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Hospice Voluntary Service as an Educational Environment

Abstract: Hospice volunteering is a special kind of voluntary service. According to research, the average age of hospice volunteers is higher than the average age of volunteers in other types of voluntary services (Przewłocka, 2011; Seredyńska, 2018). However, this does not mean that there are no young persons in hospices, especially when one remembers that contact with the sick and dying allows people to realize the most important things in life and to gain a more realistic view of their limitations. So, it can be said that the environment of hospice voluntary service offers valuable upbringing and educational opportunities. The paper is based on the analysis of subject literature and address several upbringing and educational aspects connected with the environment of hospice voluntary service. These aspects include the analysis of hospice volunteering which educates for accepting: the central position of God in human life, death as an integral part of life, weaknesses and limitations in the maturing process, and the attitude of 'imagination of mercy' towards the sick and dying. Other educational and upbringing environments do not confront a person with these aspects of life to such an extent.

Keywords: hospice voluntary service, educational environment, volunteer

In Poland, voluntary services are defined by the Act on Public Benefit and Volunteer Work (*Ustawa o działalności pożytku publicznego i o wolontariacie*), which describes a volunteer as "a natural person who provides

services voluntarily and without remuneration, under the provisions hereof" (Act of April 24, 2003 on Public Benefit and Volunteer Work, Art. 96, Item 873, as amended). According to this Act, a volunteer must "be duly qualified and conform to all requirements appropriate for the type and scope of services provided, whenever separate legal provisions provide for the obligation to have such qualifications and to fulfil relevant conditions". He "provides services within the extent, in the manner and within the time-frame defined in an agreement signed with the beneficiary". Jadwiga Przewłocka, referring to the Act, wrote that "a volunteer is a natural person who voluntarily and without remuneration provides services for non-governmental organizations, church (religious) organizations, social cooperatives, and various institutions within public administration" (Przewłocka 2011: 7). Both definitions emphasize two features of voluntary service: the lack of remuneration and its voluntary aspect. Marta Gumkowska added another dimension in her definition of voluntary service, which extends it beyond purely friendly relations: "voluntary service is unpaid, voluntary and conscious service to other people, extending beyond ties that bond a person with his family, acquaintances and friends" (Gumkowska 2005: 3). This definition also emphasizes the aspect connected with the conscious service offered to others. Ewa Bodek, who was a coordinator of a team of volunteers at the St. Lazarus Hospice in Krakow, underlines the selflessness of voluntary work, which goes beyond the lack of remuneration and its voluntary nature (Bodek 2009), but is closely linked with the intentions and motivations with which volunteers embark on their service. Bodek believes that such motivations, which are purified in contact with the sick and dying, are very important.

The Board of Directors of the Polish Hospice Forum (Zarząd Forum Hospicjów Polskich) defined the tasks of hospice volunteer services in the following way: "hospice voluntary services provide comprehensive support to a terminally ill person in order to enable him to lead a dignified life until the moment of natural death. Volunteers also provide support to families during a painful period when a family member is dying and during a bereavement period. A volunteer is a part of a team of people who take care of a sick person and his family. Volunteering is an

integral part of hospice and palliative care" (Zarząd Forum Hospicjów Polskich 2009: 12).

St. Christopher's Hospice was the first hospice in the world based on the rules of palliative medicine. It was opened in 1967 in London by Cicely Saunders – a nurse, social worker and doctor (Górecki 2000; Krakowiak 2007; Du Boulay and Rankin 2009). At present, after over 30 years of the hospice movement, there are about 4,000 hospice and palliative centres, which employ thousands of volunteers and regular workers (Krakowiak, Janowicz and Stolarczyk 2015), and which all share the same principles. According to Saunders, the main task of a hospice centre is to alleviate broadly understood pain, whether physical, mental, social or spiritual (Saunders 1980). A hospice is a part of a 'care system', which complements a 'cure system', the most important task of which is to provide a sick person with physical and mental comfort. This comfort requires the company of a whole team of volunteers, alongside family and friends (Smolak 2009). The principle of accompaniment is one of the most important principles of the hospice, and it also constitutes the basis for the educational and upbringing role of the hospice environment, which will be discussed below.

