Caring for Those We've Been Given; Considerations for Professional and Lay- Caregivers

Rebecca A. Ruppert, Retired RN, MS, GC-C
Salem Health Spiritual Care Team Volunteer
June 15, 2022

Salem Health®
Hospitals & Clinics

Contents

From the Spiritual Care Team of Salem Health

In honor of all caregivers whether they be professional caregivers or lay-caregivers. Without you, our world would be in dire straits. On behalf of the Spiritual Care staff and volunteers, we thank you for your caring presence and selfless acts of kindness.

This book is brought to you by the staff of the Salem Hospital Spiritual Care Team. It is hoped that this will provide insights that will increase the awareness of caregiver needs for both professional and lay-caregivers. It contains information, sites for you to enter your thoughts, as well as appendices with specific support information on various topics. it will provide help and support for the work caregivers, both professional and lay-caregivers, do 24 hours a day, seven days a week, 52 weeks of the year. Often the tasks of caregiving are done under the most intense circumstances. This has never been more true than in these times of COVID 19.

Introduction and My Experiences with Caregiving

To introduce myself and share a bit about my caregiving experiences, allow me to begin this booklet by sharing my journey to date.

On September 22, 2021, I retired from nursing after 40 years. Honestly, I don’t know where the time went. There were great times, good times, and bad times. I’ve seen things that I wish I could forget. As much as I want to forget the darker aspects of nursing, they too, contributed to the rich tapestry that was my career. Following my retirement, the staff of the Spiritual Care office graciously allowed me into their world. They have been kind, welcoming and a tremendous support to me. I will always be grateful for their care.

My parents had been married 67 years. For much of my life, we lived together, caring and supporting each other. My mother Susie, passed away on October 2, 2019 after a couple of months in hospice. She fell on August 16, 2019 and broke a hip. At that time, she was in her late 80s. She went to the hospital, had a hip fixation and sadly did not recover. Her blood counts kept dropping despite transfusions and excellent care. I found myself both a professional caregiver as a nurse as well as a daughter; a lay-caregiver to my Mom and my Dad.

My Mom had made it clear to me that she did not want heroics. She did not want CPR, Intubation, or artificial nutrition. Frankly, she did not want transfusions but she did agree to a trial. Six transfusions later, she showed no improvement. Her words to me were, “Don’t give me blood that could benefit a younger person if it will not help me.” My Mom always said what she meant and I knew she would hold me to her wishes. I loved her so much, I respected those wishes. Letting her go was the hardest thing I’ve ever done. I frequently reflect on those days and wonder if I did the right things. I think all of us in such circumstances reflect and wonder. The bottom line is, if you’ve listened, respected and honored a loved one’s wishes, you’ve done the right things.

Toward the end of her hospitalization, it became evident that she could not come home. We talked to Case Managers about skilled nursing facilities and rehabilitation facilities. When the reality of decline hit, I asked about Tokarski Home, part of Willamette Valley Hospice, here in Salem, Oregon. I had toured the Home when it first opened and was very impressed. They had had an opening and Mom was transferred to their care. The Tokarski Home is an inpatient care facility and hospice. The care that she received there was amazing as was the staff. I consider them to be an extension of our family. I’ll be forever grateful. Shortly before she passed, I promised her that I would care for Dad and that she should not worry. She smiled her wonderful smile and simply said, “Thank you.” She died there, surrounded by people who were singing to her, in perfect peace and serenity.

Following her death, my Dad, lives with me. We continue to help and care for each other. We have, what I term “The good, the bad and the ugly days.” This is natural for all families who are comprised of unique people with individual personalities, needs and traits, not to mention varying generations, levels of education, etc.

As of the writing of this book, Dad is 91 years old. He is, as I call him a stubborn old German. He is practical and loves routine which is one way of saying, don't rock his boat. He has his forgetful moments but nothing that causes me great worry. He is able to care for himself with minimal to moderate help from me. I check his medications, order refills, help him with his eye drops, contact his primary care as needed and report changes in his health to his providers.

