

END-OF-LIFE CARE CONVERSATIONS

A short course designed for adult study groups
Prepared by the Curriculum Task Force of the

End-of-Life Care Coalition of Central Iowa

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INTRODUCTION TO END-OF-LIFE CARE CONVERSATIONS

We live in a culture where there is more openness to discuss the subject of death and dying than ever before. This is ultimately healthy for most anyone blessed with experiencing a candid discussion on this previously "hushed" topic. In addition, because of medical advances, we also have choices to consider that previous generations could never have imagined.

This short course on end-of-life care is designed to:

1. Provide a forum for participants to identify their thoughts, feelings and beliefs about their own end-of-life care, and understand what kind of end-of-life care decisions are theirs to make.
2. Encourage participants to have conversations with those who would be involved with their decisions: family, close confidants, doctor & other health professionals, and funeral service personnel.
3. Complete documents to ensure that their wishes are followed, including an advance directive and documentation for their funeral or memorial.

Although this course is not designed to focus extensively on "technical information," it might be well to invite a doctor or parish health nurse to address some of the issues raised by the scenarios in *Session Three*. In the same way, it might be helpful to have an attorney speak about an Advance Directive in connection with *Session Four*. A funeral director could provide additional information and answer questions regarding death care options also addressed in *Session Four*.

The success of this course, however, does not hinge on the sophistication of the technical information given out. Our intent IS NOT to have more Advance Directives completed and filed away. Our intent IS to have **MORE PEOPLE AWARE OF THE CRITICALLY IMPORTANT CHOICES THEY HAVE TO MAKE IN CHARTING THE DIRECTION OF THEIR OWN DEATH AND DYING, AND THEN TO ACT ASSERTIVELY ON THIS AWARENESS.**

SESSION ONE

END-OF-LIFE CARE DECISIONS: WHAT ARE THEY AND WHY ARE THEY IMPORTANT TO YOU

SOME STARTLING STATISTICS

Did you know that:

- 1 in 9 baby boomers will live into their late 90's?
- 1 in 26 baby boomers will reach 100 years of age?
- The fastest growing population in the US is that over 100?
- Iowa has the fifth highest percentage of population over 65?
- 70% of Americans die from a chronic, terminal illness?

While 90% of people interviewed say they would prefer to die at home, in reality 50% of the terminally ill die in hospitals, 17% in nursing homes and only 15% in their home.

These statistics raise some challenging questions for our consideration. If 90% of the terminally ill have a clear preference to die in their own homes but only 15% do so, what steps can be taken to make sure that the preferences of the terminally ill come true? How can we take more control, not only of our living, but also of our dying? This short course is an attempt to find some answers.

THE CHANGING ROLE OF MEDICINE AND OUR CHANGING VIEW OF DEATH

A century of scientific and technological advances has made it possible for Iowans to live longer. These changes have also made dying harder. Changes in health care and demographics challenge Iowans to focus on implementing well thought out end-of-life care decisions. These decisions can be accomplished through intentional end-of-life care planning.

Being intentional about end of life planning is a critical outcome of the rapid advances in medical capabilities. Note just a few of these advances:

- Development of anesthesia and antiseptic surgery
- Discovery of penicillin and the development of antibiotics
- Refined blood transfusion techniques
- Chemotherapy and vaccines
- CPR, dialysis and organ transplants
- New, powerful drugs being tested and approved more rapidly than in the past

These medical advances bring with them ethical dilemmas and questions about the dying process. In fact, they confront us with choices and decisions about our own death and dying that our parents and grandparents never had to consider.

WHAT ARE THOSE DECISIONS?

- 1. If I should face a terminal illness, under what circumstances do I want to be kept alive?**
- 2. How many resources do I want expended to sustain my life?**
- 3. When the end of my life is imminent, how do I want my death handled?**

This short course is intended to lead a group through raising their awareness about these questions, and being proactive in their response to them. Decision-making regarding one's own death and dying is best made long before a serious illness or accident occurs. Waiting until you are seriously ill might well take the decision making out of your hands and force your family to make irrevocable decisions about your health care and/or your death, with little or no understanding of your wishes.

We hope that through exposure to the content of this short course, participants will be stimulated to initiate “end-of-life care conversations” with the significant people in their lives.