Religious education in voluntary hospice service

As stated by Lalak and Pilch, following Radlińska, an environment is a certain set of conditions in which a person stays (Lalak and Pilch 1999) and which shapes their personality and influences them. When this influence is intentional, it becomes part of the upbringing process. The hospice environment purposefully attempts to influence hospice volunteers, and that is why care of the sick is an educational area of the hospice environment. Volunteers are educated, firstly, to respect patients' agency and, secondly, to exercise self-control (Kaniok 2005). A volunteer is obliged to engage in a continuous self-reflection of his internal world view and external behaviours in order to be always guided by patients' welfare and a respect for their dignity. What is more, the hospice

environment also exerts an impact on the local environment through the principle of care offered to the patient's family. Additionally, the principle of gaining supporters of the idea of a hospice in the environment is connected with educational activities in this environment, conducted through, for example, Internet websites, lectures or media campaigns (Kalinowski 2008). Through its interactions with the local environment, the hospice environment is guided by a principle of tolerance based on Christian love (Szot 2008), which means that hospices offer their services to everyone, regardless of their beliefs or world view. Volunteers are, of course, brought up in this spirit. The hospice environment is particularly well-suited to taking an active part in religious education (Orłowska 2012). Religious education is primarily aimed at shaping attitudes, moral and religious norms, and a continuous process of bettering oneself as a human being. Moral and religious values are the key ones in religious education, and the most important of them are the values of human life and human dignity. The hospice environment educates these values and moves away from "describing the support it provides as 'accompanying the sick' towards other descriptions, e.g.: 'being with the sick', which entails openness and participation in the emotions experienced by a dying person, 'a servant of accompanying', which entails a conscious and caring presence, 'a servant of dialogue', which denotes an internal predisposition for proper communication (gestures, listening and talking) with a dying person" (Kalinowski 2008: 302). That is why, as far as religious education is concerned, the hospice environment, first of all, teaches appropriate attitudes towards a person in general, and towards a sick person in particular. However, in order to shape this attitude, the hospice environment educates volunteers in a proper attitude towards themselves, their own weaknesses and their own limitations, showing that God is the source of everything and that He gives strength to accept oneself and others in the Christian spirit.

Methodology

The main research question of this study was: What is the educational and upbringing role of the hospice environment? Three detailed questions implied by the context of the main research question were then posed:

- How does the philosophy of hospice care educate volunteers to perceive the position of death and the centrality of God in human life?
- How does a hospice educate the perception of one's own limitations as a hospice volunteer?
- What attitude towards the sick and dying is shaped by hospice volunteer service?

The attitudes of selected hospice founders towards death, God, their own limitations and the sick and dying were selected as the variables of the study. These attitudes were investigated through an analysis of the subject literature containing the works of Cicely Saunders, Eugeniusz Dutkiewicz, Jacek Łuczak, and Jolanta Stokłosa, the founders of hospices in Poland and in London. The literature analysis was complemented by an analysis of an interview conducted in 2016 by the author of the paper with Ewa Bodek, the first and a long-term coordinator of a team of volunteers at the St. Lazarus Hospice in Krakow. The interview focused on the founders of the St. Lazarus Hospice in Krakow and St. Christopher's Hospice in London.

Death as a part of life and God as the centre

One of the principles of the philosophy of hospice care is expressed by the statement that death is an indispensable part of human life. Cicely Saunders talked about this aspect during one of her visits to Poland: "we want to learn how to treat death as an indispensable part or a consequence

of life" (Saunders 1980: 290). This statement is important in upbringing because, if we accept that death is a part of human life, students should be taught about it. We should treat it normally and introduce young people, in a way that is appropriate to their age, to care of the sick and dying. This difficult task becomes easier if we bear in mind that God is the centre of life and that He is a reference point for life and death, which is something that hospices remind us of. According to the founder of the hospice in Gdańsk, Eugeniusz Dutkiewicz, the goal of hospice care is to "accompany a dying person in his journey towards the threshold of eternity" (Dutkiewicz 1997: 111), and the "answers to questions regarding the philosophy of hospice care will refer not to principles and rules but to your own personal answers and motivation – why you are a hospice doctor or nurse and treat patients in a palliative or hospice institution and not somewhere else. And this is a question linked with your vocation" (Dutkiewicz 1997: 119). This means that hospice service in its basic sense is not only voluntary service in a legal sense, but is also a response to God's call. Ewa Bodek quoted the words uttered by Father Józef Gorzelany, the founder of the St. Lazarus Hospice in Krakow, in the new hospice building: "The host is in the centre. He explained it standing with his hands spread out: here we pray and receive power and strength – and he pointed at the chapel – and there we go to the wards to serve with these hands. To share what we have received here" (Bodek 2016). Bodek also talked about the first chaplain of St. Christopher's Hospice in London, who "began every day with a prayer, because they began work at 7 in the morning. And again it was not devotional prolongation. Everyone who wanted to pray could come and do it 15 minutes before work" (Bodek, 2016). If we accept that death is a part of the life that has been offered to us by God, human weaknesses and limitations no longer appear as our enemies but as challenges.

