

End-of-Life Care Planning Guide

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*Everyone who believes in me
will have eternal life.*
John 3:15



A RESOURCE FOR PLANNING END-OF-LIFE CARE

End-of-Life Care Planning is not an easy subject, but with the right support, you can make decisions that honor your EOL wishes.

This manual serves as a guide to help inform you and your families with information, resources, and tools to make thoughtful end-of-life decisions. And in so doing can offer peace of mind to everyone!

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A Planning Guide For End-of-Life Care

**Office of Aging Ministry
Archdiocese of Galveston-Houston**

2020

Prayer

Leader: St. Paul VI once reflected: *In our youth, the days are short and the years are long. In old age the years are short and the day's long. Somebody should tell us, right from the start of our lives that we are dying. Then we might live to the limit every minute of every day. Do it! I say, whatever you want to do, do it now! There are only so many tomorrows!*

All: *Heavenly Father, thank you for the gift of life! Grant that we recognize the brevity of this earthly journey so that we might abide more fully in your loving Presence. Guide us in building your Kingdom of love and mercy until that day when we shall be united with you and the communion of saints and angels.*
We pray this in Jesus' name. Amen



PREFACE

Each of us is on a journey through life to ultimately join the loving God who created us. The last part of our life's journey presents unique opportunities as well as challenges. In that light, I wanted to create a resource that incorporated the knowledge and best practices from credible sources in planning end-of-life care. At the same time I wanted to shape this planning by adding some personal experiences from the perspective of our Catholic faith. My hope is that we can work together as companions in Christ to share our collective wisdom and to make the final part of our earthly journey a blessing for ourselves and for others.

- Mark Ciesielski
Associate Director
Office of Aging Ministry
Archdiocese of Galveston-Houston

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INTRODUCTION

Facing our Mortality with Faith, Family, and Community

When is it a good time to “Get your house in order?” To start talking about and planning for your end-of-life care?

It is the hope of the Office of Aging Ministry that this guide can assist you with practical end-of-life planning information as well as help you to appreciate the preciousness of life in the present moment.

Death may result suddenly from an accident or a relatively brief health condition such as cancer, heart attack, or stroke. For most people death occurs after a much slower, progressive aging process. As people age, they begin to compensate for diminished abilities. Perhaps it starts with a drugstore purchase of reading glasses. Or using an elevator instead of climbing stairs. It may progress to finding a home and yard maintenance person to do some jobs. Later, drivers may resort to writing directions as memory aids to get to and from a location.

Aging well may include committing to a healthy diet, regular strength and cardiovascular exercises, keeping the mind active with puzzles, games, and reading, engaging in social interaction and service activities, and staying spiritually-centered through prayer and meditation. Maintaining a sense of independence and control over your decision making are essential to sustain a meaningful quality of life.

A Saint’s Perspective on Death

As modern medicine extends the physical life span to new limits, the reality of death has a way of eluding our consciousness on a daily basis. St. Alphonsus Liguori, the 18th century saint encourages us to stay focused: “It is certain that we shall die; but the time of death is uncertain. God has already fixed the year, the month, the day, the hour, and the moment when you and I are to leave this earth and go into eternity; but the time is unknown to us. All know that they must die: but the misfortune is, that many view death at such a distance, that they lose sight of it” (from *The Sermons of St. Alphonsus Liguori*, Sermon No. 32: *On the Mercy of God towards Sinners*).

The process of graciously letting go with a spirit of gratitude is not always easy. At the end of our lives, we do have the choice of letting go or of trying to hold on.

Death is inevitable, yet as people of faith, we believe that eternal life in Christ, not death, is the ultimate victor.

We do not want you to be unaware, brothers, about those who have fallen asleep, so that you may not grieve like the rest, who have no hope. For if we believe that Jesus died and rose, so too will God, through Jesus, bring with him those who have fallen asleep (1 Thes. 4:13-14).

Planning Rationale:

Does planning for end-of-life care make the experience of aging any easier?

Not necessarily, but such planning can provide the opportunity

- to make good choices when you still have the capacity
- to make decisions that can give you a certain peace of mind that your end-of-life wishes will be known and respected
- to unburden others in making those choices for you - decisions that may be contrary to your beliefs, values, and wishes
- to be prepared when medical emergencies and critical decisions arise
- to free you to get on with the business of living
- to prepare you for eternal life

This resource guide is intended to provide a comprehensive approach to help you identify, communicate, record, and share your end-of-life wishes.

It includes:

- Checklists
- Worksheets
- Scenario applications
- Community resources

I. Preparation Before Starting an EOL Conversation

A Planning Guide For End-of-Life Care

Introduction:

The following scenarios are intended to prompt you to consider your own family circumstances, challenges, benefits, and means to address end-of-life care. Feel free to answer one or more privately or with someone else. There are no right or wrong answers.

Scenario One:

You recently had lunch with a dear friend, a 90-year old single person with no children living alone. He no longer drives but manages fairly well with a circle of supportive relationships who checks on him daily. He has some health issues, uses a walker, and is fiercely protective of his independence. At some point, you asked him as a concerned friend, what his plan was if he could no longer manage his care even with his support group. He paused for a moment and then looking you in the eye, said, "I put myself in God's care." How might you respond?

Scenario Two:

Your parents in their early 70s seem to be aging well. They are physically active, try to eat healthy, and socialize with their peers. There has never been a conversation with them regarding a time when they may need more care or support to maintain their independence. Nor has there been a discussion regarding their wishes for medical treatment or financial assistance if they have diminished capacity to make those decisions themselves. They have never mentioned the status of their having a will. You have seen their parents (your grandparents age and require help at the end of their lives) so lately something is stirring in you to approach them on the subject. What might you do?

Scenario Three:

You have experienced your parents in their 80s beginning to show signs of memory loss which has impacted their driving skills (several car dents) and financial management (forgetting to pay bills on time). You have offered to drive them or secure errands for them as well as assist them with paying their bills. They have repeatedly dismissed your help politely but firmly. What do you do?

Life is pleasant, death is peaceful. It's the transition that's troublesome.
- Isaac Asinov

1. Creating an End-of-Life (EOL) Plan

A. Preparation before starting EOL conversation

Developing a Realistic Planning Perspective.

Understanding the dynamics of advance care and end-of-life planning can help people establish a more realistic perspective with the planning process.

Effective planning involves:

- communication among persons who care, respect, and trust each other
- an ongoing process to create time and space for thoughtful reflection and dialog
- recognition for updating decisions if circumstances change
- understanding that the subject of dying and death can be uncomfortable (Sollitto, 2019).

B. The Power of Prayer.

When faced with uncertainty or anxiety in how to begin the planning process, our Catholic faith presents you with great spiritual resources. God has empowered you with the gift of the Holy Spirit through your baptism and Confirmation to help guide you in this planning process

What to pray for: Wisdom, Understanding, and Courage

- **Wisdom** for the most loving words
- **Understanding** for listening and respecting others' wishes
- **Courage** for the strength to face the knowledge of what is feared or hoped for
 - a. Courage to confront the reality of mortality by seeking the truth of knowing
 - b. The courage to act on what the truth reveals

How to pray: Pray privately or suggest a brief prayer before starting conversations with trusted persons and loved ones. Ask the Holy Spirit to use His gifts to make good, loving choices. Or pray a favorite memorized prayer such as the Our Father or Hail Mary. God hears the intentions of your hearts. It helps to center your intentions on God's loving care. There is strength in numbers which

can melt anxiety, open hearts to reconciliation, and help provide clarity in decision making.

C. See the Big Picture

Seeing the big picture helps you to appreciate the entire scope for planning and the recognition that the process will take time to complete.

- **Review the Advance Care Planning/End-of-Life checklist (See p.9).** The review can help you to see the big picture, identify what you have begun, and prioritize tasks that need to be completed.

- 1. Check off** any categories that you have already completed. Then write number 1s next to what you feel are the most urgent tasks to address. Write a 2 for the next level; add a 3 to the final things that you want to do. Leave blank any categories that don't pertain to your circumstances.

- 2. Begin with your prioritized areas and record your wishes for those issues.**

For example, if you listed starting conversations:

- Who are the important people that you want to talk to?
- What are some of the important issues and what are your wishes regarding those issues?
- What personal values and beliefs that have made your life meaningful impact these issues?
- What resources do you need to help you in this planning?

- 3. Don't wait until you are experiencing a serious or terminal illness to do this.**

More than one in four elderly Americans are incapacitated at the end of their lives and unable to make their own medical care decisions, according to a study that every two years examined the deaths of 3,700 Health and Retirement Study participants, a representative sampling of Americans age 51 years and older (National Institute on Aging). Those with a living will or durable power of attorney for health care (two-thirds of the total) were less likely to die in a hospital or to receive aggressive care, results that were consistent with their wishes.

4. Make a List of Trusted People to Consult to Make Informed Decisions

A. Financial:

- **Wills/estate planning & advance directives:** attorney
- **Financial Power of attorney:** Attorney, spouse or loved one who you want to serve as your financial power of attorney

B. Medical:

- **Medical Advance Directives:** physician, attorney, Catholic ethicist, spouse or trusted loved one to guide your EOL medical wishes and the person you want to serve as your medical power of attorney to help implement your wishes.

C. Personal, Spiritual, Social: Pastor or loved ones that you want to execute decisions reflecting your personal values and beliefs. This can include naming an executor for your will.

