

FINAL CHOICES

A Guide for Making End-of-Life Decisions

First Unitarian Society
Madison, Wisconsin



<http://www.fusmadison.org/media/FinalChoices2011.pdf>

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Revised 2012

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Take care with the end as you do with the beginning

--Lao Tzu--

Tao Che Ting

INTRODUCTION

FINAL CHOICES, a Handbook on Funeral Arrangements, was first compiled by a Death with Dignity Committee of the First Unitarian Society in 1983. In 1997, it was revised by the FUS Final Choices Committee and renamed *Final Choices: A Guide for Making End-of-Life Decisions*. Due to changes in the law, and new options in end of life care, in 2010, the newly created FUS End of Life Task Force began the process of updating the document once again. Although the title remains the same as the 1997 handbook, the current version contains significant changes. In addition, this version of the handbook is the first to be published online at the FUS web site. Being online will not only make its contents instantly available to FUS members, but will also allow it to be more readily updated by the End of Life Task Force.

The intent of FINAL CHOICES remains as it was conceived by the original authors:

...for people who want a simple, dignified, and inexpensive final disposition of their bodies. It is also for those who believe that planning last procedures and ceremonies, expressing their wishes as explicitly as possible and leaving last instructions will spare survivors needless expense and mental anguish.

This handbook should serve as a springboard for discussions with your relatives and close friends. A frank, objective talk with a close friend or relative is a first step toward making sensible final choices. It is important to remember that you have done little to assist your survivors in making final choices if you merely read this handbook and then fail to complete and distribute the forms.

Having planned your end of life choices and the details to carry them out for your family and significant others is your final gift to them. This document will enable you to make the decisions necessary for your final gift.

IMPORTANT: This handbook is not intended to be, and is no substitute for, professional legal, financial, tax, or other advice.

FIRST UNITARIAN SOCIETY End of Life Task Force, 2012

Shirley Chosy, Carol Ferguson, Nancy Johnson, Helen Klibaner, Susan Wester

FORWARD

According to that old, familiar aphorism, a human being can be absolutely certain about only two things: death and taxes. But while most of us devote a great deal of time and attention to the latter we find it very difficult to face up to the former. Death, it seems, is far more intimidating than taxes.

This is not to say that we don't formulate opinions about death that we are quite willing to share. But a fairly comfortable conversation in the abstract becomes considerably more difficult when the nitty-gritty details of our own demise are on the table. For many individuals the inevitability of death really strikes home as they gingerly embark on the end-of-life planning process. And yet as with taxes, the details do matter and having the gumption to dig right in can be profitable in at least three respects.

First and most obviously, it spares survivors a whole lot of unnecessary and thankless guesswork. Our loved ones will be more than grateful for whatever instructions we can give them. Second, although the prospect of end-of-life planning can initially be off-putting, it often does serve to allay some of the concerns and fears we harbor about death. Because we live in a death-denying culture, preparing ourselves emotionally and spiritually for "the end" isn't easy. By taking advantage of this window of opportunity we can move gently but steadily toward acceptance. Third and from a purely practical standpoint, early decision making may lead to better and more financially sensible choices. If we dilly-dally or decline to put our affairs in order fewer options may be available, and those that remain may be more burdensome.

This comprehensive revision of *Final Choices* is designed to make it easier for us mortals to tackle the necessary and confront the inevitable. Without being prescriptive, it provides the information individuals need in order to deal pragmatically with every facet of end-of-life planning. The knowledgeable team that prepared this new edition has incorporated new information on "green burials," Unitarian Universalism's support for Death with Dignity and provided updated information on pertinent laws and regulations. It is a rare and invaluable resource they offer our community. Although funerals and memorial services are discussed in this guidebook, not much is said about the structure and content of end-of-life celebrations. For detailed information on this topic, I would refer the reader to the complementary *Planning Guide for Memorial Services* that I have written and recently revised.

The reader should also remember that until the curtain rings down for the last time, there is really nothing final about our final choices. The preparations we make today are open to revision and amendment tomorrow. The value of a guide such as this is that it challenges us periodically to reflect upon life's final chapter and imagine how we would like to see it unfold. Some consumers of this volume will utilize it in privacy, but as a catalyst for open and fruitful discussion among family members it becomes even more valuable. Our own death may be the subject under consideration, but the sentiments of sons, daughters and spouses also matter and should always be taken into account.

The Rev. Dr. Michael A. Schuler, Senior Minister, First Unitarian Society of Madison

*Because I could not stop for Death-
He kindly stopped for me-*

--Emily Dickenson--

I. PLANNING AHEAD

A. Estate Planning

Estate planning is a process that permits you to decide what should become of your property after you die. If you do not prepare an estate plan, then your assets will be transferred according to state law. This means that the entire estate will go to your spouse, if living. Otherwise, it will pass to your children. Things become complicated if you have been married more than once and have children from a prior marriage. In this case, half of your estate will go to your spouse and half will go to your children by your prior marriage(s). With an estate plan, you can decide how you would like your property divided. If you and your spouse have a large estate, then you will need to plan your estate to minimize or eliminate estate taxes. You can transfer your assets by means of either a will (which only takes effect at death) or by a living trust (which takes effect immediately).

While a living trust may be a useful estate planning document, you should be careful of those who promote living trusts with deceptive claims regarding the costs or taxes that can be saved by using such instruments. For persons who have much of their estate in joint ownership or in life insurance, retirement benefits, or IRAs, neither a will nor a living trust will make any difference to those assets since the property will pass to the surviving joint tenant or the designated beneficiary(ies).

While estate planning can be critical for those with larger estates that may have tax implications, it can also be important for persons with smaller estates who want to dispose of their assets in a way different from what the law dictates. Estate planning is also important if you wish to make charitable donations after your death. You should consult with a legal advisor as to what is most appropriate for you.

Some people minimize estate planning expenses by writing their own will. Some software and online tools are designed to help you do this, but writing your own will can still be risky unless you have a good understanding of your estate and your legal options. If you choose to write your own will, make sure you are following Wisconsin's legal requirements.

After your will is written, keep it safe from theft, fire, or other damage. For a fee of \$10, you may deposit it in the vault of the Dane County Register of Probate. You should also inform your personal representative (executor) where your will is and perhaps give him or her a copy.

For some people, estate planning includes strategies to maintain and manage wealth while they are alive. Such planning might include how to pay for long-term care if the for it arises. The

Wisconsin /Office of the Commissioner of Insurance publishes a *Guide to Long-Term Care*, available at http://oci.wi.gov/pub_list/pi-047.pdf as well as a list of other resources related to aging, available at <http://oci.wi.gov/srissues/wihelp.htm>.

The following information will be important for you to compile and share with your personal representative (executor) or trustee:

- Name, birth date, social security number, employer.
- Name of spouse, birth date, social security number, employer.
- Children's names, birth dates, addresses; or listing of closest relatives.
- Location of safety deposit box or vault at Register in Probate.
- If veteran, period of service, serial number.
- Previous will? Date, location.
- Family advisers (names and addresses): life insurance agent, investment adviser, physician, attorney, other Savings and checking accounts. List bank(s) and account numbers.
- Investments. List companies, how owned.
- Pension/profit-sharing plan.
- Real estate.
- Life insurance. List company with phone number, beneficiaries, policy number, face value.
- Personal property (cars, antiques, collections, sporting equipment, and so on.)
- Mortgage(s). List company with phone number, account number.
- Other debt.

B. Advance Directives

Advance directives are legally binding written instructions which you can prepare while alive and competent to authorize and/or direct certain actions to be taken at a time when you no longer have the mental capacity to make decisions yourself. The Patient Self Determination Act, passed by Congress in 1991, grants an individual the legal right to dictate one's health care choices in advance. This act requires that patients be informed of their rights, regarding decisions toward their own medical care, by the health care provider. Specifically, the rights ensured are those of the patient to dictate their future care (by means such as living will or power of attorney), should they become incapacitated. This legislation requires many hospitals, nursing homes, home health agencies, hospice providers, HMOs, and other health care institutions to provide information about advance health care directives to adult patients upon their admission to the health care facility. This law does not apply to individual doctors.

Furthermore, the Patient Self Determination Act requires that health care facilities must inquire as to the whether the patient already has an advance health care directive, and make note of this in their medical records. Facilities must provide education to their staff and affiliates about advance health care directives. Health care providers are not allowed to discriminately admit or treat patients based on whether or not they have an advance health care directive.

In 2010, President Obama declared that hospitals which receive Medicare and Medicaid funding must honor the choices indicated in living wills and Power of Attorney for Health Care documents. Please be advised that, rarely, the wishes expressed in these documents may be in conflict with the policies of some hospitals, particularly those with religious affiliations. These hospitals may not be able to honor your requests if they vary substantially from religious doctrine. Please check with your health care institution on this matter.

If you live outside Wisconsin part of the year, you may want to have more than one Power of Attorney or Living Will. Because state laws vary and it is not clear whether one state will recognize a document executed under the laws of another state, we recommend that you obtain the comparable document(s) for the state(s) in which you spend a significant amount of time, and distribute it (them) accordingly.

1. Durable Power of Attorney – Finances and Property

This is a written document authorizing another person, known as attorney-in-fact, to make financial decisions for you. It can authorize collecting money, paying bills, handling banking and insurance, handling taxes, managing and selling real estate, and, in general, handling any financial and/or business transactions that may come up. This Power of Attorney can either take effect upon execution of the document and remain in effect if you become incompetent, or it can be designed to take effect only upon some determination of mental incapacity. While this document is very useful, it can also be dangerous in the wrong hands. Because there is no ongoing court supervision of the actions of the attorney-in-fact, there have been numerous documented cases of abuse of these instruments. However, in the hands of a trustworthy attorney-in-fact, this document can save the time and expense of guardianship proceedings. It generally can not be used for medical decision making. A template for a Wisconsin Basic Power of Attorney for Finances and Property can be obtained from the Wisconsin Department of Health Services website: <http://dhs.wisconsin.gov/forms/advdirectives/index.htm>.

2. Durable Power of Attorney for Health Care

The Durable Power of Attorney for Health Care allows you to name someone you know and trust to act on your behalf when you can no longer speak for yourself. This person, your health care agent, must be at least 18 years of age and of sound mind. You can choose the kinds of decisions you want your health care agent to make for you. This is a document by which you can appoint a health care agent to make health care decision for you if you become incapacitated, i.e., unable to understand and/or communicate your health care needs. These decisions can be as mundane as authorizing administration of aspirin or as serious as discontinuing life-sustaining medical measures, such as respirators or tube feeding. A health care agent can also be authorized to admit you to a nursing home for long term care if you so grant it. The form which permits you to name a health care agent is titled Power of Attorney for Health Care Document. A template for a Wisconsin Power of Attorney for Health Care can be obtained from the Wisconsin Department of Health Services website: <http://dhs.wisconsin.gov/forms/advdirectives/index.htm>. Distribute copies to your chosen agent and your doctor and hospital.

3. Declaration to Physicians (Living Will)

A Declaration to Physicians, commonly known as a living will, is a document which authorizes and directs the withdrawal of life-sustaining measures if you are either in a terminal condition (i.e., death is imminent) or in a persistent vegetative state (i.e., have lost all cognitive function). In the Declaration you have the opportunity to instruct that life sustaining measures, including feeding tubes, be withheld or withdrawn so that you will die naturally. A template can be printed from <http://dhs.wisconsin.gov/forms/Advdirectives/F40060.pdf>. This is a much more limited document than the Power of Attorney for Health Care, since it deals only with life and death issues and not with routine medical care or nursing home admission.

4. Authorization for Final Disposition

One way to make your wishes known is to execute an Authorization for Final Disposition. It is a legal document that allows you to designate someone to make funeral arrangements on your behalf after you die. It also allows you to indicate your preferences for final disposition and funeral service. The Authorization for Final Disposition form is available at <http://www.dhs.wisconsin.gov/forms/advdirectives/f00086.pdf>. It is not useful to use your will to state such preferences; a will is not usually read until weeks after your final disposition and funeral.

The Advance Directive: Authorization for Final Disposition authorizes an individual who is of sound mind and at least 18 years of age to execute a written, witnessed document, termed an "authorization for final disposition" (authorization). This document may express the special directions, instructions concerning religious observances, and suggestions concerning the source of funds of the individual (declarant) for disposition of the declarant's body after death (final disposition), including arrangements for a viewing; a funeral ceremony, memorial service, graveside service, or other last rite; and burial, cremation and burial or other disposition, or donation of the declarant's body. The authorization:

- a. Must be signed voluntarily by the declarant in the presence of two witnesses or a notary public.
- b. Requires a representative and one or more named successor representatives to carry out the directions, instructions, and suggestions of the declarant unless the directions, instructions, or suggestions exceed available resources from the decedent's estate, or are unlawful, or unless there is no realistic possibility of compliance.

For more information, see: http://www.legis.state.wi.us/2007/data/lc_act/act058-ab305.pdf.

5. Pre-Need Plans/Pre-Funding Funeral Expenses

Pre-need (as opposed to at-need) funeral planning is included in the section on estate planning because planning ahead and pre-paying funeral expenses may be the most advantageous for the people you leave behind, both financially and psychologically. It has been estimated that in the 24 hours after a death, as many as 150 decisions need to be made. In a time of extreme stress, it can be difficult for grieving relatives to face the enormity of the decisions to be made, much less attempt to reflect the presumed wishes of the deceased in these decisions.

End of life care, particularly in nursing homes, can be very expensive. If you expect to use up your financial assets at the end of life and rely on government assistance, or even suspect that this will be a possibility, pre-need funeral planning will prevent your loved ones from having to pay for your funeral. If you have outlived your loved ones, a pre-need plan will prevent you from having a pauper's burial courtesy of Dane County. Once a person's assets amount to no more than \$2,000, he/she is eligible for Medical Assistance. At this point, it is too late for pre-need planning.

Pre-need funeral plans allow you to select the manner of and place for the disposition of your body ahead of time. They also allow you to set up guidelines and funding for an obituary and funeral and/or memorial service. If you will be relying on Medical Assistance for your end of life care, it is important the plan is set up correctly so that the government recognizes it as such. If it is not set up correctly, the government may judge it as a divestment of assets to relatives instead, if purchased within five years of applying for assistance. Pre-need plans require paying ahead of time too, so due diligence is required before investing any money.

There are three vehicles for pre-need plans:

- Burial insurance
- Burial trust
- Irrevocable whole life insurance for funeral planning.

Burial insurance is simply a life insurance policy whose proceeds are for the purpose of paying for a burial, funeral and related costs. This is the least structured of the three types and would not be considered as an acceptable disbursement of assets if purchased within five years of applying for Medical Assistance.

A burial trust is created by you, in conjunction with a bank or credit union and a funeral home. These can be revocable, allowing you to withdraw the funds at any time, or irrevocable. With an irrevocable burial trust, the funds on deposit must be used for the funeral arrangements and may not be withdrawn prior to death. Only an irrevocable trust is recognized by the government as acceptable, and not a disbursement of assets if set up shortly (less than five years) before requesting assistance.

An irrevocable whole life insurance for funeral planning is the most common form of pre-need planning and is arranged in conjunction with a funeral home and a life insurance company. This is also recognized by the government. It is important to choose a reputable funeral home and life insurance company. The funeral home usually works with a life insurance company that they trust and rely on.

Questions to ask when setting up a plan include: "What happens if I move out of state prior to death or if I die far away from home?" A legitimate pre-need plan allows one to transfer planning to another funeral home if necessary. Also be sure to inquire what the cancellation penalty is for revocable plans.

A funeral home cannot accept funds (and no other company should accept funds) before they have provided services and goods to you. The money goes to a life insurance company, your

bank or credit union, to be held until the time of death. Pre-planning agents calculate the amount that will be needed at the time of death so there are sufficient funds available when needed, (interest and inflation are matched).

Significant changes in the laws pertaining to pre-need sellers of cemetery merchandise went into effect in 1991. Wisconsin now requires most cemetery authorities and pre-need sellers to register with the state. Consumers must be given written copies of pre-need contracts.

6. Donation of Organs and Tissues for Transplantation

Donation of organs and other tissues for transplantation after death may provide a source of satisfaction and meaning for some individuals and their families. This option includes not only removal of organs, but also eyes and various tissues for transplantation. As organ transplant success rates have improved in recent years, the need for donor organs and tissues has increased dramatically. Thousands of people are currently on organ waiting lists. Criteria for being a donor have been significantly liberalized, and even elderly people may be eligible for certain types of donation.

If you do decide you would like to donate some or all of your organs at the time of your death, you may prepare by taking the following steps:

- a. Sign the back of your Wisconsin Drivers License, or identification card, in the presence of two witnesses. Carry your license or identification card with you at all times. Uniform Donor Cards, for persons without drivers licenses, are available at http://www.wisdonornetwork.org/available/downloads/donor_brochure.pdf.
- b. Inform your next-of-kin of your wish to donate needed organs or parts for transplantation. Explain to your family what, and possibly why you want to donate. This step is of vital importance, especially in case of accidental or sudden death, since your written instruction about organ donation may not be found in time to perform any transplants. If your closest relatives know of our wishes, they can move quickly to arrange donation you have indicated you wish to make.

This step is very important as "Once an individual, who is an emancipated minor or is over the age of 18, has made the decision to be an organ, tissue and eye donor and has enrolled in the Wisconsin Donor Registry, that individual's decision is honored. Family members cannot override that individual's decision to donate. In the event of a loved one's sudden death, it may ease the family's pain to already know the wishes of their loved one regarding donation. For this reason we recommend that you share your wishes with your family today."

- c. Register with the Wisconsin Donor registry online through www.yeswillwisconsin.com. The registry allows donation professionals to find out if a person has registered as a donor by signing in to a secure website maintained by the Wisconsin Department of Health Services.

It is important to understand that you may not be an acceptable donor for transplantation, regardless of your wishes. Depending on the circumstances of your death, the presence of certain diseases, or the amount elapsed time since death, harvesting of organs for transplantation may not be possible. Most organs cannot be removed after physiological death, so deaths that occur out-of-hospital usually preclude organ donation. In hospitals, people who are declared brain dead may be kept on life support to keep the body "alive" until the organs can be removed. Your age may also be a barrier to certain kinds of donation.

Tissue donation is less well known than organ donation but can be done even if organ donation is not feasible. Many tissues can be harvested up to 24 hours after death occurs. Transplantation of bone is the most widely performed transplant surgery done today. Reconstructive surgeries with donated bone can prevent amputation and restore mobility. Connective tissue such as ligaments and tendons are used to repair injuries and restore independence. Heart valves are transplanted, mostly into children under 10, allowing the children to "grow into" the new valve, thereby avoiding future re-replacement. Donated skin can help burns heal and provide skin for other types of surgery. Donated veins can be used in coronary and peripheral revascularization, which saves lives and limbs, reduces pain, and increases mobility. Corneas from donors help restore sight and provide tissue for eye research. A single tissue donor can potentially help 50-75 people. As with organ donation, there is no cost to families for the harvesting of the tissues.

You should realize that some options cancel out others. If you donate only your eyes for transplantation, the rest of your body may be donated to a medical school. If, however, you donate major organs (i.e., heart, lungs, kidneys, pancreas), your body is no longer useful for medical research and education.

Leave an additional statement of your wishes with your family, regarding final disposition of your body (cremation, burial) to be carried out after organ transplantation has occurred. Please know that families can still have an open-casket funeral and/or viewing if that is their wish.

7. Body Donation

Another option and worthwhile cause to consider in disposing of your body is that of donation to a medical school or scientific institution for educational purposes.

a. Medical Schools

You can perform an important service by donating your body for training of medical students. The instructions and restrictions that apply for bequeathal of a body to the two medical schools in Wisconsin are described below.

University of Wisconsin School of Medicine and Public Health:

To donate your body to the University of Wisconsin School of Medicine and Public Health, you must plan in advance, since this school will not accept a body unless prior arrangements have been made. Call or write for forms and instructions to the address listed below. Once your application form has been received and placed on file, the Anatomy Department will send you a

donor card that you should carry on your person. If you die anywhere in the state of Wisconsin, except the 15 northernmost counties, the institution will pay for the cost of transporting your body, from the place where death occurs, to the medical school. To donate your body to this school, you must be over the age of 18; there is no upper age limit. If you die in another state, your next-of-kin should arrange for your body to be donated to a medical school nearby.

If you die from certain diseases, your body will not be accepted; and autopsied bodies or bodies from which major organs have been removed for transplant cannot be used. You may revoke the donation of your body at any time by notifying the Department of Anatomy and then destroying the donation forms.

Body Donation Program
 University Services Associate 1
 Room 1290f Medical Sciences Center
 1300 University Ave.
 Madison, WI 53706-1532
 Office Phone : (608) 262-2888

Medical College of Wisconsin:

The Medical College of Wisconsin in Milwaukee prefers that you plan in advance for the donation of your body, but will accept bodies for which no prior arrangements have been made. To arrange for donation, call or write for forms and instructions at the address below. You will be sent a form to be filled out and signed by you and your next-of-kin. You will also receive a donor card which you should carry with you at all times. When death occurs, your next-of-kin should notify the Anatomical Gift Registry immediately to confirm acceptance. If the donation is accepted, arrangements must be made to transport the remains to the Medical College. The Medical College of Wisconsin accepts bodies of all ages.

Medical College of Wisconsin
 Anatomical Gift Registry
 Department of Cellular Biology, Neurobiology & Anatomy
 8701 Watertown Plank Road
 Milwaukee, WI 53226
 414-456-8261 (24 hour)

b. Other Scientific Organizations

Other scientific organizations also have body donation programs. Examples include:

<http://www.medcure.org>

<http://www.sciencecare.com>

Generally speaking, cremation costs and transportation of body and cremains are provided at no charge to the family by these institutions.

In assessing the suitability of a body donation program, choose one that is accredited by the American Association of Tissue Banks (AATB). Accredited tissue banks undergo an independent review of their standard operating procedures and an on-site inspection of their facilities and operations. AATB inspectors examine tissue banks for compliance with all aspects of the Association's Standards and policies, including record keeping, quality control, quality assurance, donor screening, testing and suitability determinations.

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*I grow old... I grow old...
I shall wear the bottoms of my trousers rolled.*

-- T. S. Eliot--

The Love Song of J. Alfred Prufrock

II. DECISIONS ABOUT THE END OF LIFE

A. Hospice

At some point in your journey near the end of life, your health care provider may bring up the possibility of hospice as a means of providing the care that you need. Hospice brings comfort to patients with life-limiting conditions, and their families. Whether comfort takes the form of physical, emotional or spiritual care, an interdisciplinary team provides comprehensive hospice.

Most patients and families want to receive care in their home. The hospices in the Madison area provide care where people live -- houses, community-based residential facilities, assisted living facilities and nursing homes. Some hospice agencies also make hospice services available to patients in hospital settings.

When in-home care cannot meet the needs of patients and families, some hospice agencies have their own inpatient unit or contract with hospitals and skilled nursing facilities. Inpatient care provides short-term, intensive monitoring and treatment of acute pain or other complex symptoms. Hospice also meets the need of families to have a break from ongoing care giving by offering respite care.

Many factors influence where patients and families receive care — wishes and desires, symptoms, the patient's support network and much more. But regardless of the setting, hospice's team approach to providing compassionate end-of-life care remains the same.

B. The Right to Die

Ideally, decisions about your health care will be made after discussion with a trusted physician. The physician should be experienced in treating people with your condition, and be able to provide you with reasonable expectations associated with any treatment choices offered. Although you may not have ultimate control over any given disease that afflicts you, you do have a choice over which of the offered treatment options to accept. You can also choose not to accept any of the treatment options.

As previously noted, in 1991 Congress passed the Patient Self Determination Act. In addition to granting patients the rights to create advance directives, the act also ensures that patients have decision-making rights with regard to their own health care. Patients have the right to:

- a. Facilitate their own health care decisions;
- b. Accept or refuse medical treatment;
- c. Make an advance health care directive.

The requirements of the Patient Self-Determination Act are that patients be given written notice upon admission to the health care facility of their decision-making rights (and policies regarding advance health care directives) in their state, and in the institution to which they have been admitted.

1. Do Not Resuscitate Orders

A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form, as previously mentioned, or simply tell your doctor that you don't want to be resuscitated. In this case, your doctor puts a DNR order in your medical chart. Doctors and hospitals in all states accept DNR orders.

2. Do Not Resuscitate Bracelet

Your right to refuse artificial treatment at the time of death is secured in law. Furthermore, a bill passed by the Wisconsin legislature in 1996 provides that terminally ill patients may request and receive from their doctor a "Do Not Resuscitate" bracelet if that is their wish.

In order for a person to get a Wisconsin DNR bracelet he/she must be at least 18 years old and the person's physician (licensed in Wisconsin) must determine that the person meets ONE of three criteria. These criteria are that the patient has a:

- a. A terminal condition.
- b. Medical condition such that, were the person to suffer a cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
- c. Medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

After discussing treatment options with a qualified patient, the state form DOH 4763 (Emergency Care Do Not Resuscitate Order) is completed by health care professionals for a patient who wants a DNR bracelet. The types of care to be rendered and withheld should be carefully explained before the form is signed. After the form is completed, the physician or designee will affix the DNR bracelet to the patient's wrist and record the decision in the medical record. The patient must wear the DNR bracelet, and both the patient and physician must sign and date the state form for the order to be valid.

Form DOH 4763 is not available online. Please obtain this form in discussion with your physician. Both plastic and metal bracelets are acceptable. Please see the following website for more information on the bracelets: <http://dhs.wisconsin.gov/ems/EMSsection/DNR.htm>.

The DNR order can be revoked easily by any of the following:

- a. Communicate your desire to revoke the DNR order to your family, agent or physician and promptly remove the bracelet.
- b. Deface, cut, burn or otherwise destroy the bracelet.
- c. Remove the bracelet or ask another person to do so.

3. UUA Resolution: The Right to Die with Dignity

Unitarian Universalists have established a formal policy regarding the right of an individual to die with dignity. In 1988, the UUA General Assembly passed the following resolution:

GUIDED by our belief as Unitarian Universalists that human life has inherent dignity, which may be compromised when life is extended beyond the will or ability of a person to sustain that dignity; and believing that it is every person's inviolable right to determine in advance the course of action to be taken in the event that there is no reasonable expectation of recovery from extreme physical or mental disability; and

WHEREAS, medical knowledge and technology make possible the mechanical prolongation of life; and

WHEREAS, such prolongation may cause unnecessary suffering and/or loss of dignity while providing little or nothing of benefit to the individual; and

WHEREAS, such procedures have an impact upon a health-care system in which services are limited and are inequitably distributed; and

WHEREAS, differences exist among people over religious, moral, and legal implications of administering aid in dying when an individual of sound mind has voluntarily asked for such aid; and

WHEREAS, obstacles exist within our society against providing support for an individual's declared wish to die; and

WHEREAS, many counselors, clergy, and health-care personnel value prolongation of life regardless of the quality of life or will to live;

THEREFORE BE IT RESOLVED: That the Unitarian Universalist Association calls upon its congregations and individual Unitarian Universalists to examine attitudes and practices in our society relative to the ending of life, as well as those in other countries and cultures; and

BE IT FURTHER RESOLVED: That Unitarian Universalists reaffirm their support for the Living Will, as declared in a 1978 resolution of the General Assembly, declare support for the Durable Power of Attorney for Health Care, and seek assurance that both instruments will be honored; and

BE IT FURTHER RESOLVED: That Unitarian Universalists advocate the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths; and

BE IT FURTHER RESOLVED: That Unitarian Universalists advocate safeguards against abuses by those who would hasten death contrary to an individual's desires; and

BE IT FINALLY RESOLVED: That Unitarian Universalists, acting through their congregations, memorial societies, and appropriate organizations, inform and petition legislators to support legislation that will create legal protection for the right to die with dignity, in accordance with one's own choice.

4. Death with Dignity Organizations

Several death-with-dignity organizations are located in the U.S. A listing is provided below of those that could serve useful to residents of Wisconsin. These groups share the common belief that the end of one's life should be as pain-free and dignified as possible. All support the right of an individual to choose the time of one's death. Some of the groups also provide psychological support for those struggling with these issues at the end of life. Consultation with one of these groups may prove helpful if one is unable to find satisfaction with his/her health care team.

Death With Dignity National Center

email: info@deathwithdignity.org
 website: <http://www.deathwithdignity.org>

Euthanasia Research and Guidance Organization (ERGO)

email: ergo@finalexit.org
 website: <http://www.finalexit.org>

Final Exit Network

email: info@finalexitnetwork.org
 website: <http://www.finalexitnetwork.org>

Compassion and Choices of Wisconsin

email: webmaster@compassionandchoices.org
 website: <http://www.compassionandchoiceswisc.org>

Compassion and Choices (national)

email: info@compassionandchoice.org
 website: <http://www.compassionandchoices.org>
 Toll free number for end of life consultation: 800-247-7421

Compassion and Choices is the only organization with a Wisconsin chapter. Its mission is threefold:

- Support people at the end of life with its end of life consultation program.
- Educate the public to empower them in making end of life decisions.
- Advocate for laws to secure compassionate options at the end of life.

Compassion and Choices was formerly known as the Hemlock Society. It should be noted that neither euthanasia nor assisted suicide is legal in Wisconsin.

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*Give me my Romeo; and, when he shall die,
Take him and cut him out in little stars,
And he will make the face of heaven so fine
That all the world will be in love with night
And pay no worship to the garish sun.*

--William Shakespeare--

Romeo and Juliet, Act 3, Scene 2

III. AFTER DEATH

Besides leaving your financial affairs in the best order possible and completing advance directives, you can plan for the use of funeral home services and for the disposition of your body to reflect your values. Planning ahead also will make the days after your death easier for your loved ones. If all the choices are left up to your next-of-kin after death occurs, their decisions could be hurried and they feel afterward that they haven't done their best to honor their love and respect for you.

Planning ahead also allows you to make decisions about how much money your family/estate should spend, what opportunities you would like for your friends and loved ones to spend with your body and/or with each other. Values relating to the environment and land use can also be expressed.

A. Memorial or Funeral Service

A memorial service is a celebration of a person's life. The emphasis is on remembering, on recapturing the meaningful events in a person's life. It is a service where the living can recall and express their appreciation of the deceased. For those who prefer a more joyful gathering in remembrance, without the presence of mortal remains, a memorial service is often chosen.

Memorial services, unlike funerals, may be held when relatives living at a distance can arrange to attend. Memorial services are often held in one of the auditoriums of the church but occasionally small gatherings take place in the West Living Room or Hearth Room, or in a person's home.

A funeral, which is necessarily held within a few days of death, is a rite of passage. Family and friends gather in the presence of the remains to mourn the death of their family member or friend. Some people feel there is a value in grieving together in the physical presence of the dead. Among First Unitarian Society members and friends, most traditional funerals take place in funeral homes, but a few have taken place in the Meeting House.

If you choose to be buried in a cemetery or interred in a crypt, you may wish to have a simple ceremony at the time and place of interment. Such a ceremony might include a few prayers or

poems, or brief statements by a minister, relatives, or friends. For those who want a simple ceremony or none at all, but feel their next-of-kin may choose something needlessly elaborate and expensive, this kind of brief and simple final ritual may be conducted instead of a funeral or memorial service. A graveside committal ceremony may also be held in addition to a funeral or memorial service and as a final stage of the customary funeral and burial procedure. For a detailed description of choices available for memorial services, see First Unitarian Society's *Funeral and Memorial Service Planning Guide*.

Although a funeral is often combined with burial and memorial service with cremation, they are different decisions. When cremation is selected, there can still be time for loved ones and close friends to spend time with the body. Some believe that this time is important in the grief process. The time can be in form of a visitation, keeping vigil, or a funeral service. Alternatively, burial can be followed by a memorial service at a later date.

B. Cremation or Burial

The decision about cremation or burial for your remains is a personal one. For some, there are considerations about environmental issues and land use. For others, there are religious or spiritual considerations.

As discussed in the Advanced Directives section, you may specify your preference on the Wisconsin Authorization for Final Disposition form. If you choose cremation, your next-of-kin will still be required to sign a consent-for-cremation form provided by the funeral director. Be sure to discuss your wishes with your family.

For a traditional burial, the body is laid in a casket which is purchased at the funeral home or, much less frequently, purchased elsewhere to be delivered to the funeral home, or is provided by the family, lovingly crafted by a talented friend or family member. Vaults, protective coffin enclosures, are required in all Madison cemeteries, and probably in most others as well, to prevent the ground from sinking. If burial is your choice, it is advantageous to purchase the cemetery plot in advance. Some people prefer to be interred in an above ground crypt that is also usually purchased ahead of need.

Another burial option is natural burial, where the body is returned to nature and the natural cycle of life. In cemeteries established for this type of burial, caskets, if used, must be biodegradable and no vaults are allowed. Embalming, if done, must be vegetable-based. There are very small or no markers and the space is typically graced with wild grasses and prairie flowers. Currently in Wisconsin, there is one conservation cemetery (Circle Sanctuary) near Barneveld, and another (Natural Paths) in the process of receiving regulatory approval in Verona, but not yet available. In addition, there are two traditional cemeteries in the Milwaukee area that have space set aside for green burials. The Circle Sanctuary has a Wiccan affiliation, but allows burial of all religions. The other cemeteries have no religious affiliation.

Natural Path Sanctuary (Verona): 608.845.8724

Circle Sanctuary (Barneveld): 608.924.2216

Prairie Rest in the Forest Home Cemetery (Milwaukee) 414.645.2632

Prairie Home Cemetery (Waukesha) 262.524.3540

If green burial is of interest to you, the Trust for Natural Legacies is a membership organization that owns, operates, and promotes nature preserves that allow natural burial. See www.naturallegacies.org.

Caskets and vaults vary greatly in price so it is helpful to think about your budget for these items and the values you wish to represent. Some funeral homes have eco-friendly caskets (rectangular shape) and coffins (tapered shoulder shape) that contain only natural, environment-friendly materials, such as unfinished wood, reinforced cardboard, or woven willow, bamboo, or sea grass. One website to investigate is www.earthurn.com.

Cremation reduces the body to bone fragments using temperatures between 1600 and 2000 degrees Fahrenheit for approximately 2 1/2 hours. Wisconsin state law requires a 48 hour waiting period between the time of death and the time of cremation. Since cremation is irreversible, all considerations need to be taken into account during this time. After 48 hours have passed, the funeral home calls the coroner's office and a coroner will come to the funeral home. The coroner must view the death certificates and bodies to be cremated prior to issuing a cremation permit. The coroner then issues a cremation permit. The coroner will view the body for the purpose of cremation at this point even in cases where a coroner was called at the time of death. This is a separate procedure and may mean that the coroner is involved twice.

Family members may be involved immediately before the cremation, for instance, for placing special mementos, saying a prayer or simply to be present. Your family may also stay during the cremation. In most funeral homes, the cremation chamber is in a living room setting specifically set-aside for this purpose. The funeral director will explain what will take place and will answer any of your family's questions. Personal items may be cremated with the body or placed whole with the cremains.

There are a number of options for cremains, depending on whether they are to be scattered, buried, kept by family members, or other. If burial in a traditional cemetery is chosen, an urn (and possibly a vault) will be required. Urns may be purchased at a funeral home or the family can provide one. Sometimes families have an artist or potter make a personalized urn. Cremains may be divided among several smaller urns. There are biodegradable urns available for burial in natural settings. If an urn is not used, the cremains will be returned in a small, cardboard box that is adequate for burial or scattering.

There are other options available for cremains, such as mixing them with other substances to make garden stones, wind chimes, bird feeders, or jewelry that will provide a presence for survivors. Another option for a lasting memorial is Eternal Reefs Memorial Reef, which is a handmade reef of cremains mixed with concrete. These Memorial Reefs create new marine habitats for fish and other forms of sea life. For more information see the website: <http://www.eternalreefs.com>.

C. Use of Professional Funeral Director Services

Funeral directors are professionals who provide a group of services that the average person would not know how to or may not want to do in the few days following a death. Typically both the funeral director and family expect a professional will conduct this group of services. However, for some family members, attending to the body of the person who has just died gives them time to begin to let go. Family members need time and space to transition into a state of mourning and this may be facilitated by their spending quiet time with the body. The book *Sacred Dying: Creating Rituals for Embracing the End of Life* by Megory Anderson is a treasure of insights into an intelligent approach to taking care of our spirits.

The funeral profession, as is the case with many professions, has been resistant to change. There are now a growing number of consumers who want to break with American tradition in order to honor their loved ones in ways that are more meaningful and reflect the values of the person who has died. Most funeral homes in the Madison area have become more accommodating, and even supportive, of addressing the personal needs of family members. Therefore it is perfectly acceptable to carry out some of the tasks along with, or even instead of, the funeral director. Informal surveys indicate that funeral home clients who are most pleased with their experience are those who are most involved. Of course, being involved means different things to different people, and the following list of some ideas for family participation is meant to open our minds to possibilities.

Transport body to funeral home: Family members may move the body from the bed to the funeral home cot, transport the cot to the funeral home van and, using their own vehicle, accompany the body to the funeral home, with one family member riding with the funeral director in the van.

Contact people who will be part of the memorial or funeral service, including clergy, musicians, florists, caterers: These contacts may be made by family members but must be done as soon as possible to assure the facility and people are available. It is best to begin by contacting the clergy.

Preparing obituary after interviewing family and submit it to newspaper: Contact newspaper(s) for deadline times and requirements for submission of text and picture. The newspaper may require payment at the time of submission.

Complete death certificate and obtain signature of physician or coroner;
complete disposition form containing place and manner of disposition of body: Both forms must be registered with Dane County Register of Deeds before specific deadlines.

Prepare body for public or private viewing: Family members may wash the body in the funeral home, anoint it with essential oils, dress the body or wrap it in a shroud.

Provide caskets and urns: As mentioned in earlier sections, caskets and urns may be purchased elsewhere and delivered to the funeral home in one day. Caskets and urns can be crafted by others and supplied to the funeral home.

Cremate body: Some funeral homes have comfortable sitting quarters adjacent to the crematorium for family members to be present before and during cremation. Family

members may also assist with moving the body into the crematorium and pushing the button to start cremation.

If you wish to participate in the care of your loved one or complete other tasks, you must make your wishes known. It is advisable to choose a funeral home before death occurs. If you have had no previous experience using the services of funeral home, you may visit two or three that you have heard about. Talk to a member of the staff; most are happy to spend time giving you a tour, describing the services they provide, and discussing how they are able to accommodate your wishes.

When cost is a factor: Some funeral homes specialize in reduced cost services. Two funeral homes in the Madison area provide lower cost services:

- Informed Choice Funeral and Cremation Alternatives: 608.249.6758
- All Faiths Funeral and Cremation Services: 608.442.0477

D. Embalming

Embalming is a personal choice unless the body will be transported on common carrier or preserved for public viewing. Wisconsin state law requires that next-of-kin give permission to the funeral home to embalm the body. Even if you have chosen embalming in your funeral pre-plans, after your death the funeral director must still ask your next-of-kin for permission to embalm your body. A body cannot be embalmed without permission from next-of-kin.

For families who do not want embalming and, in the event there is no public viewing, there is a private family viewing option. This option is limited to a few family members only, usually immediate family, and there is an additional charge by the funeral home. The family gathers at the same time, not in the manner of a visitation, where visitors come and go. The body is left in the clothes worn at the time of death, and is covered with a blanket.

E. Non-Traditional Options

There is a small but growing movement for so-called green funerals and burials. These offer a chance for disposal of remains in a fashion concordant with one's respect for the natural cycle of life and death. Funeral homes are becoming more knowledgeable in natural methods of body preparation. Cemeteries, however, are struggling to accommodate the surge in demand for burial spaces that do not require vaults, and for burials sites in natural (as opposed to manicured) areas.

1. Green Funerals and Burials

Many people with environmental sympathies wish to leave the world as they have tried to live in it. An ecologically sensitive variation of a traditional funeral, whether held in a funeral home or private home, is termed a green funeral. To be considered green, this type of funeral requires two elements: no embalming and a biodegradable casket. Instead of formaldehyde, which may seep into ground water, refrigeration and dry ice are used to delay decomposition. The casket may be made of plain wood, cardboard, reeds and grasses, or papier-mache.

In the same vein, a green burial is a burial of an unembalmed body, a body embalmed with a newer product made from vegetable materials, or cremains in a biodegradable container without a burial vault or a grave liner. Vaults were originally developed in the 19th century to deter grave robbers. There are no federal or state laws that require burial vaults or liners, although certain cemeteries may require them. (Currently, all cemeteries in Madison require burial vaults when caskets are used.)

For more information on green funerals and burials see: <http://www.thegreenfuneralsite.com> or <http://planetgreen.discovery.com/go-green/funerals>.

Several of the funeral homes in the Madison area offer biodegradable products and will accommodate environmental concerns. Cress Funeral Home received accreditation from the Green Burial Council in 2010.

2. Home Funerals

Another option that is beginning to gain public attention is a home funeral that recalls traditional practices of caring for the body at home, home vigil and family-directed funeral service. It is legal in most states to care for one's dead as long as death certificate and other permits are obtained and filed appropriately. The family and loved ones can ceremoniously wash the body, dress it in chosen garments and anoint it with aromatic oils. A casket or urn can be purchased or constructed. Some use a cardboard box that they decorate with pictures and drawings. Bodies can be preserved for a few days on dry ice or embalmed by a funeral home. Family and friends spend time with their loved one's body to say goodbye. If planning a home funeral, there are resources available to learn the procedures required.

In our area, there is an organization, Threshold Care Circle, whose mission is "to educate and support individuals and families who wish to care for their own at the time of death, according to their spiritual and/or cultural beliefs, in ways that honor the one who is leaving and the surviving loved ones." Threshold Care Circle has published a booklet titled *My Final Wishes*, which guides one through decisions that can be made before death to ease the way for survivors. It also discusses legalities of home funerals in Wisconsin, explains the importance of vigil keeping, and provides information on writing ethical wills. To purchase the booklet or learn more about the organization's resources, see <http://www.thresholdcarecircle.org>.

Another helpful resource is 2003 PBS documentary, *A Family Undertaking*, available on DVD. This film describes a growing movement advocating a return to a more traditional, personal approach to honoring the dead.

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The fact of death is the great mystery and the great truth that illuminates our lives.

*To face our own imminent death is to examine our lives with urgency
and honesty we may never have felt before.*

--Kathleen Dowling Singh--

On Our Own Terms: Taking a Spiritual Inventory
(in TV series by Bill Moyers)

IV. THE FINAL SERVICE

A. Conduct of the Final Service

The Reverend Michael Schuler has already prepared a manual to assist members in the preparation of a funeral or memorial service. This document, titled *First Unitarian Society's Funeral and Memorial Service Planning Guide*, was revised in 2010. It would be reasonable to expect that one of the Society's ministers or lay ministers would assume primary responsibility for the service. An important dimension of the minister's role is to represent the congregation in such matters.

Any minister charged with such responsibility will be eager to make sure that the occasion corresponds so far as possible with your wishes. Accordingly, it is appropriate for you to suggest in your planning documents friends and colleagues who might be asked to speak at a memorial service or to prepare statements for the minister to read. Similarly, it is appropriate for you to suggest particular musicians and musical selections that would have special meaning for you. For either a memorial or a funeral service, the minister conducting the service may find it helpful to visit the family in their home setting prior to the service. In cases where the deceased individual is not well known to the minister, surviving family or friends may need to provide a resume of information about him or her to the minister.

It is always possible, of course, that the person you would most like to conduct your memorial service may not be available. The church office will always be prepared, in such situations, to suggest nearby Unitarian Universalist ministers, lay ministers, or ministers of other denominations in Madison. And in any case, there is no legal or ecclesiastical requirement that an ordained minister preside at such occasions. Any person responsible for arranging a memorial service should feel free to discuss how best to accommodate the wishes of the deceased with the minister, the church administrator or, in their absence, the President of the Board.

B. Preparing Ahead for the Final Service

It is almost a universal experience that at time of death the survivors are prone to think seriously of the meaning of life and to meditate on its values. They are at that time not only open to inspiration but hungry for it. The occasion therefore should be used for the

enrichment and refinement of life. This is perhaps the most enduring comfort that can be given.

-- *A Manual of Death Education and Simple Burial* by Ernest Morgan

In this brief paragraph we find the fundamental reason for taking time to state your wishes regarding favorite selections of readings and music for your final services. Survivors are subject to a myriad of conflicting and tormenting feelings - loss, grief, anger, sometimes revulsion, guilt. What will comfort your friends and relatives? What will help to restore their belief in the integrity of life? What will help them recover their perspective on the meaning of life and death? Even a moment or two of reflection will help to provide our survivors with choices that all who knew you will find appropriate and consoling.

What are your favorite hymns? Do you have favorite biblical passages? What are your hobbies, special projects, causes, and pastimes? Are you an amateur naturalist or an admirer of John Muir? Who is your favorite composer? Would your survivors find the playing of some portion of Brahms Requiem a fitting way to remember you at the last? What other classical or popular music might you prefer? These are the sort of questions you should ask yourself. You decide what special reading or music you would prefer if available.

When you have prepared your list, distribute it, along with the other lists recommended here, to your probable survivors. Do not put it in your safe deposit box!

C. If Considering No Service

A person who wants no final ceremony whatever should bear in mind some considerations. While it may be your firm conviction that there should be no ceremony following your death, you should remember that these ceremonies are for the living. Few people responsible for making final arrangements wish to agree to have no final service. Ceremonies satisfy many needs of your survivors - saying farewell, expressing and assuaging grief, reaffirming your life and the things you stood for, and giving friends an opportunity to let your survivors know that you mattered to them.

D. Memorial Donations

What were the first messages you learned about money and who were they from? Do you view giving as a joy or obligation? How do you decide where you will give your time and money? How can your generosity support the change you would like to see in the world? These are some questions to reflect upon as you consider the role of any donations made in your memory.

At funerals, and particularly at memorial services where the emphasis is on simplicity and quiet dignity, a floral arrangement or two is a pleasant touch. This is often regarded as sufficient to soften the effect of a large, often formally appointed room where the ceremony is to take place. The value of any additional floral displays is subjective. In recent years, there has been a trend toward expressing sympathy or remembrance by sending, in lieu of flowers, a donation to a favorite charity, organization, or group, in memory of the deceased.

More and more frequently obituaries end with suggestions of charities, churches, or other organizations to which friends and relatives might contribute in memory of the deceased. Sometimes specific organizations are suggested; sometimes the general statement, "The family suggests memorials in lieu of flowers," leaves the choice up to friends and relatives.

Memorial donations provide a way of emphasizing, even at the time of death and separation, the continuity of life. The increase in memorial donations parallels the growing emphasis on organ donations as another way to help the living in the most effective way possible.

This is a decision that your next-of-kin could probably make for you, for they know you well, your beliefs and concerns. You can make it easier for them, however, by leaving a list of two or three organizations that you support.

If you wish to have your survivors proceed in this way, it is well to give them specific information about the organizations(s) of your choice, including their proper titles and the address(es) to which memorial donations should be sent. People wishing to respond to a printed request may not be familiar with the suggested recipients.

E. Important Decisions

Complete the following list. If you have already filled out First Unitarian Society's *Funeral and Memorial Service Planning Guide*, it is wise to make sure the two forms are in accord. Then sign and date the completed form, photocopy it, and give copies to two close relatives and to the First Unitarian Society.

I REQUEST:

- that my body be donated to a medical school
- that various organs and/or tissues be donated for use as transplants
- embalming
- cremation
- that my ashes be scattered or buried
- ground burial in a casket
- interment above ground in a crypt or tomb
- that final arrangements be made by _____ Funeral Home
- a funeral service
- a memorial service
- a graveside ceremony
- that the final service (funeral or memorial) be conducted, if possible by _____
_____ (include contact information, relationship)
- that the final ceremony include the follow selections (poems, music, readings, etc.)

- that friends and relatives be requested not to send flowers

- that memorial donations be suggested to the following organizations (include full names and addresses)

I have herein expressed my wishes regarding the way I want my body to be disposed of at my death in the hope that my wishes will be respected, and with the full realization that my survivors must make all decisions at that time.

Signed _____

Date _____

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...snow was general all over Ireland. It was falling on every part of the dark central plain, on the treeless hills... It was falling, too, upon every part of the lonely churchyard on the hill where Michael Furey lay buried. It lay thickly drifted on the crooked crosses and headstones, on the spears of the little gate, on the barren thorns. His soul swooned slowly as he heard the snow falling faintly through the universe and faintly falling, like the descent of their last end, upon all the living and the dead.

-- James Joyce--

The Dubliners, The Dead

V. FINAL ARRANGEMENTS: A GUIDE FOR YOUR SURVIVORS

The purpose of this section is to ease the task of concluding your affairs. Arranging a funeral or memorial service, and settling an estate, can be a trial, even for the most collected and efficient of individuals. This is especially true when records have been poorly kept or have been organized in idiosyncratic ways. You can help your relatives by setting the records straight and by providing lists of basic information to make the task easier.

In this section you will find several checklists of tasks required to arrange a funeral and settle an estate, advice on how to write an obituary, and several pages of forms that your survivors will appreciate in order to make all final arrangements and decisions. After you have completed them, duplicate and distribute a copy of each to your probable survivors.

A. After Death Occurs: What Needs to be Done

Remember that Powers of Attorney end at death and the responsibilities of Executor and/or Trustee begin.

- Contact selected funeral home
- Contact family, close friends
- Contact church
- Notify employer or business colleagues
- Notify physician(s)/hospice
- In consultation with clergy and place of memorial/funeral service, decide on date and time of service
- Meet with funeral director or family and friends to write obituary (see Section B below for common information to be included)
- Arrange for family or close friends to take turns answering door or phone, keeping a record of calls
- Arrange hospitality for visiting relatives and friends
- Arrange child care as appropriate
- Coordinate supply of food for the next few days
- Consider special needs of the household, such as cleaning and shopping, which might be done by friends
- Plan for disposition of flowers after service
- Notify lawyer and personal representative

- Get several copies of death certificate and will
- Notify Social Security to stop payments (may be done by funeral director)
- Prepare list of distant persons to be notified by letter or printed notice, and indicate which to send to each. Prepare copy for printed notice if one is wanted
- Prepare list of persons to receive acknowledgement of flowers, calls, and so forth. Send appropriate acknowledgements
- Check carefully all life and casualty insurance and death benefits, including Social Security, credit union, trade union, fraternal, military, and so forth. Check also on income for survivors from these sources.
- Check promptly on all debts and installment payments. Some may carry clauses that will cancel them. If there is to be a delay in meeting payments, consult with creditors and ask for more time before payments are due
- If deceased was living alone, notify utilities and landlord. Tell post office where to send mail. Take precautions against thieves, especially during the time of service.
- Consider what to do about e-mail addresses, Facebook

B. Obituary

Most often, the obituary is written by the funeral director after interviewing the family. However, it is perfectly acceptable for someone else to write it. Some people sketch out or write their obituary before death. An outline of common content is provided below. If you are interested in making the obituary more personal, include mention of things you love to do and the things that make you the happiest. If you have designated memorials to be made to an organization, providing an address along with the name of the organization will make it easier and therefore more likely that donors will send memorial contributions.

Most newspapers charge a per-word or per-line fee for publishing obituaries. The funeral director is billed by the newspaper and then bills the family or estate. Pictures may be published with the obituary. Clarity is important, whether or not the submitted photo is in color or black and white. Consider sending the obituary to papers in other cities where the deceased lived. Different newspapers charge different rates for obituaries and the differences can be significant. The person assisting you with publication of the obituary should be able to quote a price before it is published.

Outline for Obituary:

1. Last name, first, middle _____
2. City(ies) of current/recent residence _____
3. First and last name _____, age _____, died (passed away) on _____ at (location, e.g., hospital, home) _____ of (cause of death) _____.
4. He/she was born on (date) _____ in (place of birth) _____
5. He/she was (personal background)

Marriage _____

Children _____

Notable relatives _____

Colleges attended _____

Military service _____

Occupation _____

Memberships _____

Organizations _____

Accomplishments and recognitions, awards _____

Hobbies and recreational activities _____

6. Survivors include (This section can sometimes be the most complicated and time-consuming section of the obituary because sensitive decisions need to be made concerning who is included and who is excluded. Need to decide whether to include spouses, partners, children, locations.

7. He/she was preceded in death by

8. Funeral/Memorial services will be held (date, time, location)

9. Friends may call (or visitation will be) (date, time, location)

10. In lieu of flowers / the family requests / memorials may be made (Good idea to include addresses)

C. Death Certificate Information, State of Wisconsin

1. Name (first, middle, last) _____

2. Sex _____ Race _____

3. Date of Birth _____

4. Place of Birth (city, state, country) _____

5. Country of Citizenship _____

6. Marital Status: married ___ widowed ___ never married ___ separated ___ divorced ___

Name of spouse (first, middle, last name before first marriage) _____

7. Armed Forces Service: no ___ yes ___

8. Social Security Number _____

9. Highest educational level achieved _____

10. Usual occupation during working life _____

11. Kind of business or industry worked in for majority of working life

12. Residence (street, city, county state, country)

14. Father's name (first, middle, last)

15. Mother's name (first, middle, last - before first marriage)

D. Contacts to Settle Affairs

(Important Names, Addresses, Phone and FAX Numbers, E-Mail Addresses)

Executor/Trustee _____

Successor Executor/Trustee _____

Minister(s) _____

Funeral Director _____

Attorney _____

Bank Official _____

VA Regional Officer _____

Investment Advisor _____

Life Insurance Agent _____

Auto and Casualty Insurance Agent _____

Social Security Office _____

Pension Funds

E. Relatives and Close Friends (names, addresses, phone numbers, e-mail addresses)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

F. Location of Important Papers, Accounts, etc.

Birth certificate _____

Last trust/will documents, originals _____

 Date completed _____

 Second copies _____

Marriage certificate _____

Deed to cemetery plot _____

Safe deposit box _____

 Key _____

Other persons authorized to open it _____

Divorce certificate _____

Naturalization or other citizenship papers

Military service papers _____

Social Security card number _____

Banks or other monetary accounts (List institution name, type of account, and phone numbers) _____

Life insurance policies _____

Accident and medical insurance policies

Tax returns and receipts _____

Current income and expense records

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*Fear no more the heat o' the sun
Nor the furious winter's rages;
Thou thy worldly task hast done,
Home art gone, and ta'en thy wages;
Golden lads and girls all must,
As chimney-sweepers, come to dust.*

*Fear no more the frown o' the great,
Thou art past the tyrant's stroke;
Care no more to clothe and eat;
To thee the reed is as the oak;
The sceptre, learning, physic, must
All follow this, and come to dust.*

--William Shakespeare--

VI. CONCERNING GRIEF

A. Dealing with Grief

Life is an amazing gift for which we ought to be profoundly grateful and enduringly appreciative. Yet the very elements that make life worthwhile also contain the seeds of disappointment and pain. We are destined to lose that which we cherish; life seduces us with a transient loveliness to which we falsely impute permanence.

Most human beings seem ill equipped to handle their losses. Failed relationships faded beauty, unfulfilled dreams, the deaths of those closest to us cause profound psychic and emotional trauma even in strong and stable individuals. People are often surprised by the intensity of their reactions to loss and misinterpret the unwelcome symptoms as pathology. And indeed, the violent mood swings, mental confusion and occasional delusions characteristic of grief do mimic mental illness and are to be taken seriously. When wrestling with grief, however, it helps to remember that our own experience is fairly typical. Enduring, understanding and accepting life's significant losses is what we mean by grief work, a task that few of us can avoid.

In its initial stage (which may last for many months) grief can be disabling and sufferers should never be reticent about asking for support and guidance. In recent decades the religious and therapeutic communities have developed new insights into the psychology of loss and the impact it can have on human health and happiness. Our struggles with bereavement need not be waged privately and in isolation. Friends and relatives are often a reliable source of support; clergy and skilled counselors can provide fresh perspectives and objective feedback that enable the healing process. Fortunately, the pain and distress of grief do abate in time and recovery does take place.

In addition to the personal and therapeutic resources just mentioned, the Madison community also offers numerous support groups for survivors. A partial listing is included here, but new

groups and organizations are being formed continually. It is always wise to check with one's minister or with the chaplain's office of one of the local hospitals for current information.

B. Helpful Resources

The Mental Health Center of Dane county is a reliable source of information (251-2341).

HospiceCare offers Journey Through Grief, a series of discussion-workshops, at regular intervals. Other facilitated grief groups are offered periodically. They also have grief counselors available for one-on-one sessions (276-4660).

Kayra, an interdenominational organization for widowed men and women. Membership is limited to persons who have lost a spouse through death. Contact via email at kayra@kayragroup.org.

Bereaved Parents Support Group, sponsored by Meriter, is for parents bereaved by the loss of a child during pregnancy, at birth, or during the first year of life (417-5690).

Madison Area Chapter of the Compassionate Friends, for parents who have suffered the loss of a child one year of age or older (258-0014).

Survivors of Suicide, for families bereaved by the suicide death of a relative (280-2600).

First Candle/SIDS Alliance, for parents who have lost a child from Sudden Infant Death Syndrome, stillbirth, or other sudden, unexpected cause (800-221-7437).

Cress funeral Service Inc., employs professional grief counselors who work with individuals and groups on issues of bereavement (238-3434).

C. Further Reading/Resources

The Next Place, by Warren Hanson. Suitable for children.

What Will I Tell the Children, by the American Cancer Society.

The Grief Journey, by Dr. Alan Wolfelt.

Final Gifts, by Maggie Callanan and Patricia Kelley.

How We Die: Reflections on Life's Final Chapter, by Sherwin B. Nuland.

Dying Well, Peace and Possibilities at the End of Life, by Ira Byock, MD.

The Fall of Freddie the Leaf: A Story of Life for All Ages, by Leo Buscaglia, Ph.D.

On Our Own Terms, Bill Moyers TV series, www.pbs.org/wnet/articles/inventory.