Accepting one's own limitations

Success has become a priority in the contemporary world, and limitations and weaknesses are treated as its enemies. However, the founder

of the first hospice in the world treated personal weakness as an opportunity to gain better understanding and insight. She said: "we need such people – people who can thoroughly understand a person who suffers because they have suffered themselves" (Saunders 1980: 288). Ewa Bodek commented on Cicely Saunders's attitude towards her own weakness: "To come to a foreign country, to take a young girl who is a volunteer and who knows a language to help me in the toilet. Yes, that was Cicely. And that is why she never talked to people in a condescending way. Because she had already been in a wheelchair for a year" (Bodek 2016). This attitude has guided the philosophy of hospice care until today. Numerous volunteers are disabled to various extents, and thanks to this quality they can understand the sick better. They understand that hospice service is not about the efficiency of their activities but about accompanying another human being. As Bodek said: "And these elderly persons who still attend volunteer meetings today – it might seem no one knows what they are there for because they are over seventy and not very firm and fit for work. They are there because they care. And even if they cannot dress a wound, or if their hands shake and they have to be very careful when they are serving tea or food because of their old age, they come because they know, they remember Marysia by their bedside. And they know how important it is. To be." (Bodek 2016). By Marysia, she was referring to one of the doctors working at the St. Lazarus Hospice, Maria Leńczyk, who supervised the team of volunteers.

The hospice environment educates not only an acceptance of one's physical limitations but also other kinds of flaws and weaknesses. The founder of the St. Lazarus Hospice had a personal experience connected with them: he used to collaborate with the communist government and sent them reports on Cardinal Karol Wojtyła. His transformation was mentioned by Bodek when she described the meeting between him and the future Pope. Wojtyła wanted Father Józef Gorzelany to build a new church (Arka Pana Church in Nowa Huta), but he said: *But I am reporting on you*. The Cardinal replied: *Good. You know the right people, you will build the church*. Wojtyła accepted his apologies, forgave him and gave him a church to build. And Gorzelany repented (Bodek, 2016). Something good

was built on weakness and limitation, and this truth can be transformational for volunteers in hospices. A person who has accepted the fact that he is to some extent limited and restricted, that he is weak and fragile, can serve the sick because, thanks to this attitude towards himself, he will not hurt others who are also weak and fragile at the end of their lives.

Attitudes towards illness and weakness

The hospice environment is primarily an environment that teaches attitudes towards the sick and dying. As Cicely Saunders said, "a dying person should never experience the feeling of loneliness, isolation or total dependence on people who are indifferent" (Saunders 1980: 285). She also emphasized that "apart from painkillers, we need to have good people in hospices, people who will always find time for listening to others patiently, who can serve tactfully, with total engagement and calmly at the same time" (Saunders 1980: 287). She also said, contradicting a common belief about hierarchies in hospitals, that "in our hierarchy patients come first, then nurses, and finally, at the very end, doctors. The sick are the most important also because it is them who give the most of themselves, and we use it, take advantage of it, we learn from them. In order to understand that it is not a cliché but the truth, one needs experience, one needs to work in a hospice, not only hear or read about it" (Saunders 1980: 288). In order to make it happen, the forerunner of the hospice movement worldwide wanted to create the right environment at St. Christopher's Hospice and wrote – as quoted by her biographers – that:

We have to pay attention to the tiniest details – the right arrangement of beds, the right atmosphere in the common room, which should be conducive to the sense of freedom and the feeling of beauty. I am against solemnity. I believe that we must create a place in which one can feel at home. We must try to understand how we can improve patients' well-being. We must understand the meaning of serious disease and parting. We must learn peace

ourselves in order to be able to offer peace and safety to patients. Thanks to this, they will find real safety in God. (Du Boulay and Rankin 2009: 142).