Activity: List Trusted People for each of the following:

Financial

Medical

Personal/Spiritual

End of Life [EOL] Planning Checklist

I. Getting Started

- ☐ Identifying EOL Concerns/Issues
- ☐ Having Talks with Loved Ones

II. Essential File Documents

- ☐ Advance Directives
- ☐ Financial Statements
- ☐ Long Term Care
- ☐ Marriage License
- ☐ Medical Crisis Information
- ☐ Warranties/Contracts
- ☐ Power of Attorney Forms
- ☐ Tax Returns (past 4 years)
- ☐ Bank Accounts
- ☐ Insurance Policies
- ☐ Medications
- ☐ Military (Discharge) Papers
- ☐ Pensions/Retirement Funds
- ☐ Property (Mortgages)/Auto Titles
- ☐ Safe Deposit Box
- ☐ Social Security/Medicare Information
- ☐ Will
- ☐ Loans
- ☐ Passwords

III. Essential Contacts

- ☐ Attorney
- ☐ Financial Advisor and/or CPA
- ☐ Hospice
- ☐ Power of Attorney(s)
- ☐ Emergency Contact Persons
- ☐ Funeral Home Director
- ☐ Physicians
- ☐ Financial
- ☐ Medical
- ☐ Priest

IV. Celebrating EOL

- ☐ Cherished Possessions
- ☐ List of Persons for Distribution
- ☐ Ethical Will (Cherished beliefs)
- ☐ Things I Still Want to Do In Life

List of Remembrances:

- ☐ Achievements Most Proud of
- ☐ Most Loved & Influential People
- ☐ Favorite Memories: Child → Adult
- ☐ Most Enjoyable Activities

V. Starting the Final Journey

- ☐ Obituary
- ☐ Blessings
- ☐ How Faith Has Made a Difference
- ☐ What to Do When Death Occurs
- ☐ Being at Peace with God
- ☐ Funeral Arrangements
- ☐ Forgiveness
- ☐ Saying Good-byes

*Resource from the Office of Aging Ministry Archdiocese of Galveston-Houston

II. Starting the Conversation

Starting Advance Planning Conversations

- **Who will initiate the conversation?**

Starting conversations on such a difficult subject may not be easy, but they are necessary. Whether you are an aging parent or spouse, an adult child with aging parents, or living alone, remember that the planning objective is to have a strategy in place which addresses your advance care and EOL wishes, records, and shares them with the appropriate persons before there is a crisis or need to implement them.

There is more than one way to do accomplish this. After introducing a personal story, four approaches for starting these conversations will be presented.

My Family's Advance Care & EOL Planning Story

Twenty years ago, on the occasion of my parents' 50th wedding anniversary, my parents gathered my two brothers, their wives, and me to discuss their end-of-life wishes, namely their will, powers of attorney, executor of their will, and their funeral arrangements. They also asked us to disclose if there were any of their personal possessions that we would like. I recall that we received this information in a kind of passive stupor. Maybe because of my parents' good health and our family's longevity, their end-of-life care still felt a long way off. Nevertheless, when I adopted my 18th month old daughter later that summer as a single parent, one of the first things I did was to meet with an attorney to create a will with a trust, the appropriate advance directives, and powers of attorney to safeguard the legacy for my daughter. Fast forward eighteen years later with my parents now in their 90s, this planning came to fruition. When my father, with dementia, experienced a hospitalization that left him in a semi-conscious state, his advance directives helped provide the direction for his medical care and EOL wishes. When he died a few days later, the funeral arrangements my parents had previously made were beautifully orchestrated. The visitation (wake), funeral services, cemetery services with the Veterans' honor guard, and post service luncheon

allowed our family and friends to truly honor and celebrate a life well-lived. Not having emotional and financial decisions to make at the time of his death, allowed us to grieve our loss.

A Postscript to This Story

There evolved two situations that necessitated modification and update of my mother's end-of-life documents. The first was when I examined my mother's advance directives and noticed that she had yielded to my older brother decision making authority for her medical care in case she lacked capacity to do so. After carefully explaining the other options which involved her own choice for either ordinary or extraordinary medical interventions if she lacked capacity, she chose a different option. After she completed and signed an updated advance directive (with two witnesses rather than a notary), I distributed copies to my two brothers and me, to the senior community management where she lives, and posted it on her refrigerator in case of an emergency responder. The second incident was when my only brother who lived in the same town as my mother died suddenly about eight months later. He and my father had been named as the only executors of her will. Since they were both deceased, my younger brother and I discussed with my mother the importance of reviewing her will in order to name new executors and powers of attorney. She consulted her attorney, and her will was updated to reflect the changes.

Lessons Learned

These experiences taught me the value of reviewing these essential documents every few years and making changes as needed. In addition, it was important to verbally update those persons entrusted with essential legal responsibilities about our end-of-life wishes and ensure they have ready access to those documents.

Four Approaches for Discussing Advance Care Planning

Here are some practical suggestions before starting:

- It's okay to feel anxious; focus on maintaining loving intentions.
- Invite and allow key persons to express different opinions.
Maintain respectful listening while honoring the loved one's wishes the best that you can.
- Don't be surprised or get angry if parents or siblings (or adult children) don't want to talk about the subject. Listen carefully to and acknowledge their concerns. Invite input, but be resolved in what you want to do.
- This is an ongoing process which may take some time even if all persons involved are working cooperatively together.
- Determine who can do what tasks to support the plan. Ask for a commitment. Put all decisions in writing; give everyone involved a copy.
- Create timelines for completing tasks.
- Create a shared communication process that includes updates.
- Remember to pray.
- Talking comfortably regarding death and the fears of death can open the doorway to talking about their wishes for dying (Sollitto, Bursack).

A Personal Story

About ten years ago, I asked my father about his concerns about dying and death. I was deeply touched by my father's humility, a person I considered to be deeply spiritual, moral, and charitable, and his sense of unworthiness before God's judgment. By first listening to his concerns rather than going through a checklist of medical and financial decisions that needed to be made, I felt that I could respond to where he was at – his doubts and conversation about God's mercy. And I believe it opened the door to later conversations about aging decisions, his care for my mom's well-being, and ultimately about eternal life.

Each of the Four Approaches include some suggested talking points

1. Be direct: Exercise compassionate understanding; address key EOL Issues & Questions

Examples:

I know that talking about death and dying is not easy, but if something happened to you, I would want to know and respect your wishes regarding

- *your medical and long term care/living arrangements*
- *your management of your finances and possessions*
- *any specific wishes about your funeral or burial*

Which of these would you like to talk about first?

Or

What are your wishes for your care if the day comes when you are no longer able to take care of yourself?



2. Establish leverage: Use your own end-of-life planning to initiate the conversation

Show your willingness to “walk the talk” by sharing your own wishes or planning for medical and long term care. **Example:** *Mom, recently when I was really ill, I felt somewhat helpless to tell people what I wanted. When I recovered, I decided I didn’t want to be in that position again because I didn’t want people to make decisions for me that I didn’t like. I created advance directives to tell my doctors what to do if I was incapable of making those decisions and asked my daughter to serve as my medical and financial power of attorney. I worked with an attorney to create some legal documents to ensure my wishes would be carried out.*

3. Build on a familiar connection: Talk about a known person who had an end-of-life experience (identify benefits made by planning and challenges faced for things not planned). If your parents or loved ones know the person or are aware of the situation, that might make the connection feel “closer to home”.

Example:

- 1. Remember Aunt Sally who wanted the doctors to do everything possible to keep her alive, but the medical treatments caused her so much added pain. She really suffered at the end of her life.*
- 2. When Uncle Bob was told there wasn’t any medical treatment that could maintain his life without additional suffering, he chose a Hospice option that was offered him. He experienced a lot of comfort in his final weeks.*

Then:

In light of what you learned how things turned out for your family or friend’s end-of-life situation, I’m wondering what your thoughts/feelings are in regards to how you want to address your end-of-life medical, financial, and spiritual needs.

4. Take a gradual approach: Focus on sharing life's joy-filled memories; provide a note pad to record wishes. Avoid talking about specific end-of-life issues in the beginning.

1. Encourage your loved ones to talk about positive things they enjoy in life or something they look forward to (this sets the table for continuing conversations about what's important to them at the end-of-their lives).

2. Try a non-verbal alternative: *I am going to leave a note pad with a couple of questions for you to consider regarding what's important to you in regards to your personal, medical, and financial care should you not be able to make those decisions.*

- What's something really important about your life that you want people to remember?

- What are a few of your possessions that you want to pass on to others? What would you like to remember about the importance of those possessions?

- What type of medical treatment do you want at the end of your life to maintain your quality of life? Example: I want ordinary care but want to minimize or eliminate as much pain as possible.

- List any particular wishes that you have that pertains to your funeral or burial.

Note: This will be helpful at a later date when persons are ready to discuss and record their wishes in legal documents.

The response may be something like: *I don't want to talk about those things.*

Counter with: *I know the topic feels uncomfortable. I will leave you to think about these things; consider jotting down some of your wishes, but I want to revisit this again the next time I visit. You helped me prepare for many challenges in my life, and I want to help you to feel prepared so we can honor your wishes when the time comes. It might feel uncomfortable, but we will work together to do our best to honor/respect your wishes.*

When Outside Help is Needed

- Consider seeking outside support when the approaches to engage loved ones in advance care and end-of-life care dialog do not seem to work. Try contacting your loved one's medical provider and request their starting the conversation regarding the importance of advance care planning from a medical perspective.

Several studies in recent years have found that when doctors have end-of-life discussions with patients and families, patients have less anxiety. One study found that when terminally ill patients had end-of-life counseling, it enhanced the quality of their final days.

“Less aggressive care and earlier hospice referrals were associated with better patient quality of life near death,” wrote the authors. Moreover, the researchers found family members and caregivers who did not participate in the discussions “experienced worse quality of life, more regret, and were at higher risk of developing a major depressive disorder” (Alexi A. Wright, MD; Baohui Zhang, MS; Alaka Ray, MD; et al, 2008).

Note: Medicare pays for an annual conversation between one's medical provider and patient on this subject.

- Also, consider your pastor or church's adult education team in offering education on these subjects. Sometimes when people feel they are not alone with their concerns, anxieties, or reservations for discussing these topics, they are more likely to engage. It's a great opportunity to encourage peers in church to attend these opportunities together. Adult family members can be encouraged to attend to show their support and address the personal decisions which they need to make for themselves.

III. Creating Essential Legal Documents

Creating Essential Legal Documents

Activity: This information is intended to provide education on essential legal documents for end-of-life care, NOT legal advice.

✓ Check the items below which you have given some previous thought.

- ☐ As you face limitations of medicine and declining health, what makes life worth living?
- ☐ What are you willing to do to make life worth living?
- ☐ What do you want your doctors to do for you when have a life-threatening condition?
- ☐ What do you want your family or community to do for you?
- ☐ What resources are you aware of to help support what you want?
- ☐ If you should fall, have an accident with a broken bone, surgery, illness that requires temporary support, what kind of care will help you?
- ☐ If your health worsens when you can no longer care for yourself, what would you like to see happen?
- ☐ When you are told by your doctors that there is no longer any treatment that will offer reasonable hope of benefit to sustain your well-being, what choices regarding your well-being would you like to implement?
- ☐ Who is/are your most trusted persons that you might consider asking to serve as your medical and/or durable power of attorney?
- ☐ Is there any unfinished business or unresolved issues that you would like to address or find some closure and gain peace of mind?
- ☐ Are there any important beliefs/values or physical possessions that you have that you would like to pass on to specific individuals?

