INDEPENDENT STUDY

Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers

DESCRIPTION
This independent study has been developed to help nurses better recognize compassion fatigue in nurses and non-professional caregivers and how to manage it.

OUTCOME: The nurse will be able to apply strategies to deal with compassion fatigue personally and with non-professional caregivers.

1.6 contact hours will be awarded.
The Ohio Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91).
Expires 7/24/19

DIRECTIONS
1. Please read carefully the attached article entitled, "Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers."
2. Then complete the post-test.
3. The next step is to complete the evaluation form and the registration form.
4. When you have completed all of the information, return the following to the Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224.
   A. The post-test;
   B. completed registration form;
   C. $20.00 check to cover fee;
   D. and evaluation form.

The authors and planning committee members have declared no conflict of interest.
Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.
The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a certificate will not be issued. A letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 80 percent is achieved on the second post-test, a certificate will be issued.
If you have any questions, please feel free to call Marla at 317-299-4575 or email marla@indiananurses.org.

This independent study was developed by Jan Lanier, JD, RN. Revisions to this study were made by Barbara Brunt, MA, MN, RN-BC, NE-BC

The phone rang at 6:30 that morning. It was the nurse calling to say she would not be able to be at my house by seven because she didn't have any gas in her car. In fact, she wouldn't be there at all. Now what was I to do? My eight-year-old daughter who is severely disabled has significant care needs that only a licensed nurse can meet. I couldn't take another day off from work and expect to continue to have that job. All I could do was sit in the middle of my floor and cry uncontrollably. Eight years of multiple life-threatening emergencies, as well as day-to-day care giving expectations, had taken their toll on my coping skills. I was tired. I was done, but I couldn't take the day off.

This scenario and others like it are played out daily sometimes with devastating consequences (Lanier, 2013). The idea that nurses and other professional caregivers are susceptible to what has come to be known as "compassion fatigue" (CF) has received wide-spread acceptance; however, the long-term effect of CF on non-professional caregivers has received far less focus. As more and more emphasis is placed on home or community-based care venues as the preferred location for meeting health care needs, the stress experienced by the non-professional caregivers will take on even greater significance. The purpose of this study is to define CF, distinguish it from burnout, and identify strategies for ameliorating its symptoms. Secondarily, the study will explore the role of nurses dealing with non-professional individuals who care for loved ones over a prolonged period and who are experiencing CF. Finally, the study will look at the implications of CF relative to the health care delivery system.

Compassion Fatigue vs. Burnout
Caring is a cornerstone of nursing. Eric Gentry, a leading traumatologist, has suggested that "people who are attracted to care giving often enter the field already compassion fatigued. They come from a tradition where they are taught to care for the needs of others before caring for themselves" (Smith, 2013c, p. 1). With that idea in mind, it should not be surprising that something called "CF" might be especially prevalent among nurses and others in the helping professions.
Webster defined the compassion that goes hand-in-hand with caring as "sorrow for the sufferings or trouble of another or others, accompanied by an urge to help; deep sympathy" (Agnes, 2006, p. 229). Compassion is the therapeutic alliance between the patient and the nurse to achieve the desired outcome (Figley, 2014). Despite the importance of compassion to effective nursing practice, it can become a deterrent to good care when it overwhelms the nurse's ability to function effectively in a professional caregiver capacity.
The term "CF" was first used in 1992 by Joinson, a nurse, to describe a syndrome that occurred when nurses were caring for a patient facing life-altering or life-threatening changes as a result of an illness or accident. She identified CF as a unique form of burnout that affects individuals in caregiving roles (Lombardo & Eyre, 2011).
As more attention was focused on the concepts embodied in that early description, experts began to distinguish burnout from compassion fatigue and vicarious trauma or secondary trauma stress. The latter now refers to traumatic stress reactions that occur following critical or emergent experiences in which the initial traumatizing event suffered by one person becomes a traumatizing event for another. In other words, the nurse caregiver internalizes the PTSD experienced by a patient. This vicarious trauma is the emotional response to a single acute traumatic event (Lanier, 2013).
Burnout is a broad-based syndrome that develops gradually as a person interacts with his or her workplace. It can be associated with an imbalance of demand and resources along with the fact that the ideal and the real often differ to the extent that one is frequently chasing rainbows that dissipate when approached (Todaro-Franceschi, 2013). Burnout is associated with a situation rather than an individual. If you can trace the stress in question to work conditions, time pressures, or personalities, it is most likely burnout.
Todaro-Franceschi (2013) identified 12 phases of burnout, which may not occur in any particular order, and do not all have to manifest for someone to be experiencing burnout. These phases are:

1. The compulsion to prove oneself
2. Working harder
3. Neglecting one's needs
4. Displacement of conflicts
5. Revision of values
6. Denial of emerging problems
7. Withdrawal
8. Obvious behavioral changes
9. Depersonalization
10. Inner emptiness
11. Depression
12. Burnout syndrome

Nurses experiencing burnout are at greater risk for CF. It should be noted that nurses must possess compassion to experience the fatigue of it. In contrast, those experiencing burnout need not have the prerequisite of compassion (Harris & Quinn Griffin, 2015).
CF is not a character flaw. Rather, it is defined as a syndrome that individuals may develop when they internalize pain or anguish related to other people in their work environment (Todaro-Franceschi, 2013). It is a chronic lack of self-care; unless nurses find ways to continuously renew themselves from the drain associated with their nursing practice, they not only lose energy but also enthusiasm for their work.

Compassion fatigue is the
physical, emotional, and spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person unable to love, nurture, care for, or empathize with another's suffering. (Harris & Quinn Griffin, 2015). Such fatigue causes the sufferer to lose the ability to experience satisfaction or joy professionally or personally. CF is not pathological in the sense of mental illness, but is considered a natural behavior and emotional response that results from helping or desiring to help another person suffering from trauma or pain (Todaro-Franceschi, 2013).

Burnout	Compassion Fatigue
Anyone who works in difficult work environments is at risk	Health care professionals who regularly observe or listen to experiences of fear and pain and suffering are at risk
Adapt to exhaustion by becoming less empathetic and more withdrawn Reduced personal achievement	Continue to give but cannot maintain a healthy balance between empathy and objectivity
Response to work situation	Response to people. Personally identify with patient and personally absorb patient's trauma or pain
Results from being busy	Results from giving high levels of energy and compassion over a prolonged period of time.
Evolves gradually when differences between the expectations of the individual and the organization are in conflict	

Those experiencing CF give from a state of depletion. They never fill themselves because they have never accepted that sustainable self-care is an essential ingredient in the care-giving equation.

Identifying Compassion Fatigue

According to Michael Kearney, MD, lead author of a report on CF published in the *Journal of the American Medical Association,* approximately 6-8% of nurses and physicians suffer CF (Kearney, et al., 2009). The number of non-professional caregivers who experience the condition is not known, however the lack of hard data should not be interpreted as an indication that the problem is confined to professionals. Rather, it suggests that more attention should be given to the spouses, parents, siblings and others who are being relied upon more and more often to take on long-term care giving roles and responsibilities in our evolving health care system.

Some postulate that CF is more common today among professional caregivers because of increased patient loads, a shortage of nurses and other health care personnel, and financial constraints/budgetary realities that force difficult economic choices to be made. Regardless of the cause, the result is costly both from a personal perspective as well as from a financial one.

Some of the most inclusive work about CF has been written by trauma study pioneer Charles Figley, who believes that CF is a more user-friendly term than secondary traumatic stress, which is closely aligned with post-traumatic stress disorder. He thinks the modern-day description of this syndrome is equivalent to his early depiction of secondary victimization as well as the similar concept of "emotional contagion." When caregivers become preoccupied with another's experience (of being traumatized), we too are traumatized (Todaro-Franceschi, 2013).

Not only can individuals experience CF, but entire organizations may also evidence the condition. Organizational signs of compassion fatigue are high absenteeism; constant changes in co-worker relationships; inability for teams to work well together; desire among staff to break company rules; outbreaks of aggressive behavior among staff; inability of staff to complete assigned tasks; inability of staff to respond and meet deadlines; lack of flexibility among staff; negativism toward management; strong reluctance to change; inability of staff to believe improvement is possible; and a lack of vision for the future. Chronic absenteeism, growing Worker's Compensation costs, high turnover rates, and friction in the workplace are some of the effects of compassion fatigue that can and do impact an organization's bottom line (Smith, 2013b).