Every patient in St. Christopher's Hospice was treated with enormous sensitivity. Saunders described it in this way: "when someone is dying in our hospice, we never let him alone. There is a comfortable armchair by every bed. If this person has no family, if he is alone, one of us always accompanies him, if only to hold his hand and prevent him from feeling lonely" (Saunders 1980: 290). This aspect was commented on by Jacek Łuczak, the Polish founder of palliative and hospice medicine: "every suffering, terminally ill patient requires comprehensive and all-embracing care, which includes alleviating pain and other troublesome symptoms and providing psycho-social and spiritual support" (Łuczak 1997: 15). He also wrote that:

Palliative care is aimed at alleviating pain and other troublesome symptoms, at relieving suffering and at increasing the meaning of a fleeting life. Palliative care is directed at fulfilling psychosocial and spiritual needs, allowing the sick to spend the last period of their life with dignity – possibly as long as possible with the family, whose members should be offered support during the sickness and later during the bereavement period. Constant care should be provided both at home and in a hospice and in a hospital, where it should be aided by a supportive team of palliative carers. Palliative care means respect for life and opposition to euthanasia. By accepting death as a natural part of life, it opposes futile medical care aimed at prolonging life at all costs. (Łuczak 1996: 28–29).

The above considerations were summed up by Eugeniusz Dutkiewicz, who wrote that "time is the key to the philosophy of hospice care if it is to be infused with hospitality of the heart" (Dutkiewicz 1997: 119). According to Teresa Weber, a doctor and a volunteer at the St. Lazarus

Hospice, this means that "when a conversation is no longer possible, members of the team taking care of a given patient should sit by his bed and hold his hand – sometimes a helping hand means more than medicines" (Weber 2001: 40), because "patience is another quality team members need" (Weber 2001: 40). As Dr. Weber wrote, "people taking care of a patient should be available all the time, day and night, regardless of the hour, both to the patient and to his family" (Weber 2001: 41).

The hospice atmosphere can be described using the words uttered by Jolanta Stokłosa, the President of the St. Lazarus Hospice in Krakow:

St. Lazarus Home-Hospice, run by St. Lazarus Hospice, the Society of Friends to People in Disease [Towarzystwo Przyjaciół Chorych "Hospicjum im. św. Łazarza"], is one of the places where we try to restore an attitude of effective sympathy for a person who struggles with his suffering alone, with the thoughts of leaving his family, and with existential questions regarding the meaning of life, illness and death. But a hospice also means a team of people who try to satisfy the needs of terminally sick persons by accompanying them in passing away, who try to help them to carry the burden of passing away and to give hope. Hospice care also embraces the patients' family, who require adequate support. (Stokłosa 2001: 88).

Educating such an attitude in voluntary service is possible thanks to the uncompromising and transparent attitudes of the hospice's founders. One of them, Maria Leńczyk, a doctor from the St. Lazarus Hospice in Krakow, was described by Ewa Bodek in her interview with the following words: "It was not about her academic achievements, she was like this, she had been brought up this way – that when she talked to volunteers about how they should behave, it was the ethics of service, it was first eye contact, it was delicacy in the treatment. Not necessarily questions, but sending signals, which were not meant to 'catch' the person but to discover what he needs from me. And only then – giving" (Bodek 2016). When she described the doctors who created this first hospice in Poland – Jan

Deszcz, Maria Leńczyk, Janina Kujawska, Teresa Weber, Ewa Drozdowska and others – Bodek concluded that their most important feature was “a human attitude. Something that is not taught to future doctors. Yes, this interpersonal communication between a doctor and a patient. I saw it because I drove them to patients and I witnessed these conversations. When they entered, they sat as close to the family as possible. And sometimes it was unpleasant due to aesthetic reasons, the smells, the appearance, sometimes the flats were dirty. And they looked at them with sympathy” (Bodek 2016).

According to Bodek, a hospice stands for the education of the right attitudes towards fellow human beings in general, and towards a sick person in particular. She underlined “such thinking. Not rational planning – ‘I have an hour to spare in a week’. No, love of one’s neighbour” (Bodek 2016). And it is probably this love, this attentiveness, and this imagination that lie at the core of the educational role of the environment of hospice volunteer service.

Conclusions

At present, voluntary service is often a social activity based on noisy, conspicuous advertising, which has contributed to the increasing interest in this kind of activity. Hospice voluntary service is an exception. It requires silence, patience, permanence and agreement for the abandonment of activity. Human activity must cease in the face of death. Accompanying a dying person is a kind of agreement to the mystery that a person has no access to. Death is also a collision with human limitations and human weaknesses. That is why it seems that hospice volunteer services occupy a special position among educational environments. It allows one to pause in the world, which is running ahead faster and faster, and to reflect on the meaning of this race. Summing up, there are numerous upbringing and educational aspects of the hospice environment, and the present paper has focused on three of them: educating perceiving death as a part of life and placing God in the centre, educating accepting one's

limitations, and educating the right attitudes towards the sick and dying. These three aspects have been chosen as they are the ones of particular importance nowadays, and they differentiate the hospice environment from other educational and upbringing environments.

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