On September 10, 2020, my Dad and I experienced one of those "ugly" days. We went to the local DMV, where he was not able to pass the vision test. Now this would be difficult under any circumstances but you have to know that my Dad drove anything the Army could throw at him and he did it well… beyond well. He was active in the Army during the Korean War. He spent a great deal of time in Alaska and as one who can drive in snow and ice, I truly admire his abilities. Justifiably, he took great pride in his ability to drive and the independence it gave him.

Losing his driver's license was a blow and to this day, I don't think he is fully recovered. He still refers to this event as one of his worst days. It was hard to watch, both of us on the verge of tears. While his driving was ok, I did worry about him and those around him while he drove. In all candor, he and those around him are safe and this provided me with a great relief.

He graciously allows me to provide his transportation, but I know it is difficult for him. He helps me with gas money and expresses his appreciation. More to be grateful for. There is always something to be grateful for in this life but sometimes it can be a challenge to find these things.

I prepare his meals or buy them. I do the grocery shopping. Given his diabetes, cardiovascular status, I've turned into a label reader. I focus on fats, cholesterol, and carbohydrates. I clean the house and do the laundry. Given that he is diabetic, I do weekly foot care, I check his blood pressure and watch over his blood sugars. I pay a share of the bills. In addition to caring for the inside of the house, I care for the outside. He has peripheral vascular disease and his legs hurt when he walks. He has had several angioplasties which have helped and he follows-up regularly with scans. I teeter on the edge of nagging but I encourage him to walk as much as he can with the admonishment, "Use it or lose it." I check his legs frequently for leg and ankle edema (swelling) which would indicate increasing cardiovascular issues. To help with the swelling, I limit the salt in his food. I propped the foot of his bed up two inches. Both of these actions have helped reduce the swelling in his legs.

Over the years, he has dislocated the same shoulder six times! Each time, to the ER we went where under conscious sedation, they popped his humerus back in the socket. He would then wear a shoulder immobilizer for four to six weeks. I offer a special statement of appreciation to the excellent care he has received in the Salem Health ER. He has never required surgery. It is all pretty amazing and I think his orthopedic provider is considering writing a journal article about him!

In addition to all the physical aspects of his care, I provide emotional support, grief support, help him interpret his bills and his healthcare insurance, assist with some check writing, help with his income taxes and this retirement.

I also help him stay connected to his friends. I help him with phone calls, cards and the occasional breakfast out (depending on where we are with the COVID 19 restrictions).

As you've been reading about all of the aspects of care I provide, you can probably relate my activities to your own caregiving. My example of caring for an elderly loved-one is typical. Some caregivers have much more involvement in caring for people who have incredibly complex care needs.

Part 1: Aspects of Professional and Lay-Caregiving

You may be asking yourself why is the topic of patient and self-care and being a caregiver important? Many reasons really. A wise woman, with whom I worked, once said, "Caring for people and being a part of their life is a privilege. They let us into their lives willingly. They entrust themselves to us. It is in helping them that we help ourselves." I couldn't have said it better.

Reaching out to care for those, whether they be in the hospital or home is a privilege. Caring under the conditions of COVID 19 is an intense, ever-present stress that taxes us to our limits.

What is consistent among caregivers is the demands of the care itself. Such care will take varying amounts of time and involvement. Typically, caregivers are loving people who give of themselves; they put others first and themselves second. The result for the caregiver can be, in some cases devastating. Caregivers, professional and/or lay-caregivers, can easily postpone dental, vision, health and mental health care. Routine examinations such as mammograms, pelvic exams, eye exams, hearing tests, bone densities and many other wellness exams are postponed because of the need to care for others. It is vital that caregivers, whether professional or lay-caregivers include themselves in the sphere of care. We need to care for ourselves so we can care of others.

Thank you for allowing me to share my caregiving journey with you. I'm sure you'll see and feel similarities to your own circumstances.

