



Planning Resources For End of Life Care

**Frederick Monthly Meeting
Religious Society of Friends**

Frederick Monthly Meeting End of Life Planning Booklet

Dear Frederick Friends, this is a revised version of Maury River Friends Meeting document entitled, "Planning Ahead: A Gift for my Family: Meeting the Responsibilities or Planning the End of Life." It is revised to make the text relevant to Frederick Monthly Meeting (FMM) of the Religious Society of Friends as an opportunity to address these issues in a comprehensive and friendly way. Credit must be given to the thoughtful members of Maury River Meeting in Lexington, VA for their very hard and excellent work. I hope that Frederick Friends will consider this document for use in our Meeting. My thanks to all who have participated in this process, Virginia Spencer, Clerk, Ministry and Counsel Committee, 2008. It begins with:

Elizabeth Grey Vining's prayer on reaching her seventieth birthday

O God our father, spirit of the universe, I am old in years and in the sight of others, but I do not feel old within myself. I have hopes and purposes, things I wish to do before I die. A surging of life within me cries, "Not yet! Not yet!" more strongly than it did ten years ago, perhaps because the nearer approach of death arouses the defensive strength of the instinct to cling to life.

Help me to loosen, fiber and fiber, the instinctive strings that bind me to the life I know. Infuse me with thy spirit so that it is thee I turn to, not the old ropes of habit and thought. Make me poised and free, ready when the intimation comes to go forward eagerly and joyously into the new phase of life that we call death.

And from Bradford Smith's Pendle Hill Pamphlet "Dear Gift of Life"

This relatedness of life, as it binds us to all that has passed, surely bind us to the future as well. So the divine spark kindled in us can never really be extinguished for it is part of a universal flame.

Once we have squarely faced the inescapable fact of our own death, we need never fear it but turn and live life to the hilt as we have seen that it should be lived. Then, whether that life be long or short, it will be a full one.

Table of Contents

Section One: For the Planner

Excerpts from Baltimore Yearly Meeting's Faith and Practice	1
Preface and Prologue	2
Preparation for Death.....	3
Family Self Evaluation Sheet	5
Thinking about Your Own Funeral	6
Choices: Burial, Cremation, Donation	7
Forms and Related Materials:	
• FMM Memorial Form: Wishes for My End-of-Life.....	9
• Explanation of Medical Directive	11
• Sample of a very Specific Medical Directive.....	13
• Maryland Advance Medical Directive	15
• Funeral Directive for Disposal of the Body	31

Section Two: For the Friends Meeting

Responsibilities of the Meeting	33
Meeting for Worship on the Occasion of a Memorial Meeting.....	33
Continuing Help for the Family.....	33

Section Three: For the Survivors

For My Survivors: Specific Information Regarding Medical Decisions, Funeral Decisions, and Personal Papers.....	35
Family Responsibilities for Concluding Business Affairs.....	45
Comments about Grief and Grieving.....	46
A Reading List of Related Materials	49
Acknowledgements	52
From the Prophet	53

Note to the Planner: Throughout this booklet are various forms that will assist those designated to handle legal, social, and personal details after your death. After the forms are completed, close friends and/or relatives should be given a copy or told where this documentation is located. It is a guide to let survivors know where everything of importance can be found. Further, it is strongly recommended that copies of this section (or parts of this section) be filled out for Frederick Friends' files - especially "Wishes for My End-of-Life." Remember to date each page and each update. This information is to be confidential and may be given to Clerk or Recorder of Meeting for safekeeping.

SECTION ONE: For the Planner

Excerpts from Faith and Practice

The following excerpts are taken from Faith and Practice of the Baltimore Yearly Meeting of the Religious Society of Friends, (1988), pages 62-64.

In Time of Death

The fact of impending death is one of God's provisions for our living. Death comes as the culmination of life and is both inevitable and natural. The mystery of death is no greater than the mystery of life. Friends should consider their own death and make appropriate provisions in advance to spare their loved ones trouble, expense and the pain of unanticipated decisions.

Monthly Meetings should be ready to help Friends and their families to prepare for life's final mystery. Ministry and Counsel Committee can help with information on legal requirements, simple burials and cremations as well as help the family to arrange a memorial meeting or funeral after the manner of Friends.

Grief is natural after the death of a loved one, whether the death is sudden and unexpected or long and impending. The Meeting should help family and friends to express their grief and to work through it to a sense of unity with all creation so that the deceased can be remembered joyfully. Meetings frequently do this by holding a memorial meeting for worship, in celebration of the life of the member or attender who has died.

Memorial Meetings

Memorial meetings are arranged as soon as convenient for the family. They are conducted as meetings for worship, with Friendly simplicity....A closed casket or urn may be present if the family wishes.

Burial or the scattering of ashes may precede or follow such a meeting, may be separately arranged, or may constitute the only observance. In any case, it should be conducted as an act of worship under the guidance of the Spirit. Friends should avoid display or excessive expense in funeral arrangements. The family may wish to suggest that memorial contributions be made for some special concern of the deceased.

Wills and Related Matters

Documentation of one's wishes regarding disposition of one's body and possessions after death is a matter which requires forethought and preparation while health permits. Friends are urged to make wills. If a Friend wishes to will some or all of the body for medical purposes, it is strongly urged that this wish be made known to members of the family at the time of the decision. The family should be acquainted with steps to be taken at the time of death since immediate action is usually required. Frederick Monthly Meeting should maintain a confidential file of up-to-date information on the preferences of their members on these matters.

PREFACE

We know that, sooner or later, each of us will move on from this earthly life. We may be apprehensive about this journey, and would rather not think about it yet. However, whether we are young or old, now is the best time to make arrangements so that our final affairs will be in good order.

Whenever it occurs, our death will come as a shock to our loved ones. They could be faced with a confusing maze of questions, laws, and customs. We can make our departure much less painful for them by making some preparations now.

This booklet has been prepared to help you do this. It should guide you in the right direction, and although it does not give every bit of information you will need, it does describe a general procedure and suggests some sources of information. Finally, although this information has been prepared for Friends, it may be helpful to those in other groups as well.

PROLOGUE

Let us distinguish between the two concepts: preparation for death, and preparation for dying. Preparation for death may be considered an effort to organize, in a detached and businesslike way, all the documents, records and other information that will be needed by those you name to settle your estate. This organizational task may take considerable time, but once accomplished, except for occasional updating, it can be set aside with a sense of peace and satisfaction. This effort on your part will ease the burden on your family, friends and/or personal representative (executor).

On the other hand, preparation for dying is a spiritual, emotional and psychological task—an inner journey that requires sometimes years (in fact, a lifetime) of contemplation and resolution. We are called upon to overcome the fear and embrace our final moment.

We consider it a part of our responsibilities as Friends to prepare for death and to prepare for dying. We suggest that you read through this guide for background and practical information, and then turn to the form, "Wishes for My End-of-Life." It will require a special effort to fill in all the information that applies to you, but it is an act of great love and consideration to your family and friends.

Death frequently takes us by surprise. Therefore, it is especially important not to let misunderstandings and hurts go unattended. It is never too late (or too soon) to seek resolution of differences, forgiveness for our errors, and reconciliation with those who have injured or been injured by us.

Preparation for Death

Organizing Your Records

One of the greatest kindnesses you can offer your survivors is to leave them detailed information regarding.

- your preferences for care in your final illness;
- your preferences for funeral or memorial arrangements;
- detailed information regarding your financial affairs, i.e., the location of your bank accounts, charge accounts, debts, credits, insurance policies, etc.;
- your personal affairs: biographical information, address lists of friends and family, disposition of your personal effects, etc.

In order to make it easier for you to give this kind gift to your survivors, the Ministry and Counsel Committee of Frederick Monthly Meeting has assembled the information in this booklet and included forms to facilitate your recording the appropriate information. Because each person's circumstances are unique, we recommend using these forms as a guide and adding information that you feel will be helpful to someone who will have to sit at your desk and sort it all out.

Legal Documents

A. Will

Many people find that having a will is advantageous. If you determine that you do need a will, do not delay in drawing one up. Most persons prefer to consult an attorney who is familiar with state and federal laws regarding wills and inheritance. You might wish to ask if a Living Revocable Trust is appropriate for your circumstances. Legal Aid may be available if funds are limited.

B. Advance Medical Directives

The execution of an Advance Medical Directive (AMD) makes it more likely that your wishes will be respected during medical treatment for a serious illness or following a serious accident. The Advanced Medical Directive combines a *durable power of attorney for health care* and a *living will*. The complete form for four different situations is included in this booklet. If you execute an Advance Medical Directive, discuss it with your physician and include a copy in your physician's file. Have other copies available for your medical representative and other family members to prevent misunderstandings at a time when they may be under great stress.

C. Durable Power of Attorney for Financial Matters

There may be circumstances in which it would be advisable to appoint someone you trust to manage your financial affairs should you become incompetent. Seek the advice of your attorney.

D. Designation of a Person to Make Funeral Arrangements

It is possible in the State of Maryland to designate a willing person to make arrangements for the disposition of one's remains, i.e. donation of body, or organs, choice of burial or cremation, and funeral arrangements. The designation and the acceptance of designation must be witnessed by a Notary Public. A form for this action, current as of November 2008, is included in this booklet. This information may also be recorded on the included form, to be kept at Frederick Monthly Meeting, for making known your wishes for your end-of-life.

Other Considerations

A. Assisted Suicide – Death with Dignity

In situations involving chronic pain, terminal illness, or the onset of progressive mental deterioration, some people want to explore the possibility of ending their lives on their own timetable rather than that dictated by the course of disease, providence, or medical treatment. Though both suicide itself, and the act of materially assisting in another's suicide, are against the law in Maryland, information on expanded end-of-life choices is available and must be sought out well ahead of any actions. Two organizations which have such information are:

Death with Dignity Alliance www.dwda.org

11 Dupont Circle N.W.
P.O. Box 98058
Washington D.C. 20090-8058
(202) 969-1669

The Hemlock Society www.hemlock.org

P.O. Box 101810
Denver CO 80250-1810
(800) 247-7421
hemlock@hemlock.org

B. Organ/Body Donations

See the section on "Choices: Burial, Cremation, Donation."

Family Self Evaluation Sheet

This is for your personal use; consider all questions and how well prepared you and your family are to answer them.

1. Have you discussed funeral arrangements among yourselves?
2. Have you chosen a funeral director and discussed with him/her your needs?
3. Are finances in order?
 - **Will:** Make necessary changes in your will. Examples: specific financial provision for children's education and provision for personal guardianship of children. This is the time to make any changes in the choice of executor (often spouse or relative) or co-executor (lawyer, bank). A letter apart from the will can cover non-mandatory instructions to the executor (for example, naming children's schools).
 - **Bank Account:** Bank funds in your name only will be frozen upon death. Funds in a joint account with a spouse or child are not frozen, but since any jointly owned property becomes part of your taxable estate, any money withdrawn still would be subject to the estate tax.
 - **Investments:** Alter instructions to your broker where necessary. It may be wise to take the family out of speculative situations.
 - **Gifts:** Consider making gifts of your property and money before your death; such actions may have tax benefits.
 - **Benefits:** Contact the employee benefits department of your company to ensure that desired beneficiaries are named. If an individual is named, noncontributory benefits (mainly pension and profit-sharing) are kept out of the taxable estate.
 - **Estate Taxes:** Current tax laws are subject to change; consultation with a tax lawyer may be helpful—particularly with substantial estates.
4. Are insurances (life, auto, property) paid up? Make sure that life insurance beneficiary clauses are up to date. A gift of ownership of the policy itself (right to convert, borrow, and such) will not take benefits out of your taxable estate because of the three-year contemplation-of-death rule—consult your lawyer for clarification.
5. Do you have available phone numbers and account numbers for the following:
 - Bank (checking and savings)
 - Doctor
 - Insurance agent
 - Financial Manager
 - Accountant
 - Lawyer
6. Are the birth certificate, marriage certificate, military discharge papers, social security card, income tax information, etc., available?

Thinking About Your own Funeral

To help focus your thinking, answer “yes” or “no” to the following questions.

YES NO

- Do you think that planning your funeral now will bring peace of mind?
- Do you think that planning your funeral now will be helpful to your survivors?
- Do you know that planning your funeral now does not mean that you have to pay for it now?
- Do you prefer a funeral service with the body present?
- Do you prefer a memorial service held in your home or at your place of worship?
- Do you want a graveside service?
- Do you want your family and friends to make charitable gifts in your memory instead of flowers?
- Do you prefer cremation?
- Do you know that a casket is not legally required for cremation?
- Do you prefer burial?
- Do you prefer to be embalmed?
- Do you know that embalming preserves the body for only a short time?
- Do you prefer a crypt in a mausoleum instead of burial below ground?
- Do you know that burial vaults are not required by law?
- Do you know that less expensive grave liners meet cemetery requirements?
- Do you know that neither city nor state laws prevent you from being buried in your own property?
- Do you know that death benefits are often provided for eligible persons by the Social Security Administration, the Veterans Administration, Railroad Retirement plans, labor unions and fraternal organizations?
- Are your records and important papers in a place where they can easily be found when needed?
- Have you given copies of your funeral plans to those who may make arrangements and discussed these plans with them?
- Do your family and friends know whom to contact when you die?

CHOICES: Burial, Cremation, Donation

First Considerations

Your decisions for disposal of your body should be made well in advance of death and recorded with those who will be involved e.g., surviving spouse, next closest kin, Friends Meeting. Without this planning, the result will be undue stress on survivors who must then deal with unfamiliar legalities and possible pressures to accept costly arrangements. Specific information regarding disposal of your body should be in your possession at all times, e.g. a Universal Donor's Card (on your driver's license) or a card stating the existence and location of an Advanced Medical Directive.

Hospice (if you are under their care), doctors, or funeral homes may validate a death to provide the necessary paper work for procuring death certificates from the state. Remember, multiple original copies of a Death Certificate are often required for handling your business affairs after death.

Burial

Burial requirements vary greatly depending on where you wish to be buried. Contact funeral directors and cemetery owners to find out your options. All of these services and expenses can be minimized if you choose to have a home burial. Information on the laws for home burial is available in the Planning Ahead Vertical File in the Meeting library.

Cremation

Cremation is simple to arrange, does not require embalming, and is relatively inexpensive. A funeral director's services are required for cremation. There are no legal requirements for a casket; a medical examiner must approve the body for cremation. Ashes are returned by the crematorium in a simple container. Ashes may be scattered, or buried in a family plot if the cemetery permits.

Donation MD requirements

You may donate your body to medical science at NO COST to anyone; however, neither the body nor the ashes are returned for burial. You may donate your body by completing a donor form, available upon request from the State Anatomical Program. Please see information included in this booklet.

Some Financial Resources

Social Security has a small stipend for burial for the surviving dependent spouse. It must be applied for. For further information, telephone Social Security at (800) 772-1213 from 7AM to 7 PM. (Call early or late!)

Other sources of assistance may be available from the State of Maryland or Veterans Administration.



Full Name: _____
(Please PRINT name and include maiden name and other names used, if any, in parentheses)

YES NO

Do you want a Memorial Meeting at FMM? If not, where?

Location: Á ' _____ Phone# _____

Description: _____

Have you filled out specific details in the Planning Ahead booklet? If so, where is this located?

Location: Á ' _____

Have you gathered the personal information necessary for a death certificate and obituary (see attached)? If so, where is this located?

Location: Á ' _____

Have you designated how would you like your body handled?

Burial Embalmed Cremated Donated

Location: Á ' _____ Phone# _____

Have you written your own obituary? If so, where is this located?

Location: _____

Is someone prepared to write an obituary for you? If so, who?

Name: _____ Phone# _____

Address: _____

Who is the contact person(s) who best knows your wishes for after you die?

Name: _____ Phone# _____

Address: _____

Name: _____ Phone# _____

Address: _____

Signature: _____ / ____ / ____
Date

NOTE: This form will be kept in a locked cabinet at the Meeting House. The purpose of this form is to have a thumbnail sketch of your wishes for your end-of-life to aid FMM's actions in carrying out your wishes. It is important to remember to keep this information up-to-date as things change in your life.

Explanation of Advance Medical Directives

Your Health Care Decisions: Living Will / Durable Power of Attorney for Health Care

One of the many health care issues that has been brought to the public's attention repeatedly is the struggle of families against the health care system to have the wishes of a loved one recognized and supported. Cases dealing with medical treatment/ procedures, nutritional supplements, or use of medical equipment have crowded our court systems. Families have tried to defend the rights of their loved one to choose or dictate their own health care. The outcome of these cases have been mixed. In an effort to place the decision-making abilities in the correct hands, lawmakers introduced legislation to allow individuals a mechanism to control their own health care in the event they become unable to communicate their wishes. In December 1991 the Patient Self-Determination Act was enacted and advance medical directives were introduced. The Living Will and Durable Power of Attorney for Health Care became the tools for individuals to express their future health care wishes.

The Patient Self-Determination Act requires hospitals to develop policies and procedures concerning advance medical directives and the ability to make personal decisions about your health care. Upon admission to any hospital, you will be asked if you have an advance directive. If you do not have an advance directive, you will then be given the opportunity to implement one.

This brochure is designed to address common questions concerning issues surrounding the Patient Self-Determination Act. It would be impossible to answer every potential question one might have in regard to these issues. In the event you have further questions, ask for assistance from your family physician, any local hospital, or an attorney.

What is an Advance Medical Directive (AMD)? In most cases, an advance medical directive (AMD) is a written statement that is completed prior to a serious illness or accident directing how your medical decisions are to be made. The two most common AMD's are a *Living Will* and *Durable Power of Attorney for Health Care*. An AMD allows you to state your personal decisions about your health care or to name someone who will make those decisions for you, in the event you are unable to make decisions about your health care. Each of the AMD's will enable you to make decisions about your future medical treatment. You can list the care you will allow and, just as important, list the care you will not allow.

What is a Living Will? A Living Will is a document that usually states the kind of medical care you will or will not want if you become unable to make you own decision. The name Living Will is given to this document because it takes effect while you are still living. Most states have their own preprinted Living Will forms. Hospitals also have these forms available. You have the option of drawing up your own form or simply writing a statement of your preferences for treatment. It is best to speak with your physician and attorney to be certain you have completed your Living Will in a way that expresses your wishes clearly. You want to be sure that your wishes will be understood and followed

What is a Durable Power of Attorney (POA) for Health Care? Durable POA for Health Care (sometimes called a Medical Power of Attorney) is a signed, dated, and witnessed document naming another person as your "agent" or "proxy" to make medical decisions for you in the event you are unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Contact your local hospital, physician, or attorney for more information.

How do a Living Will and Durable Power of Attorney (POA) for Health Care differ? A Living Will only applies in the event of a terminal illness or persistent vegetative state and deals with life sustaining or prolonging procedures. A Durable POA for Health Care applies in both these events, as well as in any case when you cannot make treatment decisions for yourself. The authority of the Durable POA for Health Care is not limited to life sustaining or prolonging procedures. This advance directive will cover any decision you want it to cover. The person to whom you give power of attorney may make any decision about your health care that you could have or might not have anticipated. A Durable POA for Health Care becomes effective only if you become incapable to give, withdraw, or withhold informed consent in regard to your medical care.

Is there any age limit imposed upon advance medical directives (AMD)? Any person 18 years of age or older may implement an AMD.

Am I required by law to write an advance medical directive (AMD)? No, it is strictly a personal decision whether or not you choose to execute an AMD.

If I choose to complete an advance medical directive (AMD), what should I do with it? Make sure someone knows that you have an AMD and where it is located. Tell a family member, your lawyer, or someone you trust. Here are some other helpful suggestions: 1) If you have a Durable POA for Health Care, give a copy or the original to your “agent” or “proxy.” 2) Ask your physician to make your AMD a part of your permanent medical record. 3) Keep a notice in your purse or wallet that you have an AMD. This notice should include what AMD you have, where it is located, and who your “agent” or “proxy” is, if you have designated one. 4) Keep a second copy of your AMD where it can be easily found. 5) Give a copy of your AMD to your doctor, lawyer, and anyone else who may be associated with your medical care.

Do I need a lawyer to write an advance medical directive (AMD)? You do not have to have a lawyer to prepare an AMD; it can be written by you personally. Consulting a lawyer may be helpful in some instances.

What type of instructions should I include in my advance medical directive (AMD)? The information you choose to include in your AMD can be as general or specific as you wish. Whichever AMD you choose, whatever language you choose, make sure that you express your personal wishes for your medical care in the future. You may want to specifically address your wishes in regard to life sustaining or life prolonging procedures, extraordinary measures, and nutritional concerns. You can list equipment by name such as a ventilator, procedures by name such as cardiopulmonary resuscitation, or even address the issue of nutrition by listing whether or not you would want tube feedings and intravenous fluids withheld.

Do I need both a Living Will and Durable Power of Attorney (POA) for Health Care? No, both documents are not necessary. Some individuals choose to use both documents so they can cover every health care decision that may need to be made in the future. If you have both of these AMD's, be sure to attach them to one another and file them together.

What if I change my mind about any decision I made in regard to my advance medical directive in the future? Advance medical directives (AMD's) can be revoked at any time. If you want to create a new one, you can do so any time. Remember to destroy your old directive so there will be no confusion in regard to your wishes.

Do I have to appoint a relative to be my representative for a Durable POA for Health Care? It is not necessary to choose a relative to be your representative when creating a Durable POA for Health Care. Some individuals do choose their spouse, parent, or other family member as a representative. Whoever you choose as your representative, however, should understand your values, your way of thinking, your decisions, and your wishes.

What if I want to be an organ donor, but don't want any of the extreme life sustaining measure taken in the event of illness or accident? It is best to state your wish to be an organ donor and your desire to have that wish honored. It is recommended you further explain that your wish is to include whatever treatments or procedures are necessary to fulfill your donation request. In the even of organ donation, you will need to be placed on a ventilator briefly, not as a life prolonging measure, but as an organ maintaining measure.

What if my family and doctor do not support the decisions outlined in my AMD? Neither your family nor doctor has the ability to overrule your decisions outlined in your AMD. Your physician has the ability to transfer your case to another physician if he or she cannot comply with your wishes.

Will my advance medical directive (AMD) be honored in every state? The laws honoring AMD's from other states are unclear. If you move or spend a great deal of time in another state, you may wish to consider having your AMD meet the laws of both states. If not, you would be wise to have a separate AMD for each state.

If you have questions concerning organ donation, contact Maryland's State Anatomy Board at 1-800-879-2728 in State toll free.

SAMPLE OF A VERY SPECIFIC MEDICAL DIRECIVE (See below for purchasing)

Situation A:

If I am in a coma or a persistent vegetative state and, in the opinion of my physician and two consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my goals and specific wishes - if medically reasonable - for this and any additional illness would be:

- Prolong Life; Treat Everything
- Attempt to Cure, but Reevaluate Often
- Limit to Less Invasive and less burdensome interventions
- Provide Comfort Care only
- Other (please specify)

Please check appropriate boxes:		I Want	I Want Treatment Tried. If No Clear Improvement, Stop	I Am Undecided	I Do Not Want
1.	Cardiopulmonary resuscitation (chest compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying)		Not Applicable		
2.	Major Surgery (for example, removing the gallbladder or part of the colon)		Not Applicable		
3.	Mechanical Breathing (respiration by machine, through a tube in the throat)				
4.	Dialysis (cleaning the blood by machine or by fluid passed through the belly)				
5.	Blood Transfusions or blood products		Not Applicable		
6.	Artificial nutrition and hydration (given through a tube in a vein or in the stomach)				
7.	Simple diagnostic tests (for example, blood tests or x-rays)		Not Applicable		
8.	Antibiotics (Drugs used to fight infection)		Not Applicable		
9.	Pain medications, even if they dull consciousness and indirectly shorten my life		Not Applicable		

This is a sample form of how you might wish to be quite explicit with your medical directive. You may purchase this form which includes four specific situations (example Situation A above) from The Medical Directive, 1037 Michigan Avenue, Evanston IL 60202 --four copies for \$15--or a single copy on line for \$15 at <www.medicaldirective.org>.

ADVANCE DIRECTIVES

Personal Choices for Your Healthcare

We each have the right and responsibility to make healthcare decisions for ourselves. There may be a time, whether from accident or illness, when you are no longer able to make important and necessary medical decisions. This is an opportunity for you to express your wishes and direct your healthcare decisions in advance -before they may be needed.

Adults (ages 18 or older) who are mentally competent have the right to make healthcare decisions in advance. Advance directives state your choices for medical treatment, especially in regard to life-sustaining procedures. You can also use advance directives to name a healthcare agent, who is any person you choose, to make your healthcare decisions if you are unable to do so. *Advance directives only apply if you are unable to make personal medical decisions, unless you indicate you want your healthcare agents' authority to begin when the document is signed. (Appointment of the Healthcare Agent -page 2.)* You cannot be refused medical care because you do not have advance directives.

Any time you have a healthcare need; your doctor should discuss your situation with you and obtain your consent before giving you care. Patients have the right to refuse treatment or to choose among different kinds of treatment. Patients may further leave the hospital or seek treatment and opinions from other healthcare providers. Making a responsible choice does not always mean you accept your doctor's advice, but it does mean you understand the consequences of your choice. This right to decide -to say "yes" or "no" to treatment - includes consenting to, or refusing treatments needed to sustain life.

Maryland law recognizes two ways of making healthcare decisions for the future, including decisions about treatments used to sustain life. These two ways are:

- **Written Advance Directives**
- or
- **Oral Advance Directives**

Although written advance directives are not required, we encourage you to take steps now to direct any future healthcare decisions so they will reflect your wishes.

Written Advance Directives

For your convenience, we have included forms for creating written advance directives. You do not need a lawyer's assistance to execute these forms effectively, but if there is anything that you do not understand, you should ask your doctor, social worker, or lawyer for an explanation. You should also talk to your healthcare provider about the medical issues. **Let those who will be caring for you know what you have decided, along with your healthcare agent, family or others close to you. You can revise these forms at any time, orally or in writing.**

Written advance directives have two parts in this publication and you may complete one or all of the forms included. **Remember, these written directives are provided to enable you to express your healthcare choices. An optional organ donation question has been included and may be completed to reflect your choices.**

Appointment of a Healthcare Agent - Part A (pages 1-2)

This part of your written advance directives is a legal document that allows you to name someone you know and trust as your agent to make healthcare decisions. Your agent must be 18 years of age or older.

You decide how much power your agent has and when the agent can exercise that power. If you want, you can give your agent broad power to make any decision about treatment that you would make.

In addition to giving your agent power to make decisions on your behalf, you also can use the Appointment of Healthcare Agent document to indicate what you want done in some situations. No one can predict every decision that might have to be made, but your written guidance about your wishes can help your agent. Choose your healthcare agent carefully, and make sure he or she knows what you want. Your agent can then follow your wishes, even if your friends or family disagree.

Your agent cannot be an owner, operator, or employee of the healthcare facility in which you are being treated unless he or she is also a close relative.

On the form, you must indicate when you want the Appointment of Healthcare Agent document to become effective. It may become effective either immediately when you sign it, or when two physicians, including your attending physician, certify that you lack the capacity and understanding to make meaningful healthcare decisions.

Healthcare Instructions - Part B (pages 3-4)

This part of your written advance directives asks you to state what kind of care you want to receive if you are suffering from a terminal, persistent vegetative state, or an end-stage condition and are unable to communicate your wishes.

These conditions are described below:

- A **terminal condition** is an incurable condition caused by injury, disease, or illness which makes death imminent. Even if life-sustaining procedures are used when an individual is close to death, there is no reasonable expectation of recovery.
- A **persistent vegetative state** is a condition in which a person is permanently unconscious, unaware of his or her environment, and is unable to interact with others. There is no reasonable expectation of recovery. A persistent vegetative state is not the same as a temporary coma.
- An **end-stage condition** is a progressive condition caused by injury, disease or illness in which a person suffers severe and permanent deterioration which can be accompanied by incompetency and complete physical dependency. To a reasonable degree of medical certainty, treatment of this irreversible condition would be medically ineffective.

Written Healthcare Instructions allow you to say whether or not you want to receive life-sustaining treatment in each of these circumstances. A life-sustaining procedure is defined as any medical procedure, treatment or intervention that uses mechanical or other artificial means to sustain, restore or replace a spontaneous vital function. You may also indicate whether or not you would want to receive artificially administered sustenance (nutrition and hydration given through an IV or feeding tube).

In order for your Healthcare Instructions and Appointment of Healthcare Agent to be effective in Maryland, both documents must be:

- voluntarily executed and made in writing;
- dated;
- signed by you (If you are unable to sign, you may ask someone to sign for you in your presence.); and
- witnessed by two adults, 18 or older, one of whom will not financially benefit from your death. Your appointed healthcare agent **cannot** serve as a witness.

Under the law, it is your responsibility to notify the attending physician of the existence of the documents. Your Advance Directives may be revised or revoked at any time while you have the capacity to make healthcare decisions by a written or oral statement, or by destroying or damaging the documents in a manner indicating an intention to revoke it. **You should give your original document to your healthcare agent, and prepare enough copies to give to your alternate health care agent, your attending physician or other healthcare provider, and the hospital to place on your medical record.**

If you have read this brochure and have questions, please talk with your:

- *Doctor or Nurse*
- *Social Worker*
- *Chaplain*
- *Personal Lawyer*

Patient Label

ADVANCE DIRECTIVES
PART A
APPOINTMENT OF HEALTHCARE AGENT
(optional form)

APPOINTMENT OF
HEALTHCARE AGENT

INSTRUCTIONS

*If you decide to appoint a healthcare agent, complete Part A (p. 1-2) and cross through any items in the form that you do not want to apply. **Cross through this whole form if you do not want to appoint a healthcare agent to make healthcare decisions for you.***

PRINT YOUR NAME
ADDRESS,
AND BIRTHDATE

1. I, _____, residing at _____

_____ And born on _____

appoint the following individual as my agent to make healthcare decisions for me:

PRINT THE NAME,
ADDRESS, AND
TELEPHONE NUMBER
OF YOUR HEALTHCARE
AGENT

(At least 18 years old)

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF AGENT

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

PRINT THE NAME,
ADDRESS, AND
TELEPHONE NUMBER
OF YOUR ALTERNATE
HEALTHCARE AGENT

(At least 18 years old)

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF AGENT

- 2. My agent has full power and authority to make healthcare decisions on my behalf, including the power to:
 - A. Request, receive and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and to consent to the disclosure of this information;
 - B. Employ and discharge my healthcare providers;
 - C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home or other medical-care facility; and
 - D. Consent to the provision, withholding, or withdrawal of healthcare, including, in appropriate circumstances, life-sustaining procedures.

Continued...

**Frederick Memorial Healthcare System
ADVANCE DIRECTIVES**

Patient Label

HEALTHCARE INSTRUCTIONS *(continued)*

HEALTHCARE INSTRUCTIONS

ADD MODIFICATIONS TO APPLY DURING PREGNANCY (OPTIONAL)

ADD FURTHER PERSONAL INSTRUCTIONS (IF ANY)

ORGAN DONATION (OPTIONAL)

SIGN AND DATE THE DOCUMENT HERE

WITNESSING PROCEDURE

SIGNATURES AND ADDRESSES OF TWO WITNESSES (At least 18 years old)

4. If I am pregnant, my decisions concerning life-sustaining procedures shall be modified as follows:

5. I further direct *(in the following space, indicate any other instructions regarding receipt or non-receipt of any healthcare)*:

6. I provide the following instructions regarding donation of my organs and tissues for transplant, medical study or education. If I choose to be a donor, I want artificial heart/lung support devices continued only until such time as organ suitability is confirmed and organ recovery has taken place *(initial one)*:

_____ I want to donate all of my organs and tissues.

_____ I do not wish to donate any of my organs and tissues.

_____ I wish to donate only these organs and tissues:

_____ Other wishes or instructions: _____

By signing below, I indicate that I am emotionally and mentally competent to write these healthcare instructions and that I understand the purpose and effect of this document.

_____ SIGNATURE OF DECLARANT _____ DATE

The declarant signed or acknowledged signing this appointment of a healthcare agent in my presence and, based upon my personal observation, appears to be a competent individual. *At least one of us is not knowingly entitled to any portion of the estate of the declarant or knowingly entitled to any financial benefit by reason of the death of the declarant. Neither of us is the healthcare agent, or alternate agent, for the declarant.*

_____ WITNESS _____ WITNESS

SIGNATURES AND ADDRESSES OF TWO WITNESSES

Organ & Tissue Donation – Heroes for Life!

HEROES – ORGAN AND TISSUE DONORS – COME IN ALL SHAPES, SIZES, AGES AND RACES

While the Maryland Donor Hotline is responsible for determining donor suitability on a case-by-case basis in our region, generally anyone has the potential for becoming an organ/tissue donor.

What organs and tissues can be donated?

The heart, lungs, liver, pancreas, kidneys and intestines as well as tissues: skin, bone, veins, heart valves, corneas and eyes.

How do I register to become an organ and tissue donor?

There is no registry of organ and tissue donors. You can designate yourself as a donor in any of the following ways:

1. sign and carry a **donor card** such as the one below or
2. indicate YES to organ donation on your Maryland driver’s license or
3. indicate YES to organ donation on your written healthcare instructions in your advance directives.

Who receives donated organs and how is that determined?

Organs are distributed to patients through a regional and national computer registry based solely on medical need, the best medical match and time spend on the waiting list.

Will my family be financially responsible for my organ and tissue donation?

Your family and/or estate will not be charged for any procedures associated with the organ/tissue donation. That also includes any testing necessary to determine organ suitability.

Is organ and tissue donation against my religion?

All major organized religions support organ and tissue donation to save lives. If you have any questions, we encourage you to talk with your clergy or our hospital chaplain.

How can I find out more information about organ and tissue donation?

For more information, please call the **Transplant Resource Center of Maryland** (TRC) who provided this information together with FMH. TRC can be contacted at **1-800-641-HERO** (4376).

“It still amazes me to think that my life was changed by a complete stranger who gave me the most precious gift of all, the gift of life, by being an organ donor.”

... from a transplant recipient

An Advance Directives workbook is available with information to make more detailed choices and statements reflecting your beliefs, values and faith. To request a copy, please contact either FMH Social Services at 240-566-3547 or Pastoral Services at 240-566-3607 and request a copy of “Advance Directives ... Preparing Today for the Uncertainties of Tomorrow.

Frederick Memorial Healthcare System
ADVANCE DIRECTIVES

Patient Label

ADVANCE DIRECTIVES - PART B
HEALTHCARE INSTRUCTIONS
(optional form)

HEALTHCARE INSTRUCTIONS

PRINT YOUR NAME AND BIRTHDATE

FOR EACH QUESTION, INITIAL THE OPTION THAT REFLECTS YOUR WISHES

TERMINAL CONDITION

PERSISTENT VEGETATIVE STATE

END-STAGE CONDITION

Name _____ Birthdate _____

Complete this form to create written healthcare instructions (p. 3&4). **Initial those statements you want to be included in the document and cross through those statements that do not apply.** Cross through this whole form if you do not want to give healthcare instructions.

If I am incapable of making an informed decision regarding my healthcare, I direct my healthcare providers to follow my instructions as stated below.

1. If I am close to death due to injury, disease or illness, and my doctors believe there is no reasonable hope of recovery, even with life-sustaining procedures, I direct that my life (*initial one*):

- _____ Not be extended by any medical treatment except comfort care and medication to alleviate pain, even if the pain medication would shorten my remaining life.
- _____ Not be extended by any life-sustaining procedures (such as tube feeding, ventilators and CPR).
- _____ Not be extended by life-sustaining, except that if I cannot take food or liquids by mouth, I wish to be tube-fed.
- _____ Be extended by all available medical means in accordance with accepted healthcare standards.

2. If I am permanently unconscious and my doctors believe that there is no reasonable hope of recovery, I direct that my life (*initial one*):

- _____ Not be extended by any medical treatment except comfort care and medication to alleviate pain, even if the pain medication would shorten my remaining life.
- _____ Not be extended by any life-sustaining procedures (such as tube feeding, ventilators and CPR).
- _____ Not be extended by life-sustaining, except that if I cannot take food or liquids by mouth, I wish to be tube-fed.
- _____ Be extended by all available medical means in accordance with accepted healthcare standards.

3. If I have become so sick or seriously injured from a progressive condition that I am unable to make medical decisions and I am completely dependent on others with no reasonable hope of recovery, I direct that my life (*initial one*):

- _____ Not be extended by any medical treatment except comfort care and medication to alleviate pain, even if the pain medication would shorten my remaining life.
- _____ Not be extended by any life-sustaining procedures (such as tube feeding, ventilators and CPR).
- _____ Not be extended by life-sustaining, except that if I cannot take food or liquids by mouth, I wish to be tube-fed.
- _____ Be extended by all available medical means in accordance with accepted healthcare standards.

Continued...

Funeral Directive for Disposal of my Remains

I, _____, of _____ Maryland, being of sound and disposing mind and memory do hereby designate _____ of _____, as the person who shall make arrangements for my burial or the disposition of my remains upon my death.

This written designation is made pursuant to Maryland Code. IN WITNESS WHEREOF, I have hereunto set my hand and seal to this designation on this _____ day of _____ 20____.

_____ (SEAL)

STATE OF MARYLAND

_____ of _____, to-wit: Subscribed, sworn to and acknowledged before me by _____ on this _____, day of _____ 20____.

_____ My commission expires: _____
Notary Public

ACCEPTANCE OF DESIGNATION BY

I, _____ of _____, do hereby accept the designation by _____ to be the individual who shall make arrangements for the burial or the disposition of the remains of _____ upon his/her death, pursuant to Maryland Code. IN WITNESS WHEREOF, I have set my hand and seal to this written acceptance on this _____ day of _____, 20____.

_____ (SEAL)

STATE OF MARYLAND

_____ of _____, to-wit: Subscribed, sworn to and acknowledged before me by _____ on this _____, day of _____ 20____.

_____ My commission expires: _____
Notary Public

SECTION TWO: For the Friends Meeting Responsibilities of the Meeting

At the Time of Death

Members of the Meeting should strive to provide spiritual support and practical help to the family of the deceased in a spirit of tenderness, simplicity and efficiency. Ministry and Counsel will inform the Meeting Clerk who will inform the Meeting. The Clerk will write or invite a close Friend to write a memorial minute for the Monthly Meeting and see that copies are sent to the Clerk of Baltimore Yearly Meeting and appropriate Friends' publications. Notification on behalf of the Meeting will be sent to the bereaved family if memorial gifts are received.

A Ministry and Counsel member will review the "Wishes for My End of Life" form to see how the Meeting can be of assistance to the family. If this information is not on file with the Meeting, the Clerk or Recorder of the Meeting, close friends should call on the family (or telephone if necessary) to obtain pertinent information and to offer whatever help may be needed or requested.

Ministry and Counsel Committee members or Friends delegated by them should offer to help with the final arrangements. Several options are open: a Friends memorial meeting, a mortuary service, a private service, or no service. If a Friends memorial meeting is requested, the committee will help the family select the date and place, the person to open and close the meeting, the person to read a memorial (if wished) and the ushers or greeters. These helping Friends should coordinate refreshments to be served after the memorial meeting. Pamphlets about memorial meetings should be made available for those attending, and an usher/greeter should remain at the door throughout the memorial meeting to assist late-comers.

Meeting for Worship on the Occasion of a Memorial Meeting

from Philadelphia Yearly Meeting

It has been the accepted practice of this meeting to arrange for a Memorial Meeting for Worship at our Meeting House in the event of the death of a member. This is a simple, dignified service in which we rejoice together in remembering the life of our Friend, and in which we make manifest our abiding love and sympathy to friends who survive....Gathering together in silence, all present are invited to enter into the community of prayer, bearing in mind those who have felt the loss most keenly.

The silence may be broken by vocal prayer or other helpful words and messages, some of which may testify to the qualities the deceased displayed in life.

Although it is not easy to know when it is appropriate to share a message... experience has shown that silence between messages is important as it allows time for deepening. Brief and simple messages serve well, allowing time for others to dwell on their meaning and possibly to build on them. The Meeting closes after about an hour when two Friends, by prior arrangement, clasp hands, signaling others to greet their neighbors likewise.

Continuing Help for the Family

Friends should continue to show their concern long after the funeral and burial have been completed. In addition to continuing need for help with child care, errands, etc., the survivor(s) will appreciate the offer of a sympathetic ear or pleasant outing. Ordinary things like shopping, cooking, child care and minor chores can suddenly become overwhelming. This is a time when thoughtful friends can rally in a coordinated way; done skillfully, in the right context, this is a comforting and heart-warming experience. Be creative. Consider the following:

- Telephone: arrange for a group of friends to answer telephone calls and take messages
- Children: arrange for close, loving friends to provide care and interesting projects.
- Food: make casseroles, cookies, bread, etc. that can go into the freezer until needed.
- Household tasks: do laundry, cleaning, care of pets, watering plants.
- If the survivor is alone and would like someone to stay with her/him for a few days, contact an acceptable close friend who would appreciate this opportunity to help.

The sections on Grief and Grieving, and the bibliography in this booklet are additional resources for ways to be of help.

SECTION THREE: For my Survivors

During what appears to be my final illness:

If possible I would prefer not to be hospitalized. Hospice can help provide care at home, if appropriate, for my condition. Please discuss Hospice care with my physician if I have not done so already.

When death seems imminent:

- I have executed an Advance Medical Directive.
- The original of this document is located ...
- My physician has a copy. My physician is ...
- My agent to make health care decisions is ...
- I have signed a Uniform donor Card. Location ...
- I have executed a durable Power of Attorney. Location...
- I have made a will. Location of will (original)...
- Date of last executed will...
- My wishes for the disposal of my body, organ donations and funeral arrangements:
- Name and address of attorney:
- Name and address of executor:

When death occurs:

1. Request at least 10 certified copies of the death certificate. Insurance companies, brokers, banks, other financial institutions, and social security will all want certified copies, not photocopies.
2. Notify the clerk of FMM or the Clerk of Ministry and Counsel Committee. For a reliable response, contact one of the following: ...
3. A list of other Friends, relatives and friends to contact is given later in this section.

Personal Information for Use in the Event of my Death

Full Legal Name: _____ Social Security Number _____

Birthplace: _____ / ____ / ____
Date of Birth

Citizenship: _____

Current Address: _____

Parents

Father's Full Name: _____

Father's Birthplace: _____

Mother's Maiden Name: _____

Mother's Birthplace: _____

Education

Name: _____ Graduate Yr/Degree _____

Address: _____ Tel# _____

Name: _____ Graduate Yr/Degree _____

Address: _____ Tel# _____

Service

Year(s)

Military: _____

Other Service: _____

Offices Held: _____

Occupation

Current Title: _____ Field _____

Employer: _____ Tel# _____

Please Note: This form is for your own personal use and should be stored where it may be found upon your death. Copies should be provided to the executor of your Will and any other persons who may be called upon to handle your personal affairs upon your death.

Personal Information (cont...)

Clubs and Professional Associations

Tel#

Name: _____	_____
Address: _____	_____
Name: _____	_____
Address: _____	_____
Name: _____	_____
Address: _____	_____
Name: _____	_____
Address: _____	_____

Affiliations

Tel#

Religious Affiliation: _____	_____
Contact: _____	_____
Other: _____	_____
Contact: _____	_____
Other: _____	_____
Contact: _____	_____

Special Achievements and Recognitions

Year(s)

Special Achievements: _____	_____
_____	_____
_____	_____
_____	_____
Recognitions: _____	_____
_____	_____
_____	_____
_____	_____

Memorial Contributions and Other Obituary Wishes

\$Amount

Make Contributions to: _____	_____
_____	_____
_____	_____
_____	_____
Other Wishes: _____	_____
_____	_____
_____	_____
_____	_____

Personal Information for Use in the Event of my Death

Location(s) of Important Documents

Will: _____

Birth Certificate: _____

Marriage Certificate: _____

Tax Records: _____

Deeds/Titles: _____

Safety Deposit Box / Safe

Location: _____ Box#: _____

Address: _____ Tel#: _____

Key Location: _____ Code: _____

List of Contents: _____ as of: ____ / ____ / ____
Date

Real Estate

Address: _____ Bk/Platt# _____

Mortgage Holder: _____ Acct# _____

Address: _____ Bk/Platt# _____

Mortgage Holder: _____ Acct# _____

Automobiles

Registration#

Year	Make	Model	Registration#
	Co-Owner: _____		Tel#: _____
Year	Make	Model	Registration#
	Co-Owner: _____		Tel#: _____

Please Note: This form is for your own personal use and should be stored where it may be found upon your death. Copies should be provided to the executor of your Will and any other persons who may be called upon to handle your personal affairs upon your death.

Personal Information (cont...)

Securities

Account#

Bank Account(s): _____

Investment Account(s): _____

Retirement Account(s): _____

Insurance Policies

Policy#

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Type: _____ Company: _____

Agent: _____ Tel. _____

Credit Accounts

Account#

Credit Card Issuer: _____

Automatic Fund Withdrawals

_____ From Account# Recipient: _____ \$ Amt. _____

Address: _____ Tel#: _____

_____ From Account# Recipient: _____ \$ Amt. _____

Address: _____ Tel#: _____

_____ From Account# Recipient: _____ \$ Amt. _____

Address: _____ Tel#: _____

Automatic Fund Deposits

_____ From Account# ~~Account#~~ { : _____ \$ Amt. _____

Address: _____ Tel#: _____

_____ From Account# ~~Account#~~ { : _____ \$ Amt. _____

Address: _____ Tel#: _____

Financial Debts I Owe

Owed To: _____ \$ Amt. _____

Address: _____ Tel#: _____

Owed To: _____ \$ Amt. _____

Address: _____ Tel#: _____

Financial Debts Owed to Me

Owed By: _____ \$ Amt. _____

Address: _____ Tel#: _____

Owed By: _____ \$ Amt. _____

Address: _____ Tel#: _____

Personal Information (cont...)

Services to Terminate

Tel#

Electric:	_____	_____
Water/Sewer:	_____	_____
Gas/Oil:	_____	_____
Telephone/DSL:	_____	_____
Wireless:	_____	_____
Satellite:	_____	_____
Cable:	_____	_____
Post Office:	_____	_____
OTHER:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Subscriptions to Terminate

Tel#

Newspaper(s):	_____	_____
	_____	_____
Magazine(s):	_____	_____
	_____	_____
OTHER:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Notify the Following Contacts within a Week or so of my Death

Tel#

Primary Physician:	_____	_____
Attorney:	_____	_____
Accountant:	_____	_____
Executor:	_____	_____
Address:	_____	

Landlord:	_____	_____
OTHERS:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Family Responsibilities for Concluding Business Affairs

Notify:

- The person's lawyer or Power of Attorney
- Life insurance and other insurance companies. File claims.
- Bankers, to remove the name of the deceased from joint accounts.
- Credit card firms. Destroy cards.
- Automatic withdrawal firms.
- Tax preparer/accountant

Apply for Appropriate Benefits:

- Social Security and Veterans' Administration
- Medicare will pay a portion of hospital bills of the deceased, if eligible. Supplemental insurance may pay the remainder.
- Pension or death benefits from former employer may be available.
- Workman's Compensation through the employer of the deceased may be sought.
- Collect papers necessary to finalize the affairs of the deceased. The safety deposit box will be sealed.

Other:

- Obtain ten or more certified copies of the Death Certificate to send to Social Security, banks, retirement organizations, insurance companies, etc.
- Pay mortician bills.

Comments About Grief and Grieving

Each person reacts to loss in an individual way. There is no normal time span for grief or mourning. Recognizing and accepting the emotions which arise during grieving can be part of healing. The reading list on the following pages contains several books on working through grief. The following is an excerpt from some of a Hospice's literature.

Growth through Grief “To grieve alone is to suffer most.”

- Most grief-stricken people discover that it helps to have at least one person hear their pain. Even though no listener can eliminate the need for grief and mourning, survivors can better move toward reconciliation of their pain when they feel understood.
- Hospice provides empathetic, sensitive, bereavement care for families and friends during their time of grief. This can encourage them to gradually reinvest themselves in life again. Bereavement care is offered at no charge whether or not you have been involved with Hospice before the death or loss.

Grief is...

- A natural reaction to any kind of loss.
- Emotional, physical, mental and spiritual.
- Expected when we lose attachments in our lives.
- Necessary, natural and normal.
- Not measured in time.
- Very unique for each individual.

Needs Related to Grief Are...

- ACCEPT YOUR GRIEF: see your loss as real and accept it as a part of life.
- REFLECT ON YOUR GRIEF: do not let people tell you to put your grief out of your mind—you cannot.
- EXPRESS YOUR GRIEF: sadness, anger, fear, and confusion are normal, healthy responses when you lose someone you love.
- SHARE YOUR GRIEF: you need to talk about your loss and receive support from others.

Most People Who Suffer a Loss Sometimes...

- Feel calm one minute and in panic and turmoil the next.
- Develop physical symptoms of chest pains, digestive problems, difficulty breathing, etc.
- Sense the loved one's presence, believe they see the person, hear the voice and expect them to come back.
- Feel very angry with their loved one for leaving them, disappointing them, and for dying.
- Feel guilty over what they said or didn't say or do during their relationship with the person.
- Cry at unexpected times and have difficulty stopping.
- Feel helpless, empty, irritable and/or tired much of the time.
- Feel as if they are going crazy.
- Need to repeatedly tell about the life and death of the loved one.

Children's Grief

1. Children need to be repeatedly reassured that their physical needs (place to eat and sleep) and emotional needs (love) will be met.
2. Children need to be allowed to talk and cry.
3. The circumstances of the death may need to be explained.
4. In discussing death with a child, do NOT use the word "SLEEP."
5. Allow the child to have pictures of lost loved ones and other family members.
6. A child's favorite bear, blanket, etc., should be allowed and encouraged.
7. Children should be allowed to talk about lost loved ones when they are ready. Also adults in the family should be encouraged to talk about them in the presence of the children.
8. Daily tasks and schedules are important to children who are grieving. They tend to feel safer when their routine is maintained as much as possible.
9. Refrain from making any unnecessary changes in the child's life.
10. Children who have experienced loss through death often fear for the lives of other family members; these children may also fear for their own lives.
11. It is important for children to attend funerals. If a child is unable to attend the initial service, a small private service should be held later in order for the child to experience the closure that a funeral or memorial brings.
12. Children need to be told repeatedly that the death is not their fault. (e.g. "Mommy and daddy died in a bad accident—it was not anyone's fault.")
13. Let children know that they can still write letters and draw pictures for their lost loved ones.

A Reading List of Related Materials

This is only a small listing from a large amount of literature dealing with death and dying. Your local library, Quaker bookstores, and the helpful organizations listed in the Appendix can help you locate additional sources. Maury River Friends Meeting library has additional readings in the "Planning Ahead Vertical File."

Philosophy: The Meaning of Death

Afterlife by Morton T. Kelsey. The other side of dying.

Awareness of Death: Preparation for Living by Donald P. Irish, Rufus Jones Lecture, 1976, Religious Education committee, Friends General Conference.

Death: The Final Stage of Growth by Elizabeth Kubler-Ross, Prentice Hall 1975, Touchstone Books, 1986.

I Heard the Owl Call My Name by Margaret Craven, Dell Publishing, 1973. A sensitive story of Native Americans in Canada and a young Anglo-Saxon vicar; death as part of the life cycle.

Life after Life by Raymond Mood, Jr. Near-death experiences; the case for life after death.

A Matter of Personal Survival, Life after Death by Michail Marsh (member of Friends Meeting in Washington, D.C.)

Tuesdays with Morrie by Mitch Albom. Story of the dying of a man who decided to make his dying public to help alleviate others' fears of death.

Who dies? By Stephen Levine. An investigation of conscious living and conscious dying.

The Woman Said Yes by Jessamyn West. The choice of death; author's personal experience with her sister's choosing "death with dignity."

Death and Dying

The Bereaved Parent by Harriet Sarnoff Schiff, Crown Publishers, 1977. Thorough manual for grieving parent(s).

Endings and Beginnings by Sandra Howard Albertson, Ballantine Books 1980. A young Quaker family's experience with death and renewal.

A Friends Memorial Meeting, Philadelphia Yearly Meeting. Description of the religious basis of a Quaker memorial meeting. Good handout for those not familiar with Friends' funerals.

Gentle Closings: How to Say Goodbye to Someone You Love by Ted Menton, Running Press, 1991.

The Grace in Dying: How We are Transformed Spiritually As We Die by Kathleen Dowling Singh, Harper, San Francisco, 1998.

Guests of My Life by Elizabeth Watson, Celo Press 1986. Watson shares the solace she received from the prose and poetry of five authors at the time of the accidental death of her daughter.

Healing Grief by Amy Hillyard Jensen

The Hospice Movement—A Better Way of Caring for the Dying by Sandol Stoddard.

Lessons from the Dying by Rodney Smith, Wisdom Publications, 1998.

Life Is Goodbye, Life Is Hello by Alla Bozarth-Campbell. Grieving well through all kinds of losses.

A Manual of Death Education and Simple Burial: Dealing Creatively with Death by Earnest Morgan, Celo Press 1990.

My Walk through Grief by Janette Klopfenstein. Death of a young husband.

On Death and Dying by Elizabeth Kubler-Ross. "If you read only one book, make it this one."

A Quaker Look at Living with Death and Dying by Phyllis Taylor. The author uses her own experiences in working with the bereaved and terminally ill as a basis for suggestions for meetings and individuals as they minister to those who are dealing with death. Chapter on AIDS.

Questions and Answers on Death and Dying by Elizabeth Kubler-Ross.

Children

About Dying: An Open Family Book for Parents and Children Together by Sara Bonnett Stein. Sensitive portrayal of the deaths of a bird and a grandfather.

Blackberries in the Dark by Mavis Jukes. Austin refuses to do any more fishing after grandpa's death until...

Everett Anderson's Goodbye by Lucille Clifton. A touching portrait of a little boy who is trying to come to grips with his father's death.

Missing May by Cynthia Rylant. Sensitive story of a grandmother's death and of the grandfather's and granddaughter's symbolic actions to move towards accepting that death.

Mrs. Huggins and Her Hen Hannah by Lydia Dabcovinch. The basic cycle of nature.

My Daddy Died by Roberta Anderson. When someone you love dies and you need to tell a child.

Saying Goodbye to Daddy by Judith Vigna. Frightened, lonely, angry after her father's death...Help came from mother and grandfather.

Waiting for the Whales by Sheryl McCarlane. Grandfather is dead, but his beloved whales return.

Pendle Hill Pamphlets

Dear Gift of Life by Bradford Smith, #142. The journal and poetry of this faithful Friend in the months before his death from cancer.

Facing and Fulfilling the Later Years by Elsie M. Andrews, forward by Anna Cox Brinton. #157

The Valley of the Shadow by Carol Murphy #184. Looks at the ultimate problem of death and what we, the living, make of it.

On Hallowing One's Diminishment by John Yungblut #292. A sensitive discussion of the many forms of diminishment we experience in life.

Without Nightfall upon the Spirit by Mary Morrison #311. A candid octogenarian writes poignantly of the challenges and opportunities of aging. Her witty, honest vignettes touch the heart and challenge its courage.

A Song of Death, Our Spiritual Birth, A Quaker Way of Dying by Lucy Screechfield McIver #340. Traces the journey from life to death with many citations from Quaker literature.

In Beauty, A Quaker Approach to End-of-Life Care by Kirsten Backstrom #355. Hospice worker writes of experiences with the dying.

Survivor's Guide

What Helped Me When My Loved One Died by Earl Grollman. Personal stories of those who have mourned.

How to Survive the Loss of a Love by Melba Colgrove, Bloomfield and McWilliams.

Quaker Bookstore

Baltimore Yearly Meeting
17100 Quaker Lane
Sandy Spring, MD 20860

Friends General Conference
1216 Arch Street, 2-B
Philadelphia, PA 19107
(800) 966-4556

Pendle Hill Bookstore
338 Plush Mill Road
Wallingford PA 19086
(800) 742-3150

Quaker Hill Bookstore
101 Quaker Hill Drive
Richmond, IN 47374

ACKNOWLEDGEMENTS

Frederick Monthly Meeting extends its thanks to the Care and Counsel Committee of Maury River Friends Meeting for the "Planning Ahead" booklet prepared first by Honolulu Friends Meeting and expanded by Charlottesville (VA) Friends Meeting upon which this present booklet is based.

Committee members: Sarah Alley, Mary Barnes, Flossie Cook, Peggy Dyson-Cobb, Suzanne Friedrichs, Mel Leasure, Carol Moragas, Donna Sheffield and Ruth Woodcock.

Spring 2004

FMM Ministry & Counsel Committee: (members):

Virginia E. Spencer, Clerk, Richard Broadbent, Emily Caviness, MaryAnn Ford, Katherine Ruud, Nancy Smith, Ian Tasker, Greg Tobin, and Francy Williams, Meeting Clerk. 2008.

From **THE PROPHET**

by Kahlil Gibran

**For what is it to die but to
stand naked in the wind
and to melt into the sun?
And what is it to cease breathing,
but to free the breath
from its restless tides,
that it may rise and expand
and seek God unencumbered?**

**Only when you drink
from the river of silence
shall you indeed sing.
And when you have
reached the mountaintop,
then you shall begin to climb.
And when the earth
shall claim your limbs,
then shall you truly dance.**

**Yet the timeless in you is aware of life's timelessness,
And knows that yesterday is but today's
memory and tomorrow is today's dream.
And that which sings and contemplates in you
is still dwelling within the bounds of that moment
which scattered the stars into space.**