- ✓ Now review the checked and unchecked boxes. How are you feeling about your responses? Any surprises?
- ✓ Advance directives and end-of-life documents serve as legal receptacles whose purpose is to record and communicate your wishes to loved ones and medical providers at a time when you no longer possess the capacity to do so. Failing to complete this life task can leave you vulnerable to others making decisions for you which may be contrary to your deeply held beliefs and values.

Note: This planning guide will limit its focus on identifying and explaining essential advance care and end-of-life documents and their importance. It will also provide a list of valuable resources to consult to help you make sound decisions based on Catholic beliefs, values, and practices which safeguard the dignity of human life for end-of-life choices. While there are many resources available to help families plan and address legal issues, it is highly recommended to consult with an experienced elder care law attorney. The attorney will be able to review your unique circumstances, recommend the best course of action, and ensure that your wishes are recorded properly according to the dictates of Texas law.

Essential Advance Care and End-of-Life Legal Documents

- The Will
- Advance Directives
 - Living Will
 - Durable Power of Attorney for Health Care
- Durable Power of Attorney for Financial Affairs

The Will

The following section is an explanation of a will and why every senior should have one (Sollitto, 2019).

A will is a legal document that contains your instructions as to how you want your property and assets to be distributed after your death. It names the people you want to benefit, as well as details of your possessions at the date of your death. Every adult should have a will. Without one, you are considered "intestate," which means that the government gets to decide who inherits your property. If this is in reference to your parents, you do not have to be concerned about the details of the wills now, but you do need to know that a will exists, and where it is located. You should also know the name of the lawyer who prepared it and the person named as the executor.

How a Will Works

Once a person dies, his or her assets become part of an "estate." An executor is named, and that person is responsible for making sure that the will is carried out as written and that the assets are distributed as directed. The executor can hire someone else, usually a lawyer, to do this job. Generally, a lawyer charges a fee for this service, which is based on the amount of the probated assets.

A valid will must have the following features:

- It must be in writing - handwritten, typed or printed.
- It must be signed by the adult creating the will at the end of the document.
- It must be witnessed by at least two other people present at the time of signing. They need to acknowledge they were present and must sign the will as witnesses in the presence of the adult creating the will. They don't have to be together at the same time of signing.

When creating a will, here are some items to include:

Create a Declaration

- State your full name and residential address, with a declaration that:
- You are of legal age to make a will and are of sound mind and memory
- This is your last will and testament, revoking all previously made wills and codicils
- You are not under duress or undue influence to make this will

Name a Personal Representative or Executor

In an individual will, you can name a person or institution to act as personal representative, called an executor in some states, who will be responsible for making sure that the will is carried out as written. You can also name an alternate person, in case the first choice is unable or unwilling to act.

Name Beneficiaries to Get Specific Property

The people you want to benefit are called beneficiaries. You can specify what possessions that you want to go to what people. You may choose different people to inherit cash, personal property, or real estate. The will should also specify whether assets are to go directly to beneficiaries or whether they should to be sold and the value divided among the beneficiaries

Specify Alternate Beneficiaries

A will can also name "alternate beneficiaries." This instructs what should happen if those beneficiaries don't survive.

Debts and End-of-Life Expenses

The will should spell out your wishes regarding how to settle debts and final

expenses, such as funeral and probate costs, as well as estate and inheritance taxes. In some cases, a person will name a specific source, such as a bank account, to cover these costs.

Advance Directives

The history of advance directives began to be developed in the United States in the late 1960s. The first living wills surfaced in 1967, when an attorney named Luis Kutner suggested the first living will. Kutner's goal was to facilitate "the rights of dying people to control decisions about their own medical care." ([Siamak N. Nabili, MD, MPH, *Advance Medical Directives: Power of Attorney & Living Wills*, www.Medicinenet.com](#)).

Note: The following section incorporates information from the article, *The Difference Between POA, Durable POA and a Living Will*, Ashley Huntsberry-Lett, Agingcare.com, December 27, 2017.

- **Medical directive to physicians and family members** (a.k.a. living will)
- **Durable Power of Attorney for Health Care** (a.k.a. medical power of attorney)
 - **Advance Directive** is a general term used to describe two types of documents – living wills and medical powers of attorney. These planning documents provide written instructions to convey the type of care you want if you are unable to make or communicate your decisions. This includes the extent to which you want life-sustaining medical treatments, and who should make those decisions if you cannot. Advance directives are focused on the types of treatment that you do and do not want.
 - **Advance Medical Directive** (sometimes called a living will) is written instruction for health care in the event that you become mentally or physically unable to make medical decisions for yourself. This document is a

type of advance directive that describes how a person wants emergency and/or end-of-life care to be managed.

- The difference between this and a regular will is that the living will guides decisions before death while a standard “last will” guides decisions after death. A living will may be used to declare wishes to not have life-prolonging measures taken if there’s no hope for recovery, such as in the event of brain damage or terminal illness.
- Texas is currently one of the 47 states that has living wills as legal documents. Because state law can vary on signing requirements and other aspects of a living will, it is important to check on your state's requirements when completing a living will.

- **Powers of Attorney**

- Power of attorney (POA) documents allow you (the principal) to give a trusted individual (the agent) the ability to make decisions on your behalf. A POA can be written to grant an agent the ability to act in very broad terms or to only take specific actions. This document can also be customized to take effect upon its creation (durable POA) or upon the principal’s incapacitation (springing POA). If a person becomes incapacitated without drawing up POA documents, their family members may have to go through the long and expensive process of seeking guardianship to be able to manage their affairs.

In addition to the various terms that are possible for a POA, there are two general areas in which powers of attorney are granted:

- **Health care (medical)**
- **Finances**
- **Medical Power of Attorney** (sometimes called a health care proxy or **durable power of attorney**) is a document that appoints a particular

person as a health care proxy or health care agent to make health care decisions for you if you are unable to do so yourself (not just during a terminal illness).

The medical power of attorney (health care proxy) is your substitute decision-maker only when you become incapacitated to make those decisions yourselves. All 50 states and the District of Columbia have laws recognizing health care powers of attorney.

How to Make Sure Your Wishes are Carried Out

(This section is supported by an article, *Advance Care Directives: Preparations for the Unforeseeable Future*, AgingCare.com, August 17, 2018)

- Complete a living will and a medical power of attorney document.
If possible, you should consult with an experienced elder care law attorney or other professional regarding specific state laws or regulations related to these planning documents.
- Ensure that your family and other important people in your life understand what your wishes are, and what is included in these documents. It is particularly important to discuss your decisions with the individual who will be your health care proxy (that is, your medical power of attorney) to be sure he/she is comfortable with that role, and can be available to carry out wishes.
- Keep your planning documents easily accessible and in multiple places.
Consider carrying a wallet card. Give copies to family members, friends, the physician's office, and/or lawyer if appropriate. It is critical that the health care proxy has a copy, or can access a copy quickly, if there is an unexpected emergency.
- Review your plans periodically to be sure that you or your loved ones are satisfied with their decisions, and the health proxy is still able and willing to be responsible for carrying out their plans.

The Decision Making Authority of Your Medical Power of Attorney

- Except to the extent when you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself.
- Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion.
- A physician must comply with your agent's instructions or allow you to be transferred to another physician. **Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.** Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.
- **Financial Power of Attorney**
- This type of POA document gives a designated person the authority to make legal and/or financial decisions on behalf of you, called the principal. If you become incapacitated, whether permanently or temporarily, bills and other financial matters do not stop. Without a financial POA, bills may go unpaid, which can have serious, lasting consequences, and family members may not be able to access your accounts to cover health care costs.
- It allows control over financial accounts as specified by the details in the document. It is therefore very important that you are aware that your POA will have the legal authority to decide everything about your finances, including paying for where you will live, financial decisions about future care, and how money will be spent if you become unable to speak on your own behalf.

- The type and extent of the agent's powers are entirely customizable. For example, the agent may be authorized to manage all your finances and property or they may only be able to oversee certain investments or transactions.
- The agent's powers may go into effect immediately and last for the duration of your life (a durable POA) or an agent may be named immediately but his/her powers be delayed until you are unable to execute financial management (a springing POA). Because both scenarios come with their own set of advantages and disadvantages, it is best to consult with an elder care attorney to discuss the options that might best suit your circumstances and wishes.

Suggestions for Selecting Trustworthy Persons to Execute Legal Wishes

- **Values and beliefs.** The person you choose as a health care proxy needs to be able to make decisions based on understanding and respecting your values and beliefs. Select someone who will understand and be able to carry out your wishes. Take time to communicate the types of medical treatment that you do and do not want based on your values and beliefs. This will help spare the agony of what medical decisions to make if the person is called upon to exercise his/her authority.
- **Preferences.** You may have ideas about the ways you wish to face death and/or disability, but may be uncomfortable discussing them. Sometimes sharing your own ideas, if you are helping someone, or reviewing the situations of other family or friends who have been in relevant situations can help.
- **Communication.** Communicating is the single most important step in advance care planning. While advance care planning may be difficult and emotionally charged, communicating your own or your loved ones' wishes ahead of time decreases the chance of future conflict and takes the burden off the family. Several issues should be carefully considered for advance care planning.
- **Choosing the Financial Power of Attorney.** You may decide if you want to have the same person serve as both medical and financial POA. Alternates may be named if he/she is unable or unwilling to execute the POA responsibilities, but to

avoid conflicts, there should be only one acting person at a time in each role. As a durable POA, he/she will have access to all of your financial assets and decision making from paying your bills to managing your financial affairs even when you have the capacity to make these decisions for yourself. It is hoped that your POA will only act in your best interest as well as never use your financial assets for his/her own benefit. In that light, it is essential that the qualities of trust, honesty, integrity guide your choice of person to serve as your POA.

How to Create these Documents

- **Create a Support Team**

Help with Planning. It is essential to discuss your health care options with others you trust. Although you may designate a specific person to serve as your POA, try to include your loved ones, close friends, physicians, attorney, members of your clergy, some social workers or counselors into the planning. Discussing your health care options, possible scenarios, and personal preferences can help you to thoughtfully clarify what you want stated in your advance care document. It also serves to inform a circle of support persons who can help advocate that your wishes be respected at the appropriate time.

- In addition, because there are many types of life-sustaining procedures such as the use of ventilators, intubation, CPR, defibrillation, and other resuscitation methods, it will be important to discuss these options with your physician and attorney to ensure that your medical advance directive meets the specific requirements for the state of Texas.

- At some point in the discussion process, it is essential, as persons of faith, that you consult the wisdom of the teachings of the Catholic Church for end-of-life planning. This can help to enlighten your conscience with knowledge to guide your decisions which protect the dignity of human life.

