could be prolonged or even prevented. While this was a triumph in many ways, use of modern medical treatments for the terminally ill often resulted in extended pain and suffering, creating an unintended tragedy.

In addition, death started occurring in hospitals. People were dying in a more unnatural way without the personal care of family and friends. In response to this tragedy, Cicely Saunders, an English nurse, social worker, and physician, pioneered the modern hospice movement. The movement empowered people all over the world by helping them decide how they wanted to live before they died, giving them a more comfortable, peaceful, natural, and dignified death.

Before the 20th century, most people in the United States (U.S.) died at home fairly quickly. Neighbors, friends, and family cared for the dying person. They also cared for the

---

grieving family before and after their loss.\textsuperscript{5} However, as medical technology advanced in the 1900s things changed.

As a result of revolutionary inventions in medicine, death could often be prevented. For example, in 1928 Alexander Fleming discovered the first antibiotic, penicillin.\textsuperscript{6} As the use of antibiotics evolved, infection, which caused about 33 percent of all deaths at the beginning of the 20th century, caused only about four percent of all deaths at the end of the century.\textsuperscript{7} This was one of many medical triumphs.

In 1928, Philip Drinker and Louis Agassiz Shaw developed the tank respirator, also known as the iron lung.\textsuperscript{8} It helped people breath when they could not breathe on their own due to diseases such as polio.\textsuperscript{9} In 1953, Bjorn Ibsen created the first intensive care unit. It was a dedicated hospital ward in which the very sick were cared for, each by their own nurse, often with the use of ventilators.\textsuperscript{10} Hospitals, once a place of hopelessness, became a place to cure disease and make people well.

\begin{flushright}
\footnotesize
\textsuperscript{3}Consider the Conversation. Produced by Terry Kaldhusdal, 2011.
\textsuperscript{7}"Mechanical Ventilators." Science Museum Brought to Life Exploring the History of Medicine, broughttolife.scencemuseum.org.uk/broughttolife/techniques/mechanicalventilators.
\end{flushright}
“Today, hospitals are central to the delivery of medical and surgical care. However, in past centuries most people would have avoided entering them. Hospitals were often a place of ‘last resort’ associated with poverty, infection, and death.”

Average life expectancy changed from 47.3 years at the turn of the 20th century to 76.7 years at the end of the century. In addition, more people were dying slowly because the leading causes of death changed from infectious diseases to heart disease and cancer. By the mid 20th century most people died in hospitals. Death was increasingly viewed as a failure by the medical community. Death became institutionalized and people no longer died at home. People often died hooked up to machines without the personal care of family and community. This was a turning point in how people lived at the end of their lives. Cicely Saunders, who lived for most of the 20th century, witnessed the many triumphs in medicine as well as the tragic byproduct of these triumphs. As her life progressed Saunders left her own legacy of change and triumph for 20th-century medicine through the development of modern hospice.

Cicely Saunders was born on June 22, 1918, in England. In 1938 she completed her philosophy, politics and economics degrees at St. Anne’s College. To help the war effort during

---

16 Kiernan, telephone interview by the author.
World War II she enrolled in nursing school at St. Thomas’s Hospital and completed her degree in 1944. Saunders then returned to St. Anne’s and pursued a degree as a Lady Almoner, or social worker.

As a Lady Almoner, Saunders helped poor, hospitalized patients arrange for aftercare. She also volunteered as a nurse during this time. Saunders had a special interest in helping the terminally ill. She observed that hospitals were designed for people with illnesses and injuries which could be cured. They were not well equipped to help people who were in pain and dying slowly. Saunders was troubled by the lack of adequate pain control. Painkillers were rarely used because they were considered to be dangerous and addictive. In addition, she was concerned by the medical community’s lack of support in helping dying patients. During this time she was inspired by one of her patients to challenge current practices and initiate change.