SESSION TWO

END-OF-LIFE CARE DECISIONS BEGIN WITH YOU

Decision-making regarding the end of your life obviously can, and perhaps today **MUST**, begin with you. What are your personal views on dying? What values do/will influence your decisions regarding the circumstances of your own end-of-life care?

This session will address the importance and value of laying the groundwork for the decision-making conversations now. There are two exercises presented here to help you get in touch with some of your own thoughts and feelings.

Exercise 1

Imagine that you have a close friend who hasn't been feeling well for months. Your friend goes to the doctor for a checkup. After a series of tests, the doctor gives the devastating news – the diagnosis is a terminal illness. Furthermore, the doctor states that most people with this condition live no longer than a year. Ponder these questions and record some of your first responses to them.

1. If this were you, what do you think would be your first thought, emotion or reaction?
2. Who is the first person you would turn to for support or comfort?
3. What could that person do to be helpful to you?
4. What could your doctor do to be helpful to you?
5. What could others (your faith community, senior group, community organization) do to provide support during this time?

Exercise 2

These quotations and the *Personal Reflection* tool that follow are taken from *Talking It Over, A Guide for Group Discussions on End-of-Life Decisions*, prepared by the California Coalition for Compassionate Care, and used by permission.

“If I’d known I was gonna live this long, I’d have taken better care of myself.”
(Jazz musician Eubie Blake)

I want to enter death with my eyes open my ears open with no masks no fears . . .
(Latin American poet, Claribel Alegria)

Often it comes down to a question of whether or not I can let go of this clinging on to life. Or can I let go of my mother or father? Do I trust that if I let go I will be upheld in grace and peace?
(Chaplain Hank Dunn)

In the beginning God . . . in the end God
(Bishop Desmond Tutu)

People have the natural capacity to affirm and embrace life in the most difficult of circumstances.
(Rachel Naomi Remen, M.D.)

The reason that I don’t regret dying is that I have had a really good time.
(Author Studs Terkel)

The deep question is how do you want to live? How do you want to be in this period of your life?
Michael Lerner, M.D.

Do not go gentle into that good night, Old age should burn and rave at close of day; rage, rage against the dying of the light.
(Poet Dylan Thomas)

Death is just a distant rumor to the young.
(Andy Rooney)

To continue to help you get at your own feelings about death and dying, spend some time working through the *Personal Reflection* document on the next two pages.

(Check all the answers that apply)

1. *Who died in your first personal experience with death?*

- Grandparent/great-grandparent
- Parent
- Brother or sister
- A child
- Other family member
- Friend or acquaintance
- Stranger or a public figure
- Animal or pet

2. *When you were a child, how was death or dying talked about in your family?*

- Openly
- With some sense of discomfort
- As though it were a taboo subject
- Do not recall any discussion

3. *What does death mean to you?*

- The end; the final process of life
- The beginning of a life after death; a transition, a new beginning
- A kind of endless sleep; rest and peace
- End of this life, but survival of the spirit
- Other (specify):

4. *What, about your own death, concerns you most?*

- I could no longer have any experiences.
- I am afraid of what might happen to my body after death
- I am uncertain about what might happen to me if there is a life after death.
- I could no longer provide for my family.
- It would cause grief to my family and friends.
- There would be some things left undone.
- I have no concerns about my death.
- Other (specify):

5. *What about the process of dying concerns you most?*

- It would be long and painful.
- Being a financial burden to my family
- Causing my family to suffer
- Being dependent on others to care for me
- Losing control of my mind and body
- I am not concerned about the process of dying.
- Other (specify):

6. *How large a role has religion/spirituality played in your attitude toward death?*

- A very significant role
- Influential, but not a major role
- A relatively minor role
- No role at all

7. *If you were told that you had a limited time to live, how would you want to spend your time until you died?*

- I would pursue personal pleasures (travel, adventure, chocolate)
- I would prefer being alone: reading, thinking or praying
- I would shift from my own needs to a concern for others (family, friends)
- I would try to tie up loose ends
- I would try to do one important thing
- I would make few or no changes.
- Other (specify):

8. *If or when you are married or have a long-term partner, would you prefer to outlive your spouse/partner?*

- Yes, I would prefer to die second and outlive my spouse/partner.
- No, I would rather die first and have my spouse/partner outlive me.
- It doesn't matter to me.
- This question doesn't apply to me.