Part 1: Aspects of Professional and Lay-Caregiving

In all caregiving circumstances, each person will have generational characteristics, a sense of independence, responsibility, values, morals, ethics and trust. Each person is unique in their self-description. They each possess skills and abilities. They bring their culture to the caregiving circle of care. They each, in their own way, enrich us and we should be most willing to learn from them. They can be our greatest teachers.

As we care for them, we need to consider what's important to them and us. What do they want and how can we help them get there? You're not there to literally take over but out of your love and concern, you're there to help and support. Your preferences may not necessarily be the preferences of those you care for. The realm of caregiving has no room for judgements. Caregiving is done for the simple sake of caring and loving.

Professional caregivers can teach and guide but ultimately, it up to the patient what they will accept and what they will not. This can be a source of extreme frustration for the expert when we give our best teaching based on evidence-based sources. It is not uncommon for the diabetic patient to listen attentively and seem to understand. They promise to faithfully follow your expert advice. When discharged, they then go to the nearest bakery and have unlimited sugar-laden donuts. It is as the old saying goes, “You can lead a horse to water but you can’t make him drink.” As a professional, rest assured. You’ve done your best teaching and advocacy for the patient.

Professional caregivers, in healthcare settings, can also experience families who may verbally assault staff, demanding the administration of unproven therapies, etc. This too, can be a source of unspeakable frustration. While it is difficult, try and remember the fear families may be experiencing. They speak abruptly out of fear of the unknown, fear of losing their loved-one and a genuine fear of wanting to take some control over their situation.

Patience, patience, patience. No matter whether we are professional caregivers or lay-caregivers, we need to diligently bring to our consciousness the need to practice patience. Patience in the heat of the moment, patience in our daily activities, patience with ourselves and others.

Remember the resources that you have. There are a multitude of resources for those in the hospital and also in our community.

Hospital, resources can include but are not limited to the following shown in the table below. For those who are not professional caregivers, this list may provide a glimpse of services that are available to you and your family. They aren’t listed in any particular order but they care all equally important to the functioning of our hospital and the services provided to patients, families and staff.

As a caregiver, it is essential that you be aware of what services are available to you. Questions are welcome and the nurses can provide you with guidance and direction.

Case Managers and Social Services	Help with safe discharge planning and coordination. Provide information, as needed about hospice care, agencies, adult foster care facilities, skilled and long-term care. Assist with community resource options, financial care, placement, in home medical care, medical equipment, etc.
Medical Interpreters	Available at no charge to you.
Cultural Diversity program	Coordinates cultural diversity, inclusion and equality for patients, staff and families. Provides ongoing education for staff and celebration of various cultures in our service area and around the world.
Spiritual Care	Assist with Advance Directives, connections to a variety of faith communities, spiritual listening and discussion. They offer compassionate listening and a real presence to those in need. Support with end-of-life care for both patients and families. They can help provide grief support, the No One Dies Alone, and funeral home information.
Security Officers	Help keep our hospital environment safe and secure. Assist with parking information and Lost and Found. They respond to emergency situations. Violence is never tolerated and will be dealt with accordingly.

Speak -Up and Patient Advocates, Medical Ethics	Programs that encourages patients and families to ask for help, support and advocacy for patients and families. Medical Ethics staff are available to help sort out some of the most difficult questions that can be asked in healthcare.
Doctors, Nurses, Nurse Practitioners, Physician Assistants and Rapid Response teams	Respond to emergency situations. See patients and families in house. Discuss and direct care. Provide insights on programs, services which could benefit patients and families. These staff are available in all areas of patient care areas; ER, Surgical, Medical, Psychiatric Medicine, Rehabilitation, Oncology, Infusion and Wound Care, Salem Cancer Institute, Orthopedics, ICU, IMCU, CCU, Neuro-trauma, and others.
Library	Located in Building C, the Community Health Education Center (CHEC), contains an amazing assortment of health-related books and resources for both staff and our community.
Volunteer Services	Supports our hospital by coordinating volunteer care throughout the hospital.

The table shows only a sampling of the services. There are many others including lab and imaging services, switchboard, environmental services, and many, many others. The hospital can be considered its own city and all programs and services exist for the benefit of patients, families and staff. Program needs are constantly evaluated and considered to continue to provide a comprehensive care environment to our community. New services are instituted based on careful assessments of community needs.

