Incorporating Doulas In Caring For the Dying

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Hospice SLO County Overview

Established 1977

Original U.S. Hospice Social Model Structure

1980’s Board Elected to Remain Volunteer Hospice

2001 – Prison Inmate Program at California Men’s Colony

2007 – Same Model to Train Vigil Volunteers for 24 hour Vigils in Institutions
The Vigil Experience

- Late Admissions to Hospice
- Inconsistent definition and explanation of “Comfort Care”
- Dying and Families unprepared
- Dying no longer able to engage with family
- Family’s experience of death as traumatic
Seeking a Different Approach

- Standardized Training
- Focus on non medical support
- Fill in gaps in services
- Compliment Palliative Care/Hospice Services
Why INELDA Model

- Standardized Training Course/Manual
- Experiential Learning
- Addressed Observed Needs of Dying/Families
- Assistance with P&Ps, Implementation, Forms
- Offered Continuing Education
- Provided Credentialing Process for Continued Growth
Initial Challenges

Silo Mentality

We Already Offer That

Perceived as Competition

“That’s My Job”

Only a ____ can provide those services

“Who’s Going to Pay for it?”
EOL Doula Transition

- Trainings Initiated in August 2015
- 28 Active Doulas
- Varied Backgrounds and Areas of Expertise
- Screening
- Last 3-4 Months of Life
What We Found

- Vigils (streamlined communication)
- Palliative Care Patients
- Hospice Patients
- Clients/Families – Reduced Anxiety, Increased Preparation for Death
- Hospital Collaboration
- Medical Aid In Dying/End of Life Option