



When Melanie Wolfe's mother died nine years ago, she says the hospital didn't even call.

But when her father died in April, the whole family was at his bedside, thanks in part to a one-of-a-kind palliative-care program at St. Joseph's Healthcare in Hamilton.

"With my dad, it was just a completely different experience, and it's something that we can walk away from feeling fulfilled that we took part in the Three Wishes Project," says the mother of three from Haldimand County, Ont.

The only program of its kind in Canada, the idea is to grant three simple wishes to dying patients, their families or their health-care providers.

Sometimes, the wishes are small acts of kindness meant to make a patient's final moments more peaceful, like bringing their pet in for a visit or playing their favourite music in the ICU.

"One gentleman was dying in the ICU. We arranged for his partner to come in and for them to have food together and to hold hands in bed and watch their favourite TV show that they usually watched each week," says Dr. Deborah Cook, a McMaster University medical school professor who leads the project.

"And to be able to do that in the hospital setting, particularly in the ICU, was really meaningful for them."

Other times, says Dr. Cook, the wishes are gestures made in the patient's honour, like planting a tree in their name or making a donation to their favourite charity.

"It's not an expensive program. These are acts of kindness, gestures, wishes we try to fulfil that can be incorporated into daily practice," she says. "They're tangible and implementable activities that can help make a terribly tragic time a little more humane."

So far, 56 patients, families or health care providers have made use of the program since it launched at St. Joseph's 2 ½ years ago. In each instance, researchers followed up with participants to find out how the wishes affected their palliative care experience.

The findings, [published this week in the Annals of Internal Medicine](#), have been extremely positive.

"For families, it created positive memories that they carry with them after their loved one dies and promoted the feeling of more individualized end-of-life care in the stark ICU setting," Dr. Cook says.

Wolfe couldn't agree more. She was approached by the program after her father Bill Morrell, a 69-year-old millwright and drag-racing enthusiast, went into hypoxic arrest at St. Joseph's in April and was placed on life support.

She knew he would never wake up, so her biggest wish was that hospital staff try to keep him alive long enough for his brother and sister in Australia to come and see him one last time.

"When my dad was on life support, we called them right away and they both wanted to come," she said.

“There were no guarantees, obviously, but it was our request to try and keep him alive ‘till they got there. My dad was in the ICU for four days on life support. On the fourth day, my family arrived.”

Her other wishes were simpler — a private room and a family photo of everyone surrounding her father in his hospital bed.

“I thought I would really love a memory of all of us being with my dad in his final moments,” she says.

“So we got permission and the nurse was able to take a large photo of us surrounding my dad and being able to hold his hand while the picture was taken. That means everything to me.”

That’s not her only memento. Hospital staff also gave her a framed word cloud — an image made from the kind words her children, nieces and nephews had used to describe her dad. This wasn’t part of the program — just something staff took upon themselves to do.

Dr. Cook says the program has been transformational not just for patients and their families, but for hospital staff, too.

“One of the findings that has been so inspiring for us is the way that the program really resonated with the young doctors who sometimes struggle to learn end-of-life skills from a textbook or a classroom,” she said.

She says many have told her “it reminds them of why they went into medicine in the first place.”

She’s hoping to implement her findings in medical school curriculums, though she’s not yet sure what that will look like.

Wolfe, meanwhile, hopes other hospitals follow St. Joseph’s lead.

“I wish that we had this program available to everyone or to anyone who needs it,” she says. “I really think it helps in the healing of losing your loved one.”