Part 2; Essentials of Self-care for Both the Professional and the Lay-Caregiver

Based on what we've presented so far, it's easy to understand the self-care needs of caregivers everywhere. roles and demands are, indeed, stressful. Whether you are a professional caregiver or a lay-caregiver, you do so out of a commitment to others. It can be viewed as service before self.

Caregivers tend to put the needs of others above their own needs. In doing so, it is not uncommon that caregivers experience a decline in their own their own health. Sadly, if the caregiver keeps putting off their own care, they can experience significant health issues and perhaps even death.

Having patience with yourself as a caregiver can be essential. Give yourself this gift. Realize that you can't be everywhere at the same time. Understand that caregiving can lead to frustration, being tired beyond belief and feeling completely overwhelmed. When these feelings arise, it is vital to pay attention to them and act accordingly. It really is ok to take care of yourself. Sometimes this means saying "No" and that "No" is an acceptable answer. Be your own best advocate. No one knows better how you feel and what your needs truly are. Don't be hesitant to reach-out. The ability to reach-out and ask for help is actually a strength and definitely not a weakness. We all need breaks and respite. So how do we do this? How do we begin to care for ourselves? The following table presents ideas that, hopefully, you will find helpful and ideas that you can incorporate into your life. As you review them, you will undoubtedly think of other ideas that can be of benefit. Don't keep these ideas to yourself. Share them with those around you.

We'll all be enriched by your insights. Remember, life is about finding balance in all things to be the very best version of yourself.

Physical assessment

When did you last have a physical or routine screenings such as mammograms, pelvic exams, eye exam, bone density, diet review? What symptoms are you experiencing that need attention?

What are your physical self-care goals?

Emotional assessment

Are you tired? Are you crying more? Are you grieving? Do you feel angry or resentful? It should be noted that resentment can be an issue for caregivers. Caregivers are busy caring for others and not being attentive to their own needs. When this happens, we can, naturally, feel resentful for not being able to do the things we want to do. Recognize this and find ways of making your own dreams and needs a reality. It is also imperative that if the loved-one you care for is becoming aggressive or violent, that you take action immediately and seek help. Aggression hurts everyone and intervention is the best course of action to protect all involved.

What are your emotional self-care goals and how will you get there?

Spiritual assessment

Are you able to participate in your faith? Are you relying on your faith? Are you doing your soul aerobics? We all need to be breath oxygen into our spiritual lives. Do you reach-out to your faith community or spiritual guide or director?

What are your spiritual self-care goals and how will you get there?

Financial assessment

Are your finances in order? Are you paying your bills on time? What about your credit? Are you planning for your retirement or a child's education? Where do you want to be in one year? Five years? Ten years? Do you need a Power of Attorney? A financial counselor?

What are your financial self-care goals and how will you get there?

Social assessment

Do you have time with dear friends? Are you able to travel and get away? Are you able to rest and rejuvenate? Are you in healthy relationships that nurture and support you?

What are your self-care social goals and how will you get there?

Who's available to help?

For professional caregivers in a hospital or facility, support can be found in an Employee Assistance Program (EAP), seeking out support from the Spiritual Care Team, talking to trusted friends, bringing concerns forward to your supervisor or manager.

For those lay-caregivers, support can be found in such community organizations such as Northwest Senior and Disability Services, Elder Care Attorneys, Wills and Estate Attorneys,

Catholic Community Services, Low-cost health clinics, financial help available at some hospitals, various churches, and so many more. You can also look to other family members who are willing and available to help.

What support services do you need? Do you have a plan?

Part 3 : Documentation

Now it goes without saying that those healthcare caregivers must document their activities to allow for staff communication and tracking of care. The old saying is true… "If it isn't documented, it hasn't been done."

It may not have occurred to you that as a lay-caregiver, you too should document your caregiving activities. Why? Providing documentation if you need to apply for something like Medicaid for your loved one can come in very handy and may provide some financial support as well. For samples of documentation templates, see the Appendices in this booklet.

