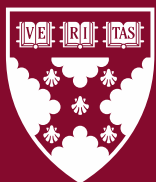


Working Paper 24-055

Case Histories of Significant Medical Advances:
Cicely Saunders and the Modern
Hospice Movement: A Brother's
View

Amar Bhidé
Srikant Datar



**Harvard
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Amar Bhidé
Columbia University

Srikant Datar
Harvard Business School

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Cicely Saunders and the Modern Hospice Movement: A Brother's View

Amar Bhidé, Columbia University, Mailman

School of Public Health

Srikant Datar, Harvard Business School

Abstract: This Case history describes the role of Dame Cicely Saunders (1918- 2005) in shaping the modern hospice movement. It is narrated in the first person through the words of her brother, Christopher Saunders (1926-2024) as told to one of the authors of this paper.

Cicely Saunders and the Modern Hospice Movement: A Brother's View

[Senior physicians] who did their ward rounds with a retinue, hardly ever spoke to the patient and discussed the patient's illness and symptoms in front of him. The dying patient was hidden away. Doctors were brought up to think of death as a defeat.

Dr. Tony Brown, a friend of Cicely Saunders, 1950s¹

By the late 1980s, nearly 30% of Britons who died of cancer had some contact with a hospice.² The growth of hospices in the U.K. and beyond was widely credited to a British physician named Cicely Saunders. She also popularized what have now become standard techniques for end-of-life pain control. The former British Prime Minister, Gordon Brown, called her one of the twentieth century's greatest humanitarians.³

Cicely,^{*} born in 1918, was the oldest of Gordon and Chrissie Saunders's three children (Exhibit 1). This case is narrated in the first-person by her youngest brother Christopher, born in 1926.[†]

The Formative Years

Family Background and Childhood

Christopher recalled:

Our father, Gordon Saunders was the last of 17 children from the second wife of John Henry Saunders. John Henry, who did not come from wealth, built a career as a photographer, and became Court Photographer to Queen Victoria. He also pioneered the photo studio and eventually owned studios in 7 cities. But he left little money for his children's educations and Gordon, who was just one when his father died, was raised by his older sisters. He started as a property surveyor, earning an immediate albeit meager wage. He was then taken on by a respectable real estate agency in London, John D Wood & Co. and was chosen as senior partner at only 28 when John D Wood retired. Gordon proceeded to build the firm to the point when it was one of the top three in the country. His success as a real estate agent -- a profession where there were no barriers to entry -- gave us children considerable opportunity.

Cicely inherited our father's and grandfather's entrepreneurial flair. Like many talented people, she could be dictatorial and cut verbal opponents off at the knees. She had a good, sometimes tense, relationship with our father, whom she considered her intellectual equal. The two would passionately debate issues of principle during mealtimes.⁴ She had a more challenging relationship with our mother, from whom our father eventually separated.⁵

Education

Cicely was sent to boarding school when she was 10. She was physically tall—she grew to be nearly six feet—but short on social skills. And she often felt an outsider, as she would for much of her later career. Nonetheless, the school named her Head of House—an honor with disciplinary and administrative duties—and recommended her for a place in Oxford.

^{*} To avoid confusion, the case refers to all members of the Saunders family by their first names.

[†] Christopher learned about many of these long-ago events from his late sister. To confirm recollections and add detail, the first-person narrative of this case includes facts and quotes taken from biographies, Cicely's writings, interviews, and other historical material. These secondary sources are duly referenced in the endnotes. Additionally **Exhibit 2** contains some of Cicely's published quotes and **Exhibit 3** excerpts from one of Cicely's long-standing colleagues.

Cicely joined St. Anne's College, Oxford, to study Politics, Philosophy, and Economics in 1938. She left just a year later when World War II broke out, to train as a nurse – against some family opposition. Her training started at Nightingale School at St. Thomas's, a large London-based hospital, but after this hospital was bombed in early 1940, the training program moved to buildings south of London that had been adapted as hospitals.

After Cicely qualified as a fully registered nurse, she ended her nursing career because a spinal deformity made the physical demands painful⁶ and decided to retrain as a 'lady almoner.' Almoners helped poor patients discharged from hospitals secure charitable funds and find convalescent homes. The term derived from the tradition of wealthy charitable London hospitals providing free treatment and alms to poor patients.

Cicely returned to Oxford in August 1944 for her almoner qualifications and to complete her Politics, Philosophy, and Economics degree. She did both – and secured a diploma in Public and Social Administration (getting a Distinction in Public Health) – in a single year. Her exam technique evidently was still intact.

I also went to Oxford that year to study Chemistry and lived in New College, close to Cicely's lodgings. I was learning to row competitively -- I'm still regularly on the River Cam at Cambridge, at 93. After rowing practice, I would often stop my bike at Cicely's for tea and talk. Our 8-year age difference was no longer an impediment and we got to know each other very well. Cicely and I had inherited from our Father similar fast brains, excellent memories, energy, wide interests, and a useful ability to pass exams. Our enthusiastic and active relationship lasted till Cicely died.*

Finding Faith – and David Tasma

Our parents did not take us to church, and Cicely grew up agnostic. However, at Oxford, she began reading books that, as she later said, "began to flip the switch."⁷ Her search for God intensified during her time nursing patients in WWII. Then, in 1947, while on holiday with a group of evangelical friends, she had a "road to Damascus" experience. She became a committed Christian.⁸

She had another transformational experience in 1948. Cicely had completed part of her almoner training requirement at the Royal Cancer Hospital, which sparked an interest in caring for the terminally ill.⁹ And, after Oxford, Cicely had returned to St. Thomas's Hospital, working with cancer patients as an assistant almoner.¹⁰ There she formed a deep romantic attachment with a patient, David Tasma who had terminal cancer.

David, a 40-year-old Polish waiter, had ended up in London after escaping somehow from a Warsaw ghetto during the War. None of his family members were near, he had few friends, he had not achieved professional success and he had lost his Jewish faith.¹¹ Cicely discussed her own beliefs and helped David return to the faith of his fathers.

Cicely and David saw each other just 25 times before he died in 1948.¹² He left her £500 (about \$22,000 in 2020 dollars)¹³ to one day start a place to care for terminal patients of the type they had discussed.¹⁴

Beginning the Journey

Learning at St. Luke's

As a Lady Almoner at St. Joseph's Hospital, Cicely frequently worked with the patients of a leading surgeon, Norman Barrett (who operated at the hospital and also saw patients at his Harley Street private practice). Cicely got on well with the surgeon, universally known by his nickname of 'Pasty'. Then the

* Christopher got his Oxford degree three years later. He then graduated (with High Distinction as a Baker Scholar) from Harvard Business School's MBA program in 1950. After business school, he worked at a pioneering British chemical company till 1961, in management consulting at McKinsey & Co. till 1967, and then as an entrepreneur, and private ('angel') investor.

surgeon's medical secretary left to have a baby. So she suggested 'Why don't I become your medical secretary part time and your part-time almoner?'. He agreed to that and employed her.