In 1947, Saunders cared for a man named David Tasma who was dying of cancer. He asked for three things from Saunders as his caregiver. First, he wanted openness of communication. Second, he said, “I want what is in your mind and in your heart”. Third, he asked for freedom of spirit. Based on these insights, Saunders established three principles of hospice care including maintaining openness, caring with the mind as well as the heart by combining skilled medical care with compassion, and allowing each individual to make his or

---

17 "Better Care at the End of Life." Cicely Saunders International, cicelysaundersinternational.org/.
20 "Better Care at the End of Life." Cicely Saunders International, cicelysaundersinternational.org/.
22 "Better Care at the End of Life." Cicely Saunders International, cicelysaundersinternational.org/.
her own personalized journey towards their end of life goals. She set out to transform medical care for the dying using these three principles as pillars.

Saunders shared her goal with the surgeon for whom she was working. He said, “Go and read medicine,” meaning go and become a doctor, because, he added, “It’s the doctors who desert the dying.” Therefore in 1951, at the age of 31, she pursued her degree as a doctor with the hope of changing how the medical community cared for the dying.

Cicely Saunders graduated from St. Thomas’s Medical School in 1957. In 1958 she received a research scholarship to work in London on pain control for the terminally ill. This was a turning point in her career. As part of her research, she took pictures of patients before they received adequate pain control, and then again after they received adequate pain control. She recognized that there was a desperate need for research on how to help the dying. Saunders envisioned a modern hospice facility dedicated to specialized clinical care of the dying, scientific research focusing on how to help dying patients and further education of other professionals.

The words hospice and hospitality come from the Latin word “hospes”, which refers to a traveling guest or traveler’s host. The Crusaders of the 11th century are believed to be the first to set up homes for the terminally ill. In the 14th century hospices were a place of refuge for tired or sick travelers. Religious groups provided hospice for the dying for centuries. This care was

27 “Better Care at the End of Life.” Cicely Saunders International, cicelysaundersinternational.org/.
29 Boulay, Cicely Saunders, 239-240.
directed towards poor people who had no family. Saunders was the first to apply the name hospice to specialized medical care for the dying when she pioneered the first modern hospice center.

In 1963, Saunders started a fundraising campaign to build the center. By 1965 she had the funds to proceed and in 1967, the first modern hospice was opened in England. It was called St. Christopher’s Hospice and had space for fifty-four patients. This was the start of a transformation in how the modern world perceived the dying process and cared for those who were terminally ill.

While striving to open St. Christopher’s Hospice, Saunders shared her knowledge and goals with the medical community. She wrote about her experiences with the dying. She traveled to give lectures to colleagues and caregivers. Saunders also authored many professional papers about her research and ideas.

These efforts included a trip to the U.S. where she shared her pictures and research on pain control and championed the cause for change. During her first trip to the U.S., she visited eighteen hospitals and academic centers. She met with doctors, social workers, nurses, psychiatrists, scientists, and chaplains. She forged relationships with many influential medical professionals. She stayed connected with these colleagues through letters and medical journal publications as well as a St. Christopher’s Hospice newsletter, which she started and distributed.

---

33 "Better Care at the End of Life." Cicely Saunders International, cicelysaundersinternational.org/.
35 "Better Care at the End of Life." Cicely Saunders International, cicelysaundersinternational.org/.
once it was opened.\textsuperscript{37} Saunders also invited colleagues to visit St. Christopher’s to learn about, and then initiate modern hospice care in their area of the world.\textsuperscript{38} She was featured in articles in U.S. newspapers and magazines such as Harper’s Magazine and Time magazine. Her work and ideas were blanketing the country. Her initiatives on caring for a dying person’s “total” pain, including physical, mental, social and spiritual began sparking change in the U.S.\textsuperscript{39}

Saunders connected with important leaders during her travels in the U.S., one of which was Florence Wald who was Dean of Yale University Nursing School. Wald was inspired by Saunders. She visited St. Christopher’s and then started the first modern hospice in the U.S., called Connecticut Hospice.\textsuperscript{40} 

Multiple hospice programs stemmed from those early efforts. However, progress was difficult. Doctors often lacked compassion towards the dying.\textsuperscript{41} Hospital resources, space, and beds were limited. Many doctors felt that these valuable resources should not be expended on the dying.\textsuperscript{42} In addition, doctors did not agree on how to medically manage the dying with things like pain control.