Keeping your documentation safe. Is your documentation kept in a firesafe container?

Caregiving should be comprehensive in nature. It should include all the elements that we've presented but also, discussions of end-of-life care, Advance Directives and Physician Orders for Life Sustaining Treatment (POLST) forms should be included.

I cannot emphasize the importance of having these much-needed discussions as early as possible when calm is prevailing. In a time of crisis is no time to initiate these often difficult conversations. Patients and caregivers need to time to consider and process these elements of care. The key to success… start!

Part 4: Conclusions

As we said at the very beginning, the staff of the Spiritual Care Team, hope that this booklet has provided you with insights into caregiving. We hope that it has stimulated thought and provided some guidance to assist you in your caregiving journey. Caregiving is growing and evolving as healthcare grows and evolves. New treatments are always becoming realities. New services are being born. Caregiver Support Groups, both in person and on-line, are available. Help is available. Caregiving, while rewarding, is taxing. It can exhaust the best of us giving rise to a host of human emotions. If you take only a single message from this booklet, let it be that you do not experience caregiving alone. In both professional and lay-caregiving, help is available and provides a much-needed lifeline to you as you journey.

We wish you all the very best. Take care and be well.

The Salem Health Spiritual Care Team. Questions? Please call us at 503-561-5562.

APPENDIX A

Caring for the Caregiver

As Spiritual Care staff, we see many patients, families and staff. While the hospital care of patients focuses on the patient, we are reminded that patients have families and often the family caregiver takes the lead on the home care of the patient. As professional caregivers, you are so important too and this information may be of benefit to you and your family as well.

Chronically ill patients have a multitude of needs including all the physical care but also the emotional support, transportation, spiritual care and sometimes coordination of the patient's financial needs.

All of this care can take its toll on the caregiver. We recognize your contributions to care and your nurturing spirit.

You are a vital part of the care team. Given all you do, the staff of Spiritual Care salute your care and would offer these suggestions to help you care for YOU.

- Schedule time for yourself each day. Even a few minutes can make a world of difference.
- Do something special just for you. This could be a pedicure, manicure or a cup of your favorite coffee or tea.
- Know what your resources are and call on them to help. These resources may be people from your faith community, your club, professionals such as the help available from Northwest Senior Services; 1-866-206-4799, Caring Bridge; www.caringbridge or you may call their Customer Service at 1-651-789-2300. Another resources is Comfort Keepers, www.comfortkeepers.com or call 1-866-810-7444 and ask about their caregiver support resources. www.Retirementconnection.com can provide a list of support care such as Alzheimer's care, Eldercare and so much more. You may also call them at 503-505-5865.
- If you are here with your hospitalized loved one, ask to speak to the Care Manager or Social Worker about what help might be available for you.
- Pay attention to your own care. Get that physical you've been putting off. Don't hesitate to get the routine health screenings such as a mammogram, colonoscopy, eye exam, and/or hearing check.
- Do an internal inventory of yourself. How is your diet? How are you feeling at this very

moment? Do you feel relaxed or ready to explode? Are you getting enough sleep? How is your emotional status? Are you able to attend your faith community services?

- Know that it is ok to say “No.” Delegate when you can. Don’t be reluctant to ask for help.
- Be kind to yourself. Give yourself the gift of patience. You can’t do it all but what you are doing, is essential and so appreciated.

There are so many other ideas that you can incorporate into your day and self-care. Don’t put them off. If you haven’t started your self-care, start now. You’ll reap the benefits and so will the person you are caring for.

APPENDIX B

Grief Support and Care Resources

Grieving can be the hardest work we do in our lives. Those who grieve will often experience a host of emotions ranging from anger, frustration, hopelessness, feelings of being lost and isolated and sad to intense joy when remembering your loved one.

Grief can actually start before the death. We grieve in anticipation of losing someone very dear to us.

Our grief is impacted by our past experiences with grief.