When working for Pasty, she also volunteered at the St Luke's Hospice for the Dying Poor that had opened in West London in 1893 for cancer and tuberculosis patients. In 1935 a formidable matron, Miss Pipkin, had taken charge at St. Luke's and started the rather unorthodox use of the "Brompton Mixture" – a combination of morphine, heroin, and alcohol.¹⁵ The mixture was given regularly – orally rather than by injection --to prevent the onset of pain.¹⁶ Patients did not "have to ask for pills or injections, or wait fearful and ashamed to ask for them."¹⁷

Standard practice outside St. Luke's then was to wait until patients were in severe pain, making them "earn" their drug injections.¹⁸

"Regular giving" of the mixture was in modest doses, however. The St. Luke's nuns didn't want dying patients drugged into a pseudo-saintly calm: They'd rather patients die grumbling a little, yet fully themselves.¹⁹

Returning to School

Cicely's experience with David Tasma and other terminally ill patients had shown Cicely that they needed help with spiritual, family, and other worries, not just their physical symptoms. Volunteering at St. Luke's gave her more ideas about how the care of the dying could be improved which she discussed with her boss, 'Pasty' Barrett. 'Pasty,' who had become a mentor, told Cicely she needed a medical degree to have her ideas taken seriously. He also used his influence at St. Thomas's Hospital (where, as mentioned, he had worked with Cicely) to get Cicely admitted to the hospital's medical school.²⁰

Cicely started medical school in 1951 – and again felt a bit of an outsider. Only 15% of her class was female and at 33, Cicely was considerably older than her peers.²¹ She described the experience as "hell." Asked in one class what had prepared her for her medical studies, Cicely said: "Maths and biology seventeen years ago."²²

At medical school – which provided no formal training in the care of the dying -- Cicely researched hospices on her own.²³ She documented her findings in a 1957 paper titled "Dying of Cancer." [See **Box** for excerpts.] It has sometimes been called the manifesto for the hospice and palliative care movement.

Excerpts from *Dying of Cancer* (1958) ²⁴

"[M]any patients feel deserted by their doctors at the end. Ideally the doctor should remain the centre of a team who work together to relieve where they cannot heal, to keep the patient's own struggle within his compass and to bring him hope and consolation at the end."

"The dying patient seeks confidence and security, he asks for individual understanding and care and that he and his relations should be helped to do the best they can for themselves and be supported where necessary."

"It is significant, that nearly all the Homes are run on a religious basis. Even the Marie Curie Home at Hampstead, of a rather different foundation than the others, has lately introduced ward prayers. There may be some who dislike such things, but... complaints are far outweighed by expressions of appreciation."

[On Physical Care]: "Diet must be good and tempting with some laxity in pandering to odd fancies." "The bladder and bowels are an everlasting source of interest and worry to most patients, and though retention sometimes calls for catheterization, the [h]omes find that infections are well controlled by urolucasil." "Dressings need skill and imagination." "Mouths are a problem and need constant attention."

Codifying Palliative Care

In 1958, Cicely secured funding from a charitable trust to study pain control at a London general hospital. Because the hospital did not provide specialized terminal care, Cicely did much of her work investigating pain control for the terminally ill at St. Joseph's Hospice.

St. Joseph's, a 150-bed facility in East London, was a calm, sunny, and even cheerful place. The Irish Sisters of Charity who had started the hospice in 1905,* were deeply dedicated to their patients. Very few, however, had formal nursing training. Cicely introduced the St. Luke's practice of regular giving and oral administration of pain control drugs.²⁵

She also developed the concept of 'total pain' that required "total care:" providing physical, psychological, social, and spiritual support. [See **Exhibit 3**]²⁶

Like the St. Luke's and St. Joseph's nurses, who understood but had not articulated the concept of total pain, Cicely saw patients as individuals with emotional needs. This was not obvious to many physicians then because the medical establishment discouraged doctors from familiarizing themselves with patients, for instance sitting and talking with them and getting to know them.²⁷

Cicely wanted to convince the medical community that regular giving of morphine or heroin-based pain killers was effective and safe. She knew that her fellow physicians were reluctant to use morphine or heroin drugs -- which they knew effectively controlled pain -- because they feared addiction. Even in dying patients, apparently. Therefore, doctors waited until patients were virtually screaming for help. They then administered a strong dose, through the unpleasant means of injection.

Cicely studied whether small, regularly, and orally given amounts of morphine or heroin could successfully control pain and whether there was any risk of addiction. Controlled trials were not feasible, so Cicely kept notes on the treatment of over 1,000 patients.²⁸ After three years of painstaking analysis of the patient records, she wrote about her findings in medical journals (including *The Lancet*), noting that patients at St. Joseph's did not require high doses of pain medication.²⁹

Cicely also photographed patients, first as they arrived, anxious, with pain, and exhausted from their experiences in general hospitals. Photographs of the same patients taken after a few days showed how different they looked, when their pain was controlled, and they had become themselves again.

She included the photographs in her talks and presentations: She was an excellent presenter as well as photographer. She would also turn off the lights during the presentations and play recordings of the patients telling their own stories. Cicely said she liked to lecture in this way because it gave voice to patients, whom she always said were the real founders of the hospice movement.³⁰

Envisioning a New Hospice

Cicely's Calling

By 1959, Cicely had resolved to establish a new hospice.

She had seen a huge difference between effective pain control at St. Luke's and the subpar practices that the hospitals in which she had worked were using.

* The Sisters had started a home to provide humane care for the dying in Dublin in 1879 before opening St. Joseph's in 1905 with the help of a Jewish benefactor, Grace Goldsmid. By then three Protestant hospices had already been started in London: The Freidenshein Home in 1885, the Hostel of God in 1891 and St. Luke's Hospice, where Cicely had volunteered, in 1893. Source: Kitzes, Judith and Robert Anderson, *Hospices and Palliative Care: Concepts and Practice*, p. 4

With new antibiotics and other treatments that were appearing, doctors' ability to preserve life was growing. As a result, Cicely believed that there was less emphasis on caring for the dying.³¹

The National Health Service (NHS), the publicly funded health system that had been established in 1948, wasn't providing much support to the terminally ill. Few hospices were affiliated with the NHS, and most of these were at full capacity. And a study of one region's hospitals for the chronically ill, reported they were merely "storage space" for patients "under conditions of considerable difficulty, and often unpleasantness, for the nursing staff."³²

Coincidentally, reading a passage of scripture and going on a retreat with a group of nuns convinced her that improving terminal care should be her calling.