Sharing Your End-of-Life Instructions

Continue to share your verbal and recorded instructions with loved ones and trusted parties. Without them, family caregivers are often conflicted over what kind of treatment you may want in emergency or end-of-life situations. In the absence of any specific preferences, doctors are legally required to pursue all viable life-sustaining treatment options. These measures can be very extreme, and many frail and chronically ill individuals choose to opt out of specific interventions.

Some specify the types of decisions that health care proxies can make

- The use of equipment such as ventilators and dialysis machines.
- The use of cardiopulmonary resuscitation (CPR).
- The use of artificial nutrition via tube feeding and/or artificial hydration via IV.
- Treatments for pain, even if a person is unable to make other decisions (this may be called comfort care or **palliative care**).
- The decision to donate organs or other body tissues.
- **Do Not Resuscitate (DNR)** is a physician's order that is written in a person's medical record indicating that health care providers should not attempt life-saving measures such as cardiopulmonary resuscitation (CPR) in the event of a cardiac arrest, a heart attack, or respiratory arrest. A request for a DNR can be included in your planning documents, or communicated directly to your physician. Also, most health care facilities have a Do Not Resuscitate order policy and forms that a hospital professional can help you with if you choose this option after being admitted to a hospital.

Finalize the Legal Preparations

Desires for health care and end-of-life care cannot be followed if they haven't been clearly communicated to key people. Keeping an open dialogue with all parties involved will ensure everyone is informed and on the same page.

Whether this pertains to you or a loved one, check that the following steps are taken to ensure the documentation is both current and valid:

- Make sure the documents have been signed in front of witnesses and/or a notary public. Requirements vary by state.
- Provide all doctors caring for the patient with a copy of the advance directive. Keep a copy handy yourself.
- Make sure anyone named as an agent in a health care proxy has a copy of that document and knows the patient's goals for medical care.
- Explain the patient's healthcare wishes to other family members as needed.
- Realize that more than one discussion with doctors and family is warranted. Revisit the advance directive annually or whenever big changes occur in your loved one's health to be sure the document still reflects their needs and wishes.
- When a person is admitted to a hospital or long-term care facility, request to review their advance directive with their physician and have a copy added to their medical chart.

Eliminate Worry

Such documentation takes the guesswork out of what care you wish to receive and to what extent you desire your life to be prolonged. Having these instructions expressed in writing removes the uncertainty of what is desired and what is not. Currently, only 25 percent of Americans have recorded their end-of-life medical

wishes in a legal document. This is a problem, as more than half of patients are unable to participate in these decisions when they need to be made. If wishes are not spelled out in a healthcare directive, the decisions are left up to doctors who may not know you, or conflicts may arise among your loved ones over what your wishes would have been.

Finding and Paying an Elder Care Attorney

- Can you create your own will and advance care legal documents?

Although forms for these documents can be found on various internet websites, it is still highly advisable to review your unique circumstances and wishes with an attorney so that they are properly reflected in the documents, and that the documents have been properly signed and completed. You can enjoy peace of mind that your care wishes are in order and will be properly executed.

Professional Legal Support Services For the Houston Area

- **The American Bar Association:** For free legal advice, legal aid for persons with low income, public education, Houston lawyer referrals. Phone: 713-237-9429
<https://hba.org/>
- **Houston Volunteer Lawyers Association:** For Harris county low income residents; see the schedule of their free area legal clinics. Phone: 713-228-0735
<https://www.makejusticehappen.org/events>
- **Lone Star Legal Aid:** Provides free legal aid for civil services to persons with low incomes; Appointment by phone application or walk-in for Harris County residents, 713 652-0077 or Toll Free - (800) 733-8394; M-F from 8 a.m. - 5 p.m.
<https://lonestarlegal.blog/offices/>

IV. Purposeful Living

Purposeful Living

One of the most important tasks in the later years of life is to be able to recognize and affirm that you have lived a meaningful life. “Meaningful” simply means that you have contributed to making the world a better place. This might involve an interpersonal relationship or a contribution for the good of others. It may be personal, professional, or work-related in which the world has been enriched.

Our Christian tradition reminds us that everyone has been given a unique mission that God has planned for him/her. The Psalmist (139:13-15) speaks of God’s intimate awareness and care for each person in the womb. Listen to God addressing the young Prophet Jeremiah (Jer. 1:5): “Before I formed you in the womb I knew you; before you came to birth I consecrated you; I have appointed you as prophets to the nations.”

Your Unique Mission is Your Life-Purpose.

Jesus’ life mission was to restore to His Father all who were separated from God through sin. Jesus fulfilled His mission by loving us culminating in his sacrificial offering to the Father through His passion and death. And by His Resurrection and Ascension! To complete His mission, He sent us the gift of the Holy Spirit that we might grow in personal holiness and continue His mission’s saving work.

Within that bigger mission, He gave you a personal mission with unique gifts to accomplish this purpose. Measuring success in regards to mission is not about the number of people whose lives you have changed but rather about your faithfulness in living authentically what God has placed in your charge. Jesus might have been viewed initially as a failure based on the expectations of his own disciples, but Jesus’ death was His voluntary faithfulness to His Father’s will. You often cannot see the results, let alone judge your work, but rather are called to entrust your efforts in faith to God’s working in and through you. This reminder goes out to all who think “What could I do? I am only one person.”

Mission as Legacy

One of the ways in which you can understand how you have tried to live a meaningful life is by reflecting on the meaning of legacy. A legacy attempts to capture the story of your life – what you did, the places you visited, your accomplishments and failures. It is intended to represent the knowledge and wisdom of your life that you want to pass on to others so that they can grow and make good choices. In this way, your life continues to live on in the experiences of others.

One of my grandmothers was not only a patient teacher of her ethnic recipes, she always made sure everyone at her table was served and cared for before she herself started eating. To this day, I try to patiently pass on her cooking tips and make sure that everyone is served before I partake of the meal. Recall Jesus' mission of love when at the Last Supper he washed his disciples' feet, then shared His Body and Blood in the Eucharist. He imparts the directive: *Whenever you do this, remember me* (Luke 22:19). Jesus' legacy of love continues to live on not only in our celebration of the Eucharist, but in our being sent to nourish others with Christ's love.

Staying True to Your Mission

It is important to stay true to yourself and what God has directed you to do rather than compare yourself with others and their missions. Recall the parable of the talents (Mt. 25:14-30) in which one of the stewards has been given only one talent. He compares it to those who have been given more so he buries it instead of investing it. Upon the return of the master, he has nothing to show for his life and is reprimanded accordingly.

Legacy Activity I.

To help you record your own legacy, take time to recall the enjoyable as well as the challenging experiences in your life. Provided for you is a list of legacy reflection statements which are divided into three categories. Take your time with this activity. Start by choosing a few in each category that you find are most meaningful to you. If you like, you can add to these. Consider sharing your responses with someone you think will listen. Consider taking time to thank God for the experiences including the mistakes or regrets. Ask God for the grace to make all things work for good to give Him glory.

1. Childhood & Personal Interest Reflections

- A favorite restaurant that I enjoyed eating at as a child was
- A favorite pastime in my childhood involved
- My best friend growing up was
- One thing I think of in regards to the “Good Ole Days is
- One thing my mother/father used to say that made sense was
- One person who had a major impact on my character growing up was
- One of my childhood heroes was
- A historical event that made an impact on myself on my generation was
- If I could talk with one person from my childhood that is no longer here I would tell him/her
- I believe that one of the most important scientific or technological changes in my childhood was
- One present or gift I received as a child that I still treasure is

- A teacher that made a difference in my life
- The person who has best exemplified (inspired) Christian living for me is

2. Faith/Religious Beliefs reflections:

- The person who has had the greatest influence on my Catholic faith has been
- My favorite saint is ... because
- My favorite devotion is ... because
- The gift of the Holy Spirit that I need most at this time is
- My faith in Jesus Christ helped me through a really tough time when
- I believe that heaven
- The first thing I would like to ask God after I die is
- For married (widowed): One way my Catholic faith helped me in my marriage was
- My faith (parish) community helped me through a really time when
- One unique gift (charism) that God has blessed me with that I have shared with others is
- A favorite Scripture passage of mine is ... It has help me by ...
- A favorite faith or Church song that has touched my life is ... I

3. Shared reflections for the Present/Future

- Some ways in which my faith has given meaning to my life are
If I were (Choose one: the President, Mayor, Governor, Pope) I would
- One piece of advice I think would benefit the youth of today is
- My greatest joy today is
- The person today who demonstrates care for me is
- If I had a nickel every time that
- One of the most interesting places that I have traveled to is
- One place that I have always wanted to travel to is
- A gift or talent that I enjoy sharing with others is
- A characteristic that seems to define me in an essential way is
- A lesson I learned from an experience of failure was
- A time I confronted a personal or social injustice was
- A moral dilemma that is important to me which I have tried to address An
event or personal accomplishment that I am really proud of is
- One personal gift that I would like to pass on to the next generation is

- One thing I have done to make this world a little better place to live is
- After I die, the one person or thing that I think I will miss in this life is
- If I could bless the next generation with one gift it would be
- One piece of advice I would give today's parents
- What motivates me to get up each day is
- A time when I stepped out into the unknown, I learned that
- One piece of advice as a grandparent to grandchildren would be
- Some ways in which I have dealt with loss and loneliness are

Legacy Activity II: End-of-Life Reflections

In addition to pre-planning for funeral/burial, take time to recall and celebrate closure for your earthly life and begin preparation for entry into eternal life. The following is a list of suggested reflections to record privately or to share with others if you feel comfortable doing so.

- Recall and pass on cherished memories, possessions, beliefs, and values
- Recall special achievements (things you have done for which you are most proud)
- Consider important decisions that you made or did not make and the impact it made
- Recall people (e.g., teachers, mentors, adversary) that had a significant influence on you
- Recall and celebrate the lives of special friends
- Recall your spiritual journey with God and how your faith made a difference
- Note things you wished you could have done differently
- Significant changes you made to improve your life
- What family meant in your life
- What a family tradition or favorite holiday meant to you
- An activity that you would like to do or a place that you would like to visit
- A blessing you discovered that was “in disguise”
- Someone to whom you would like to show your gratitude or appreciation
- Someone you hurt or someone who hurt you that you would like to find some closure
- One question that you want to ask when you see God face-to-face
- One question that you think God will ask you
- Who you would like to meet in the next life
- What you think heaven will be like
- Your final words to summarize your life would be ...