Our initial reaction to grief is to deny it. We want to feel better and to feel our normal again. While it may sound strange, don't deny it. Lean into it and experience it fully. Fully experiencing grief will start you on your healing journey. Know that it is a journey and journeys can take varying amounts of time. Give yourself the gift of graciousness and patience. It will take time but it will get better.

Above all, know that the feelings you have are normal… they just don't feel that way.

For some people, grief may also cause physical symptoms as well such as headache, body aches, insomnia, restlessness, heart problems, lowered immunity, digestive concerns, and for some, unhealthy coping mechanisms. Such physical symptoms are the result of your stress hormones kicking in. Please contact your primary care provider to discuss any of these symptoms or other concerns you may have.

https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm;
Provides a comprehensive look at grief, the various types of grief and support.

Harvard Health; www.health.harvard.edu
Coping with the Coronavirus. Includes videos such as The Role of Anxiety, Slowing Down the Brain, Charging Up and Staying Connected, and Exploring Thoughts.

Disaster Distress Helpline: 1-800-985-5990

CDC, www.cdc.gov; Coping with Stress of Workers, Grief and Loss

www.purdue.edu; Coping with Grief During COVID

www.cedars-sinai.org; Coping with Loss

www.postpartum.net; Loss and Grief in Pregnancy

www.marchofdimes.org; Dealing with Grief After Death of Baby

www.compassionatefriends.org; The Compassionate Friends (TCF) is a self-help support organization whose mission is to assist bereaved families as they walk the grief journey following the death of a child of any age and any cause, and to provide information to help others be supportive to those who are grieving.

www.griefwatch.com; List of various resources for various types of grief and for various grieving populations.

Get Cerebral.com; Offers, among other things, care counseling and treatment for anxiety, depression and insomnia.

Salem Free Clinics;
Located in: Broadway Commons
Address: 1300 Broadway St NE Suite 104, Salem, OR 97301
Phone: (503) 990-8772

www.opencounseling.com; (503) 588-5647
4890 32nd Ave SE
Salem, OR 97317

GriefShare.org; A wonderful site with list of various grief support groups within faith communities.

Willamette Valley Hospice; Bereavement support available. 503-588-3600. Check out their website as well; www.wvh.org

www.betterhelp.com; grief counseling on-line.

www.theravive.com; Theravive is a network of licensed therapists and psychologists committed to helping people receive the best mental health care available. We also work in our communities to raise mental health awareness, lower stigma, and help educate people in all things mental health. The network of licensed therapists are available to provide people throughout the US and Canada with an easy, non-threatening way to obtain clinical therapy. Theravive a safe place to find a great counselor or psychologist. If you or someone you love could use the benefits of professional and caring therapy from a skilled professional, we are here to help you quickly locate the one best for you.

Psychiatric Crisis Line; 503-585-4949. Available 24/7.

This is only a sampling of resources that are available. In some cases, fees will apply. When considering resources and perhaps calling agencies, we suggest asking the following questions along with any questions that you may have.

1. Is there a cost for your services?
2. How long have you been established?
3. What, specifically, can you offer and what can I expect?

We hope that you find this to be helpful. Remember, reaching out and asking for help is not a weakness, it is a strength. You do not need to do this alone.

APPENDIX C; For the Lay-caregiver use

Vital Sign Log; Take this to provider visits.

Date	Time	Blood Pressure/ Left Arm or Right Arm	Pulse	Temperature	Respirations	Oximetry

APPENDIX D; For the Lay-caregiver use

Medication Log; Include prescriptions, over-the-counter, vitamins, herbs and supplements. Take this to provider visits.

Pharmacy: ______________________________

Allergies (Include medications, foods and environmental)

Medication	Prescriber	Dose	Time Given	Comment

APPENDIX E; For the Lay-caregiver use

Weight Check Log; Take this to provider visits.

Date	Time	Weight (Actual)

APPENDIX F; For the Lay-caregiver use

Notes regarding observations of physical and emotional status. Include the date you reported concerns to patient's provider.

Date	Time	Observation	Reported to	Outcome

APPENDIX G

What is an Advance Directive?