The Need and The Scheme

Inspired by the religious origins of the Latin word "hospitium" as a respite for travelers on a pilgrimage, Cicely named the hospice she envisioned St. Christopher's after the patron saint of travelers.³³ And, in a document called "The Need," Cicely provided justification for a new 100 bed hospice (mainly for terminal cancer patients). The Need also laid out the goals and principles for St. Christopher's including gold standard medical pain control.

The new hospice would systematically research the proper care of the dying and would teach other healthcare professionals how to provide that. This academic approach would distinguish her hospice from existing charitable hospices for the chronically sick.

St. Christopher's would help patients accept death but not endorse euthanasia—which Cicely firmly opposed. It would emphasize spiritual care and maintain some connection to the Church of England. But Cicely remained uncertain about whether the hospice was to be mainly a medical or religious institution and whether it would be affiliated with any specific denomination of the church.³⁴

"The Scheme," written to accompany "The Need," outlined the concrete aspects: The physical design of St. Christopher's would incorporate and extend many features which Cicely had observed at St. Luke's and St. Joseph's. Beds would be positioned so that patients could see out; staff would celebrate every occasion and birthday; the hospice would include a residential wing for retired staff members and kids; St. Christopher's would host playgroups for the children of staff; and visiting hours would be virtually unrestricted.³⁵

After Cicely completed The Scheme, she sent it to people whose opinions she valued, including the head social worker at St. Thomas's Hospital, a researcher looking at the state of palliative care in the U.K., a pharmacologist Cicely had worked with, and a prominent Bishop.

When Cicely was working on her plans, I became her unofficial, unpaid Management Consultant, often with discussions late in the evening. I thought my sister seemed to be consulting too many other people. I told her she was going to have to be an autocrat at times. This, she found, came naturally when needed.

Her discussions did help crystallize Cicely's views on the religious orientation of St. Christopher's. She progressed from narrow to wider Anglicanism, and ultimately came to view the hospice as a community, which would welcome people regardless of their faith or lack thereof. The hospice would have a chapel and daily prayers, however, and faith remained an important cornerstone of St. Christopher's underlying approach to care.³⁶

Implementing the Scheme

Legal and Organizational

In 1961, Cicely formed and wrote the Terms of Trust for St. Christopher's and applied for charitable status. The Terms of Trust appointed a group of trustees to govern the hospice. I was one of these trustees.³⁷ Cicely also filed a Certificate of Incorporation for St. Christopher's and assembled a Council of Management, which

would oversee the hospice's day-to-day operations under the overall direction of the Trustees. Lastly, she convened a group of vice presidents, who had very little day-to-day involvement with St. Christopher's, but lent the hospice credibility. The vice presidents included well-known politicians, respected religious leaders, and representatives of foundations.³⁸

Cicely also wrote an initial staffing plan, which included as many nurses as patients—a 1:1 ratio³⁹—along with visiting specialists, an occupational therapist, a physiotherapist, a house mother, and roughly 30 kitchen and janitorial staff.⁴⁰ Cicely would elevate the role of the nurse. For instance, St. Christopher's would allow nurses to slightly increase or slightly decrease the amount of pain medication given.⁴¹

And Cicely started negotiating a relationship with the NHS. Throughout the 1950s, the NHS had become a significant funding source for healthcare throughout the U.K., but Cicely wanted to avoid becoming too reliant on it to preserve "freedom of thought and action."⁴² Cicely was also aware that the Ministry of Health might view St. Christopher's as a rebuke of existing services.

Eventually, the NHS would agree to fund a certain number of beds at St. Christopher's and provide the hospice with a research and development grant.⁴³ The NHS funds would cover about one-third of operating costs, requiring Cicely to raise the remaining two-thirds each year.

Property and Construction

Our brother John—by then a partner at John D. Wood & Co., the [real] estate agency where our father had been Senior Partner—found a piece of property that he believed would be suitable for the hospice. Cicely liked that it was on a main road and not in an isolated rural location, like many hospices of the time.⁴⁴ The asking price was £27,000, and she bid on the property before securing funds. Zealous fundraising from several philanthropic organizations allowed her to complete the purchase of the property.

Cicely drew up the building plans with the help of an architect, Justin Smith, who had extended a ward at St. Joseph's. They designed an airy, welcoming entryway. The wards, bathrooms, and hallways would be spacious, and there would be a balcony extending the length of the ward to allow patients to sit outside.⁴⁵

Cicely estimated that she would need to raise about £200,000 to build and open St. Christopher's.⁴⁶ This was challenging because she did not have the backing of an established religious group.⁴⁷ She energetically set about fundraising. I remember her saying, only half-jokingly, "I plundered the city charities."

Construction began in March 1965, before she had raised all the necessary funds. After running out of money, she persuaded the builders to continue with construction while she raised more. Eventually, the funds materialized. Altogether, Cicely raised some £500,000 to build St. Christopher's.⁴⁸

Personal Relationships

In 1960, while she was still working with cancer patients at St. Joseph's Hospice, Cicely fell in love with a patient, Antoni Michniewicz, who had been a colonel in the Polish army. They had an austere but passionate experience in a public ward for a few weeks before he died.

A few years after Michniewicz's death, Cicely saw a painting by Marian Bohusz-Szysko, a Polish professor and artist, hanging in a gallery. She thought the painting would look nice in St. Christopher's chapel once it was built, and she bought it. Then she wrote to the artist, to tell him that she planned to display the painting there. He wrote back, clearly flattered, and their relationship blossomed. They would eventually marry.⁴⁹

First Patients and Staff

On July 24, 1967, St. Christopher's opened, and the first long-term patient, Mrs. Medhurst, moved in. She had a spinal injury that severely restricted her movement. St. Christopher's admitted three additional patients the day Mrs. Medhurst arrived.⁵⁰ Three months later, an additional 15 patients had arrived, and the only fully constructed ward of the hospice had filled up.⁵¹ The hospice soon reached its capacity of 38 beds.

Cicely did not follow a formal recruiting process but was good at surrounding herself with people who shared her care philosophy and who could execute on her vision. She employed the unlikely but not the unstable as some put it.⁵²

Most of the early staff were close friends, relatives of patients, or people she had come to know through her clinical work or public speaking. The first staff member, who would organize a stable of volunteers* at St. Christopher's, was a friend of a friend. Another early staff member wanted to work at the hospice after attending one of Cicely's lectures. The first matron had cared for one of Cicely's favorite patients, Mrs. Barbara Galton.⁵³ Like Cicely, many of the early staff were devoted Christians.

In the early days, St. Christopher's was perpetually short-staffed.⁵⁴ Then gradually, the hospice attracted physicians and nurses who would spend time at St. Christopher's to observe its care philosophy.⁵⁵ Eventually, working at St. Christopher's, even for short periods, became prestigious, as it was one of the few places that provided training in specialized hospice care.⁵⁶

Expansion of Facilities and Activities (1969-1980)

Home and Bereavement Services

Patient applications grew. In 1969, St. Christopher's received over 850 applications for prospective patients and admitted 350.⁵⁷ About 400 patients died each year.⁵⁸

Although the hospice did not add beds it widened its activities. Cicely was particularly good at recognizing a need and working to fill it.

One activity that had not been in the original plan was the home care service which St. Christopher's opened in 1969.⁵⁹ Cicely had asked Dr Mary Baines, a classmate at medical school, and Sister McNulty at St. Christopher's to find out how to provide home care for terminal patients. They worked out what was needed. Patients who transferred from the hospice to the home care service were free to return anytime their condition demanded more specialized care. Just one year after the service was started, St. Christopher's staff made 1,155 visits to 300 home-bound patients.⁶⁰

Cicely similarly recognized the value of bereavement support. To that end, St. Christopher's employed a psychiatrist to work with both the staff and patients' families.⁶¹

More activities required more staff, and by the 1980s, St. Christopher's had grown to about 200 employees.⁶²

Research and Training

In April 1969, St. Christopher's formed a research committee, which was responsible for organizing patient records, comparing their treatment to new research published in medical journals, and organizing research into pain control.⁶³

In 1971, St. Christopher's started a full-time research fellowship. The first doctor to hold the post, Robert Twycross, studied clinical pharmacology at St. Christopher's for five years. He went on to become medical director of another hospice in England that opened in 1976, taking the lessons from St. Christopher's with him.⁶⁴

St. Christopher's systematically recorded outcomes and documented best practices. For example, St. Christopher's conducted several studies comparing the effects of different pain control drugs and on the value of bereavement services [**Exhibit 3**].

In 1973, St. Christopher's opened the Study Centre, which trained doctors and nurses from around the world.⁶⁵ The Study Centre was located right next to the St. Christopher's hospice on land that Cicely had anticipated the need for when she first purchased the property.⁶⁶

* By 1970, roughly 100 volunteers regularly worked at the hospice. Source: St. Christopher's Hospice Annual Report 1970/71.

In 1976, Cicely received a grant from the U.K. Department of Health & Social Security to fund the operations of the Study Centre.⁶⁷ From 1976-1984, 300 nurses earned a Certificate in Clinical Nursing Studies from the Study Centre.⁶⁸ One-third of these nurses were from outside the U.K., many of whom returned home to spread St. Christopher's practices and care philosophy in their home countries.

St. Christopher's also invited physicians and nurses to learn about its approach by accompanying the staff on Thursday afternoon rounds.⁶⁹ This invitation sometimes drew as many as 40 people. I remember one of these visiting physicians from Canada affectionately calling Cicely, who played a prominent role in these rounds, "Hurricane Cicely."

Writing and Lecturing

Throughout the 1970s, St. Christopher's continued to share best practices through the study center's research, shadowing rounds and longer stays by visiting doctors and nurses, and Cicely's writing and lectures. She edited several textbooks and wrote more than 60 papers and articles.⁷⁰ She gave as many as three talks per week. In one year, she visited 12 medical schools to discuss palliative care.⁷¹

Cicely made many visits and gave many lectures in America where I had, by an odd chance, helped start her connections. In 1961, when I was being interviewed by McKinsey & Company's London office*, I was sent to a psychologist, Dr. Cabot. I introduced Cicely's work and still evolving ideas, into our conversation. Dr. Cabot said he had a relative in Boston who had set up the Ella Lyman Cabot Trust to provide travel grants for bright young professionals. Cicely might be their sort of candidate! She did get their grant, for her first trip to the States.

This first visit to America, and the impact of American energy and can-do spirit, made a dramatic difference to Cicely. She gave lectures to nursing and medical students at Yale organized by Florence Wald, then the dean of the Yale University's Nursing School. After visiting St Christopher's in 1968 Florence was inspired to start the first modern hospice in the United States in New Haven, Connecticut.

Recognition of Palliative Care

Cicely did not herself invent what is now known as palliative care but was instrumental in raising its status. A major sign of recognition came in 1987 when the U.K. Royal College of Physicians recognized palliative medicine as a new medical specialty defining it as: "The study and management of patients with active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life"⁷²

Helping New Hospices

Cicely and I often discussed how the St. Christopher's model could become a movement. I asked her: 'Would St. Christopher's be the head of a group of subsidiary hospices?' Cicely believed that organizing this way would lead to bureaucracy, expense, and inflexibility. It was much better, she said, to give every possible aid and encouragement to people, have them visit St. Christopher's, have a look at what we do, come here to be trained, and take away what they need.⁷³

That worked. In the 1970s three other standalone hospices opened in the U.K., all of which were modeled on St. Christopher's. By 1985, there were over 70.⁷⁴ By 2005, according to the *New York Times*, St. Christopher's had inspired 240 new hospices in the U.K. and many others around the world and had trained more than 50,000 health professionals in end-of-life care.⁷⁵

* McKinsey had opened its first office outside the US in London in 1959. Christopher joined the consulting firm in 1962 and stayed till 1967. In 1967 he started on an entrepreneurial path on which has remained: starting and selling two companies and investing in start-ups, early-stage companies, and a management buyout.

Epilogue

Cicely remained intimately involved with St. Christopher's, completing regular ward duties until the age of 60.⁷⁶ She continued as Medical Director of St. Christopher's until 1985, overseeing administrative and fund-raising duties, and was its Chairman and Chief Executive until 2000, at the age of 82.⁷⁷

In 2002, after stepping down from St. Christopher's, Cicely founded the Cicely Saunders Foundation. Now called Cicely Saunders International (CSI), it aims to promote and carry out research on end-of-life care and raise funds for such research. I served as a trustee of CSI after Cicely died in 2005 and was later succeeded by my daughter, Kate.

Cicely was made a Dame of the British Empire, equivalent to a Knighthood in 1980, and awarded Britain's Order of Merit in 1989.

She spent her final days in St. Christopher's. A service in her honor was held at Westminster Abbey in March 2006, attended by over 1,000 including four Royals and many overseas dignitaries.

What best sums up for me about what my much-loved sister and friend did is this citation from Yale University, for the first of her 22 Honorary Doctorates:

Your work with those who face death has become an inspiration to patients and their families. You have combined the learning of science and the insight of religion to relieve physical pain and mental anguish and have advanced the awareness of the humanistic aspects of patient care in all states of illness. First as a nurse, then as a social worker, you saw the special need of the dying patient, and as a physician you founded St Christopher's Hospice. To it have come doctors, nurses, social workers, and clergy from nations around the world to work and study with you.

Yale University, in admiration for your contribution to science and humanity, confers upon you the degree of Doctor of Science.

What (in less than 10 words) did you find most striking in this case and its exhibits?

• _____

Should Cicely have opened "subsidiary hospices" (see top of this page)?

• Should have opened/Should not have opened

Because (in less than 10 words)

• _____

Exhibit 1 The Saunders Family in June 1958



Left to right: 1. Barbara, wife of John Saunders (Cicely’s and Christopher’s brother). 2. Cicely. 3. Penelope, John & Barbara’s daughter. 4. Christopher. 5. Mrs. Doreen Diamant, Gordon Saunders’s companion and very old, widowed friend. 6. (in wheelchair) Daisy Saunders, Gordon’s sister. 7. Shirley, Christopher’s wife. 8. Gordon, Cicely’s and Christopher’s father. 9. Sarah, John & Barbara’s daughter 10. John Saunders.

Source: Courtesy of Cristopher Saunders.

Exhibit 2 Selected Quotes from Dame Cicely Saunders's Writings, Interviews, and Publications

At boarding school (1930s):

"I felt I'd been an underdog fairly frequently..."⁷⁸

Nursing training (1940s):

"[Oxford] was really no place for one to be in wartime, and I decided that I wanted to nurse."⁷⁹

"[W]ar nursing was pretty rugged, but it was good training for palliative care because we had no penicillin until D-Day and no modern drugs. We had nothing to offer but ourselves, so we were more aware of the people we were nursing and our relationships with them."⁸⁰

"I really enjoyed nursing. I felt just absolutely in the right place."⁸¹

Conversations with David Tasma (1947):

"[David] needed a sense of belonging, and somehow to find meaning. He felt that he had done nothing in his life for the world to remember."⁸²

"David's influence on my life was enormous. He was very poetic and when he died, he left me £500 in his will and said, 'I will be a window in your home,' meaning the Hospice. [. . .] His use of the word 'window' led me to understand that we should be open to the world, to all who would come – patients, families and those who wanted to learn."⁸³

[We talked about creating] "a place not just for better symptom control, but for trying to find out, in a way, who he was. I told him I was going to try to found a home, a place where people who were dying would have the space and openness so hard to come by in a busy surgical ward."⁸⁴

Applying to Medical school. (1951):

"[Pasty Barrett] said 'Go and read Medicine. It's the doctors who desert the dying, and there's so much more to be learnt about pain and you'll only be frustrated if you don't do it properly, and they won't listen to you.' And he was right."⁸⁵

Recognizing Total Pain:

"I knew from my previous nursing and social work that anxiety and depression were major components [of pain]. I was certainly alert to the fact that family problems were difficult, very often adding to distress and I also felt that a search for feeling that they were wanted and still important people was a spiritual pain and so, out of what one patient said, very neatly describing her pain to me, developed the idea of 'total pain' with those four components. And that seemed to me to be a structure that, although it was a whole package as far as the patient is concerned, it was almost an internal checklist for you when you were listening to them to spot the main problems of their suffering."⁸⁶

"Chronic pain and the pain of end-stage cancer is a situation in which you're absolutely held. Whereas the first kind of pain has got a nice built-in meaning – 'Of course I've got a pain; I've had an operation' – for the second one, the only meaning is really one of threat. 'This is undermining me'. So you're absolutely bound, I think, once you start looking at that kind of pain, to say it's quite ridiculous to do a one-dose study here. What we've got to look at is coping with it all the time. Then you obviously have to look at what else is happening and then you're into the field of total pain."⁸⁷

Ethos at St. Luke's and St. Joseph's Hospices (1950s):

St. Luke's: 'Feelings are facts in this house.'⁸⁸

St. Joseph's: "Every new patient is greeted by one of the Sisters: 'You're welcome, Mr. X'. He is welcomed into a place that will be home rather than just another hospital [. . .] He is welcomed by someone who is really interested in him as a person, in his soul and in his mind as well as his body. His physical burden will be lifted and his individual ways [. . .] will also be respected as far as possible."⁸⁹

After reading "Commit thy way unto the Lord; trust also in him; and he shall bring it to pass" in Psalm 37:

"Somehow these words were the tap on the shoulder to say, 'Now you've got to get on with it' It was quite irrefutable, I couldn't possibly be disobedient to it."⁹⁰

Consequences of "revolution in medicine." (1950s)

"There were all the new pills, and all the new techniques, and so much we could do and cure that the people who weren't being cured were more and more second-class citizens. And people don't like looking at their failures. If you feel you've failed to help a patient, you walk past the bed, because you don't want to look them in the eye."⁹¹

Accepting death:

"[A]ccepting death when its approach has become inevitable is not mere resignation or feeble submission on the part of the patient, nor is it defeatism on the part of the doctor. For both of them it is the very opposite of doing nothing. Our work then is to alter the character of this inevitable process so that it is not seen as a defeat of living but as a positive achievement in dying; an intensely individual achievement for the patient."⁹²

From The Need:

"While it is important that most people [who are dying] should remain at home as long as possible, and true that many families will manage to take charge of the situation adequately, it is evident that many are staying there when they already need skilled institutional care, and that one of the main reasons for this is lack of proper accommodation. [. . .] Some [who are dying] are admitted to their treatment hospitals as emergencies. Many find this a great solace, but a busy general ward is rarely the right place for them. Others die in Nursing Homes, and while it is impossible to make generalisations, it is safe to say that many do not have anything approaching the care they need. Often their suffering is intensified by isolation and loneliness."⁹³

Principles and sense of community at St. Christopher's:

"Hospice has therefore adopted these principles: openness, mind together with heart, and deep concern for the freedom of each individual to make his or her own journey toward their goals."⁹⁴

"We're a village. You don't necessarily know everybody's name in the house, but you know their faces. We are a reaction against the impersonal medical city."⁹⁵

Relationships with David Tasma and Antoni Michniewicz

"[I learned] just how much can be lived in a short time and how the last days can be the richest and the most fulfilled."⁹⁶

"There are so many things I would like to say [about Antoni] . . . I wish I had given him more, I wish I had known sooner, I wish I could help him through the every last but I know it is in Thy hands O Lord and I leave it there - or try to do so⁹⁷. [Our relationship was] the hardest, the most peaceful, the most inhibited and the most liberating experience I have ever had."⁹⁸

Informal Recruiting of Early Staff (1960s):

“on the whole, with no appointments committee or anything like that, I don’t think we made any more mistakes than are made now, with all the hassle that goes on about appointments.”⁹⁹

Responding to a remark that her portrait at the National Portrait Gallery showed both “love and steel.”