Doctors broadly debated the use of pain medicines in the terminally ill during that time period. Many felt that the use of addictive medicines such as morphine and heroin in dying patients was wrong.\textsuperscript{43} Furthermore, even if doctors felt they should be used, they could not agree

\textsuperscript{37} “Better Care at the End of Life.” Cicely Saunders International, cicelysaundersinternational.org/.
\textsuperscript{38} Mount, Balfour, M.D. Interview. 11 Mar. 2019.
\textsuperscript{39} “Better Care at the End of Life.” Cicely Saunders International, cicelysaundersinternational.org/.
\textsuperscript{41} “Better Care at the End of Life.” Cicely Saunders International, cicelysaundersinternational.org/.
\textsuperscript{42} Mount, Balfour, M.D. Interview.
on which ones to use. In addition to the hurdles faced in the medical community, there were cultural barriers affecting growth of the hospice movement.

People were unfamiliar with modern medical treatments and hospice care. Furthermore, both doctors and patients did not openly communicate about death. Psychiatrist Elisabeth Kubler-Ross, a 20th-century pioneer in the study of death and dying noted “We live in a very particular death-denying society. We isolate both the dying and old, and it serves a purpose. They are reminders of our own mortality.” Even amidst the challenges with the medical community’s and society’s attitudes towards death and dying, Saunders persevered and continued to guide and inspire others to establish modern hospice care.

Hospice care evolved and took on many forms. The number of independent hospice facilities was expanding in the U.S. Some hospitals created dedicated hospice units. “Home” hospice care also was being provided in nursing homes and people’s homes. The modern hospice movement initiated by Saunders in the U.S. continued to make great strides as the movement became more organized and policies changed to support hospice care.

“What was astonishing about her achievement in the late 1950s was two things: she was trying to focus attention on care of dying, a field that no one cared about, and she was doing it as a woman in a heavily male-dominated profession”, said David Clark, a historian at Lancaster University, United Kingdom.
In 1978 the National Hospice Organization was formed, now called the National Hospice and Palliative Care Organization. Its mission has been “to lead and mobilize social change for improved care at the end of life”. In 1982 Congress voted in favor of the bill\textsuperscript{51} to create a hospice benefit so that people insured by Medicare, mainly the old, could have this care covered by their health insurance. In 1993, healthcare changes resulted in hospice becoming an accepted part of usual health care needs.\textsuperscript{52} These were major milestones.

The court system also was addressing end of life, often contentious, challenges. For example, beginning in 1975, unconscious Karen Ann Quinlan was kept alive for ten years with life support equipment. Her story became a national tragedy and a cautionary tale. Doctors were unwilling to stop the life support and the court ruled on her behalf that she should be allowed to be taken off life support and die naturally.\textsuperscript{53}

The hospice movement continued to grow. In 2006, one year after Saunders’s death and more than a half century after starting her mission to provide specialized care for the dying, hospice and palliative care medicine became a defined medical specialty. This was “a critical step in achieving a seat at the table in American Medicine”, said Susan Black, a physician and professor at Harvard Medical School.\textsuperscript{54} By 2015, about ninety percent of hospitals in the U.S.

\begin{thebibliography}{99}
\bibitem{52} “History of Hospice Care.” National Hospice and Palliative Care Organization, www.nhpco.org/history-hospice-care.
\end{thebibliography}
with three hundred beds or more offered palliative care.\textsuperscript{55} In 2016, 1.43 million patients received hospice care in the U.S. Forty-eight percent of Medicare patients were in hospice at the time of death and there were 4,382 hospice programs certified through Medicare in the U.S.\textsuperscript{56} In addition to developing specialized medical care for the terminally ill, the hospice movement impacted U.S. culture and society in many other ways.