Remember:

- the wildest thing you ever did
- the most generous or thoughtful thing you did or that was done to you

- someone who was fun to be with or made you laugh
- surviving an embarrassment
- a difficulty or personal trial that you overcame
- growing through a time when you almost gave up on something that you really wanted
- when you knew that someone really loved you; when you really loved someone
- a favorite travel or vacation
- an attitude or belief you would like to pass on to make the world a better place
- a major world event or change that affected your life
- a loss that affected you deeply
- a favorite pastime, hobby, or activity
- a volunteer activity you really have enjoyed
- something that you really have felt passionate about
- a favorite song or movie or book
- what your neighborhood or home was like growing up
- what school and education meant to you growing up
- words of wisdom or a favorite saying that you would like to pass on
- a famous or well-known celebrity that you met personally

Creating An Ethical Will

In Ethical Wills Lend Clarity to Caregivers and Serenity to Seniors, Anne-Marie Botek describes an ethical will as a legacy letter, or spiritual letter. In essence it takes the most important responses from your legacy reflections and puts them into writing. It is the embodiment of all you hold dear to be gifted to your loved ones. The process of creating an ethical will can help give you peace of mind that your life has been meaningful as well as the reassurance that you will not be forgotten.

According to Barry Baines, M.D., a hospice physician and author of *Ethical Wills: Putting Your Values on Paper*, an ethical will, in its simplest form, is, "a way to record and pass on your values, beliefs, faith, life lessons, love and forgiveness." Examples of ethical wills have existed for thousands of years. A Biblical example can be found in the Book of Tobit (4:3-23) when Tobit entreats his son Tobias with a list of beliefs and life lessons that he believes will be pleasing in the sight of God.

Putting an Ethical Will Together

There are no hard fast rules about the content of an ethical will. The main thing to avoid are any harsh or negative comments. In addition to containing your most cherished life lessons and experiences, beliefs and values, it may entail a list of secret family recipes, and the hopes you have for your loved ones.

You may choose to add to it over a period of time. Consult with a loved one or caregiver when composing it so that you can obtain feedback for what he/she has truly valued about your life. This process may also bring the person closer in sharing heartfelt stories and values with you. If you are involved in senior groups, you might consider the benefit of using a small group process for exchanging your heart-felt beliefs and values that have given your life meaning.

How to Get Started

There are many ways to create ethical wills. This resource will provide some suggested reflection questions or prompts to get started.

One suggested starting point involves closing your eyes to recall a beloved ancestor who has passed away. Try to imagine him/her standing before you. Now think of the questions that you would like to ask him/her. I remember when my dad's parents turned 90, I had the presence of mind to tape record their responses to some questions that I had for them. A few included:

- How did you meet and decide to be married?
- Why did you leave your extended family as a young married couple and move across the country?
- How did you manage during the Great Depression with a family of 9 children?
- How did you and your family deal with the prejudices of your times?
- Who was the hardest person to forgive?

For my other grandfather whom I grew close to as a young adult, I asked if he had any regrets in his life. The three that he named he framed in the context of life lessons. My grandmother often offered insights into family members' behaviors rather than judging them.

These stories painted a picture of real people whose faith and love helped them persevere through the trials of life.

Start Today: Don't Wait Until It's Too Late

Take the time to start these reflections now – if you are comfortable, consider sharing or inviting questions from your children, grandchildren, or loved ones. It will take time to share these conversations and record what is significant. Some people have difficulty writing so consider the alternative in video recording the life stories. There are public recordings available which focus on persons who experienced the Holocaust or men and women who served in the armed forces during World War II and other military engagements. They are being preserved in

libraries, museums, and as website podcasts for present and future generations to remember the horrors of war and the personal sacrifices made by countless men and women to protect our liberty.

See the Veterans History Project t<https://www.loc.gov/vets/stories/wwiilist.html>

Jewish Survivors of the Holocaust, British Library, Oral History
<https://sounds.bl.uk/Oral-history/Jewish-Holocaust-survivors>

Putting It Together: A Step-by-Step Process

Putting together an ethical will can be a collection of stories about past personal and historical events, but it can include a person's feelings and reflections on the meaning of those events. A classic example of this is *The Diary of Anne Frank*.

Here are some step-by-step guidelines offered by Susan Turnbull, author of *The Wealth of Your Life: A Step-by-Step Guide for Creating Your Ethical Will*. Consider doing this as an ongoing group project for those persons who are interested.

Guidelines:

Introductory Session: Getting Organized

- What do you want your loved ones to know which you hold most dear or cherish most in terms of life beliefs and values? Share what is most important to you.
- Include favorite (wisdom) sayings that have provided life direction and consolation to you.
- What do you want those to whom you are writing to remember most about you?
- Include letters that have been meaningful to you (optional homework)

Session 1: Stating Your Purpose

- A. Identify to whom you will address this (there can be multiple letters for various persons)
- B. Reflect on your intentions and draft an opening rationale for creating the ethical will

Session 2: Making Notes of Your Life Reflections

This may take several meetings.

Include your values, history, life perspective, personal concerns and feelings

- Reflect on the important people and influences in your life and how they impacted your life.
- How do you want to be remembered? What brought you great joy? Sadness? Fears? Hopes?
- What roles or activities helped give your life meaning?
- What values are reflected in your life?
- What is your personal philosophy or “rule of life”?
- What advice would you want to share?
- What things did you learn the hard way?
- What place did money play in your life? God? Family? Community?
- What did you learn about facing life’s difficulties? What experiences helped you to realize these things?
- What are your hopes for any specific assets or gifts that you want to leave?
- What words of affirmation or unspoken words of reconciliation would you like to speak?
- What are the most important things you want to say to them?

Session 3: Developing the Outline

Summarize your notes:

- What’s the most important thing that you want to communicate?

From the above list, develop what you want to communicate.

Session 4. Composing the Ethical Will

- Sit with a written draft for a few days; make revisions and update your will

V. When Death is At the Doorstep

When Death is At the Doorstep

The American experience of death and dying is complicated by incredible advances in medicine that can prolong human life although not necessarily your quality of life. You may face the question: Is there another treatment that can prolong your life even if the treatment is deemed futile in stopping or slowing the deterioration of your body? This reality has massive implications in regards to the psychological and spiritual readiness in accepting your mortality and preparing for death.

Fr Neil McNicholas, author of *A Catholic Approach to Dying*, says: “The thought that ‘each day you awaken could be the last you have’ could sound very depressing, but it doesn’t have to be that way. What it means is that the more comfortable we become with the reality of death, and the less we deny it, the more positively attuned we’ll be to the day-to-day things that remind us of our mortality.”

Death and Humor

Perhaps as a defense against the anxieties that can accompany death, many cultures have developed a humorous line of stories and jokes about death and dying. Here’s one example:

Gallagher opened the morning newspaper and was dumbfounded to read in the obituary column that he had died. He quickly phoned his best friend, Finney.

'Did you see the paper?' asked Gallagher. 'They say I died!!'

'Yes, I saw it!' replied Finney. 'Where are ye callin' from?'

On a more serious note, this last stage of your journey in life cannot be embarked on alone. Our Christian tradition points to Jesus’ agony in the Garden of Gethsemane in which he implored his closest disciples to “Stay awake and pray with him” (Mark 14:32-38). Even Jesus who trusted in and believed in his resurrection looked to his friends to help support him in his agony and surrender to God’s care.

When you approach death and dying from the Catholic Christian tradition, the Church reaches out to offer comfort and consolation through its pastoral care especially through the sacraments (see *Catholic Beliefs and Practices for End-of-Life Pastoral Care and Funeral Planning*).

Comfort the Dying

When encountering a dying person or their loved one, you may feel a sense of helplessness. Is there something that you can do or say to support or comfort them? Donna Authers, *A Sacred Walk: Dispelling the Fear of Death and Caring for the Dying*, 2008, addresses the fears of dying as well as practical responses to care for the dying. An overview includes

Key Worries:

- Fear of the dying process
- Fear of losing control of one's physical and mental capacities
- Fear of leaving loved ones behind
- Fear of dying alone
- Fear of others' reactions to the reality that one is dying
- Fear of the unknown
- Fear that one's life has been meaningless
- Fear of communicating with one who is dying

Nine Tips for Comforting a Dying Loved One

1. Don't ask how to help
2. Don't make the dying talk about their condition
3. Listen with an open mind and heart
4. Help alleviate their fears
5. Help the dying maintain their dignity and control
6. Reassure them that their life mattered
7. Share in their faith
8. Create a peaceful atmosphere
9. Give them permission to go

Responding to Suffering at the End-of-Life

No one likes to see a loved one suffering. Yet when you approach persons who are dying, your response will be reflected in your understanding of the meaning of suffering.

Listen to St. Paul's words to the Corinthians (II Cor. 1:3-4):

Blessed be the God and Father of our Lord Jesus Christ, the Father of compassion and God of all encouragement, who encourages us in every affliction, so that we may be able to encourage those who are in any affliction with the encouragement which we ourselves are encouraged by God.

Suffering in itself is not a good, but our belief as Catholic Christians is that when we unite our sufferings with Christ's, good can come from it. Those who have suffered can understand, empathize, and show compassion to others who are going through suffering which is part of the human condition. We can acknowledge the suffering that accompanies a person who is dying by being prepared to respond to it with palliative or hospice care options.

We can acknowledge the suffering that accompanies a person who is dying by being prepared to respond to it with palliative or hospice care options.

When Medical Treatments Have Reached Their Limits

One of the purposes of an advance medical directive is to communicate to family and medical team what type of response a person wants when treatment options are considered no longer viable. This applies not only to treatments not being curative but also to treatments that no longer improve or sustain a person's quality of life.

The discussion of palliative and hospice care is essential to help persons understand how they can offer physical, emotional, and spiritual comfort.

The National Institute on Aging (2017) reports "that many Americans die in facilities such as hospitals or nursing homes receiving care that is not consistent with their wishes. To make sure that doesn't happen, older people need to know what their end-of-life care options are and state their preferences to their caregivers in advance. For example, if an older person wants to die at home, receiving end-of-life care for pain and other symptoms, and makes this known to healthcare providers and family, it is less likely he or she will die in a hospital receiving unwanted treatments." These wishes should be recorded in the person's advance medical directive spelling out if the person desires to pursue life-extending or curative treatments, how long he or she has left to live, and the

preferred setting for care.

Understanding Palliative Care

About forty years ago as a young adult, I recall an incident where a dear, old friend of the family, who was in his 90s, was suffering terribly from cancer. One of his family members told me that when he visited him, the person asked him what he could do for him. His response was “to bring him a gun so he could end his agonizing pain”. Clearly some type of pain management could have helped ease the man’s suffering.