CF should be addressed at the organizational level as well. To offset and reduce the risk of CF in staff members, organizations and managers can:

- Create an open environment where employees have a venue for mutual support. Encourage employees to talk about how they are affected by their work.
- Offer training that educates employees about burnout and CF and how to recognize the symptoms.
- Share the caseload among team members, particularly the most difficult cases.
- Make time for social interactions among teams. Social events and a yearly retreat away from the workplace can build cohesion and trust.
- Encourage healthy self-care habits such as good nutrition, sleep, taking work breaks.
- Reward effort and offer flexible work hours.
- Offer training that focuses on self-care and life balance to build resilience to stress. (Portnoy, 2011).

The signs of CF appear over time, not overnight. It is not a matter of one day an individual is fine and the next they are not. Symptoms may include irritability, disturbed sleep, outbursts of anger, intrusive thoughts, and a desire to avoid anything having to do with the patient's struggle. An individual experiencing CF may be tired before the workday begins. There is a lack of enjoyment in leisure activities. Difficulty focusing, excessive blaming, and excessive complaints about one's job and co-workers could indicate CF.

Other classical signs are a decreased sense of personal satisfaction in professional accomplishments; a sense of underlying and generalized anger; free floating anxiety and restlessness; depression, low self-esteem; loss of enjoyment at work and at home; sense of hopelessness and loss of control over one's destiny; denial of negative feelings; physical complaints of migraine headaches, GI distress, and exhaustion; abuse of food and/or drugs or alcohol; disruption in sleep cycle and mood swings. Caregivers experiencing CF may find themselves working longer to compensate for the negative feelings. The result is a caregiver who is unable to meet personal or workplace expectations. There is a decline in job performance and efficiency. Errors may increase. CF, if not addressed, can destroy an individual's personal life (Todaro-Franceschi, 2013).

Because CF is progressive, it is possible and desirable to identify relatively early when a nurse is at risk for the condition, and take the steps needed to lessen the consequences. To do so, however, requires awareness of the factors at play that are leading to an increased risk for CF. The Compassion Fatigue Awareness Project (www.compassionfatigue.org) provides on its website two self-assessment tools, the Professional Quality of Life Scale (PROQOL) and the Life Stress Self-Test, that could be utilized as screening devices to determine whether CF may be causing the symptoms and behaviors that are being exhibited either by a professional caregiver or by a non-professional one. By responding to the early signs one could prevent the loss of valuable human resources and the attendant costs associated with filling nursing staff vacancies. For the non-professional caregiver, it could mean the difference between continuing to provide care at home and being forced to resort to a more formalized institutional setting—typically a costly and less desirable alternative.

Symptoms of Compassion Fatigue (Lombardo & Eyre, 2011, p 3)

Physical	Emotional	Work Related
• Headaches • Digestive problems: diarrhea, constipation, upset stomach • Muscle tension • Sleep disturbances: inability to sleep, insomnia, too much sleep • Fatigue • Cardiac symptoms: chest pain/pressure, palpitations, tachycardia	• Mood swings • Restlessness • Irritability • Oversensitivity • Anxiety • Excessive use of substances: nicotine, alcohol, illicit drugs • Depression • Anger and resentment • Loss of objectivity • Memory issues • Poor concentration, focus, and judgment	• Avoidance or dread of working with certain patients • Reduced ability to feel empathy towards patients or families • Frequent use of sick days • Lack of joyfulness

Dealing with Compassion Fatigue

Generally, caregivers are by nature compassionate individuals; therefore, the thought of being unable to meet care giving expectations adds to their sense of hopelessness. Accepting that these feelings are not a character flaw is essential if one is to halt the CF juggernaut and begin the healing process. Not surprisingly, self-awareness is the first step in combating the debilitation associated with CF. Along with self-awareness comes the need to engage in self-care—something that may be foreign to the typically overwhelmed caregiver experiencing CF.