Modern hospice helped not only the dying but also their families during and after the death of their loved one with bereavement support. Also, the financial burden often experienced by families due to costly end of life care decreased as hospice became more accessible.\textsuperscript{57} Additionally, the cost to society as a whole decreased. In 2016, the average cost for the last month of life when dying at home was $4,760 compared to $32,379 when dying in a hospital.\textsuperscript{58} Furthermore, the hospice movement resulted in more open discussion and planning for death through advanced directives, allowing people to choose which medical interventions they wanted in the event of serious illness and removed this difficult and emotional decision from the shoulders of family members.\textsuperscript{59}

The technological developments of modern medicine in the 20th century resulted in many triumphs for humanity. However, use of modern technological advancements for the dying resulted in extended pain and suffering creating an unintended tragedy. Cicely Saunders witnessed the tragic institutionalization of death and championed the modern hospice movement.

\textsuperscript{57} Kiernan, telephone interview by the author.
\textsuperscript{59} Kiernan, telephone interview by the author.
leaving a legacy of triumph. She identified the desperate need of the dying to receive better care, including total pain control and care of the whole patient. She conducted scientific research to define their needs and treatments and created the first modern hospice. Amidst opposition by the medical community and societal resistance to talking about dying, she persevered and educated the world on her studies and ideas and guided others to implement hospice programs in their communities. Her work resulted in changes in governmental and judicial policies. Furthermore, it led to the creation of a whole new specialty in medicine with specialized doctors dedicated to caring for the dying. Her initiatives helped not only the dying but the families of the dying and society as a whole. Saunders pioneered the modern hospice movement and in doing so helped millions of terminally ill people live the last part of their lives well, and die a more dignified, comfortable and peaceful death. Her legacy of modern hospice care is woven into the world of today and continues to change the culture of dying for the terminally ill from tragedy to triumph.
Appendix 1

This shows what St. Christopher's Hospice looked like while being built between 1965 and 1967.
Appendix 2

This shows a four-bed ward in the original St. Christopher's Hospice in 1967.
Appendix 3

This shows Cicely Saunders with one of her patients.
Works Cited

Primary Sources


"Achievements in Public Health, 1900-1999: Control of Infectious Diseases." *Centers for Disease Control and Prevention*, www.cdc.gov/mmwr/preview/mmwrhtml/mm4829a1.htm. Accessed 3 Feb. 2019. This source helped explain to me how Florence Wald has affected the hospice movement and how she has spread hospice even to places like prison.


"Death." New Castle News, 20 Feb. 1979. Newspaper Archives, newspaperarchive.com/new-castle-news-feb-20-1979-p-5/. Accessed 17 Mar. 2019. This source helped me understand that the tragedy of dying at the time was not focused on having a terminal illness but more of the painful and impersonalized way in which they were dying. This source also described how the modern hospice movement was growing and changing how society approached death and dying.


Accessed 5 Feb. 2019. This source helped me understand how life expectancy rates have gone up in the last century.


Duboulay, Shirly. Cicely Saunders. London, Hodder and Stoughton, 1984. This source gave me a lot of good information about Cicely’s life. In addition, the afterword, written by Cicely Saunders provided detailed insight into her thoughts and philosophy.

publications of the same article in newspapers across the country. This helped me understand how widespread the discussion about the hospice movement was coming.


"EPEC-India: Plenary Three - Elements and Models of Palliative Care." *YouTube*, 21 Feb. 2016, www.youtube.com/watch?v=r4_cDf4lplk. Accessed 23 Jan. 2019. This source provided a good idea of how hospice care was created and some of the things that went into the creation of hospice from the point of Cicely Saunders herself.


*Hereford Brand*. 20 June 1974. *Newspaper Archives*, newspaperarchive.com/hereford-brand-jun-20-1974-p-21/. Accessed 17 Mar. 2019. This source helped me better understand how Cicely Saunders ideas were not only affecting the medical community but all people in the community.

source helped me understand the disagreements and tensions occurring between doctors about the use of medications such as heroin and morphine for pain control in the terminally ill.


