I introduce this second themed issue on the subject of long-term care in Rhode Island (RI) by noting that it is again dedicated to the memory of Dr. Stanley M. Aronson, an ardent and longtime champion of humane health care in general and the enlightened medical approach in particular for the care of older adults. The platform of being guest editor allows me to speak once more for the values Dr. Aronson held dear about how competent and excellent care must be based fundamentally in the unique needs, life story and preferences of the individual patient. His emphasis on respect for the person and superb medical competence were instrumental values that led to his initiating hospice care to RI [Home and Hospice Care of RI, founded in 1974], Interfaith Health Care Ministries [founded in 1975] as well as embedding interdisciplinary approaches to medical care in the Brown Program in Medicine [now The Warren Alpert Medical School of Brown University].

The papers in the March 2015 issue of RIMJ (http://rimed.org/rimedicaljournal/2015/03/2015-14-ltc-complete.pdf) provided an overview of the evolving medical landscape of long-term care in RI and offered first-hand experiences of those directly involved in providing long-term care: the medical director, the nursing home administrator and the long-term care nurse.

This issue focuses on the journey in long-term care, specifically transitions and end of life. Medical care for older adults is often marked by frequent transitions in sites of care, moves that are fraught with difficulty as physicians and other caregivers rush to move the patient from site to site, too often without adequate preparation and sufficient information to ensure that the move is accomplished well and safely.

Vognar and Mujahid describe how transitions between hospital and nursing home challenge the provision of the most effective care; they provide practical advice about how to manage transitions in a smoother and safer way. The article by Shield, Thomas and Ratchford takes the perspective of patients who have actually undergone these transitions. They focus on how patients recalled their journeys from home to hospital to nursing home for rehabilitation. They highlight how the transitions as seen from the patients’ point of view can be frightening and challenging, the patients also offer advice to physicians about how these moves could be managed better.

The final two articles discuss the role of hospice and palliative care in the long-term care institution. Miller describes how hospice and palliative care can best be utilized in this setting and how these approaches can effectively alleviate patients’ pain and suffering. Physicians are themselves sometimes the barrier to patients and their families accessing adequate relief for their conditions. Martin next addresses how physicians can talk with patients and families in “goals-of-care” conversations about end-of-life choices in a realistic and comforting way. He offers a blueprint of a clear approach to clarifying patient goals and preferences physicians can use to effectively implement these dialogues into their clinical practice.

Dr. Aronson intimately understood the inherent brevity and finality of our transient lives. His life is an example of how to enrich the limited time we have to maintain and heighten the preciousness of life itself. Older patients are at the end of long, complex and intensely unique lives. His painting featured on the cover speaks to a lengthy journey into a vast unknown. When we care for older patients, we need to respect their individuality and honor the specific experience of who each of them is. We thank Dr. Aronson for reminding us of the compassionate view of age and mortality and for helping us finding a practical and informed way to care for patients in the best ways possible. In continuing the spirit and example of Stan Aronson, I sincerely hope the articles in this issue convey the message of how to better care for older adults as they approach the ends of their lives.

Guest Editor

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