Some people may quickly associate dying with palliative or hospice care. Understanding these types of care can help you to make informed choices to prevent unnecessary suffering and maintain some quality of life.

Carol Bradley Bursack, (www.agingcare.com), provides an explanation of the difference between palliative and hospice care and describes their benefits.

Palliative care can provide pain management to anyone living with a serious medical condition, such as cancer or Parkinson’s disease. It may even be helpful as a person ages with chronic conditions that create general discomfort or disabilities very late in life. The treatment can ease suffering and help one to maintain a quality of life. Unlike hospice care which shall be discussed shortly, such care can also be administered while using curative treatment. Although it can be administered at any stage of an illness, it is ideal to discuss these options at the point of diagnosis. It is another way to help the patient and his/her family control medical decisions that will impact their overall quality of life. A team of palliative care specialists provides medical as well as social, emotional, and spiritual support. It is important to check to see if your health insurance will cover palliative care which can be administered at home or in a clinical setting. It can also provide additional support to ease the load of a caregiver.

Hospice Care

Hospice care is essentially another type of palliative care. A person undergoing medical treatment may come to a point when his or her illness is not responding to medical attempts to cure it or to slow the disease's progress. Or the person may no longer want to engage in additional medical treatments to prolong his or

her life. The person may come to a point where he or she has had enough of the wear and tear caused by the treatment. If the doctor determines that the person is likely to die within six months, hospice care may be discussed with the patient.

Hospice care is a team approach. It utilizes people with special skills—including nurses, doctors, social workers, spiritual advisors or chaplains, and other trained volunteers. Everyone works together to support the person who is dying including the caregiver and loved ones to provide the medical, emotional, and spiritual support needed. The hospice team coaches the family how to care for the person who is dying and can even provide respite care for the caregiver to give them a break for a few hours or longer.

One of the common settings for hospice care is in the patient's own home. A member of the hospice team visits the person in his or her home on a regular basis. A team member is available by phone at any time of the day.

Hospice care can address not only physical pain and discomfort but also help to relieve fears or anxiety and provide the comfort a person and his or her loved ones need to maintain a quality of life. Being able to function with a sense of peace and dignity can help the patient and his or her loved ones enjoy their remaining time together.

Hospice is covered by Medicare. Check to see if private insurance will cover your particular situation.

What Does the Hospice 6-Month Hospice Care Requirement Mean?

Although the six month morbidity diagnosis by a doctor is necessary for insurance purposes, a person may outlive that six month period. The doctor can renew the benefits of hospice care if the doctor still believes the person has less than six months to live.

VI. Making Funeral Arrangements

Making Funeral Arrangements

Starting the Conversation

Woody Allen once said, “I don’t mind dying, I just don’t want to be there when it happens.”

Facing our own mortality is always tough. When you talk about starting conversations about making funeral arrangements, it probably rivals the ones you have had with your children (if you have had any) such as teen driving practices or the use of alcohol and drugs. As you have aged, it may have included the ones about end-of-life care and giving up driving. The conversations are not fun, likely not very comfortable but definitely necessary. If you have had any of those types of conversations, be encouraged that you are probably better prepared for the tough ones at the end of your journey.

This section will refresh some of the earlier pointers on how to start those conversations, then guide you through the practical considerations for funeral planning. By working through this stage of the end-of-life planning process, you can assume more control and responsibility for providing others with clarity regarding your funeral planning wishes and final disposition of your body. This can hopefully provide you with some peace of mind so you can get on with the business of living.

When Should You Start These Conversations?

The best time to start planning is when you are healthy and not emotionally stressed due to illness or lacking mental capacity to make good decisions.

At a recent seminar which I presented on end-of-life planning, one participant shared how she and her mother worked through a detailed list of end-of-life wishes that her mother had. It included everything from her EOL medical care to her funeral arrangements. The participant had a sister who lived at a distance and was not consulted in the planning. The participant noted that her mother’s EOL care wishes were never put into writing. When her mother died suddenly, the

other daughter had a completely different set of expectations how to handle the funeral and burial arrangements than what the mother had wanted. Because her sister was not able to convince her of their mother's final wishes, it ended in great conflict and hard feelings.

Here are some suggestions for starting the conversation with loved ones:

1. Start with a prayer thanking God for your life; ask for guidance to help you communicate end-of-life choices that best reflect your beliefs and values
2. Write down your wishes (refer to the reflection questions in this guide for help in drafting your funeral arrangement wishes)
3. Don't wait until you are experiencing a serious or terminal illness to do this. Physical suffering or being close to death can alter your emotional state and clarity in thinking through your options. Grief has a tendency to paralyze thought processes which could result in making bad decisions (think of decisions you have made when you felt clear-headed compared to a time when you were tired, sad, lonely or distressed).
4. Invite all your loved ones together to share their preferences. Consider long distance conference calls. Different beliefs and preferences may be expressed. Show respectful listening by acknowledging everyone's beliefs and preferences. Thank everyone for their input but request that your wishes and decisions be respected. For example, if you want to be cremated, a family member may request that your ashes be interred at their home or in a locket. This is an opportunity to clarify your Catholic beliefs of the importance of interring all of your remains in a permanent, final resting place at the cemetery.
5. Remind loved ones what your funeral arrangement wishes are, what steps to take when you die, and how the funeral and burial will be funded. This will help provide a sense of peace in being prepared when death comes. It can also help to eliminate spending on unwanted funeral arrangements at the time of death when there is emotional distress.

A Checklist for Creating a Final Wishes Document

There are multiple examples of funeral planning checklists on the internet. Here is one sample of such a checklist (Sorlitto).

Common Components of a Funeral

Secure Essential Information for When Death Occurs

- ☐ Obtain legal pronouncement of death from an attending doctor or hospice nurse or call 911
- ☐ Arrange transportation of the body to the funeral home (or coroner if an autopsy is required)
- ☐ Compile information for the obituary
- ☐ Write the obituary
- ☐ Communicate the preference for flowers, donations to charitable organizations or both in the obituary or death notices
- ☐ Submit the obituary to selected newspapers
- ☐ Obtain death certificates (multiple copies)

Funeral Home Arrangements

- ☐ Choose a funeral home
- ☐ Decide on the type of disposition (traditional burial, cremation, green burial, interment in a mausoleum, etc.)
- ☐ Select a casket or cremation container
- ☐ Arrange embalming and preparation of the body if desired
- ☐ Select clothing for the deceased to wear
- ☐ Purchase and compile photos for a memorial register or guest book
- ☐ Purchase memorial cards

Funeral Services

- ❑ Decide on the type of service (memorial, wake, funeral mass, military)
- ❑ Details for planning a Funeral Vigil (wake), Funeral Mass, and Final Rite of Committal (Cemetery) (see *Pastoral Care & Funeral Planning: A Resource with Catholic Beliefs & Practices*, 2020).
- ❑ Pick photos to be displayed at the service
- ❑ Choose a florist and desired flower arrangements
- ❑ Prepare any other displays, videos or memorabilia for use at the service
- ❑ Create and print memorial folders or programs for the service
- ❑ Arrange transportation to and from the service for family members
- ❑ Coordinate transportation for the casket
- ❑ Choose pallbearers
- ❑ Identify any burial benefits or services the deceased may be eligible for (veterans benefits, military honors, religious groups, fraternal organizations, etc.)
- ❑ Arrange any food or beverages to be served during or after the service

Cemetery/Place of Final Interment

- ❑ Select a grave marker and inscriptions
- ❑ Identify a location for interment
- ❑ Obtain a burial permit (sometimes referred to as a permit for disposition)

Consumer Rights to Be Aware of When Planning a Funeral

The Federal Trade Commission enforces a special Funeral Rule that protects consumers' rights when planning pre-need and at-need funerals (Small, 2014). As

a consumer, you have the right to request itemized pricing information in order to competitively price funeral homes and their products and services. This is called a General Price List (GPL) which assists you in selecting and purchasing only the goods and services you want, rather than having to accept an entire package deal.

Other Rights include

- the ability to make funeral arrangements without embalming
- to use an urn or casket that has been purchased from somewhere other than the funeral home.

Funeral Costs: Three Basic Categories

- **The basic service fee.** This universal fee covers services common to all funerals including the use of the home, the services of the funeral director and funeral home attendants, coordinating burial arrangements with a cemetery or other third parties, securing permits and death certificates, etc.
- **Optional service charges.** These fees are assessed for optional services, which may include transporting the body, embalming, use of the home for viewing (or wakes), use of a hearse or limousine, burial containers, cremation and interment.
- **Cash disbursements.** This fee covers goods and services that the funeral home buys from other vendors on your behalf, with your consent. It may include the purchase of flowers, clergy services, obituary notices, pallbearers and other service providers such as musicians. An additional service fee may be assessed by the funeral home for making arrangements with these third parties.

In Texas, the Texas Funeral Service Commission regulates funeral home but not cemeteries. They have an on-line brochure, updated in 2019, *Facts about Funerals* available in English and Spanish. The brochure explains your rights and responsibilities such as what to do when a death occurs, methods for disposition of the body, embalming questions, and having access to all funeral pricing costs.

Making Pre-Paid (Pre-Need) Advance Funeral Arrangements

(Huntsberry-Lett, 2018)

Benefits for pre-planning and pre-paying:

- Lowers funeral expenses by locking in and paying current rates for funeral expenses and guards against higher prices at the time of death
- Provides certainty knowing that funeral wishes are finalized in writing
- Offers time to examine expense options at various funeral homes and compare costs without the burden of grief or emotional stress
- Provides loved ones with peace of mind knowing that they don't have to worry about planning or paying for the funeral at time of death
- Irrevocable prearranged funeral plans are exempt from Medicaid asset limits should you need to spend down your assets to qualify for Medicaid.

Do Your Homework

- Ensure that your funeral investment is safeguarded should the funeral home go out of business before your contracted goods and services are required
- If you move to another geographic location, investigate whether the funeral provider will honor the transferability of prearranged and prepaid services. Or determine if you will receive a refund. You do not want to lose your investment or have to pay another funeral home for the funeral expenses.
- Ensure that your loved ones are aware of your pre-paid arrangements to avoid their making unnecessary arrangements and payment at another funeral home (Small, 2014).