Self-reflection, finding balance in daily activities, and setting boundaries (saying "no") are all components of caring for oneself. Todaro-Franceschi (2013) described this as the ART Model: Acknowledging feelings, Recognizing choices and reexamining intentions, and Turning Outward to reconnect with self and others. Other coping strategies include:

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- Changing one's personal engagement level with a patient or situation if possible;
- Changing the nature of the work involvement by transferring or going to part-time work or changing shifts;
- Taking extra days off;
- Seeking help from colleagues for informal debriefing;
- Recharging at a retreat or creating a "stress-free zone;"
- Developing a career plan and sticking to it; and
- Nurturing positive relationships at work and at home.

(Lombardo & Eyre, 2011)

12 Self-Care Tips (Mathieu, 2007)

1. Take stock. What's on your plate? List demands on your time and energy—family, work, volunteer—then determine what stands out. What would you like to change? Can you talk about it with someone?
2. Start a self-care idea collection. Brainstorm with friends, make a list, then pick three ideas that seem to resonate with you. Commit to implementing them within the next month.
3. Find time for yourself every day. Rebalance your workload. Do you work through lunch and spend days off running errands? Try taking ten minute breaks to listen to music or simply do nothing.
4. Delegate. Learn to ask for help at home and at work.
5. Have a transition from work to home. Find a transition ritual such as changing clothes immediately upon arriving home or going for a short walk.
6. Learn to say "no" (or "yes") more often. Think of one thing you could say "no" to more often or say "yes" to self-care tactics.
7. Assess your trauma input. Recognize the amount of trauma information unconsciously absorbed each day through TV news, etc. There is a lot of extra trauma input outside of working with patients, so create a trauma filter to protect yourself from extraneous material.
8. Learn more about compassion fatigue.
9. Consider joining a supervision/peer support group.
10. Attend workshops/professional training regularly.
11. Consider part time work (at this type of job).
12. Exercise.

The Ten Laws Governing Healthy Caregiving
(Smith, 2013a)

1. Sustain your compassion.
2. Practice authentic, sustainable self-care daily.
3. Build a support system.
4. Create a work/life balance.
5. Apply empathic discernment.
6. Recognize the humor.
7. Learn to let go.
8. Acknowledge your successes.
9. Remain optimistic.
10. Elevate levels of compassion satisfaction.

The Ten Laws Governing Healthy Change
(Smith, 2013a)

1. Create systemic change as opposed to systematic change.
2. Understand the vision for change.
3. Stay focused.
4. Practice patience with others.
5. Ask the right questions.
6. Pay no attention to rumor or gossip.
7. Recognize when you need help and ask for it.
8. Collaborate with management.
9. Take time away to re-energize, when necessary
10. Breathe deeply as often as possible.

The Ten Laws Governing Authentic, Sustainable Self Care
(Smith, 2013a)

1. By validating ourselves, we promote acceptance.
2. By validating others, we elevate ourselves.
3. By meeting our own mental, physical, and spiritual needs, we provide care from a place of abundance, not scarcity.
4. By practicing self-goodwill, we manifest it throughout our lives.
5. By honoring past traumas and hurts, we allow ourselves freedom from the pain that controls us.
6. By naming and taking ownership of the core issues that limit our growth, we create authenticity.
7. By "doing the work," we reclaim the personal power that is rightfully ours.
8. By defining our personal boundaries, we teach others how to respect us.
9. By creating a Personal Mission Statement, we define ourselves.
10. By managing our self-care, we welcome happiness into our lives.

The Ten Laws Governing a Healthy Workplace
(Smith 2013a)

1. Employer provides debriefing for staff following any traumatic event.
2. Employer provides continuing education for staff.
3. Employer provides benefits to aid staff in practicing authentic, sustainable self-care.
4. Employer provides management and staff with tools to accomplish their tasks.
5. Employer directs management to monitor workloads.
6. Employer provides positive team-building activities to promote strong relationships between colleagues.
7. Employer encourages "open door" policies to promote good communication among staff.
8. Employer translates the organization's mission statement into action.
9. Employer allows management to empower staff.
10. Employer promotes transparency in all communications and dialogues.