“How kind, anyone doing Hospice work needs plenty of both”¹⁰⁰

Source: Compiled by casewriters.

Exhibit 3 Dr. Mary Baines Reflects on the Pioneering Days of Palliative Care

The following excerpts are from an article, by Dr. Mary Baines, published in the European Journal of Palliative Care 18.5. The article in turn is based on a speech given by Baines in May 2011 at the 12th Congress of the European Association for Palliative Care.

I want to start by showing you this photograph of Cicely Saunders... I like it because of her smile and because it shows her still at work – in fact giving prizes to hospice staff – though it was taken in 2001 when she was 83, just four years before her death.

Cicely Saunders was, of course, the founder of St Christopher's Hospice in London and she is generally recognised as the founder of the palliative care movement.

...

She trained as a nurse, then as a social worker, and it was then that she met David Tasma, a young Polish Jew, who was dying of cancer. It was through her friendship with him that God called her to devote her life to improving the care of the dying – a most neglected group. She then trained in medicine and that was where I met her – we were contemporaries at medical school.

...

The beginning

When Cicely Saunders opened St Christopher's in 1967 she brought together, for the first time in the world, a large number of patients with terminal illness and staff who were committed to discover and then teach the best ways of caring for them. Previously these patients would have been scattered – in various hospital wards or at home. There were a few hospices, mostly opened around 1900. The patients in them received excellent nursing and spiritual care but there was minimal medical input, for it was generally believed that the doctor's role was to cure. These patients were, of course, incurable.

I was a medical student at St Thomas's Hospital in London in the same year as Cicely Saunders. She was much older than the rest of us, having been a nurse and a social worker. When St Christopher's opened, I was working as a part-time general practitioner. Cicely asked me to join her on the staff and, very fearfully, I did. Medical friends said it was professional suicide.

I found myself entering a branch of medicine with no books or conferences. Symptom control was contained in a single sheet entitled 'Drugs most commonly used at St Christopher's Hospice', which was given to all staff. Yet, I suggest, this sheet contains the single most important advance in end-of-life care that has ever been made. It comes, of course, from Cicely herself. To understand its importance, we have to go back to medical practice in the 1950s and 1960s, when it was generally believed that strong opioids were only effective when given by injection and that tolerance and addiction would inevitably occur if they were given regularly. So, in practice, patients were given injections of morphine but only when their pain became unbearable.

The revolution in symptom control

Cicely Saunders had seen the value of regular oral morphine in a small London home for the dying that she often visited. After qualifying, she obtained a research scholarship to study pain control in terminal illness and she went to St Joseph's Hospice, where she was allowed to put her ideas into practice. She was permitted only four patients to start with because of the fear that regular giving caused addiction! But, to the surprise



and delight of the staff, these patients became painfree and remained alert. So the practice of giving a strong opioid by mouth, regularly and in adequate doses became accepted at the hospice. When Cicely Saunders left St Joseph's, she had carefully documented records of over 1,000 patients dying of cancer – quite a series. The first research project in what was to become palliative care.

The strong opioid used at St Christopher's at the beginning and listed in the hospice's symptom control leaflet is diamorphine or heroin, because it was widely believed to be superior to morphine, giving better pain control with fewer side-effects. Cicely Saunders herself said 'Diamorphine does the greatest good to the greatest number'. But she also knew that this was only her impression and had never been researched. And so she invited Robert Twycross to join St Christopher's as a research fellow to conduct studies into many aspects of pain control, including a comparison between morphine and diamorphine given orally.

Because of the strongly held belief that diamorphine was the better drug, the only ethical way to proceed was to do a pilot study first. Half the patients were given morphine and half diamorphine, and people like me were asked to guess which drug they were on. Not surprisingly, everyone who had good pain control with minimal side-effects we guessed to be on diamorphine. Those who were sick and drowsy we judged to be on morphine. In fact, we were right 50% of the time! The trial was then started with 700 patients entering over two years. On completion, when the data were analysed, they showed that there was no significant difference between them. Cicely Saunders' impression was wrong. Of course, we too have impressions but, like her, we should be keen to have them tested out – even if we too are proved wrong.

If you had joined our ward round in the early years, you would have found that the most common word used was 'why'. 'Why is this patient having this particular pain?'; 'Why has his breathlessness suddenly become much worse?'; and, relating to my own special interest, 'Why has this patient with proven intestinal obstruction stopped vomiting?'. This last question was fascinating. We admitted many patients who had had an 'open and close' operation for intestinal obstruction and nothing could be done. We treated them simply, with a combination of analgesics, anti-emetics and antispasmodics with no nasogastric tube, and the vomiting either stopped or was reduced to once a day with no nausea. In addition, sometimes, after weeks, the bowels opened. Why was this? What was happening? It had never been described before.

Fortunately, when St Christopher's was designed, Cicely Saunders included a post-mortem room and we had a senior pathologist, Richard Carter, from the Royal Marsden Hospital, who came to perform limited symptom-directed post-mortems. Some of you here today attended them. I wonder if you, like me, remember that they mostly seemed to happen on a Saturday morning! The first 63 autopsies were written up in the first edition of the journal *Palliative Medicine*. Eighteen autopsies were in connection with our study of patients with malignant intestinal obstruction and, in each case, the obstruction was confirmed, with 14 patients showing it at multiple sites. This study, with 40 patients, was published in *The Lancet* in 1985. [It included the 18 autopsied patients and 22 on which it was not possible or not appropriate to conduct post-mortems.]

...