How to Pay for a Funeral (Huntsberry-Lett, 2018)

Options for Paying Pre-Need Plans

1. Pay expenses in a lump sum

2. Create an installment plan where the funds are typically used to purchase an insurance policy or put into a trust. The funeral home is listed as the beneficiary and receives the funds upon the person's death. It is important to work with a funeral professional to understand the laws that regulate and protect preneed funds in your state. Your loved one should feel confident that their money is secure and in the hands of a reliable provider. The Texas Department of Banking which regulates funeral contracts, provides an easy-to-read brochure in English and Spanish explaining contractual information, the difference between an insurance policy and trust, and FAQs for prepaid funeral planning

<https://www.prepaidfunerals.texas.gov/sites/default/files/PDF/about/pfc-brochure.pdf>

Affordable Alternatives to a Traditional Burial

Two final arrangement options that tend to be more cost effective than a conventional burial are cremation and whole-body donation. Cremation is growing in popularity. The average cost of cremation ranges from \$700 to \$1,200 compared to \$7,000 to \$10,000 for a funeral and burial in a cemetery. Direct cremation, which is performed without a funeral in the days immediately after a death, is often considered to be the most affordable option. Adding features like a funeral service or renting a casket for a viewing beforehand can greatly increase the price. However, there are funeral providers who can accommodate comparably priced funeral services for cremation. Before assuming that adding a funeral service to a cremation is outside your budget, please explore this option first with funeral home providers before making a decision. There is something extremely meaningful in viewing a loved one's body privately or publicly to help aid in the bereavement process.

Whole body donation (a.k.a. donating your body to science)

Whole body donation is another alternative for individuals who wish to continue giving back to society even after they have passed. This option can provide a great service to those in training or doing research at medical schools. Although some of the costs may be covered by the medical facility, it is important to determine what expenses are or are not paid for. MedCure, for example, a non-transplant tissue bank, covers all expenses such as transportation, donation, and cremation. Families will receive their loved ones cremated remains approximately 6-12 weeks after the body is accepted into the program.

In Texas, donating bodies is an accepted option, with an increasing number of residents making this contribution. Be mindful that the state of the body at the time of the death is assessed to determine if it is appropriate for study. In that light, it is helpful to have a backup plan should the body be rejected.

Willed Body Program

Whereas some whole body programs may accept bodies whose parts have been donated for transplants, willed body programs accept bodies with all programs intact. One of the major programs which facilitates Willed Body programs in Texas is UT Southwestern. It is the largest of 11 programs in Texas and is staffed by licensed funeral directors and embalmers. Check for specific eligibility and consent requirement for donors.

Body Part Donation (for anatomical transplant purpose)

There is a transplant waiting list for body organs that far outnumbers available donors. Your death may enable those persons needing a body part, an opportunity to extend their life or quality of life. Even in death you can make a gift of life. You may have noticed when you registered for your driver's license that you were asked the option if you would like to be on the Donate Life Texas registry. This registry is specific only to organ, eye and tissue donation; your registration does not include whole body donations.

For specific information on these various donation options, take time to review how they work to determine if one is right for you. If you decide to register for one of these programs, it is important to communicate with the persons who will be responsible for the disposition of your body so that they will respect your wishes and know what to do at the time of your death.

<https://www.donatelifetexas.org/learn-more/resources-links/whole-body-donation/>

Veterans Burial Benefits

Veterans have served our country in life so it is only fitting that we honor them in death. Some veterans mistakenly believe that this means the government will pay for all the veterans' funeral and burial expenses. This section will review those benefits and direct the veteran and his/her loved ones in how to obtain them.

A few years ago when my father, a World War II navy veteran, died, I was deeply moved by the military honors awarded him. At the burial committal, the naval honor guard performed a dignified ritual of removing the flag covering the coffin, folding it in precise movements, then presenting it on bended knee with outstretched arms to my mother. I learned that there are three folding movements with the flag: the first fold of our flag is a symbol of life. The second fold is a symbol of our belief in the eternal life. The third fold is made in honor and remembrance of the veteran departing our ranks who gave a portion of life for the defense of our country to attain a peace throughout the world (www.veteransflagdepot.com)

This was followed by a three-peat gun volley salute. It was carried out with such grace that I know my dad would have been proud. It still brings tears to my eyes probably because I recall the sacrifice he and so many others made for this country. As a radio operator, the strain of listening through static to record Morse Code messages had permanently damaged my dad's hearing as well as his nerves.

So if you are an honorably discharged veteran, take time to consider and communicate with your funeral care provider a review of your VA death benefits.

Veterans' Death Benefits include:

- The VA will pay up to \$796 toward burial and funeral expenses for deaths on or after October 1, 2019 (if hospitalized by VA at time of death), or \$300 toward burial and funeral expenses (if not hospitalized by VA at time of death), and a \$796 plot-interment allowance (if not buried in a national cemetery).
- United States Veterans and their spouses are entitled to free certified death certificate copies through the Department of Veteran's Affairs
- Veterans' Funeral and Burial Benefits. All veterans are entitled to burial in one of the 136 national veteran cemeteries, a headstone or marker, and a burial flag. There will be no charge for the gravesite, opening and closing the grave, a vault or liner, and setting the marker. In a subsequent visit to my dad's gravesite, there was a burial marker of the U.S. Navy on his tombstone.
- Unless they are on active duty, the VA does not pay for the coffin.

How to Obtain Benefits

For all honorably discharged veterans who have served at least a minimum time of duty, please review the various ways to apply for the death benefits:

You can apply online at Vets.gov, **OR**

- To submit a paper application, download and complete VA Form 21P-530, *Application for Burial Allowance* and mail it to the Pension Management Center that serves your state, **OR**
- Work with an accredited representative, **OR**
- You may also go to your local regional benefit office and turn in your application for processing.

Note: The funeral home can assist in helping you to secure these benefits or you may review the VA website to obtain this information at

<https://www.benefits.va.gov/compensation/claims-special-burial.asp>

Planning Funeral and Memorial Services ¹

The purpose of a Christian funeral service is

- to pray as a community of faith for the deceased
- to commend the deceased person to God
- to give thanks and praise to God for the person's life, and
- to raise the faith community's hope in and witness to their faith in the future resurrection of the faithful in Christ

This is done in the presence of the body or cremated remains.

Time Frame for Service

Burials happen fast; even waiting two or three weeks to inter a casket is pushing the boundaries of appropriate funeral behavior. Some cultural and religious traditions require that the deceased is committed in his/her final resting place within a day of his/her passing, and most others expect not more than a week to go by before a proper burial takes place. The funeral service must occur before the deceased is laid to rest, which means loved ones have precious little time to plan and prepare for their final goodbyes (www.agingcare.com, September 10, 2019).

Celebrating the Life of the Deceased

There are many details that are involved in planning a funeral. Funeral occasions do not have to be strictly somber occasions. There are trends to emphasize a celebration of the deceased's life. It might have elements of storytelling, digital photos or videos of the person's life, even a display of things that represent important events or accomplishments. Such celebrations can convey hope and joy by sharing the various ways that the deceased lived a meaningful life. Even while

¹ From the decree promulgating the revised funeral rites by the Congregation For Divine Worship, 1970

the bereaved experience the pain of loss, there is opportunity to be consoled knowing that the deceased touched the lives of others in meaningful ways. Some of these celebrations are on display if there is a wake or visitation. The celebrations can take place at a reception after the cemetery committal or at a later date when loved ones and friends of the deceased can gather to remember and honor the deceased at some type of memorial (Lindell).

Traditional funerals (involving a burial) usually have a strict series of events that the bereaved follow, and most funeral directors are not particularly flexible when it comes to altering the schedule or modifying the service. Although funerals can take place at a number of venues (such as a funeral home, a place of worship or a cemetery), many funerals are not especially dissimilar from one another.

Having a specific protocol in place offers the bereaved some valuable benefits. The bereaved need not expend extra time or energy organizing a unique event, which can add stress during times of grief. It can also reduce costs associated with customization.

A memorial mass or service offers the bereaved the opportunity to pray for and celebrate the life of the deceased person without the physical presence of the body or cremated remains. Often a memorial service is a matter of convenience when family members cannot gather immediately after the death of their loved one. Specific normative practices for cremation can be found under “Liturgical Guidelines” on the Archdiocese of Galveston-Houston website, Office of Worship.

For Catholics seeking guidance in planning a Funeral Vigil (wake), Funeral Mass, and Final Rite of Committal (Cemetery) please review the *Pastoral Care & Funeral Planning: A Resource with Catholic Beliefs & Practices*, 2020. This resource includes a list of approved Scripture readings and appropriate music which you can select and record on the resource’s planning forms for the Funeral Vigil or Mass. Many parishes have a designated funeral planning team which includes persons who can assist your loved ones in planning these services. Make sure that

your loved ones can easily access or have copies of your funeral planning wishes to share with the parish planning team. Often these teams include a hospitality committee that welcomes and prepares a meal for family members and friends following the funeral service or committal.

Having a Funeral Service in the Age of Social Distancing

As these guidelines are being developed, we are in the midst of the Coronavirus-19 epidemic. This has had a profound impact on how funerals and burials take place. I have encountered seniors who have shared that their loved ones have died during this epidemic. Their funeral plans have been modified with

- Restrictions for a small number of people physically present at the funeral
- Loved ones being unable to travel to attend a service
- Loved ones having to forego physical hands-on traditions such as touching the body or casket or hugging each other.

Funeral homes have responded by providing a range of accommodations.

They include options such as

- a small, family-only service that is livestreamed to others
- allowing a rotation of mourners to view the body, provided they follow social distancing protocols
- having the body cremated with a funeral or memorial service held at a later time when family and friends can gather

Being present to grieve and comfort one another is an important function of funerals. This is being replaced by long distance video-chatting to share loved one's grief or delaying a funeral or memorial service at a later date.

Funeral homes' protocols and accommodations seem to be changing daily to address the current reality (Carter, 2020).

How to Choose A Funeral Home and Cemetery

There are two basic options for making one's funeral arrangements:

- Do it yourself
- Use a funeral planning advocate

You have two choices when it comes to making funeral arrangements. You can pre-plan and pre-pay or you can wait to make arrangements at the time of death. This resource has already examined the benefits for pre-planning. Whether you do it yourself or use a funeral planning advocate, pre-planning is of the essence to make good choices to secure the best plan, the best products, and the best prices that work for you and your budget. If a spouse or loved one is reluctant to assist you in the process, encourage them to at least begin to list their end-of-life wishes on the checklist provided. Then move forward with this step-by step guide how to do comparative shopping. If you have done your homework and have your wishes recorded on the end-of-life checklist, then you have a written guide as you begin to talk with funeral providers (Lindell).