*Newspaper Archive*, newspaperarchive.com/cedar-rapids-gazette-feb-10-1980-p-43/. Accessed 17 Mar. 2019. This article showed me how the hospice movement was spreading across the U.S. and how new hospices were forming and being made all around.

Jacson, Avril, and Ann Eve. *Hospice Care on the International Scene*. Edited by Cicely Saunders and Robert Kastenbaum. This book provided first hand information from Cicely Saunders herself about her philosophy on hospice care and her goals to continue to expand it internationally.


Mar. 2019. This article demonstrated to me that people from the U.S. would go to visit St. Christophers in order to get a better idea for a hospice back in the U.S.


Mount, Balfour, M.D. Interview. 11 Mar. 2019. This conversation gave me some great first-hand knowledge about what Cicely Saunders was like and about the hospice movement start and struggles.


personalized commentaries were very emotionally moving and provided insight into what the patents were feeling


www.nytimes.com/1982/09/01/us/tax-measure-offers-new-benefits-for-hospice-care-of-terminally-ill.html. Accessed 24 Mar. 2019. This source helped me understand how government policy was changing and how there was often opposition to these changes.


*National Archives and Records Association*,


"U.S. Supreme Court Protects Liberty by Upholding Terri Schiavo's Decision to Discontinue Medical Treatment, Says ACLU of Florida." *ACLU*, 24 Mar. 2005,


**Secondary Sources**

"Better Care at the End of Life." *Cicely Saunders International*, cicelysaundersinternational.org/. 

Accessed 6 Feb. 2019. This source provided me with some information on what Cicely
Saunders International does. This source also provided me with a good photograph of Cicely with a patient which helped me better understand her relationship with her patients.


"Causes of U.S. Deaths Have Changed Greatly." Cleveland Clinic, 2015, health.clevelandclinic.org/causes-u-s-deaths-changed-greatly-infographic/. Accessed 7 Feb. 2019. This source helped me understand how the most common causes of death have changed over the years.

Clark, David. "Cicely Saunders, the 1960s and the USA." University of Glasgow, 21 July 2014, endoflifestudies.academicblogs.co.uk/cicely-saunders-the-1960s-and-the-usa/. Accessed 23 Jan. 2019. This source was focused around the visits Cicely made to the US. This source was very important to my paper because it helped me better understand the visits Cicely made and how important they were in the starting of hospice in the US. This source also gave me a good quote from Cicely Saunders that she started her speech at Yale with on her third visit to the U.S.

Consider the Conversation. Produced by Terry Kaldhusdal, 2011. This source gave me a lot of different professional views on end of life care and offered many pieces of information on end of life care.


"Dame Cicely Saunders Biography." *Cicely Saunders International*, cicelysaundersinternational.org/dame-cicely-saunders/st-christophers-hospice/. Accessed 23 Jan. 2019. This source gave me a really good overall biography of Cicely's life. It also reflected on how she came to focus on hospice and why she started to work on helping dying patients.

"Dame Cicely Saunders Her Life and Work." *St. Christopher's*, www.stchristophers.org.uk/about/damecicelysaunders. Accessed 5 Feb. 2019. This source gave me a good look at Cicely Saunders's life in detail. This source also explained some of Cicely's key achievements relating to hospice.

the story of Terri Schiavo which helped give me a real example of somebody’s life being unnaturally prolonged.

"Discovery and Development of Penicillin." *ACS*,

www.acs.org/content/acs/en/education/whatischemistry/landmarks/flemingpenicillin.html. Accessed 3 Feb. 2019. This source helped me understand some of the reasons that life expectancy has gone up and how medications have developed so much in the past century.

"Dying in a Hospital Means More Procedures, Tests and Costs." *NPR*, 15 June 2016,

www.npr.org/sections/health-shots/2016/06/15/481992191/dying-in-a-hospital-means-more-procedures-tests-and-costs. Accessed 5 Feb. 2019. This source demonstrated how costly medical procedures are. It also showed that hospital care is very expensive.