9. *If you had a choice, what kind of death would you prefer?*

- Sudden, unexpected death
- Quiet, dignified death
- Death in the line of duty
- Death after a great achievement
- There is no "appropriate" kind of death.
- Other (specify):

10. *What is one thing you would want to say to someone special before you die?*

SESSION THREE

END-OF-LIFE CARE DECISIONS INVOLVE TALKING WITH FAMILY AND FRIENDS and HEALTH CARE PROVIDERS

Quote from Rosalyn Carter:

Legal documents to express our wishes are not enough to prepare us for our final days. We must talk honestly with our loved ones, our clergy and our doctors and nurses about the choices we would make if confronted with a chronic or terminal illness.

Even though our culture is more open today than in the past to discuss the subject of death and dying, most of us still need to muster up courage to make our own decisions about end-of-life and then to discuss it with those who will help us to make sure those decisions get implemented. Those individuals most likely will include selected family member(s), close friend(s) and health care provider(s).

In this session we will identify ways to become more comfortable in initiating these conversations. Three different scenarios will be presented for reflection and discussion. (Each scenario is taken from *Talking it Over* by permission.)

SCENARIO ONE: TALKING IN ADVANCE

Peter and Susan are a young couple. They have two children, are active in their church and have many close family members living nearby. But their lives changed dramatically one night when Peter is in a head-on car crash and suffers a severe head injury.

One year later Peter remains in a coma, unable to speak or interact with others. A breathing machine keeps him alive. His doctor tells Susan that it is extremely unlikely Peter will ever wake up. The doctor then asks Susan whether Peter would want to continue in this condition or have the breathing machine turned off. Susan doesn't know. She and Peter had never talked about what to do if one of them were in this situation. It had never occurred to them.

After many discussions with other family members, Susan decides to have the doctor turn off the breathing machine, and Peter dies. Months later Susan still worries if she did the right thing. She is just not sure she made the decision that Peter would have chosen for himself.

For Reflection:

If this were you making the decision for your spouse, would you know what to do?

If you were in a coma, would your closest relative know what to do for you?

SCENARIO TWO: JOHN AND MARSHA

John and Marsha are a couple whose friend Fred recently died following a 3-year battle with cancer. They learned that when he went into a coma, Fred's family decided to stop all treatment and he died shortly afterwards. On the way home from Fred's funeral, John and Marsha begin talking about the family's decision to stop Fred's treatment.

John: I was surprised to hear that Fred's family stopped the treatment. Weren't you?

Marsha: Not really. His son told me last month that Fred knew the end was getting near and he was miserable. I don't think he wanted to keep going. And I think his family knew that.

John: There must have been something the doctors could have done.

Marsha: I think they tried everything they could.

John: Well, his family shouldn't have given up so soon.

Marsha: You sound kind of angry about this.

John: It bothers me because the Fred I know wouldn't have done that. It seems that as long as he was alive, there was hope for a cure. I think I would go through about anything to stay alive.

Marsha: You mean you can't imagine any situation where you wouldn't want to continue living?

John: Yeah, when I can no longer break 90 on the golf course!

Marsha: Very funny. Well, I think it must have been hard for his family to stop treatment and let him go peacefully. Even when you know the end is near, that can't be an easy thing to do.

John: Frankly, I really can't imagine being so miserable that I'd want to die sooner rather than later.

Marsha: Well, I can imagine being that miserable! And I wouldn't want you and the children suffering along with me.

John: I guess the doctor makes those decisions anyway, so maybe we don't even have to worry about it.

Marsha: I don't think so. I think this was Fred's decision and his family did what he wanted them to do.

John: We seem to have different ideas about what we would want. What if I have to make that decision for you? Or you for me?

For Reflection:

To which character do you relate more closely? Why?

Does it matter that there are different views?

What would you do if you and your loved one had different views?

SCENARIO THREE: ELLIE WILLIAMS

73-YEAR-OLD Ellie Williams has had severe lung problems for many years. Her doctor told her that there is no more treatment that will make her lungs better and that she'll start getting weaker and have more problems breathing over the next few months. Ellie's husband died several years ago, and she now lives alone with the help of grown children who live nearby. She decides it's time to talk with her daughter, Peggy.

Ellie: Dear, I want to talk to you about something. I saw the doctor last week and he told me that there is nothing that can help my lung condition get better. In fact, it's just going to get worse. I'm a little concerned.

Peggy: You know, the doctors are not always right about these things. I don't think you should take this too seriously.

Ellie: Yes, perhaps you're right. But the doctor said I will need to make some decisions pretty soon. It would make me feel better if we could talk about this.

Peggy: Mom, I don't think there is anything to talk about! You're going to be fine and we can handle things as they come up.

Ellie: Peggy, I'd feel better if I knew that you and your brother understood my feelings. When your Dad died, it was so hard because he wouldn't tell me what he wanted. Honey, I know this isn't easy, but not talking about it won't make it go away.

Peggy: Mom, what are you talking about? It's not time yet. You're going to be around for years!

Ellie: But that's the problem. I don't think I want to hang on forever, with machines keeping me alive and you and your brother fighting over who has to take care of me.

Peggy: Oh, Mother! You're being silly. Everything is fine – there is nothing to worry about. Oh my gosh, it's late. I've got to get going before the stores close. Bye, Mom. Quit worrying. I love you.

Ellie: I love you too, dear.

For Reflection:

What do you think Ellie wanted to talk about with her daughter?

What did you think about Peggy's reaction?

If you were Ellie, what would you do after this conversation?

Do you think this conversation is typical in families? Has something like this happened in your family?

There are some good ways to communicate your end of life decisions, e.g.:

- Select the person you feel best able to speak for you should you be unable to do so
- Make sure that person clearly understands your values and beliefs
- Don't assume your spouse/child/sibling feels like you do
- Talk about practicalities like the following:
 - Do you feel comfortable receiving help to bathe, dress, eat and get around?
 - How do you feel about spending your final days in the hospital?
 - What if you had trouble talking?
 - What if you were permanently dependent on life support machines?
 - Do you want to stay alive if you'd never regain consciousness?

Most important of all is to make the time for such a discussion:

- Discuss the issue now – while you're healthy
- Use current events as a springboard
- There is no right or wrong way to communicate so long as you communicate

Finally, it's important to communicate with your nurse(s) and doctor(s). These professionals can be valuable resources for questions you may have about specific medical conditions and treatments. If it would be useful to you, they can help you think through your decisions about your advance directive documents. When you have completed your Advance Directive, make certain they get copies. This will help them be more certain of your wishes and more comfortable with following through. Here are some points to help you make your plan to approach your medical support team:

1. Develop a healthy doctor-patient relationship.
2. Be intentional about making an appointment with your doctor to discuss end of life care issues.
3. Make sure your doctor has a copy of your advanced directive and knows how you feel about aggressive treatments, e.g.: ventilators, shocking the heart, CPR and other life-prolonging treatments.
4. Remember, decisions made today are not cast in stone.
5. Remember, there are gray areas in medical treatment.

SESSION FOUR

END-OF-LIFE CARE DECISIONS INCLUDE COMPLETING AN *ADVANCE DIRECTIVE* & DISCUSSIONS ABOUT DEATH TIME

The previous sessions about intentional end-of-life care decisions covered the need to identify your own position on this subject and to have conversations with those closest to you. Here we'll explore processes to complete *documents* that will help those whom you have designated, to carry out your wishes at these times.

We'll discuss:

- completing an *ADVANCE DIRECTIVE*
- decisions you can make about how you want your death handled

I. WHAT IS AN *ADVANCE DIRECTIVE*?

An *Advance directive* is a document that enables you to make decisions today about the medical care you want in the future. An *Advance Directive* gives guidelines for your family and doctors when you cannot speak for yourself, and help ensure that your values and wishes are carried out. In Iowa there are two documents that are recognized legally in an *Advance Directive*:

- A. The Living Will (also known as *Declaration Relating to use of Life-Sustaining Procedures*)
- B. The Durable Power of Attorney for Health Care

Before we examine each of these legal documents, let's explore some useful questions.

What are some important questions to consider before completing an *Advance Directive*?

1. What do I hope to accomplish by executing a power of attorney *for health care*?
2. Is the intent to have this document become effective immediately or only upon becoming incapacitated?
3. What is the standard for determining when I become incapacitated?
4. Do I understand that a durable power of attorney for *health care* (or *agent*) is different from power of attorney for financial decisions?
5. Do I have confidence that the person who will act as my *agent* (also referred to as *attorney-in-fact*) will carry out my wishes?
6. Does my *agent* know what I would want to have happen?
7. Do I want to ensure that my *agent* has the authority to refuse or decline life-sustaining procedures?
8. Do I realize that the court does not monitor the acts of my *agent*?
9. Are there certain things that I do not want my *agent* to have authority over?
10. Do I reside in another state for part of the year?
11. Is there someone to serve as an alternate *agent* in the event my first choice is not able to or is no longer willing to serve that function?

12. If my *agent* is a durable power of attorney for health care, do I want that person to have the authority to:
- Admit me to a long-term care facility, hospital or home health?
 - Admit me to a hospice?
 - Order invasive diagnostic tests?
 - Order dental surgery or any other surgery?
 - Withhold or withdraw life-sustaining procedures, including feeding tubes. If so, under what conditions? (car accident, terminal illness, Alzheimer's Disease, strokes, heart attack, coma, severe brain damage?)
 - Consent to a *do not resuscitate* (dnr) request?
 - Consent to mechanical breathing?
 - Consent to dialysis?
 - Consent to drug therapy, including antibiotics?
 - Consent to blood transfusions?
13. Do I want to have any of my organs donated?
14. Unless required by law, do I want to have an autopsy performed?
15. If the *agent* is also the same person I have for financial matters, do I want that person to have the authority to:
- Open, maintain or close bank accounts or brokerage accounts?
 - Sell, convey, lease or maintain real estate?
 - Access safety deposit boxes and their contents?
 - Make financial investments?
 - Borrow money, mortgage property or renew or extend debts?
 - Prepare and file federal and state income tax returns?
 - Vote at corporate meetings?
 - Purchase insurance for my benefit?
 - Start or carry on a business?
 - Employ professional and business assistants, including lawyers, accountants, real estate agents?
 - Apply for benefits and participate in government programs?
 - Transfer to a trustee any and all property?
 - Disclaim part or all of an inheritance?
 - Make gifts of property or assets

These legal documents mentioned earlier are defined below. Information is presented also how these documents can best become a part of your end-of-life care planning.

A. The Living Will (also known as *Declaration Relating to use of Life-Sustaining Procedures*)

A *Living Will* is a legal document that sets out your wishes about what medical treatment, in the face of a terminal condition, should be withheld or provided if you become unable to communicate those wishes. The directive creates a contract with the attending doctor. Once the doctor receives a properly signed and witnessed directive, he or she should honor its instructions or make sure the patient is transferred to the care of another doctor who will.

B. The Durable Power of Attorney for Health Care

A *Durable Power of Attorney for Healthcare* is a legal document that allows you to choose someone as your *agent-someone who acts for you*-to make health care decisions if you are unable to make them for yourself. Different from the *Living Will*, this document doesn't necessarily state what *type* of treatment you want to receive but rather, who will *speak* for you if you are incapacitated. This *agent* is required to make decisions according to directions you provide in writing (the *Living Will*) or verbally to him or her. Ideally, these two documents will work together. For example, your *Advance Directive* may contain a clause appointing an *agent*, (sometimes called an attorney-in-fact, representative, or proxy) to be certain your wishes are carried out as you've directed. Or you may create two separate documents, a directive explaining the treatment you wish to receive and a durable power of attorney for health care, appointing an *agent* to oversee your directive.

C. Whom should I choose as a healthcare agent?

The person you name as your healthcare agent must be someone you trust-and someone with whom you feel confident discussing your wishes. While your agent need not agree with your wishes for your medical care, you should believe that he or she respects your right to get the kind of medical care you want.

The person you appoint to oversee your healthcare wishes could be a spouse or partner, relative or close friend. Keep in mind that your agent may have to challenge others to assert your wishes. If you foresee the possibility of a conflict in enforcing your wishes, be sure to choose someone who is assertive.

While you need not name someone who lives in the same state as you do, proximity should be one factor you consider. The person you name may be called upon to spend time at your bedside making sure your wishes for your healthcare are carried out.

D. What types of medical care should I consider when completing my healthcare documents?

While putting together your advance directive, the best that you can do is to become familiar with the kinds of medical procedures that are most commonly administered to patients who are terminally ill or permanently comatose. Those most commonly administered include:

- blood and blood products
- cardio-pulmonary resuscitation (CPR)
- diagnostic tests
- dialysis
- drugs
- respirators
- surgery
- antibiotics
- feeding tubes

E. Can I leave instructions about pain medications, or about food and water?

Some people are so adamant about not having their lives prolonged when they are comatose or likely to die soon that they choose to direct all food, water and pain relief be withheld, even if the doctor thinks those procedures are necessary.

On the other hand, some people feel concerned about how much pain or discomfort might be felt when close to death from a terminal illness or in a permanent coma, that they are willing to have their lives prolonged rather than face the possibility that discomfort or pain would go untreated. Obviously, it's a very personal choice - you're free to leave the instructions that feel right for you.

F. Where can I get an Advance Directive-and who can help complete them?

Many people first realize the need for healthcare documents when they're being admitted to a hospital. But hospital admission time is not the best time to learn about your options in directing healthcare or to reflect on your wishes-it's better to get information and complete your documents when you're under less stress.

Local senior centers may be good resources for help. Many of them have trained healthcare staff on hand that will be willing to discuss your healthcare options. The patient representative at a local hospital may also be a good person to contact for help. And if you have a regular physician, you can discuss your concerns with him or her.

Local special interest groups and clinics may provide help in obtaining and filling out advance directive - particularly organizations set up to meet the needs of the severely ill such as AIDS groups or cancer organizations. Check your telephone book for a local listing-or call one of the group's hotlines for more information or a possible referral.

There are also a number of seminars offered to help people with their healthcare documents. Beware of groups that offer such seminars for a hefty fee, however. Hospitals and senior centers often provide them free of charge.

G. When does my Advance Directive take effect?

Your Advance Directive becomes effective when one or more of the following are present:

- you are diagnosed to be close to death from a terminal condition or to be permanently comatose
- you cannot communicate your own wishes for your medical care-orally, in writing or through gestures, and
- the medical personnel attending you are notified of your written directions for your medical care

In most instances, you can ensure that your directive becomes part of your medical record when you are admitted to a hospital or other care facility. But to ensure that your wishes will be followed if your need for care arises unexpectedly or while you are out of your home state or country, it is best to give copies of your completed documents to several people.

H. How do I make my documents legal?

There are a few requirements you must meet in order to make a valid healthcare directive. In most states, you must be 18 years old, though a few states allow parents to make advance directives for their minor children. All states require that the person making an advance directive be able to understand what the document means, what it contains and how it works.

Also, every state requires that you sign your documents. If you are physically unable to sign them yourself, you can direct another person to sign them for you. Iowa law requires that you sign your documents in the presence of two witnesses or before a notary public.

II. HOW DO I WANT MY DEATH HANDLED?

We'll end this personal exploration with the third and final of our initial questions: *How do I want my death handled?*

The first issue to consider here is do I want to be an organ, tissue &/or eye donor? If so, who knows about that? What would alert medical personnel that I am a donor? The Iowa Donor Network can provide you the information to pursue this worthwhile consideration. (800/831-4131)

Just as it is useful and comforting to our families to know how we want final life-saving choices to be made for us if needed, it is equally valuable for them to have some idea of how we want to be remembered and how we want our death handled. Many of us plan carefully for significant events in our lives. Yet oftentimes, the important decisions regarding what will happen at the time of our death are left to someone else. When that happens, family members have to make those decisions without knowing if they are doing some of what you would have wanted. We don't want to take away ALL of the decisions from the survivors-they need that experience to help begin a healthy grieving. But doing some of the work in advance of your death can relieve a measure of their stress at a highly emotional time.

Preplanning is the process of setting out your wishes and instructions to help guide survivors at the time of your death. There are many decisions that must be made when a death occurs. Making some of those in advance of dying lessens the burden on the family at the time of death.

Preplanning can involve several areas:

1. Selecting a funeral home and documenting your personal information for their record keeping.
2. Specifying how you want to be remembered:
 - what type of service you would like
 - where would you want this to be held
 - what music you want included
 - who you would like to be involved in the funeral or memorial
3. Deciding about your preference for the disposition of your deceased body:
 - ground burial
 - cremation
 - body donation

There is a sample form attached to show the type of personal information that is useful to record to have available at the time of your death.

Preplanning can also include prefuning, to take the financial burden away from your family at the time of your death. Again, doing that might save your family some emotional and/or financial stress. The decision to prefinance any or all of your funeral is entirely up to you.

Memorial Service Information

Type of Service Desired: _____
(Full Service; Same Day Visitation and Service; Graveside Service; Public; Private)

Memorial with: _____
(Body or Cremated remains present; not present)

Place of Memorial Service: _____
(Church; funeral home; other)

Public Visitation: Yes No

Officiating/Minister: _____

Church: _____

Music Desired: _____

Pallbearers (Regular): _____

Pallbearers (Honorary): _____

Memorial Contributions: _____

Other Requests/Special Information: _____

Insurance Policies to be applied to funeral expenses:

Company: _____ Policy No.: _____

Company: _____ Policy No.: _____

Location of Insurance Policies: _____

Disposition Information

Ground Burial: Yes No

Cemetery: _____ City: _____ State: _____

Grave Description: Lot _____ Block _____ Section _____ Grave _____

Cremation: Yes No Cremated Remains: Scattered Buried

Body Donation: Des Moines University (Osteopathic) University of Iowa

Location of Body Deed: _____

Organ Donor: Yes No

DO NOT place in safe deposit box as this information needs to be immediately accessible at the time of death

Signed: _____ Date _____

Personal Information

Name: First _____ Middle _____ Last _____

Street _____ City _____ State _____ ZIP _____

Marital Status: Married Single Widowed Divorced Phone: _____

Date of Birth: _____ City of Birth: _____

Length of Residence in current city: _____

Other Places of Residence and Years: _____

Race: White African American American Indian

Hispanic Specify: _____ Asian Specify: _____

Last Grade Completed: Elementary 1-12 Specify: _____ College: 1 2 3 4 5+

Spouse's Name: First _____ Middle _____ Maiden _____

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden _____

Social Security Number: _____ - _____ - _____

Veteran: Yes No Branch of Service: _____

Date and Place of Enlistment: _____ Discharge: _____

Location of Discharge Papers: _____

Location of Will: _____

Occupation: _____ Last Place of Employment: _____

Years Worked: _____ Retired: Yes No Year Retired: _____

Memberships: (Churches, Clubs, Lodges, Etc.) _____

Immediate Survivors: Spouse, Children, Parents, Brothers, Sisters, Grandparents

Name	Address (City, State)	Phone	Relationship

Number of Grandchildren: _____

Number of Great-Grandchildren: _____

*Informant

Annotated Bibliography – End of Life Care Resources

The Gift of Peace of Mind, For Yourself, For Your Family

This thirty three page booklet is a step-by-step guide to preparing advance directive documents.

Single copies are free and may be obtained from the Iowa Department of Elder Affairs, 200 10th Street – Third Floor, Des Moines, Iowa 50309 or by calling 515 242 3333 or at Iowa Health System. Permission is granted to duplicate this publication for educational purposes or individual use.

Five Wishes

Five Wishes, available through Aging with Dignity, helps the user express how he would want to be treated if he is seriously ill and unable to speak for himself. It is recognized in over thirty states and efforts are in progress for its universal acceptance throughout the United States.

Single copies are \$5.00. In quantity, the cost per copy is reduced. Reproduction is expressly prohibited. An accompanying 25 minute video is also available for \$29.95. Contact: www.agingwithdignity.org or PO Box 1661, Tallahassee, FL 32302-1661.

Next Steps

Next Steps: Discussing and Coping with Serious Illness, available through Aging with Dignity, contains information about facilitating End of Life care conversations. This document encourages conversation with loved ones and with health care professionals and answers questions about *Five Wishes*.

Single copies are \$5.00. In quantity, the cost per copy is reduced. Reproduction is expressly prohibited. Contact: www.agingwithdignity.org or PO Box 1661, Tallahassee, FL 32302-1661.

Hard Choices for Loving People, Fourth Edition

Hard Choices for Loving People, by Hank Dunn, candidly discusses, cardiopulmonary resuscitation (CPR), artificial feeding, comfort care, and challenges for the patient with a life-threatening illness. This 80 page booklet is printed in relatively large print making it accessible to those visually challenged. *Hard Choices* also includes care of children. It is available from A & A Publishers, Inc, P.O. Box 1098, Herndon, Virginia 20172-1098 or via the web site, www.hardchoices.com. Individual copies are \$4.00. Quantity discounts are available.

End of Life Care Conversations

End of Life Care Conversations is a short course designed for adult study groups prepared by the Curriculum Task Force on the End of Life Care Coalition of Central Iowa. It is adapted from DECISIONS a work product of Sacramento Healthcare Decisions. It is a resource designed specifically for those who will facilitate End of Life Care conversations in their organizations.