1. First, take time to involve your loved ones in the discussion about pre-planning final arrangements. Remember that you have the right to decide how you want your funeral arrangements to be held.
2. Second, identify your local funeral providers. Call each one and request a "general price list." You will be an informed consumer in understanding itemized prices for the various products and service costs.
3. Take time to research each funeral provider's level of customer service and quality. Check online consumer reviews and visit the providers. You can recognize a quality provider if they are listening to your wishes and are willing to work to personalize the funeral arrangements accordingly.
4. Review any personal concerns or issues that might impact your selection. For example, if you are uncertain where you may be living at the time of death, inquire whether prepaid services are transferable to another funeral

provider. This benefit may be more likely if you are utilizing a national network of funeral and cremation providers.

5. If grief support is important to you, ask if the provider has materials or professionals available who are trained in grief counseling.
6. If you have loved ones who require long distance travel and housing accommodations, check to see if the provider has a support program to offer best rates for airlines, hotels, and ground transportation. Because it may be difficult for loved ones to obtain affordable rates on short notice, this can be an added benefit to give them peace of mind.
7. In the end, you may have to weigh the importance of costs with the benefits that certain providers offer. The added luxury of prepaid planning is that it can give you the time to think about your options and review their importance with your loved ones before deciding (Lindell).

Using a Funeral Planning Advocate

There are different terms in the funeral industry for this kind of provider: funeral negotiator, advocate, consultant, educator, coach. It all boils down to enlisting a professional, for a fee, to listen to your needs and budget and to do the homework for you to find the best quality, best price, and best services for you in making your funeral and cemetery arrangements.

These funeral planning specialists make it their business to know the costs of funeral homes, cemeteries, and all of the expenses that accompany funeral related services. They save you the time and money in comparative shopping.

They can assist you either with pre-planning or at a time of need. They typically have lower fees for pre-planning. Their funeral home affiliates are licensed funeral directors that provide affordable funeral planning and or simple cremation with first class service. They do not operate funeral homes, cemeteries or represent cemeteries. They work as consultants to assist and facilitate cemetery properties for families at the lowest prices possible. And they can help

you avoid adding unnecessary expenses. If you decide to go this route, consider looking for someone who is compassionate and caring rather than someone who comes across more like a salesperson trying to save you money (Salcedo).

Burial and Cemeteries: The Body's Final Resting Place

There are several options for a final resting place or disposition of the human body: full body burials in ground or in mausoleums or whole cremated remains interred in the ground, in a mausoleum or columbarium niche (www.agingcare.com, September 10, 2019).

Methods of Interment

A traditional funeral always ends the same way: interment. Whether funeral attendees watch or not, the deceased will be committed to a final resting place underground. However, cremation services can incorporate one of any number of ways to lay the deceased's ashes to rest. Unlike burials, cremations allow loved ones to hold onto their deceased while they conceive of the most reverential way to deposit their cremains. Here are a few of the most popular methods:

- **Burial:** Cremains can be placed in the ground easier than full caskets, and burial allows loved ones to visit a place to remember the deceased.
- **Columbarium:** Like a shared mausoleum, a columbarium is a building filled with niches where cremation urns can be safely stored. There are also outside columbaria more commonly called urn gardens.
- **Catholic beliefs** hold that the physical remains of a person should be wholly interred in a final resting place in order to respect the dignity of the body and the hope of the resurrection of the body by Christ's power at the end of time. In that light the practice of scattering or spreading the ashes into the world is NOT an acceptable practice. Catholics seeking a fuller understanding of their beliefs and practices regarding disposition of final

remains, may review a Funeral Vigil (wake), Funeral Mass, and Final Rite of Committal (Cemetery) in *Pastoral Care & Funeral Planning: A Resource with Catholic Beliefs & Practices*, 2020.

- **Methods of Memorialization**

Cemeteries have developed stricter regulations regarding the memorialization of those interred. They include the use of simple, in-ground headstones as the only appropriate memorial markers permitted in most graveyards.

Fortunately, cremation allows for a wide array of methods of memorialization. Urns to hold cremains come in all shapes and sizes, and a loved one's ashes can be held in a decorative vessel that perfectly matches his or her personality as long as the cremains are properly interred (www.agingcare.com, September 10, 2019).

VII. Bereavement

Bereavement: Dealing with Loss

Grief is a process unique to each individual – its intensity, duration, ways of grieving and coping with loss. Although grief can be extremely painful, it is a natural part of life. Even Jesus experienced grief when he encountered Martha and Mary at the time of their brother, Lazarus' death. As Jesus alludes to the hope of the resurrection, he experienced the pain of loss. St. John (11:33-35) writes: "When Jesus saw her weeping and the Jews who had come with her weeping, he became perturbed and deeply troubled, and said, "Where have you laid him?" They said to him, "Sir, come and see." And Jesus wept." And Jesus grieved for his own impending death in the Garden of Gethsemane the night before he died. He sought the consolation of his closest friends to pray with him. And he agonized over the decision with His Father even as he prays for acceptance. St. Mark (14:33-36) writes: He took with him Peter, James, and John, and began to be troubled and distressed. Then he said to them, "My soul is sorrowful even to death. Remain here and keep watch." He advanced a little and fell to the ground and prayed that if it were possible the hour might pass by him; he said, "Abba, Father, all things are possible to you. Take this cup away from me, but not what I will but what you will."

Five Stages of Grief

Elizabeth Kubler-Ross pioneered a contemporary understanding of the process of grief in five stages (Kubler-Ross & Kessler)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Together the stages provide a general pattern for the grieving process. It is not a linear sort of checklist that entails completing each stage perfectly before going to the next one. Rather it is more concentric and cyclical – experiencing thoughts

and feelings with various grades of intensity at different times. For example, I have had close family members and friends become suddenly gravely ill. I didn't want to believe how seriously ill they were (denial) while praying to God to spare their lives (bargaining) and asking God to be merciful (acceptance). How many times after a loved one has passed have you heard the mixed feeling expressed as: "I am happy that they aren't suffering any more" but "I am so sad that they are gone"?

For some people the grief process starts before the death of a loved one. If you are a primary caregiver, you may feel sadness as the one you love has begun to lose physical and intellectual abilities. At the same time, you may feel exhausted from your ongoing care and feel guilty for wishing that they would let go and die. Whenever I took time to exchange "good-byes" with someone I loved before he/she died, to show my appreciation and express my gratitude, the less intense I felt their loss at their actual time of death. Of course I missed them, but I felt more at peace and happy trusting that the person was with God. My best friend, a former college roommate, died at age 25 years old. His mother, whom I knew well, wrote me ten years later to share that her son's loss was as intense as it had been at the time of his death. These experiences have taught me to respect everyone's grieving process as unique to that person.

Ways to Manage Grief

Families, cultures, and religious traditions have established a wide continuum of ways to express and manage grief often utilizing established public rituals or anniversaries to do so.

Whenever you have experienced such a loss, it is important not to suppress your feelings. Find an indoor or outdoor space where you feel safe or person whom you trust and express your feelings. Sadness at your loss, anger at God or at the person for leaving you, profound gratitude and happiness for the person's life. Loss and grief are a natural part of life. Some people prefer to express their

feelings privately and some more publicly. What is important is that you take time to express your feelings in a way that is most comfortable to you. Be willing to tell people when you want some time alone and when you would like some time to be with others. Initially, your world may feel so disrupted that you may feel like you are drowning in feelings of waves of sadness or anger. The intensity of pain may feel like your heart is breaking. Or the sense of sadness may be triggered by what someone says, an anniversary, or holiday when your loved one is no longer present. If you can stay present with your feelings, the intensity will lessen over time.

The Work of Healing

There are some things that you can do to contribute to the healing process. It will be important to return to some routines whether at work or in some other way in daily life. You may limit your expressions of grief to a certain time of the day whether alone or with someone that you trust. Grief may suck the joy or enthusiasm out of your life for a while. Easing back into activities that are enjoyable can gradually ease the pain.

While supporting others who are grieving, sometimes the hardest yet most helpful thing to do is: Be silent. Offering what appears to be consoling platitudes such as: “He’s in a better place!” Or “At least she’s not suffering anymore!” may be true, but typically it misses the opportunity to empathize with the bereaved person’s experience. At times, what truly helps the bereaved are the simple expressions: “I am so sorry for your loss!” or “I am here for you.” It is okay not to say anything and just hold a person’s hand or offer a hug.

Funeral services have played a traditional role in the grief process when family and community have gathered to support and comfort each other while celebrating the life of the deceased. Cremation, whether for financial or practical reasons, seems to be popularly replacing traditional viewing of the body during a visitation or wake. For some who find final closure with a loved one by physically

touching or viewing the body of the deceased, cremation does not have to prevent or obscure grief. Rather it presents the bereaved with creative opportunities to celebrate and mourn the loss of their loved one.

Seek Community Support

Hospice care, funeral homes, and places of employment often include resources for bereavement support. Public and church-based support groups and compassion ministry may offer the additional communal support needed while grieving. Cemeteries offer loved ones opportunities and outlets to continual mourning or honoring the final resting places of their deceased. Whether the death is the result of a miscarriage, tragic accident, even suicide or murder, help is available. The Archdiocese of Galveston-Houston Office of Family Life has a wide array of compassion and consolation ministry available to assist persons with bereavement.

A Time to Be Born and A Time to Die

The Book of Ecclesiastes (3:1-2) states that "there is an appointed time for everything, and a time for every affair under the heavens. A time to give birth, and a time to die." While it is true that only God knows the hour of our appointed death, it is good to have our affairs in order. Recently, I spoke with a couple of seniors who have been busy cleaning and clearing out a lot of accumulated stuff over the years. The task can be overwhelming so they just do it a little at a time. Although the task can feel a bit cumbersome, they said that they were doing it for two main reasons: to pass on some of their possessions to people who could really use or appreciate the items and to spare their loved ones the chore of doing it after they are gone. End-of-Life care planning is one of those necessary tasks in life – to tie together your wishes how you want to leave this life and to make it a little easier for those you love after you have moved on to your eternal reward.

We are called to trust in God's goodness to provide the consolation we need to navigate this stage of life as God prepares us for the final journey back to Himself.

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Creating an EOL Plan

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The course will cover:

- Make a thoughtful master plan
- Prepare your funeral or memorial
- How to pass on your valuables, traditions, and values
- Live the rest of your life with grace and gusto
- Develop a meaningful spirituality

What you get with the course:

YODO Book, Course Planner, and Workbook shipped to you free Online access to 6 video sessions. See below for session details. Downloadable planning forms **Cost: \$49**

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capc@mssm.edu
www.getpalliativecare.org
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1-202-547-7424
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1-800-854-3402
info@hospicefoundation.org
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1-312-503-3732
info@epec.net
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