Fay, Max. "Hospice Costs & End-of-Life Options." *Debt.org*,

www.debt.org/medical/hospice-costs/. Accessed 5 Feb. 2019. This source helped me better understand what the difference end of life care options are and it also provided some information on the cost.

"Florence Wald." *Connecticut Women's Hall of Fame*,

www.cwhf.org/inductees/science-health/florence-wald#.XFBysVxKheV. Accessed 29
Jan. 2019. This source helped me gage Florence's life better and gave good detail on her achievements with spreading hospice care.

"Florence Wald." National Women's Hall of Fame,
www.womenofthehall.org/inductee/florence-wald/. Accessed 29 Jan. 2019. This source gave me some information on Florence Wald and gave me some background information on her life and achievements.

"Global Atlas of Palliative at the End of Life." World Health Organization, Jan. 2014,
www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf. Accessed 3 Feb. 2019. This source helped me better understand what hospice care is and how it is very much so needed in today’s society. It also touched on the barriers of palliative care development and what we need to do to overcome these barriers.

"The Growth of Hospice Care in U.S. Nursing Homes." National Center for Biotechnology Information, 14 July 2010, www.ncbi.nlm.nih.gov/pubmed/20646101. Accessed 5 Feb. 2019. This source gave me a good idea of how much hospice care is spreading. This source also gave me two good graphs that explain that as hospice as progressed the amount of time that people stay at hospices has increased, and that hospice has been made easier to accesses.


"The History of Hospice." Center for Hospice Care South East Connecticut, www.hospicesect.org/about-us/the-history-of-hospice. This Source addressed how hospice started and how that led to the hospice movement. This source is important to my paper because it gave me some good information about how the hospice movement and first hospice ended up in the U.S.


"History of Hospice Care." National Hospice and Palliative Care Organization, 28 Mar. 2016, www.nhpco.org/history-hospice-care. Accessed 29 Jan. 2019. This source informed me of how hospice care started out and how it has evolved so much and spread over the world. This source also gave me a good timeline that gave me specific years and that showed how hospice has evolved.

"Hospice Care Cost/Financing Options." *SeniorCare.ORG*,

www.seniorcare.org/hospice-care/hospice-care-cost/. This source provided good information about hospice care cost and its resources. It also gave some good comparisons comparing an ICU bed to a hospice bed.

"Hospice Care Statistics." *John Hopkins Medicine*,


"Hospice Patients with Cancer Diagnosis Drops below 30 Percent New Report Reveals."

*National Hospice and Palliative Care Organization*, 28 Mar. 2018,


"The Hospital Almoner." *Historic Hospital Admission Record Project*, 2010,

www.hharp.org/library/gosh/general/hospital-almoner.html. Accessed 5 Feb. 2019. This source explained to me what an almoner was. It also gave me key details that show how an almoner relates to a social worker today
"IAHPC History." *International Association for Hospice and Palliative Care*, hospicecare.com/about-iahpc/who-we-are/history/. Accessed 5 Feb. 2019. This source gave me some good information on the International Association for Hospice and Palliative care like who founded it and what its purpose is.


"International Association of Hospice and Palliative Care." *National Hospice and Palliative Care Organization*, www.nhpco.org/link/international-association-hospice-and-palliative-care. Accessed 5 Feb. 2019. This source informed me about the International Association of Hospice and Palliative Care and what their goals are. This source also showed me some of the things they do to achieve their goal of making hospice more accessible.


J Hosp Palliat Nurs. 2011 Nov-Dec; 13(6): S35–S43. doi: 10.1097/NJH.0b013e3182331160 This source helped me understand more specifically how hospice came to the U.S. It also gave me a good story and a good example of how long drawn illnesses induce suffering if they are not handled correctly.