Total pain

I said that the regular giving of drugs to control pain was the most important advance in end-of-life care, but close to it – or even first – is, surely, the inspired concept of 'total pain' having physical, emotional, social and spiritual components. This came, of course, from Cicely herself and she first wrote about it in 1964, having learnt it at the bedsides of the dying patients she cared for. This was revolutionary at that time, when the severity of pain was generally measured by the somatic injury that caused it. But this concept of total pain (or total suffering) gives us a wider approach and a framework to our understanding and care for patients at the end of life. The physical component usually needs treatment with appropriate drugs, given regularly. Helping the emotional and social components of pain involves recognising and treating anxiety and depression when they are present, and spending time with patients and families, encouraging them to talk and ask questions, and giving kind but truthful answers. Spiritual pain may be due to guilt about the past or a fear of what happens after death. It was explored with all patients on admission by asking about the importance (or not) of faith, so that spiritual anxieties could be addressed.

...

One important early study conducted by Professor John Hinton compared the experience of care of patients in the radiotherapy ward of a teaching hospital with those who were receiving hospice care either as an inpatient or at home, looking especially at levels of anxiety and depression.

Perhaps the best known of early studies are the work and writings of Colin Murray Parkes on bereavement. He had met Cicely Saunders before St Christopher's opened and she invited him to start a bereavement service from the beginning. Colin developed an assessment card to be filled in after death by the staff member who knew the family best. This gave details of the 'key person' – the one thought to be most affected by the death. Those who scored high were visited at home by a specially trained bereavement visitor.

The effectiveness of this service, which was the first in palliative care, was written up in 1981 and it is considered by Colin to be his most important piece of work. It showed that bereavement support reduced the risk in the 'high-risk' group to about that of the 'low-risk' group – a major reduction in symptoms of anxiety and the consumption of alcohol and drugs. Two early evaluations of palliative care looked at anxiety, depression and bereavement. How do you, in 2011, evaluate the care you give?

But for all the advances and research in this field, it is so important that we do not become people who just go round patients with questionnaires and boxes to tick. We need to remember daily the words of Cicely Saunders. 'I have tried to sum up the demands of this work we are planning in the words "Watch with me". Our most important foundation for St Christopher's is the hope that in watching we should learn not only how to free patients from pain and distress, how to understand them and never let them down, but also how to be silent, how to listen and how just to be there.'

Adapting home care

[In 1969] an incident occurred that led to the founding of the first domiciliary service.

A woman in her 50s with severe pain from bone metastases due to breast cancer surprised us all by wanting to go home once the pain was controlled. We tried to make careful plans, I phoned the general practitioner, and the drugs, including a moderate dose of diamorphine, were given to her. But ten days later she was readmitted in agony because the doctor had reduced and then stopped the opioid, feeling that it would otherwise turn his patient into an addict. Of course, the pain had returned. Sadly, this story does not have a happy ending. Her pain was easy to control but she had lost her nerve and did not want to go home again. She remained an inpatient until she died.

...This incident prompted Cicely Saunders to say 'We must start hospice care at home now'. She looked around the hospice to find staff who had worked in the community – a field in which she had no experience. She chose Barbara McNulty, a nurse, and me, and she told us to start a domiciliary service.

The way forward was far from clear. There were no other palliative care services at home to guide us and we felt it was very important to get it right. We needed our service to fit in with the UK pattern of care in the community. So we decided to spend some months going round those already working there and asking them if they wanted a hospice home care team and, if so, what form they wanted it to take. The answers came back, the majority welcomed the hospice going out into the community, but the general practitioners wanted to remain in charge of patients at home and the district nurses wanted to continue the practical nursing that was needed. They wanted a 24-hour service with doctors and nurses in the team.

And so the first home care service was born in October 1969, a model for the UK. This format has remained virtually unchanged at St Christopher's and, in 2010, no less than 1,800 new patients were visited and 48% of deaths occurred at home. ...

Palliative care reaching out.

There is no doubt that Cicely Saunders did not found St Christopher's purely to care for patients in south-east London. Her aim was to change the world's view of dying and this aim was shared by those of us who worked with her. There were many ways in which this could be achieved.

Even before St Christopher's opened, Cicely Saunders was lecturing in the United States. An eight-week tour in 1963 followed by annual visits inspired many people and was one of the factors leading to the formation of the American hospice movement. She and others went on to lecture widely in the UK and abroad and, from the start, we welcomed visitors. They came to see what we did and went home, not to copy it but to apply it to their own circumstances. These visits are always costly to staff but there are ways to minimise this, such as the monthly 'Friday visit' at St Christopher's, when individuals are combined in a group for talks and a tour.

But we also have visitors who come for a longer time. In 1973, Balfour Mount, a urological surgeon from Canada, visited. He went back and founded a unit in his hospital, the Royal Victoria Hospital in Montreal, and he gave the name 'Palliative Care' to our specialty. Then, Gustavo de Simone from Argentina came to a hospice conference and was persuaded to stay on for a further two weeks of clinical work. He had come across our first textbook of palliative care in a remote part of Patagonia and had decided to come and see the work for himself. He went back and founded Pallium and became one of the leaders of palliative care in South America.

...

Perhaps the hardest groups to reach, especially at the beginning, were our own professional colleagues. Even speaking about pain control in the early days was fraught with difficulties. I well remember being asked to talk on the use of opioids at a conference on the management of cancer pain. In the question time at the end, I was attacked by both anaesthetists and neurosurgeons! Looking back, I wondered if this was because they could see that, if drugs were successful, there would be less demand for nerve blocks and percutaneous cordotomies....

Source: Excerpted from Baines, M. (2011). "From pioneer days to implementation: Lessons to be learnt." *European Journal of Palliative Care*. 18(5). 223-227.

Endnotes

- ¹ Shirley du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement* (London, England: Hodder & Stoughton, 1984), p. 173.
- ² Cicely Saunders, *St. Christopher's In Celebration* (London, England: Hodder & Stoughton, 1988), p. 10.
- ³ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 178.
- ⁴ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 27.
- ⁵ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, Chapter 1.
- ⁶ Christopher Saunders, "The Early Years," Cicely Saunders International, <https://cicelysaundersinternational.org/dame-cicely-saunders-a-brothers-story/early-years/>, accessed April 2020.
- ⁷ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 46.
- ⁸ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, pp. 45-7.
- ⁹ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, pp. 41-2.
- ¹⁰ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 42.
- ¹¹ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 54.
- ¹² du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 55.
- ¹³ Historical pound conversion rate calculated via: <https://www.in2013dollars.com/uk/inflation/1948?amount=500>; 2020 pound to dollar conversion rate calculated via: <https://www.xe.com/currencyconverter/convert/?Amount=18%2C300&From=GBP&To=USD>.
- ¹⁴ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 58.
- ¹⁵ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, pp. 61-2.
- ¹⁶ Brown, *Courage: Eight Portraits*, pp. 183-4.
- ¹⁷ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 175.
- ¹⁸ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 175.
- ¹⁹ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 72.
- ²⁰ The surgeon's intervention included asking the St. Thomas's hospital matron to write a recommendation which said: "Miss Saunders is a gifted person. In practical work she became proficient, although it needed perseverance on her part, for she was a little diffident and too unassuming at first." Source: Shirley du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement* (London, England: Hodder & Stoughton, 1984), p. 63.
- ²¹ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 66.
- ²² du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 64.
- ²³ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 65.
- ²⁴ Cicely Saunders, "Dying of Cancer," *St. Thomas's Hospital Gazette*, vol. 56, no. 2 (1958), pp. 37-47.
- ²⁵ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 174.
- ²⁶ Brown, *Courage: Eight Portraits*, p. 189.
- ²⁷ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 173.
- ²⁸ "Vital Research on Pain Control," Cicely Saunders International, <https://cicelysaundersinternational.org/dame-cicely-saunders-a-brothers-story/vital-research-pain-control/>, accessed March 2020.
- ²⁹ Cicely Saunders, *St. Christopher's In Celebration* (London, England: Hodder & Stoughton, 1988), p. 11.
- ³⁰ Cherie Booth, "Cherie Booth meets the woman who changed the face of death," *Good Housekeeping UK*, October 2002, p. 66.
- ³¹ du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 61.
- ³² Compiled from: David Clark, "Cicely Saunders and her early associates: A kaleidoscope of effects," in *To Comfort Always: A history of palliative medicine since the nineteenth century*, (Oxford: Oxford University Press, 2016). And Shirley du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement* (London, England: Hodder & Stoughton, 1984), pp. 81-2.

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- ³³ Cicely Saunders, *St. Christopher's In Celebration* (London, England: Hodder & Stoughton, 1988), p. 9.
- ³⁴ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 94.
- ³⁵ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 139.
- ³⁶ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, pp. 97-8.
- ³⁷ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 101.
- ³⁸ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 121.
- ³⁹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 178.
- ⁴⁰ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 88.
- ⁴¹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 177.
- ⁴² du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 90.
- ⁴³ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 123.
- ⁴⁴ Saunders's decision to build a new hospice was intentional. "She had resisted pressure to adapt an existing building, to run it as part of one of the large hospitals or to take over somewhere [. . .]. She was adamant that it should be purpose build and that it should be in the city, within easy reach of the London teaching hospitals." Source: du Boulay, *Cicely Saunders: The Founder of the Modern Hospice Movement*, p. 124.
- ⁴⁵ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 129.
- ⁴⁶ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 90.
- ⁴⁷ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 94.
- ⁴⁸ "Cicely Saunders," King's College London, <https://www.kcl.ac.uk/cicelysaunders/about/cicely/index>, accessed April 2020.
- ⁴⁹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, pp. 211-2.
- ⁵⁰ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 190-2.
- ⁵¹ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 192.
- ⁵² David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), pp. 190-2.
- ⁵³ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), pp. 190-2.
- ⁵⁴ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 193.
- ⁵⁵ St. Christopher's Hospice Annual Report, 1970/71.
- ⁵⁶ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 176.
- ⁵⁷ St. Christopher's Hospice Annual Report, 1969.
- ⁵⁸ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 197.
- ⁵⁹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 189.
- ⁶⁰ St. Christopher's Hospice Annual Report, 1970/71.
- ⁶¹ As one student who spent time at St. Christopher's in the 1970s wrote: "The 'following-up' of the bereaved believed to be at risk psychologically or socially seems to me to be one of the most important steps towards psycho-prophylaxis taken by any community in this country. I am sure that a study of this group of people in the future will be of value in expanding the social service facilities available to people facing other 'life crises.'"
- ⁶² du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 137.
- ⁶³ St. Christopher's Hospice Annual Report, 1969.
- ⁶⁴ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 184.
- ⁶⁵ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, pp. 187-8.
- ⁶⁶ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 198.
- ⁶⁷ "Cicely Saunders," King's College London, <https://www.kcl.ac.uk/cicelysaunders/about/cicely/index>, accessed April 2020.

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- ⁶⁸ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, pp. 187-8.
- ⁶⁹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, pp. 187-8.
- ⁷⁰ Wolfgang Saxon, "Cicely Saunders Dies at 87; Reshaped End-of-Life Care," The New York Times, July 31, 2005, <https://www.nytimes.com/2005/07/31/obituaries/cicely-saunders-dies-at-87-reshaped-endoflife-care.html>, accessed April 2020.
- ⁷¹ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 186.
- ⁷² Maria Teresa Garcia-Baquero Meriono, "Palliative Care: Taking the Long View," *Front Pharmacol*, v9, 2018.
- ⁷³ Christopher Saunders, "Planning for the First Modern Hospice," Cicely Saunders International, <https://cicelysaundersinternational.org/dame-cicely-saunders-a-brothers-story/planning-first-modern-hospice/>, accessed April 2020.
- ⁷⁴ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 228.
- ⁷⁵ Wolfgang Saxon, "Cicely Saunders Dies at 87; Reshaped End-of-Life Care," The New York Times, July 31, 2005, <https://www.nytimes.com/2005/07/31/obituaries/cicely-saunders-dies-at-87-reshaped-endoflife-care.html>, accessed April 2020.
- ⁷⁶ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 185.
- ⁷⁷ According to Saunders's brother, Christopher, "She probably should have stood back from day-to-day management earlier, just like some business entrepreneurs, including our father."
- ⁷⁸ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 23.
- ⁷⁹ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 32.
- ⁸⁰ Cherie Booth, "Cherie Booth meets the woman who changed the face of death," *Good Housekeeping UK*, October 2002, p. 65.
- ⁸¹ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 29.
- ⁸² Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 181.
- ⁸³ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 182.
- ⁸⁴ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 181.
- ⁸⁵ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 72.
- ⁸⁶ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 126.
- ⁸⁷ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), pp. 128-9.
- ⁸⁸ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 72.
- ⁸⁹ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), p. 106.
- ⁹⁰ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 85.
- ⁹¹ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 186.
- ⁹² du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 174.
- ⁹³ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 174. pp. 86-7.
- ⁹⁴ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 182.
- ⁹⁵ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 137.
- ⁹⁶ du Boulay, Cicely Saunders: The Founder of the Modern Hospice Movement, p. 140.
- ⁹⁷ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), pp. 191-2.
- ⁹⁸ Gordon Brown, *Courage: Eight Portraits* (London, England: Bloomsbury, 2007), p. 193.
- ⁹⁹ David Clark, *Cicely Saunders: A Life and Legacy* (Oxford: Oxford University Press, 2018), pp. 190-2.
- ¹⁰⁰ <https://www.stchristophers.org.uk/about/damecicelysaunders/tributes>