

A Steadfast Spirit

Temple's Palliative Care Team Helps Feisty 90-year-old

At 90 years of age, Theresa lezzi was nothing if not independent. She retired reluctantly at 87 and still lived on her own with Spencer, her chocolate lab, in the house where she grew up. When long-time friend Jerry Wells found her wrapped in a quilt in her kitchen after a record-breaking January snowstorm, she insisted she was fine. Then she tipped over. It took Wells several hours to convince her to see a doctor.

"She didn't realize how cold she was," says Wells, who rushed lezzi to Temple University Hospital. The diagnosis: hypothermia, and frostbite on both hands and feet. Complicating matters was lezzi's aortic stenosis, a heart condition that made her susceptible to fatigue, fainting, and strokes.

But staying in a hospital was not lezzi's style. She refused heart surgery and was adamant about going home, even though she was seriously ill, couldn't care for herself, and couldn't afford to fix her heat.

"She was resistant to go anywhere but her own house," recalls **Trisha Acri, MD**, one of lezzi's doctors. The team of doctors decided they needed support to explore realistic goals of care, and brought in Temple's Palliative Care Team to facilitate discussions about lezzi's hopes and goals. "They're very skilled at dealing with the patient from all perspectives – both medical and psycho-social," Acri says.

Temple's Palliative Care Team supports doctors, families, and patients struggling with advanced illness and grappling with tough choices about future care. Goals of palliative care include keeping symptoms well-controlled and providing patients and families with understandable information so they can make informed choices about care and be at peace with their decisions.

Palliative care is not limited to end of life issues, explains team member **Mary Kraemer, MD**. "It's a medical specialty that focuses on relief of pain and other symptoms of serious illness." For patients with chronic conditions, "acceptance of where they are in their disease process takes time. Support helps."

The team started offering its services in the spring of 2009 in the hospital's Intensive Care Unit. It expanded to surgery and neurosurgery, then cardiology and ventilator rehabilitation. Today, the team of four doctors, a social worker, a nurse practitioner and a chaplain offers its services to patients in every department of the hospital, and has handled more than 400 consults over the past year.

The Rev. **Jim Ingalls**, the team's chaplain, says that sometimes



Temple's Palliative Care Team, clockwise from left: Lydia Lawson, MD; Monica Simms, MSN, CRNP; The Rev. Jim Ingalls; Emily Browning, MSW; Lael Little, CRNP; Mary Kraemer, MD; and Rob Warren, MD, in middle. Not pictured: Donna Poucef, MD.

families just need to pray or vent their pain. "We'll listen to whatever they want to talk about."

Considering the spiritual aspects of care can be particularly helpful to families who are deeply religious, points out **Monica Simms, MSN, CRNP**, a nurse practitioner on the team. "Some people will say, 'God heals all.' It helps to have someone pay attention to those views while discussing goals of care."

The service can be helpful to doctors, too. **Susan Gersh, MD** a primary care physician, recently called for a consult with Palliative Care to help in a family discussion for an elderly woman who had grown unresponsive after a prolonged hospital stay. "It was nice because they are available to provide real-time feedback," Gersh says. "Before palliative care, the way you learned to conduct family discussions was to have bad situations and then learn what not to say. . . . It's nice to have the Palliative Care Team back you up."



The Wells Family on their front porch, holding a picture of Theresa lezzi when she was younger. Clockwise, from left: Gail Wells, granddaughter Hannah Jackson, Jerry Wells (standing), son Tyzae Wells, grandson Jameer Cooper, grandson Javon Alston, and daughter Elisha Cooper.

The service is purely consultative, says team member **Rob Warren, MD**. For some patients, discussions might give them courage to pursue aggressive treatments. For others, it might suggest a way to back off intense therapies or help a loved one manage pain differently. Palliative care also takes economic needs and family situations into account. "That's what makes palliative care unique," Warren says. "We bring expertise in symptom management on a daily basis. We can really focus on symptoms and quality of life."

In lezzi's case, discussions centered less on what medications she would take or what treatments to undergo and more about her quality of life, given that her home had no heat and she needed help moving around.

"She really wanted to go home, and that was all she wanted," remembers **Emily Browning, MSW**, the team's social worker. "She was not on the page of, 'Maybe I need to slow down and get some help.' She was on the page of, 'I'm going to go home and live my life and be independent.'"

Single and never married, lezzi was born in Philadelphia in 1919, the child of a Hungarian mother and Italian father. For much of her life, she managed the books in her father's auto repair shop, where Jerry Wells met her as a customer in 1967. When her widowed father died in 1984, Wells still owed a \$500 debt for repairs to his '69 Pontiac Grand Prix, so he brought lezzi \$50 a week until it was paid off. "Then I started taking care of her," he says, "because she didn't have anybody else."

Of course, lezzi would never admit that she needed help. She worked until she was 87 years old, when her job as a lab technician at a local health clinic was eliminated. "I think she would have kept working if she could have," Wells said. "Theresa needed that."

Wells took lezzi food shopping, bought her electric space heaters and checked in on her when the weather was extreme. But in late December, snow overwhelmed the city — and lezzi's space heaters. By the time Wells dug out and went to check on her, she needed emergency care.

Wells helped the Palliative Care Team understand how important it was for lezzi to feel like she had her own space. "Theresa never wanted to go into a home," Wells said. "That would have killed her."

After several discussions, lezzi slowly came to realize that she couldn't do it alone. In the end, Wells offered to take her to his home and bring in visiting hospice nurses to help care for her. She agreed.

"What we did was talk about her hopes and goals," Warren said. "She didn't want to be in the hospital. She didn't want any aggressive treatments. She wanted to go home. By getting hospice care, she was able to achieve the quality of life that she wanted. Hospice care allowed the Wells' family to take care of her. Palliative care was the bridge to hospice."

lezzi stayed with the Wells family for her last 58 days. Wells' wife, Gail Wells, believes the children in the house kept her going. Wells' grandson, Javon Alston, took to climbing up on the bed to sit with lezzi after he got home from school. She played bingo with the kids, and ate sunny-side-up eggs, whole-wheat toast and black coffee for breakfast, Gail Wells remembers. "Right towards the end, she started asking for cream."

lezzi died peacefully at the Wells' home on March 8, 2010.

To obtain a consult with the Palliative Care Team, call 215-581-2057.