Kiernan, Stephen P. Interview. 15 Jan. 2019. This interview gave me a firsthand account of somebody who has struggled with the passing of two parents. This interview also gave me a lot of great information and statistics on the history of hospice care and how important it is and has been to humanity.

---. Last Rights. New York, St. Martins Press, 2006. This book gave me many statics and facts on end of life care and in hospitals and hospices. It also provided me with many stories that helped me better realize the importance of hospice care.

"Mechanical Ventilators." *Science Museum Brought to Life Exploring the History of Medicine*, broughttolife.scientemuseum.org.uk/broughttolife/techniques/mechanicalventilators. This article gave me good information on the history of ventilators. It also provided me with a photograph that helped me picture what early life support machines looked like.

Murphy SL, Xu JQ, Kochanek KD, Arias E. Mortality in the United States, 2017. NCHS Data Brief, no 328. Hyattsville, MD: National Center for Health Statistics. 2018. This source posed some valuable questions and answered them. This source also gave me some great graphs and statistics that gave me a good idea of some of the things that affect dying

"National Hospice and Palliative Care Organization." *National Hospice and Palliative Care Organization*, www.nhpco.org/nhpco-0. Accessed 5 Feb. 2019. This resource gave me information on the mission, goals, and history of the National Hospice and Palliative Care Organization.


"A Profile of Death and Dying in America." *National Center for Biotechnology Information*, 1997, www.ncbi.nlm.nih.gov/books/NBK233601/. Accessed 3 Feb. 2019. This source informed me that because of how technology has advanced so much, dying in America has changed and we are a lot less knowledgeable about how death occurs and what death is. This source also helped me understand that because of how death is prolonged by
technology and death is now more automated opportunities are avoided to care for the person and important relationships can be missed.

Queens University. 2019, www.queensu.ca/gazette/alumnireview/stories/last-human-freedom. Accessed 24 Mar. 2019. This article helped me learn more about Dr. Mount and his work in palliative care, which was inspired by Cicely Saunders.

"Remembering Dame Cicely Saunders: Founder of Hospice." Crossroads Hospice and Palliative Care, 13 July 2017,

Ruder, Debra. "From Specialty to Shortage." Harvard Magazine, Mar.-Apr. 2015. Harvard Magazine, harvardmagazine.com/2015/03/from-specialty-to-shortage. Accessed 25 Mar. 2019. This source helped explain to me how hospice and palliative care eventually became a formalized specialty within medicine and helped give doctors with that expertise a voice. Furthermore, it also led to more specific training.

Silverman, Julie. "Dame Cicely Saunders and the Foundation of the Hospice Movement." Hektoen International,
and extended my background knowledge about her. This source also gave me some good quotes.


23 Jan. 2019. This source talked about the history of hospice and how hospice is and is going to continue to evolve. This source also led me to some other sources and provided a short timeline on modern hospice and some of the things that have influenced it as it has developed.


"Top Ten Comas." TIME, content.time.com/time/specials/packages/article/0,28804,1864940_1864939_1864901,00.html. Accessed 5 Feb. 2019. This source gave me a better understanding of Terri Schiavo and Karen Ann Quinlan. This source also helped me better understand how these incidents have occurred.

"Understanding the Difference between Hospice and Palliative Care." Cross Roads Hospice, crhcf.org/Blog/the-difference-between-hospice-and-palliative-care/. Accessed 29 Jan. 2019. This source share similarities and differences between hospice and palliative care which are often confused.

"What Happens When Elderly People Die?" Journal of the Royal Society of Medicine, 11 Nov. 2002, www.ncbi.nlm.nih.gov/pmc/articles/PMC1279248/. Accessed 3 Feb. 2019. This Source explained to me the dying process in more detail. It also helped me better understand how dying is very different with every person and that you can't just handal every person the same.
"Where Do Americans Die?" Stanford School of Medicine, palliative.stanford.edu/home-hospice-home-care-of-the-dying-patient/where-do-americans-die/. Accessed 23 Jan. 2019. This resource contributed powerful information about where Americans die and how that compares to where they would prefer to die.