Individuals serving in a care-giving capacity are frequently at risk for CF. It cannot be cured but the symptoms and manifestations can be managed. Many of the management strategies are targeted toward the professional caregiver. The non-professional caregivers typically have fewer options available to them. They cannot "change the nature of their work involvement" or go from full time to part time status. For that reason, it is important for nurses and others involved in caring for individuals with chronic conditions to be cognizant of the needs of the caregivers as well as the immediate medical needs of their patients. If non-professional caregivers are experiencing CF, the patients' care needs may not be met leading to complications and possible unanticipated hospital stays.

The Role of the Nurse in Addressing Compassion Fatigue in Non-Professional Caregivers

By definition, nursing practice encompasses more than direct hands-on care of the individual patient. Nurses also provide care to communities and groups. Indeed, the law regulating nursing practice (Chapter 4723 of the Ohio Revised Code) defines the practice of nursing as a registered nurse as "providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences." (Section 4723.01 (B) ORC emphasis added). Similarly, the law defines the practice of licensed practical nurses to include, "providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences...." (Section 4723.01 (F) ORC emphasis added)

In other words, the entire family unit may be the recipient of a nurse's care and expertise. The concept of "holism" is reflected in these definitions. Holistic nursing means caring for the physical, emotional, social, family, and the overall environment to achieve the optimal health outcomes for all.

Applying the principles embodied in holistic care when a family member or loved one is serving as the primary caregiver means the nurse, who may only be intermittently involved with the patient, must be alert to the likelihood of CF within the family unit. Indeed, non-professional caregivers are the largest group at risk for CF and the most difficult to identify and treat because of their personal, emotional connection to the patient.

While the term "CF" is becoming more commonplace among professional caregivers, it is less frequently recognized per se in the non-professional realm. These caregivers manifest the same signs and symptoms, but no one has put the "CF" label on what they are experiencing. Providing the "diagnosis" is reassuring and helps the caregiver realize that his/her symptoms are not unusual nor are they a character flaw. Putting a name on the feelings helps start the processes needed to manage the emotional and physical reactions the caregiver is experiencing.

A nurse should consider asking the family member caregiver to complete a self-assessment tool (such as the Professional Quality of Life Scale [PROQOL]) and provide a list of resources and other information the caregiver could use should CF be an issue. Ideally, this should be a routine component of the plan of care a nurse develops whenever care needs will be met for a prolonged period of time by family members or loved ones.

In addition to proactively anticipating CF, a nurse should also guard against unwittingly adding to the stress that contributes to CF. When a nurse is caring for a patient in a home health environment, he/she should be aware of the ramifications that accompany failure to keep a commitment or visit as scheduled. Family members may have been counting on that time as an opportunity to get away, even briefly, to engage in self-care. The loss of the promised respite can be as devastating as the actual additional care demands that the family member must shoulder in the absence of the nurse. Nurses should be sensitive to the important role they fill in meeting these needs. When that insight is lost or ignored, the implications for the family member can be excruciating and ultimately affect the health of the patient.

Joe's story

"I've been caring for my husband Joe for several years. He suffers from Parkinson's and recently had a stroke. He is unsteady on his feet and has trouble eating. He is incontinent. I can't leave him alone for fear he might hurt himself. We can't go anywhere because I have trouble getting him into and out of the car by myself. Neighbors have been helpful and so have my children, but they all have lives of their own. I don't mind caring for my husband. It is what I want to do, but I miss not being able to go to church or play cards with my friends occasionally."

When asked, this non-professional caregiver had never heard of the phrase "CF" nor had she considered that her own physical health might

be compromised by her care giving duties. Not surprisingly, she eventually had a myocardial infarction that severely limited her ability to be the caregiver she had been for so long. Ultimately, a nursing home placement became the only option for Joe.

What might have been done?

Nurses caring for Joe could anticipate the implications of the 24/7 care-giving responsibilities the wife had assumed. Strategies for engaging in regular self-care activities could be presented to her early in the process and routinely stressed during subsequent encounters. Referrals to community support systems such as adult day care and similar respite opportunities, meals on wheels, and transportation options should be initiated. In other words, a care plan for the family unit should be developed and modified as needed and communicated to all involved in Joe's care not just once but throughout the time Joe's care needs are being met at home (Lanier, 2013).

Patty's insights

"I've been the primary caregiver for my daughter for over eight years and only recently learned about CF from a parent support group. None of the nurses, social workers or physicians who have been involved with us has ever mentioned it, even though they know I am a single parent. It was reassuring to me to learn that what I am experiencing is actually a formalized concept, and that I am not alone in these feelings. It made sense to me when I finally put a name to it, but I would not have been able to do that by myself. I am too close to the situation.

Although I appreciate how important self-care is in dealing with my CF, I think sometimes the nurses who are in our home don't fully understand or appreciate how important they are in helping me meet my own self-care goals. We've never talked about it, and I would feel funny bringing it up myself. When the nurses are meeting my daughter's health care needs, it allows me to just be her mom. When my daughter thrives, so do I."

What might be done?

This mom, while recognizing she is experiencing what she calls "chronic grief," continues to minimize her own self-care needs. Her statement "When my daughter thrives so do I" is evidence she continues to place a low priority on her own very legitimate and separate care needs. A nurse could help legitimize these needs and help identify ways she could begin to meet them. While the circumstances of the family make this mother a likely candidate for CF, she has not been afforded an opportunity to raise her concerns with the professionals who are frequently involved with her daughter's care. The mother was reluctant to bring the issues up on her own initiative; therefore, without nurses being willing to do so, the family unit's health is not optimized (Lanier, 2013).

Compassion Fatigue and the Health Care System in General

Sorenson, Bolick, Wright, and Hamilton (2017) conducted a review of current literature on CF in healthcare providers. They found that CF and related concepts were pervasive and affected a wide variety of health care providers (HCPs). They noted that advanced practice registered nurses, and other therapists (respiratory, physical, and occupational) were not well represented in the literature. They concluded more research is needed to evaluate CF for HCPs in a variety of settings and the degree to which it affects personal and professional well-being, including interactions with patients, patient outcomes, and the quality of professional life.

An organizational program to address CF was described by Potter, Deshields, & Rodriquez (2013). They outlined a hospital-wide residency program designed to help professional caregivers understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resiliency strategies. Developing an institutional culture of recognition and support for CF is critical. CF training allows professional caregivers to reconnect to their personal mission and then truly begin to connect with an organization's values and mission.

CF left unrecognized and untreated can have significant ramifications not only for the individuals involved, but also for the health care system. Nurses who are unable to effectively manage their CF are more likely to leave the nursing profession, thereby contributing to the already critical nursing shortage. Replacing these individuals is costly from an organizational perspective given the expenses associated with recruiting and orienting new nurses. Further, CF may manifest itself through frequent absenteeism or other disruptive behaviors that add tangible and intangible costs to the employer and the health care system as a whole.

Retention issues impact not only nurse availability at the bedside, but also the availability of educators and mentors for novice nursing staff, particularly in the development of critical thinking and problem solving. Even with tenured staff lack of skill development to manage CF may impact retention and staff engagement in the work setting. (Aycock & Boyle, 2009, p. 185)

Ultimately, a workforce that is not able to safely and effectively meet productivity expectations adds costs to an already financially overburdened system.

The need to control the ever-increasing cost of health care has led to greater reliance on non-institutional settings and non-professional caregivers. That means more family members will take on the responsibility for meeting the health care needs of their loved ones in informal settings without the resources needed to safeguard their own personal, physical and emotional health. People are living longer with chronic conditions that require skilled nursing care for prolonged periods of time.

The ever-growing aging population will put further strain on the health care delivery system that is already unable to cost effectively meet care needs or expectations. CF is one complication of long-term care giving that, if better understood, identified early and appropriately managed, could be minimized to everyone's advantage. Doing so could enable non-professional caregivers to avoid the emotional trauma and other debilitating behaviors that limit their care giving effectiveness. It would also allow patients to be more appropriately cared for in non-institutional settings. If our system of health care is to look to home and community-based care as the lynchpin of cost containment, the need to proactively address the side effects associated with that approach, such as CF, cannot be ignored. Not only is it the right thing to do from a personal or societal perspective, it is also the economically prudent thing to do as well.