An advance directive is a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor. Such decisions will include your preference for CPR, Intubation, etc.

Everyone over the age of 18 should have an advance directive on file. People often think they are too healthy to have an advance directive.

A medical or health care power of attorney is **a type of advance directive in** which you name a person to make decisions for you when you are unable to do so. In some states this directive may also be called a durable power of attorney for health care or a health care proxy. ... Health care representative.

The document does not need to be notarized but you will need two witnesses when you sign. They cannot be family members. A nurse and a member of the spiritual care staff can witness.

You can change your Advance Directive at any time.

Questions? Please contact your healthcare provider's office, Spiritual Care Office or your Elder Care Attorney.

APPENDIX H

What is a POLST form?

The **Physician Orders for Life Sustaining Treatment** (POLST) form is a written medical order from a physician, nurse practitioner or physician assistant that helps give people with serious illnesses more control over their own care by specifying the types of medical treatment they want to receive during serious illness.

Adults who are extremely frail or ill, with less than one year to live, should consider having a POLST. The POLST is written by physicians after speaking with their patients (or their health care proxies) about their diagnosis, prognosis, treatment options and goals of care.

The form must be signed by two witnesses or **be notarized in** order for it to be valid. POLST forms are medical orders and must be filled out by the patient and their physician.

Hospitals have POLST forms that are available to you at no cost. Your primary care provider may have them.

APPENDIX I

Elements of Funeral Planning

Brought to you by your Spiritual Care Team

Difficult discussions can cause intense emotional responses. Often, people will go out of their way to avoid such discussions. It can be far easier on our emotions to deny that a need exists. Denial puts us back in our comfort zone. It order to grow, we must step outside of our comfort zone and face what must be faced.

One such discussion is that of funeral planning. In healthcare, patients and families may look to us for a variety of expert services and they may come to us with questions about, not only end-of-life, but funeral planning. Some may have never dealt with it at all.

Like an Advance Directive or POLST form, funeral planning gives a voice to what is desired. It is an active way of obtaining control and getting wishes out in the open.

To assist patients, and perhaps, ourselves, check-out the list below. As you scan the list, your own thoughts and ideas may come to mind. Great! Jot them down.

Here we go...

- If at all possible, sit down with the funeral director and discuss pre-planning, elements of the service and payment. Have a budget in mind and add a little extra just in case.
- Who is the person the service is being planned for?
- When and where were they born?
- What did they do in life?
- Were they a member of the military? If so and if you are fortunate enough to have a VA Hall in your town, members of the local VA Hall can provide a military tribute to the service. The funeral director can help with this.
- What hobbies did they have?
- What passions did they have?
- What charities were important to them?
- What were their religious affiliations? Ask their Pastor, Rabbi, Priest or Spiritual Director what

their fees are and their availability.

- What was their culture? What funeral traditions are in their culture?
- What message did they want to leave?
- What contributions did they make?
- What work did they do?
- Have they ever mentioned what they want for their funeral?
- How would they describe themselves?
- What legacy to they leave?
- What is their favorite color? What is their favorite music?
- What music would they want at their service?
- Do they want a wake? If so, what planning will need to be done?
- Would they want cremation, a green burial, donation of remains to science, etc.?
- Mausoleum or in-ground burial?
- If opting for a traditional burial, how would they want to be dressed?
- Open casket or closed?
- If the person has no family, who can speak for them? Do they have a POA, attorney, etc.?
- Do they want a religious service, celebration of life, graveside service, etc.?
- What might they want buried with them? Example might be a religious article such as a Rosary.
- Do they have a favorite photo for their obituary if they choose to have an obituary. *Just on a side note, newspapers often charge some pretty hefty fees for obituaries. The funeral home can post the obituary on their websites at no extra charge.*
- On the subject of writing an obituary, you can use the suggestions shown above to incorporate and write an obituary. You'll be amazed at how it will come together nicely!
- Finally, check-out the Dash Poem by Linda Ellis. You can find the poem by a Google search. It is thought-provoking and inspirational.

APPENDIX J

Your Notes: