Week 1. September 22 – Confronting Death - let's talk

[* - key idea; # - more info at annotated action steps link; @ - more info at resources link]

1. * Questions (and comments) are welcomed and encouraged. We learn by asking questions.
2. * Boy scout motto: Be Prepared.
3. # Source: CNN 2019-11-03. Former President Jimmy Carter said Sunday "I didn't ask God to let me live, but I asked God to give me a proper attitude toward death. And I found that I was absolutely and completely at ease with death." after doctors told him in 2015 that his cancer had spread to his brain. [See annotated notes for more details.]
4. * # There are only two days with fewer than 24 hours in each lifetime (ignoring technical exceptions): birth and death.
5. * We will start each class at 6:30 and our aim is to be done at 8:00.
6. * # What is the formal definition of death? Historically, death was determined by holding a mirror up to a person's mouth to see if she/he was breathing. Today, the most commonly accepted definition of death is irreversible cardiopulmonary arrest—when a person no longer has a palpable pulse, an audible heartbeat, or sounds of breathing. The lesser-known definition is the time when a person's entire brain irreversibly stops functioning.
7. * *Manner* of death vs *cause* of death. There are essentially 5 *manners* of death: natural, accident, suicide, homicide, and undetermined. There are many *causes* of death; see next item for some.
8. # Top global killers: (1) cardiovascular diseases (CVD) at 32%; (2) cancers at 17%; (3) respiratory diseases at 7%; (4) lower respiratory infections at 5%; (5) dementia at 4.5%; (6) digestive diseases at 4.3%; (7) neonatal deaths at 3.2%; (8) diarrheal diseases at 2.8%; (9) diabetes mellitus at 2.5%; (10) liver disease at 2.4%.
9. # Why is talking about death a taboo? Why are we afraid of death? (The fear of death is called *thanatophobia*.) Woody Allen famously quipped, "I'm not afraid of death; I just don't want to be there when it happens."
10. * # Some verses that address fear of death: 55. "O DEATH, WHERE IS YOUR VICTORY? O DEATH, WHERE IS YOUR STING?" 56 The sting of death is sin, and the power of sin is the law; 57 but thanks be to God, who gives us the victory through our Lord Jesus Christ. — I Cor 15:55-57

    Even though I walk through the valley of the shadow of death, I fear no evil, for You are with me; Your rod and Your staff, they comfort me. — Psalm 23:4

    For I am convinced that neither death nor life, neither angels nor demons,... will be able to separate us from the love of God that is in Christ Jesus our Lord. — Romans 8:38-39

Week 2. September 29 – What to do BEFORE a sudden death or onset of a serious illness

[* - key idea; # - more info at annotated action steps link; @ - more info at resources link]

[These steps apply to ALL people, not just a caregiver or one who is facing a serious illness. We never know when we are the recipient of a "call to heaven" (add this to your list of euphemisms) delivered by a bus. **Don't wait until it is too late.** Review the first paragraph in the Introduction to our *Dying Well* book. For most of these items, there is no harm in starting too early. As with voting in Chicago, act early and often.]

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1. * # Ensure to establish and maintain a good relationship with God.
2. * # Ensure to establish and maintain good relationships with your family members and friends.
3. # If possible, have conversations with parents and grandparents or elders (or do research) to learn about the causes of death among your (direct and indirect) ancestors. This information may give you some guidance about proactively trying a diet, an exercise routine, and medical testing to avoid what your ancestors experienced.
4. # While having the discussions as described in the last item, consider also asking them to tell you stories about their lives: their childhood, school life, dating, work, marriage, children, military, and so on. Learn about your family while you have a chance to do so.
5. * Establish and maintain good physical (diet, exercise, sleep), mental, emotional, financial and spiritual health practices. This should include regular routine physicals, dental checkups, exercise, relationship building, yearly financial review, and steps A and B above. Learning to *live well* helps one to *die well*.
6. # Consider, discuss with others, and then execute your decision about signing up for organ donation at the time of your death. (This can be done as you renew your driver license.) Alternatively, you can consider donating your whole body to a medical school (e.g., universities of IA, MN, IL, WI) for the purposes of the education of future doctors.
7. * In general try to be *aware* of your body. Have a written list of your moles, skin deformations, past illnesses, accidents, exposures to harmful things, urine and stool composition, and typical pains and aches of your body. Also, keep records at regular intervals of your weight, BMI, pulse rate, breathing rate, blood pressure, and relevant levels from blood tests. It is important to establish *baselines* in each of these areas.
8. * # Be sure to have a written will. This is *imperative* if you have minor children, but wise for all. If you don't do it, your state's version is imposed.
9. # Set up a trust, if appropriate.

10. * # Set up a *general* power of attorney (POA) which authorizes someone to act on your behalf (in all manners: financial, health, legal) when you are still alive but you are not able to execute on your own behalf. Be sure to have detailed conversations with your chosen POA about your preferences in all of these realms.

11. * # @ Set up a power of attorney (POA) for health care decisions and a living will which authorizes someone to act on your behalf for health situations when you are still alive but you are not able to execute on your own behalf. Here you choose what level of treatment to be given and to specify under what conditions to act. Be sure to have detailed conversations with your chosen POA about your preferences. The only cost is your effort.

12. * # Be sure ALL retirement accounts (IRA, 401(k), 403(b) and so on) have the beneficiaries specified whom you wish. If a "life event" occurs, review these.

13. # If appropriate for your circumstances and you wish to avoid probate, set up POD (Payable on Death) for bank accounts and TOD (Transfer on Death) for other accounts (plus #12).

14. Get your financial life in order: In order of importance, focus on the largest drags: housing, transportation, food. Create emergency fund, save regularly, capture 401(k) matches.

15. # Make a list of debts that you have and the associated paperwork for the accounts, including account numbers and contact information. Strive to get out of debt.

16. # Make a list of all those to whom you have loaned money and the associated paperwork for the accounts, including amount and contact information (or specify to forego).

17. * # Make a list of all online account usernames and passwords, including social media, financial sites, and any other subscription sites. Ideally, this list is stored digitally in a software package such as *1Password*. The goal is to be able to make this available to a spouse or at least the executor of your will.

18. # Consider writing a template for an obituary for yourself with blanks for the unknown.

19. If financially possible, ensure that you (and your family) have health insurance.

20. * # If someone depends on your financial support, if possible, consider purchasing *term* (**not** whole) life insurance to help any dependent(s) in case you die (assuming that your net worth is less than the needs of the dependents until their age of majority or longer if a spouse).

21. * If possible, and of interest, engage in an activity or travel that will be a fulfillment of a dream or wish. Learn to live well now, but within your current and future financial constraints.

22. * # Establish one location where you keep your "important papers" from the list that you should have generated here and gather them all together.

Week 3. October 6 – Issues to consider at onset of a serious illness

[LO ⇒ loved one (ill); CG ⇒ care giver(s) who help the LO; presence and order indicate relevance]

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1. * # LO, CG: Relative to your baseline data from Week 2, step 7, discern sudden or gradual changes: lumps, pains, changes to weight or other measured values, skin changes, urine or stool changes, appetite change and so on. In general, if things seem to change, take notice and intentionally compare. Ask someone else to confirm, if appropriate. See your doctor if you deem there has been a change. Note: sudden or significant changes may suggest emergency treatment.
2. * # LO, CG: Regarding medical treatments, determine whether you wish to completely rely on your medical team with no input of your own (at one extreme) or become completely informed and be completely involved in every health care decision (the other extreme) or somewhere in between. Consider your place on this spectrum while seeking the advice and counsel of a caregiver or family member or your healthcare POA.
3. * # LO, CG: No matter where you place yourself on this spectrum, at every junction, YOU ultimately have the final say and can request, decline, or refuse any treatment or procedure. Proverbs is full of wisdom; try consistently reading it for general guidance. In most cases, it is OK to take some time to make a decision; a decision rarely needs to be made while in the doctor's office. The LO should be sure to communicate (to CG and/or medical team) any concerns about any aspect of the treatment or future.
4. # LO, CG: There are a variety of emotions that may arise upon news that the diagnosis is a serious situation. Don't be surprised if you feel anger, shock, guilt, sadness, helplessness, in denial, frustrated, overwhelmed or other such emotions. Step back and take some time to absorb the information. The LO should process this with the CG and try to come to a level of recognition of her/his current state. This is good time to reconnect with God and family in a stronger way.
5. * # LO: Don't ask "Why me?" or "What did I do wrong to get this illness?". It is rare that "fault" can be assigned in any direction, let alone to the LO. Do not feel that God is against you or paying you back. Read Luke 13:1–5.
6. * # Despite naturally having emotional responses to news of a potential onset of a serious illness, as Christians we are asked to seek God first: (a) But seek first His kingdom and His righteousness, and all these things will be added to you. Matthew 6:33 (b) 14 Is anyone among you sick? Then he must call for the elders of the church and they are to pray over him, anointing him with oil in the name of the Lord; James 5:13-16 (c) Psalm 91.
7. * # LO: Regardless of any predicted length of time before death, intentionally choose to *live* each day to its fullest and maximize the *quality* of your time. Estimates are just that; the length could be marginally or significantly either longer or shorter. Do not place your confidence in the estimate but in God to help you have a fulfilling life. See John 10:10.
8. As the LO begins taking more tests and treatments, the costs can grow quickly. Often hospitals can set up generous payment plans or may have a financial assistance plan.
9. # LO, CG: Do not rely on your experience with watching TV medical dramas to guide your understanding of medical procedures and probabilities.
10. * # LO, CG: After the dust has settled, this is a good time to review the items in week 2 and address the items not yet done. Do not procrastinate now. In particular, review beneficiary designations, POD and TOD assignments. Also, review your will.

11. * # LO, CG: Be certain that all nurses and doctors have been informed of the wishes expressed in your advanced directive and, if relevant, be sure to highlight any that are of particular importance.
12. * # LO, CG: For each decision that needs to be made, weigh very carefully, as if on a balance, the pain versus the gain: "Is the pain worth the gain". In other words, will the side-effects, physical and emotional pain, stress, cost of time and other such things be worth enduring to obtain the potential gain of the treatment. Part of this consideration also includes how likely that the gain (and pain) discussed will actually be obtained.
13. * # LO, CG: When a medical team talks about your diagnosis and options, be sure to have at least one other person with you to listen and help you process the information. Bring a notebook to record details and questions to ask. Ask the doctor(s) to explain the pros and cons of the various options. Do not be intimidated by the new vocabulary. Ask *any* questions of the doctor(s) so that all of you feel like you understand the advantages and disadvantages. Be assertive with the doctors; this is your life. Then, with your family, discuss among yourselves "Is the pain worth the gain". Understand the options before you make a decision.
14. LO, CG: Talking about pain, it can useful for both the LO and CG to talk with each other and to others about fears or concerns about the levels of (literal) pain that can potentially occur down the road. It can also be useful to share these concerns with the medical team.
15. * # LO, CG: Once either the CG or the LO realizes that there is a serious illness that needs attention, for some people it becomes difficult to effectively communicate with the larger group of family and concerned friends about how the patient is doing. One way to handle this is to use an online forum (e.g., Caring Bridge).
16. # LO, CG: As an illness begins to take time and effort from both the LO and the CG, it is easy to become overwhelmed and consumed. This may be a good time for both parties to reorient themselves to decide to live for the *now* – learning to live one day at a time. Additionally, to learn to accept offers of help with meals, errands, or other efforts.
17. * # LO, CG: It may be helpful if all parties educate themselves on the illness: through discussions with the doctors, reading books from the library, or through internet research. However, while the internet has many great sources of information, it also has many bad sources. There are many forums or comment-sections of sites or YouTube sessions that quickly degenerate with either conspiracy theories or testimonials with anecdotal information. Keep in mind that those who have had bad experiences or have an axe to grind are more likely to be the ones who contribute than those with average or positive results. Thus, most of what is available comes from the small minority of those with negative results.
18. * # LO, CG: As the CG and LO reads the list of potential side effects of a recommended drug, try not to be overwhelmed (since the list can be daunting). Ask the doctor and nurse which side effects are *typical* and how extensive.
19. LO, CG: If appropriate for the particular illness, the LO may consider genetic counseling to determine the likelihood of passing on the illness to any children.

Week 4. October 13 – Issues as a serious illness makes a bigger impact

[LO ⇒ loved one (ill); CG ⇒ care giver(s) who help the LO; presence and order indicate relevance]

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1. * # LO, CG: Review items from weeks 2 and 3 and address the items not yet done. In particular (if not already done), revisit the will; beneficiary, TOD, and POD assignments; advanced care directive (power of attorney for health care and living will); general power of attorney to handle the affairs of the LO; body or organ donation; consider making funeral preparations.

2. * LO, CG: Be certain that all nurses and doctors that engage with you are aware of your wishes expressed in your advanced directive and highlight anything if relevant

3. * # LO, CG: It is more valuable (for all involved) that friends and relatives make a visit *before* the final days. In other words, don't wait until the person is dying before you make connections. It is likely more valuable to communicate while the ill person can participate and benefit. It also affords an opportunity for reconciliation and forgiveness. It may be helpful for the LO and/or CG to communicate this to others.

4. # CG: When a relative or friend of a LO wishes to make a visit, there are some things that the CG should convey to provide some guidance to the visitor to help manage the visit(s).

5. * # LO, CG : If you are informed that morphine or methadone (or equivalent) may be helpful or necessary, do not be concerned about being addicted to it or it being harmful. While you may be a bit drowsy in the first day or two, when the right level is determined and it is used to fight the pain, there is no concern about addiction or harm; there is a bigger enemy at hand and this is used to fight against it. As one palliative-care doctor said, "Morphine takes the pain away but not your brain away."

6. * LO, CG: If you feel as if you are in pain, don't suffer in silence thinking it is a character flaw to ask for help with the pain. Don't worry about "bothering" your doctor or nurse. Don't think it shows that you are weak. Also, don't think that pain relief will itself be painful (as needles do not need to be used, usually, when there are patches, gels, pills, or drinks).

7. * # CG, LO: When the time comes to start taking drugs at the level of morphine or methadone (or equivalent), these often cause constipation. Therefore, be sure to listen when a nurse or doctor encourages the use of a laxative or stool softener.

8. * # CG, LO: In general, as a new drug or prescription is recommended, be sure to understand the purpose of it (what is the goal for helping out the symptoms), what are the side effects that one should expect, what are the side effects that should suggest immediate cessation, the frequency per day, when to take it, with or without food, any ingredients in the drug that have already been shown to have given a negative reaction or allergy, and if there might be any reactions with other drugs currently being taken. Some of these questions should already be answered on the package, but it is also good to hear it vocalized. It may also be reasonable to ask how important it is to take and to also ask about the duration that this is needed.

9. * # CG: The CG should not feel compelled to always stay with the LO, particularly out of fear that the LO may die while gone. First, it can not be predicted when a person may die

and sometimes people choose to die when alone. Second, it is very important that the CG has a *regular* respite so that the CG can be energized and be able to serve the LO.

10. # CG, LO: A LO often may respond well to touch from the CG: holding a hand, stroking the hair, or other actions to express love. However, the CG needs to always be aware of physical pain points on the body of the LO.

11. * # @ LO, CG: Sometimes when someone is in the middle of a battle against an illness, both the LO and his/her relatives may review their relationship with each other. Often there are aspects of the relationship where there is brokenness or pain. Before it is too late, this is a good time to work on reconciliation. Learn to exercise articulating The Four Things: "Please forgive me.", "I forgive you.", "I love you.", and "Thank you." (See The Four Things That Matter Most book.)

12. # LO, CG: In our context, DNR = Do not Resuscitate; DNR $\neq$ Department of Natural Resources. (Note that doctors tend to reject CPR more for themselves than the public does. Why?)

13. * # LO, CG: As the medical battle with the illness seems to be yielding to the disease, it may be appropriate for the LO and CG to consider whether to change to a palliative mode or to continue with a curative mode or to do both.

14. * # LO, CG: If the choice is to only follow the palliative route, at some point you may wish to choose between *home* hospice care, a dedicated hospice unit, or a palliative care approach within a hospital.

15. * # "It is valuable to learn how to *live* with life-threatening illnesses, not just how to die with them." (From *Staying in Charge* book, p.1) Another comment from the book (p.7): "Often the physicians were of little help, mainly because they saw their job as maintaining life, even when all that was being extended was the dying process." (Note that a lot has changed from when this book was written, but this last quote still pervades among some doctors.)

16. # LO, CG: Note that one's target for hope may change as the disease progresses, which is helpful.

17. * LO, CG: Because of the stress of the illness and treatments, often both the LO and CG can benefit from talking and praying with clergy and social workers. Be sure to seek this. Note that hospice programs (home or center) automatically involve both of these components.

18. * # LO, CG: Another stress that sometimes occurs at this stage is the financial stress of the multitude of medical bills, even if you have insurance, but more so if not. Note that many hospitals or other medical institutions will work with you by either helping to find financial assistance or setting up reasonable payment plans.

19. * CG: Before agreeing (formally or informally) to be a caregiver, measure the cost. (See Lk. 14:28.) Tasks: medication logistics; helping LO with everyday tasks all day; coordinating medical team; shopping, cooking, feeding, cleaning; bathing and dressing; housework; transportation, finances and more. You need to be a nurse, mother, coach, pastor, counselor, friend, and servant to someone who *may* be critical, demanding, and challenging at times. Be intentional about choosing to do this. If you are a good fit, you can be a real blessing.

20. * CG: There may be Red Cross (according to one book) or other organizations that provide training helpful for caregivers. Investigate this since it will likely pay good dividends in benefits.

21. * CG: While it may be difficult to do, try to plan ahead and determine the limits of your ability to give care, in terms of time, strength, and complexity. Create and implement a plan before you need help.

22. # CG: There are a number of web sites whose focus is on caregivers. These may be worth reviewing or consulting.

Week 5. October 20 – The final days

[LO ⇒ loved one (ill); CG ⇒ care giver(s) who help the LO; presence and order indicate relevance]

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1. * # LO, CG: Review items in weeks 2–4 and address items not yet done. In particular, revisit the will; beneficiary, TOD, and POD assignments; power of attorney for health care and living will; general power of attorney to handle the affairs of the LO; body or organ donation; funeral plans, including service(s), burial location and related choices.

2. * LO, CG: Again, be certain that all nurses and doctors are aware of your wishes expressed in your healthcare power of attorney and living will and highlight any aspects if relevant.

3. * # CG: Remember the spiritual component of death. As appropriate, offer to pray with and for the LO, read the Bible, play hymns or other worship music for the dying one, and encourage the LO about this transition from life to new life.

4. * CG: For the caregiver to do the best that she/he can do, it is imperative that this person has a regular and meaningful respite. In a home hospice context, there is a structure to help facilitate this, so DO take advantage of this. The caregiver needs to be recharged for when he/she is needed the most.

5. * # CG: The caregiver does not need to be an expert on all issues related to end-of-life, despite there being many internet sources of information. By all means, talk to the doctor, nurse, hospice or other members of the team about issues and questions. It is better to share one's concern and try to have it addressed or ask for help rather than being fearful about making a mistake.

6. * # LO, CG: At some point, a decision needs to be made whether to die at home, in a hospice center, or in a hospital or some other venue.

7. * LO, CG: It may be hard for the LO to admit to himself/herself, let alone to others, that he or she is dying. The sooner this admission happens, the more peaceful things may become. The CG may help facilitate this realization.

8. * # @ CG: The CG should talk with the LO about the concepts in the *The Four Things* book. Ask the LO if there are relatives or friends with whom the LO would like to visit to help carry out the ideas in *The Four Things*. The CG may also consider adding other names to the list.

9. # I made a note to myself that Emily Burt (?) said that "moving someone at this stage to an ICU does not prolong life but prolongs death."

10. * CG: Note that pain is easier to *prevent* than to *relieve*, and severe pain is hard to manage. Thus, do not be concerned about adding more pain relief if warranted in the last days. This is certainly not the time to worry about addiction. Also, if the amount is carefully elevated within the guidelines, it should not be harmful. Preventing pain is an important consideration for most people as they think about dying, so help the LO.

11. * # CG: Be sure to communicate with those family members and friends who are close to the LO to keep them informed about the status of the dying person. Honest and forthright communication is generally recommended as the best approach. This may also be the right approach if younger children are involved, though the language may need to be modified to their level of understanding.

12. CG: It may be helpful to now make a list of those who should be contacted at the death of the LO. This may be further subdivided into those who should be called and those who can be emailed. Depending on the circumstances, if there are a large number to be called, the CG may wish to consider soliciting help with some of the calling.

13. CG: Often breathing becomes difficult for those at the end of their life. If the LO has trouble breathing, not only is it difficult to converse, it is also disconcerting. Some suggestions: raise the head of the bed if a hospital bed or add a series of pillows under the head; open a window or turn on a fan to increase circulation; sometimes morphine or other pain meds can also help with breathing.

14. # CG: Skin becomes drier with age and can be a cause of discomfort. Try applying an alcohol-free lotion, lip balm on lips, damp cloth over closed eyes, ice chips (if the person is conscious) or wet swabs in the mouth (if not). Watch for bed sores from constant pressure on skin. Turning the person helps — get advice how to do so.

15. * # CG: If the LO is hungry (or thirsty), offer smaller portions more frequently rather than 3 larger meals. Either let the LO guide when and how much or the CG should make a gentle offer. The body needs less food and water toward the end and pushing the food or water can cause more difficulty (medically) for the LO.

16. CG: A dying person has trouble regulating his/her temperature and may have trouble communicating when too hot or cold. Help out by watching for signs and also feeling the body. Note, though, that in the last hours the body naturally becomes cooler, starting with the extremities.

17. CG: Lack of energy is an issue for the dying person so help out by having a bedside commode and switch to sponging off in bed instead of a shower. Carefully choose the activities to limit those where movement is needed.

18. CG: When death is very near, music at a low volume and soft lighting may be soothing and help with relaxation. It is also a good time to pray with the person, read the Bible or favorite poems or letters or cards from loved ones, recall past memories, or talk about the future paradise about to be entered. Be sure to talk to the person and not about the person, and if there are a variety of people and if the dying person is not too aware of who is there, the speaker should give her/his name before speaking.

19. CG: If the dying person talks to, or about, someone else (perhaps predeceased) as though she/he is in the room, don't scold, interrupt, or correct. This is not uncommon.

20. CG: Sometimes a dying person has trouble swallowing saliva and bronchial secretions and this can cause breathing to be accompanied with noises that almost appears as if the person is choking or gargling. This is sometimes known as a "death rattle." It is harmless. If there are members of the family who may be bothered or concerned about the noise, there are drugs that can be prescribed to suppress this.

21. LO, CG: There is an old saying that pneumonia is "the old man's friend" in that if someone is dying a slow, agonizing death, pneumonia can speed things up. Now there are better ways to treat pneumonia. There may be a need to decide the road to choose if pneumonia comes to the LO.

22. * # CG: It is valuable for the LO for him/her to know that it is OK to "let go" and die. Thus, it is important for the CG to express this explicitly, even though it may be hard to say.

23. CG: A LO may feel that he/she will be forgotten after the death. The CG should reassure that this is not the case. It also may be a good time, if appropriate, to talk about what heaven might be like, including a restored body.

24. * # CG: Sometimes when visitors of a LO see how sick and weak the LO is, they become frightened. They then become so concerned about saying the wrong thing, they choose not to say anything. A caregiver, when knowing a visitor is coming, can inform the status of the LO and encourage the visitor to offer expressions of love and care and good-bye.

25. * # CG, LO: There are many specific signs that indicate that the days are fewer (and not all signs need be present): decrease in appetite, increased sleeping, less interested in social interactions, changes in vital signs (blood pressure, breathing, heart rate), weaker muscles or general fatigue, changing toilet habits, having trouble being warm, some levels of confusion, breathing issues, increased pains, perhaps hallucinations, and more.

26. * CG: For the signs above, the caregiver should just show understanding and compassion. Do not take it personally if the LO does not want to socialize much or eat much of the favorite meals you prepare. Don't try to push the LO for activity when fatigue has set in. Don't scold the LO for being confused or delusional.

27. * CG: There are many other signs that indicate that death is within days or hours (and not all need be present): very little interest in food or drink, reduction in or cessation of urine and bowel movements, breathing and heart rate reduced and/or irregular, drop in temperature, lower extremities turning mottled blueish-purple, may drift in and out of conscientiousness.

28. * CG or others: If you are visiting someone in the last days, particularly if in a hospital, do not be overwhelmed by the medical equipment and monitors. It is OK to sit close to the dying person, hold a hand, or offer gentle touching. It is OK to just sit and be quiet. It is OK to communicate your last thoughts. Keep in mind that hearing may be the last thing left, so even if the person is in a coma, go ahead and speak. Don't feel guilty when leaving; just say goodbye and know that it may be your last interaction.

29. * CG: Remember the emotional and spiritual needs of the LO and be sure that pastors and social workers are available and offer the services to the LO.

Week 6. October 27 – The days immediately after the death

[* - key idea; # - more info at annotated action steps link; @ - more info at resources link]

1. * The first thing to do, if not already done, is to have a formal determination that your loved one is indeed dead. This will happen without action on your part if the death occurred in a hospital or hospice, but not so if the death is at home or similar location. If the deceased was on home hospice care, the hospice nurse can take care of this after being contacted and arrives to confirm. Otherwise, if you have made arrangements with a funeral home, that person can take care of it. If a person dies at home without hospice care, the protocol is to call 911. However, unless you have DNR document in hand, paramedics will generally start emergency procedures and take the person to ER for a doctor to make the declaration. Please plan ahead to save a hard situation become even harder.

2. * Another item of immediate concern is to arrange for organ or body donation if this was part of the loved one's plans. Ideally, these are issues that would have been set up ahead of time with the hospital, hospice, or on your own.

3. * After these two items, next notify family members and close friends of the death. If action was done on #12 in the previous week, the process should be easier; if not, read that item. If the one doing the contacting is not the executor or agent, family members should be asked about who knows the burial wishes of the LO or any other administrative concerns. Again, best to be known in advance and to be prepared.

4. If there are younger children involved in the family of the recently deceased person, choose carefully how you communicate the death of the loved one. In particular, keep in mind that younger children take things literally so if they are told that "Daddy went on a long sleep", this will be misunderstood. Be truthful without being blunt.

5. * # The next step that needs attention shortly after death is to contact the person or place who will assume possession of the body of the LO. Hopefully, a CG reviewed and acted on item 1 of Week 5 and then read the lengthy online annotated action step corresponding to this step. Key things to keep in mind regarding a funeral: (a) What did the deceased want?. (b) Determine a limit on how much you want to spend. (c) Determine what is realistic in the context. (d) Determine what will help the family the most. Item 2 above takes care of any donation and so we assume that the body will be buried or cremated. Call the funeral home or crematorium in charge to retrieve the body as the next step, after those who were present at the death (or who have since come) feel ready to let the body go. There is no rush

in removing the body, so allow space and time for grieving. (Note that if the death occurs some distance from where the funeral home in charge resides, an intermediary funeral home may be needed to transport the body.)

6. * If the LO has pets or dependents, be sure there is a plan in place for the short-term situation but then follow through with establishing long-term plans

7. * If the LO was employed, be sure to inform the employer. Note that there may be a life insurance policy or other benefits in effect, so talk to the H.R. department if that was not your first point of contact.

8. * If the LO lived alone in a home or apartment, be sure that it is locked up. Similarly for any vehicle(s). Contact the police or landlord or inform a neighbor that the residence may be vacant for some time. While at the home, or later if pressed for time, check the home (e.g., refrigerator) for items that may need attention, including plants and potentially spoiling food.

9. There are several ways to convey to a larger audience about the death of the LO. This is done by using a death notice or obituary or both, the former typically done in a larger city and the latter in a smaller community. Review the local newspaper for some guidance of format and content. If the person spent significant years of time in several communities, it may be desired to place this communication in each community. An obituary also typically is part of a funeral home arrangement and is posted on its web site.

10. If the LO lived alone, contact the post office to forward mail to an appropriate party, typically the executor of the estate, if established.

11. If the LO was a veteran, there may be benefits for a funeral or burial, so investigate before making other commitments. Similarly, if the person was a member of some fraternal or other organization that sometimes have burial benefits, investigate this first.

Week 7. November 3 – Grieving

[* - key idea; # - more info at annotated action steps link; @ - more info at resources link]

1. Keep in mind that grief and relief can happen simultaneously with no contradiction.

2. The grieving process *may* differ if the death was an accident or relatively sudden with little warning in contrast to from an illness for which there was time to do some preparation.

3. * # There are many common symptoms of grief: exhaustion, sleeping issues, appetite changes, weakened immune system, blood pressure changes, feeling stressed, reduced concentration, feeling vulnerable, and more.

4. * Self-care may help one through the process of grieving: don't hide your feelings and thoughts, eat well, get enough sleep, exercise, take time to grieve and rest, be patient with yourself and others, don't try to do it alone.

5. It may be beneficial to attend the funeral or memorial service for the loved one. You will be with others who also care for the person and this can help.

6. * # Don't necessarily view the service as the time that you come to "closure" of your grief. The service is only near the beginning of the loss and your grief need not have closure or an ending. While it is likely that the intensity of the grief will diminish over time (see the last item), it is likely that you will still feel some tugging at your heart as you think about your loved one. Ignore the call to "get over it", which is not good advice.

7. * Recognize that you will have unique circumstances that trigger memories of your loved one. These may include: encountering someone who did not know about the death yet, watching your LO's favorite TV show, encountering friends of the LO, dealing with pre-scheduled appointments for the LO that are no longer needed, hearing a favorite song of the LO. It is OK to feel a rush of emotions; don't try to avoid the circumstances that trigger them.

8. * Don't try to restrain or hold back tears and emotions if you feel them surfacing due to a trigger such as those listed above. It is OK and it is likely that the intensity of the response may diminish in time. (See graph at the end.)

9. If it helps, talk to others about your loved one and the loss you feel. If this doesn't work for you, consider writing a journal, story, or poem about your memories.

10. * Consider joining a grief support group or talking one-on-one with a grief specialist.

11. * Try not to make *any* major changes or decisions soon after a death. You will likely make a better and more rational choice after you have had some time to heal.

12. * Don't compare your process for dealing with your grief to someone else's process. Just do what *you* need to do. Grief is not a "one size fits all."

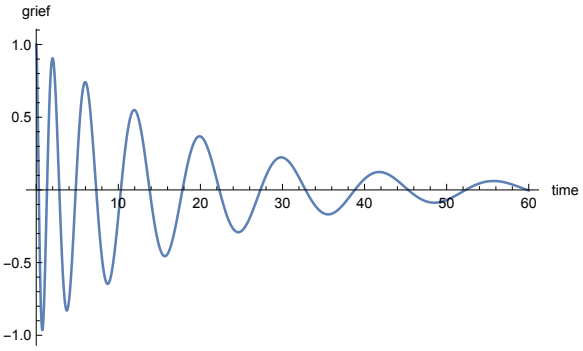
13. * Don't turn to alcohol, pills, or other self-harming means to medicate the pain of the grief. Instead reach out to a friend or allow someone to reach out to you.

14. Remember that others with you may also be grieving (such as children if the loss was a spouse). This may impact how you choose to interact with these.

15. * Consider finding something to do each day to help keep you active and engaged with others. Consider joining groups, volunteering at various places, going to the library, signing up for recreation and exercise opportunities and so on.

16. * View this transition time as an opportunity for new beginnings, so try to embrace life: new jobs at home, new relationships with people, new plans for the future and so on.

17. * View the graph below of a damped cosine curve with an increasing period. In other words, note that the heights of the waves are decreasing as time increases. But additionally, the peaks of the waves become further apart as time moves on. This graph can roughly illustrate how grief might express itself in your life. At first, the intensity and frequency are high, but as time increases the intensity decreases and the frequency does as well.



Week 8. November 10 – Other tasks after a death

[* - key idea; # - more info at annotated action steps link; @ - more info at resources link]

1. * If not already provided by a funeral home or crematorium or other agency receiving the body, arrange to obtain copies of the official death certificate. One may be needed for each location at which the deceased had a financial account or for other transactions: bank accounts, mutual fund companies, brokerage accounts, IRA or other retirement accounts, insurance companies, to retitle a vehicle, to retitle a home or any such legal change of ownership. Note that some places are satisfied with an email of a scan, others might send back the original after processed, while others retain the copy. Before ordering (since there may be a discount on subsequent copies, it is best to know how many you need), it is worth determining the places that need a death certificate and ask the places if they are OK with a scan, will retain original, or send back the original. Count how many are needed and add a few more.

2. If the LO was buried, make arrangements for a headstone, if desired.

3. * # Begin the process of dealing with the will, if there is one, and assuming that you are the executor. First, it needs to be found. Ideally, the deceased has one place where all relevant documents and directions are given. If not, begin looking through cabinets and desks searching for clues, as well as talking to (other) family members. Once the will is found, it might be good to make a copy and then read through it carefully. This should give some guidance as how to proceed if there were no previous instructions and no current ones. The following comments assume that the deceased lived in Iowa. The first step is to see if the will actually needs to be probated. This involves determining the net worth of the deceased and understanding what kind of assets there are. If there is no real estate and the value of the estate is $25,000 (?$50K? - there have been some recent changes in the law in IA) or less, probate can be skipped by completing and affidavit. If there is real estate property included and the total is $200,000 or less, there is another provision to simplify (or avoid) probate for these estates. If on the other hand, all assets pass to others via beneficiary, TOD, or POD designations, probate can be avoided regardless of the net worth. There are some complications here and it may be best to educate oneself and also obtain the assistance of an estate attorney.

4. * # If the LO was already on Social Security, contact the office at 800-772-1213 to notify them of the death and to stop payments. (Don't try cash the checks after the death; it will be regretted.) There may be survivor benefits, so investigate that as well. Veterans Affairs

(800-827-1000) may be another agency to contact, if applicable. Often a funeral home takes care of this, but it is worth contacting them to be sure. This is important to do even if the person is not collecting SS just to help reduce attempts of identity theft.

5. Begin the process of contacting all companies at which the deceased had an account that now needs some attention, either assets transferred, services stopped, bills paid, or other actions. These include banks where accounts are held (including online), companies that hold any retirement accounts, pensions, brokerage accounts, mutual fund accounts, CDs, mortgages, loans, financial advisors, life insurance companies, medical entities for any bills, phone/cable/internet or other such services, and insurance companies for health, Medicare-related policies, car, possibly home, umbrella or other types. Also include credit card companies, utility companies, credit reporting agencies, and so on.

6. It may be useful to notify the credit reporting agencies that the LO is deceased in order to prevent identity theft. Similarly, contact the DMV to cancel the driver's license, the local election board and so on. This may extend to closing email accounts at some point and other social media accounts.

7. If the estate is probated and things become a bit complicated, it may be helpful to hire a tax accountant to help with the filing of taxes for the LO and the estate.

8. # If the estate is not probated, depending on your relationship to the deceased and the income status of this person, you may be responsible to file the final income tax return; see annotated notes for more information.

9. If the home is vacant, ask the police to periodically check on it or see if there is someone who might choose to live there temporarily.

10. Before too much time elapses after the service, be sure to send thank you notes and acknowledgements as appropriate for various helping or services done.

11. * When ready, review the household items owned by the LO and process them. It may help to make three categories: items to retain, items to give away, and an undecided category. See if there are children or grandchildren or friends who may appreciate some of the items to be given.